



Public Health
England

Protecting and improving the nation's health

Due North: Report of the Inquiry on Health Equity for the North PHE response

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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Introduction

Action to reduce health inequalities is at the heart of Public Health England's mission. PHE recognises that the root cause of health inequalities is social and economic deprivation – inequalities in the conditions of daily life including people's incomes, living standards and access to services¹ – and we support local and national efforts to address health inequalities. That's why in February 2014 we commissioned an independent inquiry, led by Professor Margaret Whitehead, to take a fresh look at the evidence about health inequalities in the north of England and, from a northern perspective, to consider what could be done to make a difference.

The report of the Inquiry, *Due North*, was published in September 2014.² The Inquiry panel, supported by a wide range of experts, made recommendations aimed at tackling the root causes of health inequalities and focused on the contributions that national and local government, the NHS and other agencies can make to reduce inequalities experienced by individuals and communities in the north of England.

Due North has generated widespread discussion and debate around inequalities in the north. It has stimulated engagement and action across local government, voluntary and community sector organisations, academics, NHS organisations and networks, and others, including local media. PHE will continue this activity throughout the coming year, using the debate and engagement in an iterative way to further develop and shape our response to *Due North*. The report also coincides with national interest in further devolution within England. It has also helped to inform discussions in the major cities in the north, where interest in devolution is framed in the benefits this may bring to communities and their health and wellbeing.'

The recommendations for PHE in *Due North* fall into two broad categories: recommendations relating to the role PHE could play in health and health inequality impact assessment; and, recommendations proposing a supportive role for PHE to work with local partners on actions across the wider determinants of health. The recommendations for PHE resonate with our remit to support government, local authorities and the NHS to secure improvements to the public's health and to support action to reduce health inequalities.

Due North includes recommendations for the role PHE takes in assessing the impact of government policy on health and health inequalities. There is broad consensus that embedding health considerations into the business of government is important. There is clear evidence that government policies such as education, employment, and housing influence the health of the

¹ Marmot Review Team. *Fair Society, Healthy Lives. The Marmot Review*. 2010.

² *Due North Report of the Inquiry on Health Equity for the North* www.cles.org.uk

nation and impact on health inequalities.³ Part of PHE's formal remit is to make recommendations based on an assessment of the impact of improving health on the economy and society, as well as giving evidence-based advice to central and local government, the NHS and others.

PHE works across government on issues like obesity, which could not be tackled successfully without collaboration and we work in partnership with departments on a range of issues such as with the Department of Energy and Climate Change on cold weather planning, with the Department for Work and Pensions on health and work, and with the Department for Education on the wellbeing of young people.

PHE is developing its approach to 'health (and health equity) in all policies' and the contribution this can make in policy development across government. Health in all policies is a whole-of-government and whole-of-society approach for systematically considering health implications of decisions with the aim of avoiding harmful health impacts and improving population health and health equity.⁴ PHE's aim is to ensure that we develop our engagement and actions in a systematic way with government departments that have significant impact on the determinants of health, to achieve dual benefits for health and for their policy priorities. Health impact assessment is clearly an important aspect of this work, but needs to be complemented by engagement in the earlier developmental stages of policy-making.

PHE welcomes the recent recommendation from the National Audit Office that PHE develops a cross-Whitehall influencing strategy to develop a formal co-ordinated approach to providing advice and recommendations.⁵ We are taking forward this recommendation and we welcome these challenges to do more to maximise the impact of our advice to Government and help to strengthen policy making.

Due North also includes a number of recommendations for how PHE can take a supportive role working with partners to address inequalities. From the start, the work to develop Due North has been a collaborative process with leaders from across local government and the Voluntary Community and Social Enterprise (VCSE) sector. Following publication, this collaboration and engagement has continued so that we understand what actions local partners want to take and what support they want from PHE. Our partners have told us that this is not a "quick fix"; we will need to take forward actions over time with the understanding that local authorities and other partners will be at different starting points and have varying capacity to drive this agenda forward. PHE has also been asked by partners to ensure that action on inequalities in the north,

³ Fair Society, Healthy Lives (The Marmot Review) <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

⁴ See for example World Health Organization (2013) *The Helsinki Statement on Health in All Policies*. Geneva: WHO. http://apps.who.int/iris/bitstream/10665/112636/1/9789241506908_eng.pdf?ua=1;
World Health Organization (2014) *HiAP Framework for Country Action*. Geneva: WHO. http://apps.who.int/iris/bitstream/10665/112636/1/9789241506908_eng.pdf?ua=1;
bLeppo, K. et al (2013) *Health in All Policies: Seizing Opportunities, Implementing Policies*. Helsinki: Ministry of Social Affairs and Health, Finland.

http://www.euro.who.int/_data/assets/pdf_file/0007/188809/Health-in-All-Policies-final.pdf

⁵ National Audit Office, 2014. Public Health England's grant to local authorities.

stimulated by Due North, includes action on issues such as mental health, violence and smoking, that can be both the cause and product of inequality.

Most local authorities have been working on tackling inequalities for some time. The report's suggested actions therefore look to consolidate, strengthen and align work already in train. Examples of their work and that of their local partners are included in this document. Across the north, PHE is continuing to work with partners to determine how best to support these actions at scale. One consistent theme is the value of continuing our work to develop the evidence base related to the social determinants of health.

As we take forward our work on health equity, we will seek the full involvement of the VCSE sector, and help to strengthen connections with 'statutory' bodies including health and wellbeing boards and local NHS commissioners and services. The sector has critical expertise, not least in engaging with socially excluded groups, and an important advocacy role.

Due North's recommendations for national and local government, the NHS and other agencies follow four broad themes:

- economic development and living conditions
- early childhood as a critical period
- devolving power to make a difference at the right level
- the role of the health sector

This response to the report sets out PHE's actions in each of these areas.

