



Public Health
England

Protecting and improving the nation's health

Health Equity North

Due North: report on the inquiry on health equity for the north of England

Health Equity North

- an emerging 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
- 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 - local government, voluntary and community sector, public health, academics
- build on the assets of the north
- build community and regional resilience

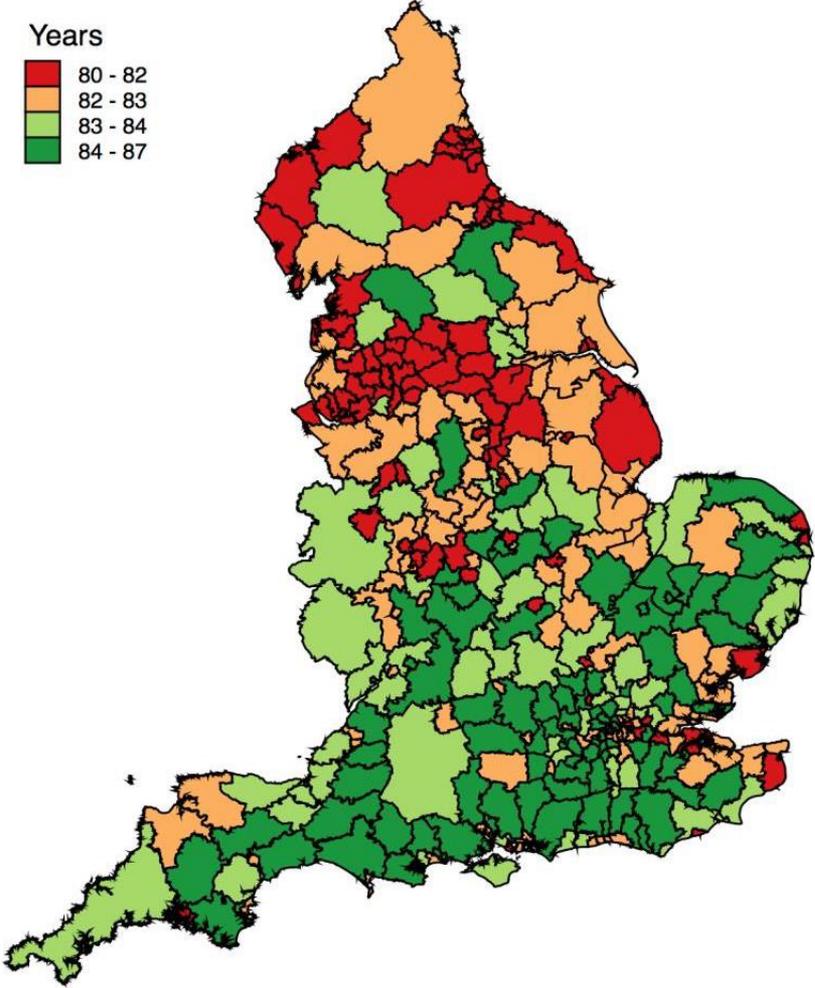
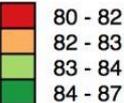
Why now?

- deep-rooted issue: health inequalities have persisted for decades
- worrying signs that gaps could widen
- fall-out from recession, the impact of austerity and welfare reform
- health inequalities are not inevitable and should not be accepted
- growing momentum for change – economic balance and sustainability, decentralisation – cross-sector and cross-party

Life expectancy

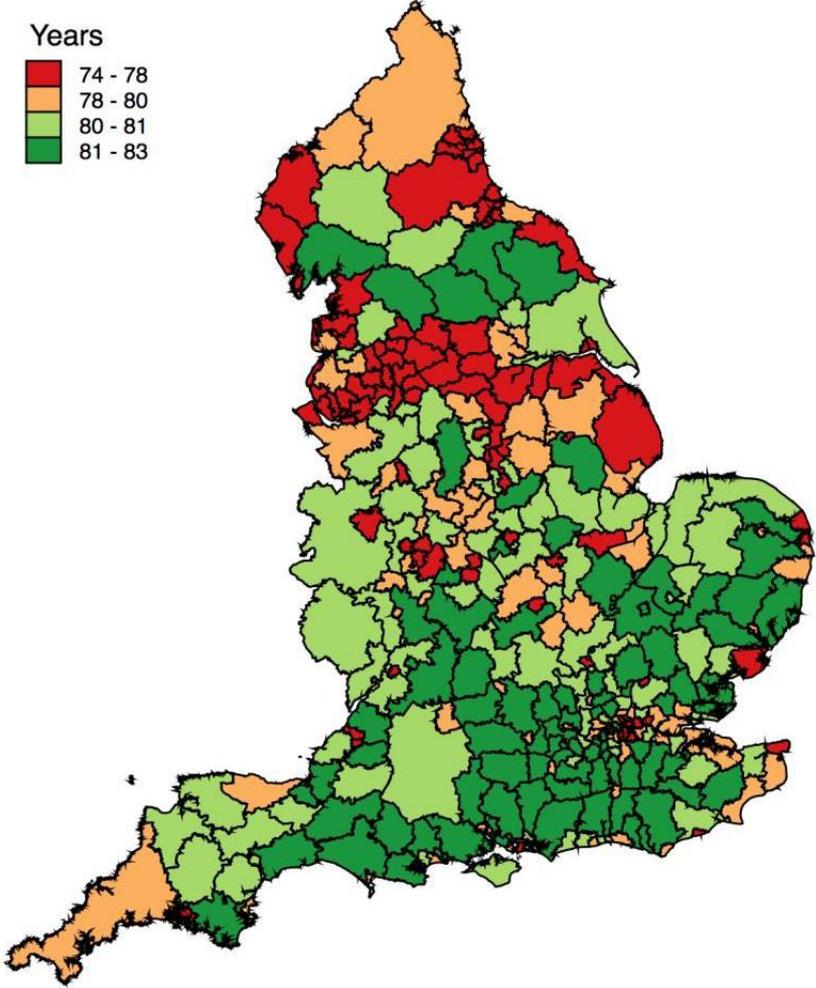
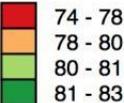
Female