Economic development and living conditions

Reducing health inequalities through growth and employment

The Inquiry found that regional differences in economic development - weaker labour markets, more worklessness, poverty, and lower living standards in the north compared to the south – have contributed to a greater burden of ill health in the north of England. Economic conditions, employment and material living standards are important determinants of health. The effects of poverty and economic disadvantage were found to be more pronounced in the north as poor neighbourhoods in the north tend to have worse health than places with similar levels of poverty in the rest of England.

Based on this assessment, the Inquiry advocates for a strategy to ameliorate the effects of poverty now and prevent poverty in the future. Areas of activity proposed include linking public service reform to economic development in the north, refocusing services on preventing poverty and promoting prosperity, and assessing the impact of national policy changes on health inequalities.

PHE is clear that economic inequalities result in inequalities in health. Increasing prosperity, employment and improving housing are among the most important things that promote health, particularly for people living in the most challenging circumstances.

PHE's action relating to economic conditions and living standards includes:

- leading evidence-informed debate about ways of improving living standards to reduce health inequalities
- supporting local partnership working for economic growth and reducing health inequalities by influencing local enterprise partnerships
- promoting health at work
- working with the housing sector to achieve our vision for homes in which people can 'start well, live well and age well'

Leading evidence-informed debate on living standards and health inequalities

PHE promotes good living standards because we know living standards impact on health outcomes. We have commissioned the Institute of Health Equity (IHE) at University College London to develop guidance on using the Public Services (Social Value) Act 2012 as a lever to reduce health inequalities stemming from poor living standards. The Act requires public bodies to consider how the services they commission and procure might improve the economic, social and environmental

wellbeing of local areas. These factors have a significant influence on living standards and therefore health outcomes. IHE's guidance will include examples of local work where commissioning within public services is being used to reduce health inequalities.

IHE's work on social value builds on their evidence paper on health inequalities and the living wage published in 2014. That paper reports that there is some evidence that adopting the living wage is linked to improved psychological health and wellbeing among employees and increased life expectancy. The paper includes practical guidance on how local authorities can support local employers to adopt the living wage and case studies of employers. It shows how some local authorities have led by example by implementing the living wage in their organisation and through their supply chains, and how they have influenced other local employers to adopt it.

Supporting local partnerships working for economic growth

Local enterprise partnerships (LEPs) are partnerships between local authorities and businesses. They have been tasked with driving economic development, and deciding what the priorities should be for transport, new housing and infrastructure within a local area. Working with public health teams in local authorities, PHE is engaging with LEPs to promote the synergies between health and economic development, and the potential benefits in aligning local economic growth plans, developed by LEPs, and health-related strategies in local authorities, CCGs and health and wellbeing boards.

Promoting health at work

PHE's programme of work on employment and health is focused on creating healthy workplaces and promoting good quality employment. We do this in a number of ways:

- a set of National Standards on workplace health – the Workplace Wellbeing Charter⁶
- helping employers to put the evidence of workplace health into practice, for example by helping large employers to deliver workplace health programmes such as NHS Health Check
- evidence-based guidance on action to: support people staying healthy in work; support people with health problems and long term conditions into work; as well as provide advice on older people and work
- evidence papers on issues related to employment and health inequalities for example reducing health inequalities stemming from the number of young people not in education, employment or training; and improving workplace health⁷
- commissioning UCL Institute for Health Equity to produce an evidence paper on creating good quality employment in local areas, to be published in 2015

⁶ <http://www.wellbeingcharter.org.uk/index.php>

⁷ Local action on health inequalities: evidence papers. All papers available online at: <https://www.gov.uk/government/publications/local-action-on-health-inequalities-evidence-papers>

Working with the housing sector

PHE has a vision for homes in which people can ‘start well, live well and age well’. We recognise that the housing sector, with an estimated workforce of some 250,000 people often working in the most deprived neighbourhoods, offers a wealth of local insight and opportunities to engage with communities to enable ‘health improvement from within’.

In 2014 we helped to develop the first national Memorandum of Understanding (MOU)⁸ to support joint action on improving health through the home across 20 organisations in the statutory and voluntary sector involved in housing and health.

We have commissioned, for publication in 2015, evidence reviews and evidence-based tools for use by local areas and the housing sector to improve housing conditions, prevent homelessness and ‘make every contact count’ in the housing workforce.

Examples from the north

Social housing action

Housing associations invest heavily in training, financial inclusion and employment initiatives as an important route to improved health and wellbeing.

Regenda’s Limehurst Community regeneration project, in Oldham, focuses on building local economic resilience. Working collaboratively with other agencies they have developed a range of projects to tackle inequality and poverty in their Health and Wellbeing Strategy. Their young persons programme has supported young people not in education, employment or training to become entrepreneurs – starting new businesses and accessing employment.

Adactus Housing Group manages 13,000 properties across the north. Through a partnership with Unify Credit Union based in Wigan, they offer low cost loans as an alternative to high-interest alternatives. Adactus also supports tenants who have been out of work for a long time, helping more than 50 people access employment in the last 18 months. Help includes counselling, advice and assistance with IT, CV writing, interview skills. They fund two financial inclusion officers to provide advice and practical help to tenants to maximise their income, to assist in their return to work.

⁸ <http://www.hact.org.uk/sites/default/files/uploads/MOU%20project%20final%20Dec%202014.pdf>

More jobs better jobs: better connecting growth and poverty in Leeds City Region

The Joseph Rowntree Foundation (JRF) aims to find out how economic growth can be promoted in a way that enables people to lift themselves and their communities out of poverty. We want to make addressing poverty a more integral part of local growth strategies.

The 'More jobs, better jobs' partnership between JRF, Leeds City Council and Leeds City Region aims to achieve this and sits at the heart of JRF's Cities, growth and poverty research programme. This builds on the findings of the Commission on the Future of Local Government's commitment to pursuing "good growth".

A rising tide will not lift all boats. The defining feature of our partnership is that we are approaching growth and poverty as a single, connected agenda. The growth and poverty reduction agendas have shared objectives. Aims to increase the employment rate and improve average pay levels lie at the heart of [Leeds City Region's Strategic Economic Plan](#).

'More jobs, better jobs' is based on the same objectives. The challenge is to connect the benefits of growth and jobs to local citizens and those who need them most. This requires thinking beyond the confines of traditional approaches to economic development and poverty reduction. There are many dimensions to households in poverty accessing jobs, sustaining jobs and progressing in jobs, cutting across economic development, skills, welfare and other areas such as childcare, housing and transport.

The partnership provides the opportunity for partners to join up and champion 'good growth' and avoid the creation of a two-tier city region. It coincides with a return to growth in many parts of the city region and the on-going evolution of the local enterprise partnership and the emergence of the West Yorkshire Combined Authority. The new European Social Investment Fund programme (2015–2018) also provides the opportunity to design and deliver a coordinated set of initiatives which can respond to the growing agenda around job quality and progression.

Real Life Reform

Real Life Reform began as an 18 month study to understand the impact of welfare reforms on social housing tenants in the North. It is an ethnographic study, working with 100 households, tracking their experiences.

It is led by a core group of seven housing providers, supported by the Northern Housing Consortium and with input from the University of York. Five detailed reports have been published since 2013.

Sheffield Disability, Employment and Health Plan

As with most places, Sheffield operates initiatives like Progress 2 Work funded through local and European programmes. Due North emphasises the need to use and adapt these models to reduce health inequalities. Sheffield is implementing these initiatives with new, public health-driven work that seeks to address inequalities.

The connection between good work and health is well established in Sheffield. Equally the disconnect between employment and health worlds is clearly identified and the need to join them together is accepted. The Health and Wellbeing Board and the Employment Task Force produced a joint Disability, Employment and Health Delivery plan. Partners:

- have commissioned a **baseline report on health, disability and employment**
- have commissioned a two year Public Health/Jobcentre Plus programme for £600,000 seeking to create a pathway into employment for Employment and Support Allowance (ESA) recipients across three City areas where ESA claims are highest
- created the opportunity to localise where appropriate areas of the Work Programme and related employment support initiatives through the City's devolution deal
- completed a short review of existing employment support programmes across the City, leading to a City Council Member led initiative to increase the numbers of those with disabilities and health conditions securing, retaining and progressing in employment; budget realignment, re-commissioning and system transformation are all being developed. Now a corporate objective in the City's Corporate plan
- are working with the Public Sector Transformation Board, Learning and Skills and Policy teams to create a cross-sectoral commitment to improve coherence and synergy in the way the City helps people with health conditions and disabilities to move into, retain and progress in employment; it is important to recognise here the role of care and health systems in being part of this move. This is as much a cultural shift as it is a service redesign programme
- worked with the Local Fairness Commission to incorporate PHE Workplace Wellbeing Charter into local Living Wage and a 'Fair Employer' Code of Practice; this will also lead to work with employers regarding employment for those with health conditions and disabilities
- are working with Macmillan Cancer Support to pilot vocational rehabilitation for those living with and recovering from cancer diagnoses
- are working with the National Fit for Work pilot in central Sheffield to ensure local assets are best used in the national programme aiming to reduce the number of people experiencing long term sickness and at risk of becoming unemployed

The Authority is working to develop these as LEP-scale programmes with LEP collaboration and support. Key partners include the National Fit For Work Service, Department for Work and Pensions, the National Public Sector Transformation Network, Macmillan, Occupational Health Advisory Services, the council's public health, skills, adult care and policy teams, the CCG, local GPs, Jobcentre Plus, local employers and the VCS sector.

Support for Families Programme Nova Wakefield District

Support for Families is a national programme that helps people move into or closer to employment, by providing mentoring support and advice from a dedicated family progress worker, while accessing training, volunteering and work experience opportunities that are tailored to their individual requirements.

The training provided is agreed with the customer to help them overcome whatever barriers they may face in trying to get into employment. This could be to help them with their confidence and self-esteem, interview and work preparation, ICT, literacy, numeracy, ESOL or many other courses. It can also include help to access health services or services like bereavement counselling, or practical help to stabilise housing and deal with rent arrears, for example, budgeting and taking control of debt.

Co-funded by the European Social Fund and Department for Work and Pensions, there has been particularly high performance in Wakefield district. Delivery there is led by Nova Wakefield District, the support agency for Voluntary and Community groups, which subcontracts delivery to local voluntary sector organisations that have operated in the district for years, and so understand and are trusted by the local population.

They also have all sorts of other community-based activities that participants on the programme can tap into and benefit from, over and above the programme itself.

The focus is always on overcoming issues in a realistically paced way.

Recession, welfare reform and resilience in Cheshire and Merseyside

In Cheshire and Merseyside, the impacts of the welfare reform and recession have differed greatly in the extent, manner and timescale in which people within the region and in their local communities have been affected.

In 2014, the Cheshire and Merseyside Public Health Collaborative (champs) commissioned the Centre for Public Health at Liverpool John Moores University to examine existing research literature around the impact of welfare reform and the economic downturn in Cheshire and Merseyside, and produce evidence-based recommendations, to help ensure that where possible appropriate support is available for those who need it most.

The Centre was asked to produce a library of case study material and practical advice and make it available to local authorities and their partners to encourage working together effectively to reduce the impacts of welfare reform.

The work found that while many individuals and organisations are achieving successes every day and providing invaluable services, there are many ways in which more can be done to help those who have been and will still be affected by welfare reform.

The report is a resource and self-assessment tool for local authorities and their partners such as housing associations, the NHS and third sector organisations that includes ten evidence-based recommendations to help ensure that where possible appropriate support is available for those who need it most.