Years



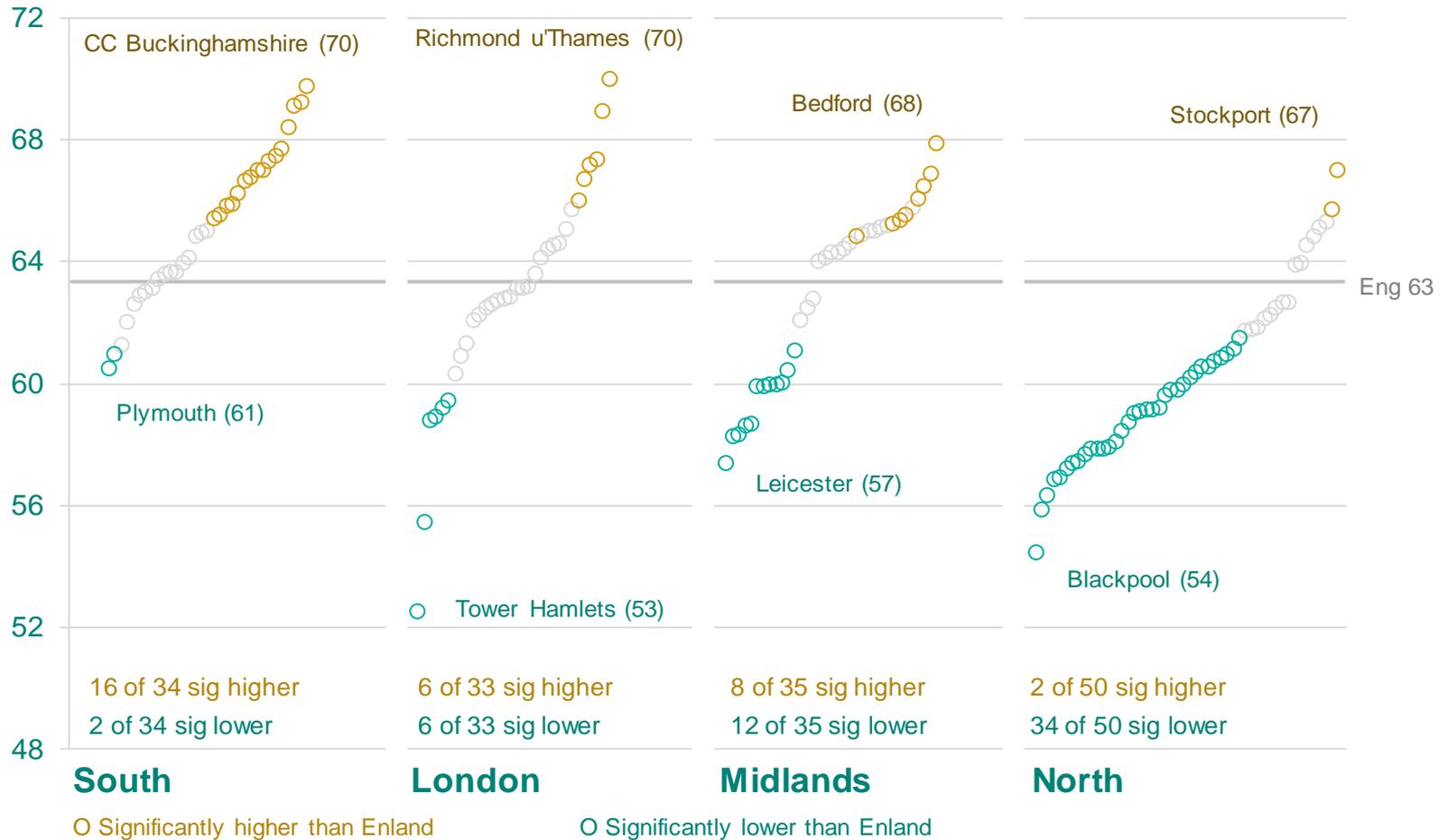
Male

Years



Healthy life expectancy at birth - males age in years, 2010-12

Local authority values by PHE region



Healthy life expectancy at birth - females age in years, 2010-12

Local authority values by PHE region

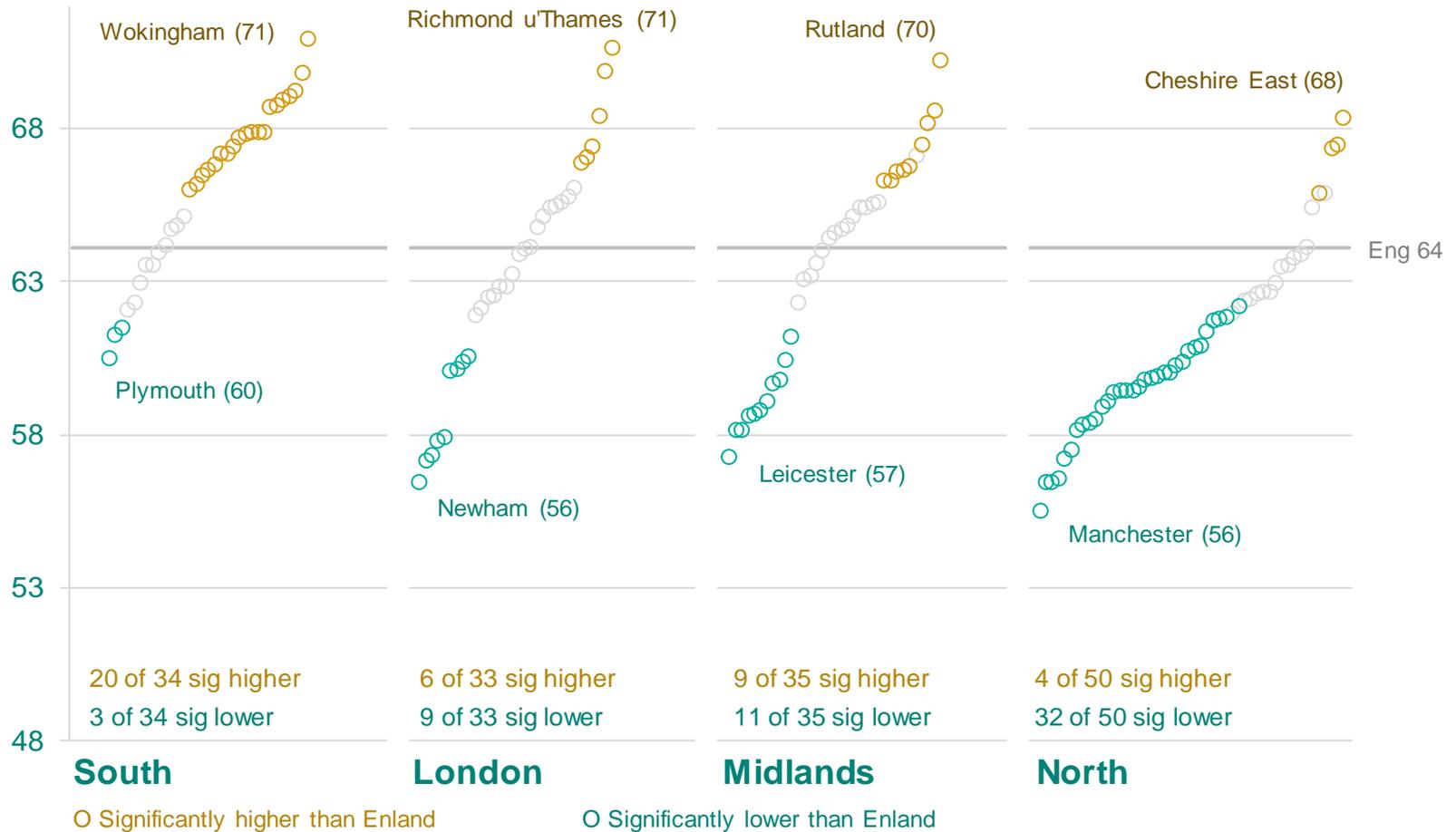
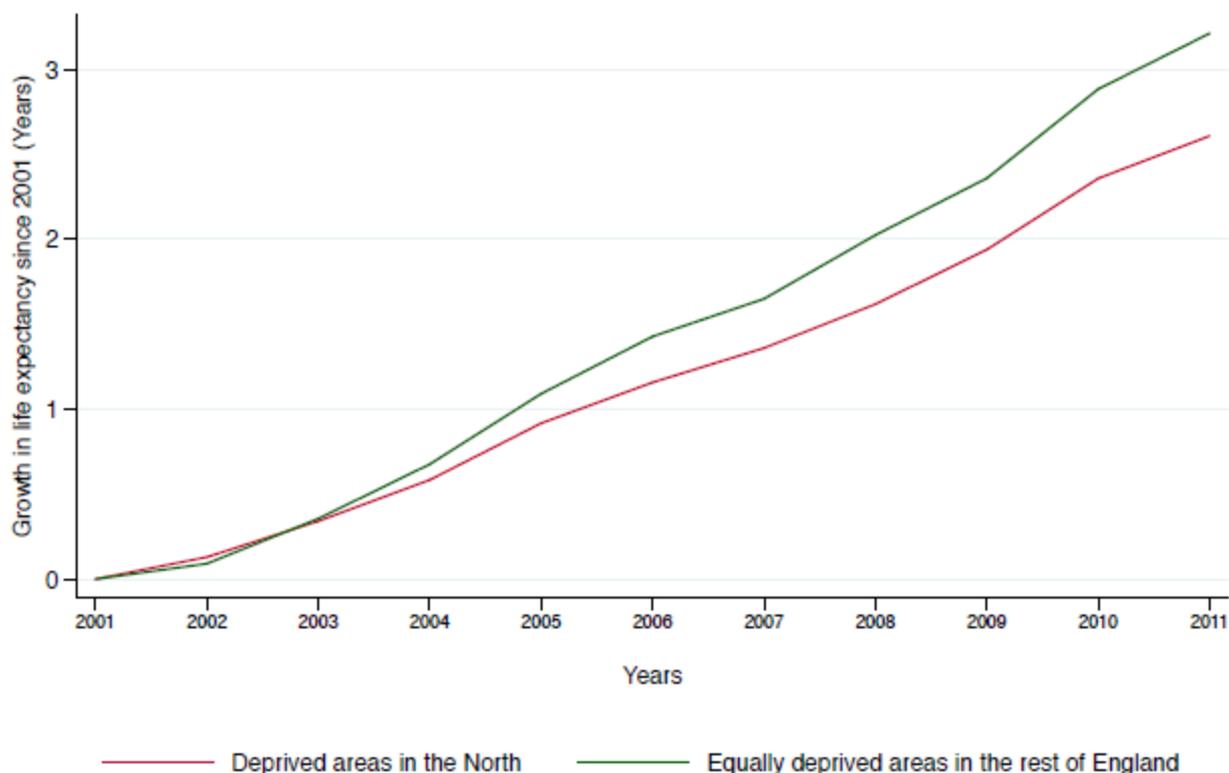