The **report** is available from the champs website www.champspublichealth.com

North East Better Health At Work Award Northern TUC

The North East Better Health at Work Award is a partnership between all 12 local authorities in the region, the Northern TUC and local providers (including the NHS), developed to give recognition and endorsement to organisations that are committed to developing a sustainable culture of health and wellbeing in the workplace. This means offering encouragement, opportunity and practical support so staff have the chance to be fitter, healthier and safer.

The Award is free, open to all organisations in the north east, and brings real benefits for employers, employees and the economy. There are four levels – Bronze, Silver, Gold and Continuing Excellence. Organisations have up to a year to complete each level before they are assessed and progress to the next one, with the ultimate aim of workplace health and wellbeing becoming as embedded as health and safety.

It was established in 2009. Several local award schemes had operated within the North East, but feedback from employers indicated the need for a co-ordinated, consistent approach across the North East, with the support of high profile, credible partners. The awards are co-ordinated by the Northern TUC.

Over 400 companies have participated in the award since it began, with those currently participating representing over 160,000 employees. All sectors are well represented and the size of organisation ranges from a nursery with five employees to a local authority with 10,000. An evaluation in 2012 found that the award covered 21% of working age adults in employment in the North East.

Most organisations sign up because they want to improve the health and wellbeing of employees, but evaluations are showing there are productivity gains too with up to one and a half fewer days of sick per employee per year, on average, depending on the length and level of participation.

Early childhood as a critical period

Promoting healthy development in early childhood

The Inquiry sets out a context of relative disadvantage for children growing up in the north of England, where there are higher levels of child poverty and cites the established evidence base for early intervention.

From this standpoint, Due North proposes a range of actions to promote healthy child development including increased provision of good quality universal support for children through children's centres. Due North also advocates a rights based approach to promoting child health, and measures proposed by the Social Mobility and Child Poverty Commission⁹ to enable parents to care for their children, like paid parental leave and flexible working. It argues for increased investment in early years support, using approaches where there is clear evidence of effectiveness and which can be implemented at a scale that can make a difference across the social gradient to reduce health inequalities.

Giving every child the best start in life is a priority

There is a broad consensus, informed by the compelling case made in the Marmot Review, that a good start in life is vitally important for reducing health inequalities throughout life.¹⁰

Ensuring every child has the best start to life is one of PHE's seven priorities for the next five years and PHE has committed to a range of actions to support this priority which will have an impact on health inequalities.¹¹ These include:

- supporting local authorities in developing integrated children and young people's services as they take on commissioning responsibilities for the Healthy Child Programme for 0-5s
- promoting the importance of high-quality universal services as a foundation for good health for all our children and as a platform for early intervention and targeted support
- developing and strengthening the evidence, including working with the Early Intervention Foundation as a 'What Works Centre for Early Intervention'
- expanding the Start4Life Information Service for Parents from 0-2 years to 0-5 years and signing up over 200,000 more parents
- expanding new-born bloodspot screening to include four new inherited metabolic disorders

⁹ The government's response to the second report of the Social Mobility and Child Poverty Commission https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/378116/Government_response_to_the_second_annual_report_of_the_Social_Mobility_and_Child_Poverty_Commission.pdf

¹⁰ Fair Society, Healthy Lives (The Marmot Review) <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

¹¹ From Evidence into action: opportunities to protect and improve the nation's health <https://www.gov.uk/government/publications/from-evidence-into-action-opportunities-to-protect-and-improve-the-nations-health>

- working with NICE on the implementation of the quality standards and pathways for emotional and social wellbeing in early years
- increasing coverage of measles, mumps and rubella immunisations for all children at five years

We recognise faster progress needs to be made in reducing the variation in outcomes between children in different areas of the country. This requires collaboration at a national level with government departments and other national bodies. To support local partners, PHE will work to identify and make accessible, knowledge on effective interventions and examples of best practice. This includes identifying models of good service delivery including integrated services, and workforce development. In addition, our Change for Life social marketing campaigns will provide families with practical advice and information on how to lead healthy lives. As part of this work PHE is now publishing a rapid review of the evidence behind the Healthy Child Programme for 0-5s, ensuring that health service providers and commissioners have the most up to date evidence for implementing the programme.

Data and intelligence tools from PHE, including child health and early years health profiles are used widely to support local action for children and we will continue to update this work¹².

PHE is also working with the Local Government Association to consult with local areas on our priority to give children get the best start in life and on how PHE can best support local areas to reduce inequalities and improve outcomes for all children.

Examples from the north

Greater Manchester early years delivery model

In Greater Manchester in 2012, 40% of children were considered to be "not school ready" and in some localities this was 45%. The Greater Manchester Early Years New Delivery Model aims to bring about a population-level shift in school readiness. It has eight key elements:

1. A shared outcomes framework, of population indicators and individual child measures, across all local partners
2. An eight stage common assessment pathway across Greater Manchester: eight common assessment points for an integrated 'whole child' and 'whole family' assessment at key points in the crucial developmental window, building on existing assessment points, with the remaining Healthy Child Programme visits to continue as standard

¹² Child health and early years profiles <http://www.chimat.org.uk>

3. Evidence-based assessment tools have been selected to identify families reaching thresholds for intervention or having multiple risk factors as early as possible. Needs assessment triggers referral into an appropriate evidence-based pathway
4. A suite of evidence-based interventions has been identified, which alongside other public service interventions forms a package of transformational support to families. Areas are able to 'top up' the suite of interventions with additional services according to local circumstances
5. Ensuring better use of early learning/daycare: new 'contract' with parents eligible for the two year old early learning entitlement to drive engagement in education/ employment/training/volunteering, and introducing new common principles to support all early years settings, including supporting them to work with parents to promote home learning
6. A new workforce approach, to drive a shift in culture: enabling frontline professionals to work in a more integrated way in support of the 'whole family' and with other services to collectively reduce dependency and empower parents
7. Better data systems to ensure the lead professional undertaking each assessment has access to the relevant data to see the whole picture, to reduce duplication and confusion and to track children's progress
8. Long-term evaluation to ensure families' needs are being addressed and add to national evidence for effective early intervention

Boroughs are developing early adopter sites, to test the model and gather early evidence of needs and impact. Workforce plans being taken forward, supported by DCLG investment. Partners are developing recommendations, from their exploration of a High Needs Family Pathway, to focus all resources in early years programmes, including Troubled Families and Children's Social Care, to maximise the opportunities to improve outcomes for the whole family within the window of opportunity in pregnancy and the first two years, in discussion with Treasury and DfE and through the Greater Manchester Devolution Agreement.