Figure 5: Trend in life expectancy in deprived areas in the North and in the rest of England

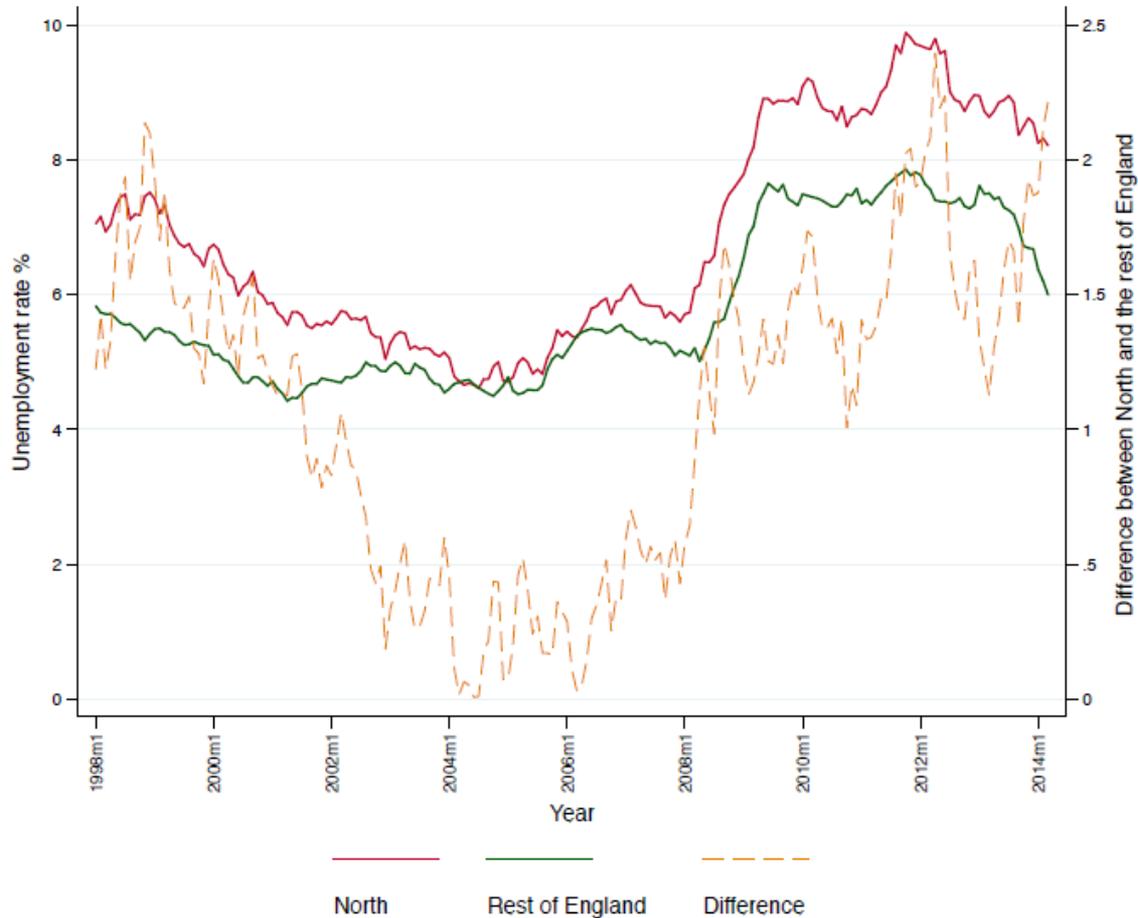
Graph shows how life expectancy has increased less for people living in deprived areas in the North compared to people living in areas with a similar level of deprivation in the rest of England.