Sheffield Volunteer Doula Project

The Sheffield Volunteer Doula recruits and trains local women to work alongside midwifery and health services in Sheffield to support women from disadvantaged and isolated backgrounds achieve healthier and more positive birth outcomes. Doulas do not take the place of medical care: they provide emotional and physical support throughout pregnancy and birth. The programme:

- trains, nurtures and supports local women to become volunteer doulas
- provides non-judgemental, consistent and tailored support for isolated and vulnerable women and their families throughout the latter stages of pregnancy, childbirth and for the first 6 weeks of family life
- enthusiastically promotes the benefits of natural birth and breastfeeding to ensure

women have knowledge around all options available to them and feel empowered to make their own decisions

- builds links between midwifery services and the voluntary and community sector
- listens to the needs of local women from disadvantaged communities, ensuring services are meeting these needs

Reducing inequalities by supporting families of the future: the IMPACT project Collaborations for Leadership in Applied Health Research and Care Yorkshire and Humber

Better Start Bradford (BSB), a community partnership led by Bradford Trident, has been awarded £49 million from the Big Lottery Fund to help parents give their children the best start in life. Over ten years, a portfolio of projects will engage with approximately 20,000 children under three to improve their social and emotional wellbeing, communication and language skills and diet and nutrition.

Evidence-based parenting programmes, delivered in early life, are effective in improving parent mental health, child behaviour and social and emotional wellbeing, yet the most evidenced-based programmes have been developed outside of the UK raising issues of transportability and cultural acceptability.

The **IMPACT project** comprises a series of linked projects to explore and enhance child and parent wellbeing in areas of cultural diversity. Four work packages currently underway are attempting to answer several questions across four wards in Bradford:

- which available parent programme is most acceptable (uptake and retention) and effective in areas with high levels of cultural diversity and deprivation, and why?
- what accommodations/adaptations could be, or have been, implemented to meet cultural needs and what impact have they had on outcomes?

The project steering committee also informs the social emotional workstream of the newly formed BSB Innovation Hub.

The multidisciplinary project team has experts in the field of parenting and the early years, health inequalities and wellbeing, epidemiology, health economics, education, and implementation: Dr Tracey Bywater, Professor Kath Kiernan, Professor Karen Bloor, Dr Louise Tracey, Professor Kate Pickett, Dr Sarah Blower, Professor Bette Chambers, Mrs Zoe Hindson (University of York), and Professor Neil Small (University of Bradford).

Devolution: having the power to make a difference at the right spatial scale.

Sharing power and resources and securing community engagement on the determinants of health

The Inquiry argued that those who have less influence are less able to affect the use of public resources to improve their health and wellbeing. It argued that building social capital has health benefits and that where people feel they can influence and control their living environment, there are likely to be health and wellbeing benefits.

Due North supports the move to devolve greater powers and resources to cities and local government to drive economic growth and reduce regional inequalities and also argues that local economic growth strategies should include social objectives to promote health and wellbeing and reduce health inequalities. Due North calls for this to be accompanied by devolution to communities: greater public participation in local decision-making and community empowerment.

The devolution of public health responsibilities to local government in 2013 recognises that local government is best positioned to understand the health needs of local communities and to bring together the agencies and assets needed to make a difference to health and health inequalities.

Involving the public in decisions that affect their health and lives and providing opportunities for diverse communities to have a voice and contribute to decisions that impact on their health is important. Only by working in partnership with communities, and drawing on the insights and experiences of those most affected by inequalities, will local solutions have an impact. Community engagement and community development are pillars of public health action.

Local government and their partners are key to delivering this ambition. PHE can support and amplify efforts to involve communities as equal partners by connecting stakeholders and making the best evidence available. These actions will support a shift in power towards individuals, families and communities. Examples of our work to date include:

- work with NHS England to draw together and disseminate evidence and learning on working with communities

- developing an evidence-based case for community empowerment in health and bringing clarity on what works including a new guide to community-centred approaches for health and wellbeing¹³
- supporting local conversations on health inequalities through our national programme of events which promotes good practice on community engagement
- developing evidence and intelligence on health assets, advocating for the importance of building on community strengths and supporting the spread of good practice more widely
- supporting local conversations on health inequalities through our national programme of events which promotes good practice on community engagement
- supporting health and wellbeing boards in their role of developing strong and inclusive communities through the Think Local Act Personal (TLAP) partnership

Across the north PHE centres and regional teams are supporting collaborations that aim to lever resources into disadvantaged areas and build community capacity. For example, the Well North programme, which we are developing with Manchester University, local authorities and academic partners across the north, will build on 'hotspot analysis' to identify communities that have high levels of health problems, with much need of hospital services, and propose targeted community-led preventative interventions to improve health and reduce the severity of problems that require complex hospital-based care. Empowerment, control and self-determination are core design principles for this work. Public Health England's investment of £9m is being matched by local authorities, and other local partners, in cash and in kind.

Voluntary, Community and Social Enterprise (VCSE) sector organisations often work with the poorest and most marginalised communities to make a huge impact on health and wellbeing. The sector already provides many of the practical solutions proposed in Due North to address health inequalities, including supporting healthy child development; and empowering involvement in democratic processes. Regional Voices has outlined possible actions that VCSE organisations could take to impact on health inequalities, particularly between the north and south, in the briefing *Due North: A Voluntary, Community and Social Enterprise Sector Perspective*.¹⁵ There is much the sector can do, locally and nationally, as service providers, employers, a source of intelligence, campaigners and partners. To support the contribution of the Sector to health and wellbeing and promoting health equity, the Department of Health, NHS England and PHE have commissioned a review to assess the impact of Government and statutory sector funding, commissioning and partnerships.¹⁶ The review will consider whether changes are required which would better support the contribution of VCSE organisations.

¹³ ¹³³ A guide to community-centred approaches to health and wellbeing:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/402887/A_guide_to_community-centred_approaches_for_health_and_wellbeing.pdf

¹⁵ <http://www.regionalvoices.org/duenorth>

¹⁶ <http://www.voluntarysectorhealthcare.org.uk/vcse-review/>

PHE will continue to provide national and regional platforms to share learning and evidence and by developing and supporting collaborations that put people and communities central to efforts to reduce health inequalities.

Examples from the North

Participatory budgeting by Durham County Council

Durham County Council has been a trail-blazer for the concept of participatory budgeting (PB). Since 2009, through 35 PB events 24,000 residents have taken the opportunity to vote on a total grant allocation of £1,445,587 to local projects. The council's approach has become recognised locally and nationally and its brand 'It's Up 2 U' is widely acknowledged as a well-embedded model. It has gathered international interest too, with visiting delegations from Denmark and the United States.

In 2013-2014, under the banner "Your Money, Your Area, Your Views", and based on events in 14 area action partnerships, 10,377 local people participated in making decisions on local spending and priorities, through PB. Grants worth £562,457 were allocated to 178 projects, attracting match funding of over £3.3m and generating 1,263 volunteering opportunities. But the events were not solely about local grant allocation. There were also about influencing spending county-wide, recruiting new members for local Area Action Partnerships (AAPs) and encouraging people to have their say on future land use, through the draft County Durham plan. Over 3,300 residents engaged in the consultation on the council's medium term financial plan, with the difficult job of deciding on how to make savings of £100 million. The events raised the profile of the AAPs and generated over 4,600 new members for the overarching county-wide Forum. Over 7,000 residents went on to vote in the AAP boards' priorities setting for 2014/15.

Future considerations for improved and more successful PB include:

- encouraging PB to deliver against the welfare reform agenda
- standardising some elements, such as documentation and project monitoring, and providing a toolkit while building in flexibility for local direction and decision making
- building on its ability to attract and engage wide, diverse audiences, to strengthen other work such as consultations to ensure the council is reaching as far as possible into communities, to make sure their voices are heard

The Council is a member of the PB Network UK in an advisory capacity and has requests for support from other councils.

Area Action Partnerships in brief

- boundaries set in consultation with local residents – populations range 8,000-94,000
- open to anyone aged 11 upwards who lives, works, volunteers or studies in the area
- each with a board of seven public representatives, seven from partner agencies eg CCGs, and seven councillors (from Durham CC and parish councils)
- each with a base budget, currently £120,000, councillors have budget they can add
- simple, tested and effective processes
- in 2009 the majority of projects selected were environmental – now a focus on projects on employability, food banks, food growing, older people and tackling social isolation

Service User Involvement in re-commissioning drug and alcohol prevention, treatment and recovery services in Leeds

Four aims underpin Leeds' Drug and Alcohol Strategy and Action Plan:

- people choose not to misuse drugs and/or alcohol
- more people recover from drug and alcohol misuse
- fewer people experience crime and disorder related to the misuse of drugs and alcohol
- fewer children, young people and families are affected by drug and alcohol misuse

Leeds' review of drug and alcohol services began in April 2013, and from the outset service users – people in active treatment for or in recovery from addiction – were at the centre of the commissioning process.

This started with helping to shape the development of the Leeds Drug and Alcohol Strategy through consultation to detailed input on service specification and membership of the tender evaluation panel. Individual perspectives were gathered through events, interviews and focus groups. A key development was establishing an expert reference group (ERG), with capacity building support, to influence the re-commissioning.

The aim in re-commissioning services is:

- to develop an integrated recovery-orientated treatment system that supports adults and children to maintain long term recovery from their addiction
- to support people with multiple or complex needs, particularly for those with a 'dual diagnosis' of both substance misuse and mental health issue
- to ensure the treatment system is responsive to the needs of children who become Looked After as a result of parental drug or alcohol misuse

The contract for a new integrated service is due to start in July 2015.

The involvement of service users within the procurement process, recognised as good practice by Public Health England, has been a key element of the procurement process. Plans are now being developed to apply the approach to future procurements and other aspects of service delivery. This includes how the ERG might drive plans or contribute directly to decisions about grant making aimed at improving recovery from addiction.

Well North: a strategic collaboration

Well North is a collaborative programme (Public Health England, Manchester University on behalf of Well North and MAHSC and local authorities, as local accountable bodies, on behalf of a range of partners in an area) which is developing, testing and piloting a set of linked interventions to improve the health of the poorest, fastest, in some of the most deprived areas of the north of England.

Specifically, the emergent programmes will seek to reach and engage with people and work with them to identify holistic solutions for them and their families. The programme aims to improve their health, bring the health system and economic growth priorities into closer alignment and build a best practice framework which can be replicated and transplanted. The programme seeks to tackle the wider determinant complexity of the whole problem, making visible previously invisible at risk people and attempting to solve, rather than manage, their illnesses and anxieties.

The programme has three strategic goals:

- addressing inequality by improving the health of the poorest, fastest
- increasing resilience at individual, household and community levels
- reducing levels of worklessness, a cause and effect of poor health

A fundamental and critical cross-cutting, unifying philosophy underpinning Well North is the recognition that for health inequalities to be addressed effectively, interventions must be built on developing community based programmes, which enable empowerment, control, self-determination and the freedom to lead lives that people have reason to value. Designing such an environment will deliver healthy behaviours and match the emotional needs of people.

Public Health England is providing £9M which is being matched by local authorities, and other agencies in the pilot areas, in cash and in kind. The Well North Board met for the first time at the end of February. Duncan Selbie, Chief Executive of PHE, is the Independent Chair of the Board.

The Programme will operate across nine pilot sites, with three pilots launching in April 2015, more getting underway within the following six months, and the remainder in early 2016.

Responding to local needs and priorities in Oldham and Rochdale

As well as providing affordable, warm and safe homes, housing associations are important investors in asset-based community development and neighbourhood-led health and wellbeing initiatives.

Rochdale Borough-wide Housing (RBH) has developed 'Our Choice', a participatory budgeting project, where local people identify, design and vote on the allocation of community investment funding to deliver services/activities in their own neighbourhoods. Led by local communities this project has a strong focus on tackling health inequality and improving wellbeing. In addition, RBH staff have worked with local primary schools to recruit and train parent volunteers and supported them to organise safe play and sports sessions in neighbourhoods facing serious socio-economic disadvantage. These sessions provide important opportunities for play, social interaction and skills development, and support with parenting if needed.

Regenda Group developed a 'Wellbeing Explorer's project'¹ in Oldham to recruit, train and empower local residents to lead on a community based exploration project to understand the key factors that influenced positive and negative wellbeing within their neighbourhood.

This project led to a deeper understanding of the issues within the community and key priorities for the community. The Wellbeing Explorers were then able to produce an action plans to tackle these inequalities and that continue to drive lasting change across the neighbourhood.

The vital role of the health sector

Strengthening the role of the health sector in promoting health equity

Due North proposes a range of actions for the NHS to influence health inequalities, beyond the provision of equitable high quality health care; both through its procurement of goods and services, its role as an employer, and as a champion and facilitator that influences other sectors to take action. It also proposes actions for health services, working with local authorities, and local communities, through health and wellbeing boards.

Health services can influence the wider determinants of health and impact on health inequalities. The NHS Five Year Forward View recognises the critical role of the NHS in reducing inequalities and improving population health. The Five Year Forward View acknowledges that the rising burden of avoidable illness is ‘influenced by, and in turn reinforce[s], deep health inequalities which can cascade down the generations.’¹⁷ It recognises the costs of these prevailing avoidable illnesses and embraces a focus on prevention to tackle them:

‘The future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health... [w]e do not have to accept this rising burden of ill health driven by our lifestyles, patterned by deprivation and other social and economic influences.’¹⁸

There has never been a better time to take this work forward:

1. The new NHS Prevention Programme board, chaired by PHE, will oversee a preventative services programme to assess the evidence, design the interventions and support the implementation of proven approaches to prevent disease. The national diabetes prevention programme is the first of a number of commitments that will be overseen by the NHS Prevention Programme Board. An over-arching principle of the programme will be the reduction of health inequalities by identifying those at high risk, including targeting groups at increased risk of developing type 2 diabetes. Age, ethnicity, genetics and weight are all risk factors; however, 80% of all cases of type 2 diabetes are preventable and supporting people to be a healthy weight can significantly reduce their risk of developing the disease
2. New planning guidance offers support for closer working of clinical commissioning groups with local authorities on the wider determinants of health inequalities¹⁹ which PHE will support and facilitate through the sharing of best practice on commissioning to reduce health inequalities. We will look to strengthen further our work with clinical

¹⁷ Five Year Forward View – p9

¹⁸ Five Year Forward View – p9 and10

¹⁹ <http://www.england.nhs.uk/wp-content/uploads/2014/12/forward-view-plning.pdf>

commissioning groups both in their role as commissioners of services and as core members of health and wellbeing boards

3. At a regional level, PHE are refocusing our teams to support their role as the public health advisers to NHS England. They will work alongside the new NHS England integrated management teams covering the four regions across England. Our role will be to provide high quality strategic public health and healthcare advice to NHS England, including advice on action to identify and reduce health inequalities with demonstrable measures locally, regionally and nationally. In doing so, we will help to ensure that NHS England can deliver on its public health responsibilities in full
4. At local level, we are strengthening our presence. Each PHE centre brings together their locally-facing teams to provide expert advice and services to our partners, under the leadership of the centre director. We aim to match PHE support and expertise to local need and therefore each centre director is accountable and responsible for national and local functions within the centre footprint on behalf of the whole of PHE. For example, in Greater Manchester, PHE has been supporting NHS England to develop a set of primary care standards aiming to reduce variation in primary care. There is a strong focus on preventative opportunities aiming to impact on inequalities in health access and outcomes

Within the north each PHE centre director is part of the Health Equity North²⁰ collaborative, working with leaders from local government and the voluntary sector to galvanise and focus our collective efforts to address health inequalities. Across the north, colleagues in local government are already making progress on a range of work through health and wellbeing boards, Local Enterprise Partnerships and Combined Authorities. Through our local centres and the north region PHE will continue to work with these partners to address health inequalities.

²⁰ Health Equity North is a collaborative venture exploring the potential of collective approaches, across sectors to achieve a step change in the health and wellbeing of communities across the north of England, reducing inequalities. It's about research, debate and collaboration: identifying and building collaborations and networks across the north of England with an interest in, and influence on health and wellbeing.

Examples from the north

Rotherham social prescribing service

The Rotherham Social Prescribing Service helps people with long term health conditions to access a wide variety of services and activities provided by voluntary organisations and community groups in Rotherham. It is managed by Voluntary Action Rotherham and funded by Rotherham Clinical Commissioning Group.

Patients are referred by their GP and a voluntary and community sector advisor visits them either at home or at their local surgery to discuss voluntary or community services that could help them to improve their health and wellbeing. There is help to access services and activities of interest, including help with difficulties such as welfare benefits, poor mobility, transport or low confidence.

The scheme started in April 2012 as part of a wider GP-led Integrated Case Management pilot and aims to increase the capacity of GP practices to meet the non-clinical needs of their patients who have long-term conditions. The pilot received around £1 million as part of a programme to provide 'additional investment in the community' and began receiving referrals during September 2012. It has since been re-commissioned.

The pilot, which has since been continued under recurrent funding, ran from April 2012 to March 2014 over the course of which:

- 24 voluntary and community organisations received grants with a total value of just over £600,000 to deliver a menu of 31 separate social prescribing services
- 1,607 patients were referred to the service, of whom 1,118 were referred on to funded VCS services. More than 200 referrals were made to non-funded VCS provision and more than 300 referrals were made to statutory services

Mobilising knowledge about ethnic inequalities to improve access, experience and outcomes for Black and Minority Ethnic users of NHS services CLAHRC Yorkshire and Humber

Research evidence and other types of information show that healthcare access, service experience and health outcomes vary between ethnic groups. The Evidence and Ethnicity in Commissioning (EEiC) project focused on understanding current practices, obstacles and opportunities related to commissioning health services that better meet the needs of minority ethnic populations and thereby reduce inequalities. Funded by the National Institute of Health Research (NIHR), it involved detailed fieldwork in Bradford, Sheffield and Leeds, plus national level interviews and workshops.

This is now being followed by a further project to develop and test a package of knowledge mobilisation tools to support NHS commissioning staff make effective use of knowledge about these ethnic health inequalities. The project will encourage wider adoption of these tools so that knowledge about ethnic inequalities and healthcare becomes part and parcel of NHS commissioning and service improvement work and NHS services better meet the needs of multi-ethnic populations.

It involves teams in NHS commissioning and gathering data from these case studies about how well the knowledge management tools work; whether they encourage greater demand for knowledge on ethnic diversity and inequality and whether they increase the confidence of staff involved in commissioning to use this knowledge.

There is a community of practice, made up of professionals with expertise in either generating knowledge about ethnicity and health, or in race equality or in transformational healthcare commissioning. This will explore and disseminate effective practice in knowledge mobilisation in the field of health inequalities between ethnic groups, with the aim of sustaining this as a key part of NHS equalities knowledge mobilisation infrastructure. Examples of the tools in development can be found at www.eeic.org.uk

Thirteen Group and Middlesbrough 'Recovering Together'

Thirteen Group, in partnership with Middlesbrough Council (Public Health and Wellbeing), and a small service-user led recovery support service, has developed a successful drug and alcohol recovery model Middlesbrough Recovering Together (MRT) which is embedded within local communities.

Each partner brings something unique to the project but all support the improvement of health related outcomes for individuals, carers and families who are affected by addiction. The service is based on three key principles:

- locality based services which are dispersed in multiple locations across Middlesbrough in areas with the greatest needs
- integrated recovery and housing teams promoting access to universal services through the '5 ways to wellbeing'¹
- a minimum of 40% of the 26 employed MRT staff are in recovery

The service is underpinned by a team of fifty peer mentors and volunteers. Recent capital funding from Public Health England has enabled the Thirteen Group to develop three community health hubs, providing therapeutic interventions and activities for both people seeking recovery and the wider community. These venues provide an opportunity for people to establish and strengthen social support networks and independent living skills. They also provide support for people to enter training and employment.

Each community health hub is located in close proximity to a number of shared recovery houses, which have been developed using the evidence-based 'Oxford House' principles¹. Tees University are assisting with the project evaluation.

Integrating wellness in Sunderland

Sunderland City Council and Sunderland Clinical Commissioning Group are working closely together to try and address the health needs of local people in a holistic way through integration. They are taking an ambitious approach to developing integrated teams through the Better Care Fund and will build on this approach to support people in the city to achieve improved health outcomes.

Alongside the development of the integrated teams, there has been the development and commissioning of integrated wellness services by the council. This development has taken an asset-based approach and worked with local people to understand how they can be best supported to improve their health. A broad range of approaches will be used; from signposting people to support in relation to wider health determinants, through to supporting people to make healthier lifestyle choices and the early identification of people at risk of ill-health. The aim will be to recognise the ability of individuals, families, neighbourhoods and communities to take the lead in improving health, but offering support when it is needed. There will be a range of approaches including making Sunderland a healthier place, having a directory of opportunities and supporting people to monitor their own health, linking in 1,500 Health Champions and offering more intensive targeted outreach and support for communities, families and individuals in greatest need.

As the different integration streams mature over time this should help the NHS to act on the wider determinants of health and lifestyle choices that impact adversely on health, in addition to delivering clinical care.

Conclusion

The Due North report was commissioned as a contribution to the on-going debate about how best to secure and sustain the economic and social health and wellbeing of people and places in the north. It was also about creating a platform for discussion and debate around inequalities.

It has been encouraging to see the interest generated as networks and agencies across the north reflect on their own responses to the issues raised. We are grateful to Professor Whitehead and the Panel for their work. We also extend our thanks to all the agencies who have contributed to this document by sharing the actions they are taking locally.

There are unparalleled opportunities to develop better and stronger alignment between improvements in health and wellbeing outcomes and economic growth priorities. We need also to ensure that social and economic determinants and primary prevention are a fundamental part of health and social care integration.

It is important that we continue to build momentum for sustained action across all sectors at the scale needed to achieve a step change in the health and wellbeing of communities in the north of England. We will work with partners through the Health Equity North collaboration to promote and support action.

We will work to provide unbiased evidence on what can be done locally and nationally to reduce inequalities. We will help to build and strengthen collaboration, coalitions and alliances within and across the north to drive action. And we will work nationally and locally to support evidence based decisions on reducing health inequalities.