Deprived areas defined as being the 20% most deprived local authorities in England. Life expectancy calculated as weighted average for groups of local authorities. Source: HSCIC

Figure 8: Unemployment rate from 1998 to 2014 in the North and the rest of England

Graph shows how the gap in unemployment between the North and the rest of England had narrowed until the 2008 recession, when it widened again.

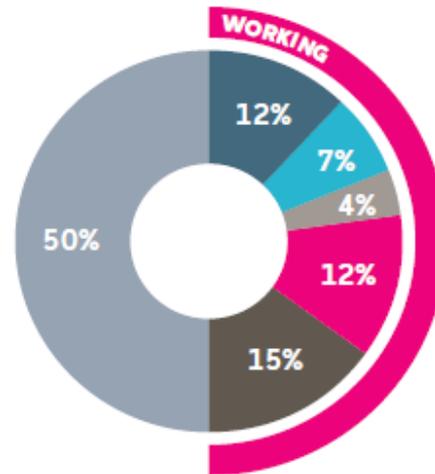


Source: ONS.

From: A UK without poverty

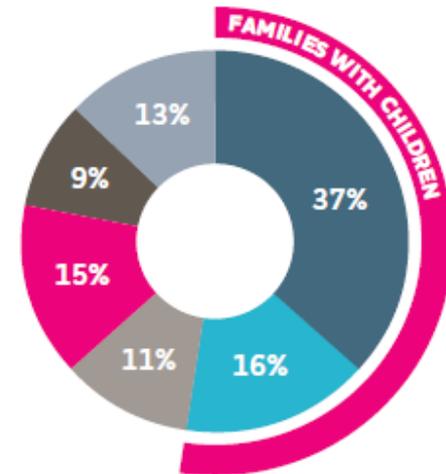
Joseph Rowntree Foundation
September 2014

HALF THE PEOPLE IN POVERTY LIVE IN A WORKING HOUSEHOLD



- Self-employed
- All in full-time work
- One full-time, one part-time
- Single breadwinner
- Part-time workers only
- Workless

FAMILIES WITH CHILDREN ARE THE BIGGEST GROUP IN POVERTY



- Couple with children
- Single with children
- Couple without children
- Single men without children
- Single women without children
- Pensioners

Source: *Households Below Average Income* (DWP, 2014)

DUE NORTH

Report of the Inquiry on
Health Equity for the North

Purpose

To look at the evidence on social determinants of health in the light of

- the changes in public health responsibilities
- the current economic context
- public service reform
- from a northern perspective
- considering what could be done differently to impact on health inequalities

Commissioned by Public Health England, but independent

Guiding principle and approach

- build on the assets and agency of the north
- the prevention of poverty in the long term and the promotion of prosperity, by boosting the prospects of people and places
- a northern perspective on a nationwide issue

Causes of health inequalities

- differences in poverty, power and resources needed for health
- differences in exposure to health damaging environments, such as poorer living and working conditions
- differences in the chronic disease and disability left by the historical legacy of heavy industry and its decline
- differences in opportunities to enjoy positive health factors and protective conditional that help to maintain health , such as good quality early years education; economic and food security, control over decisions that affect your life; social support and feeling part of the society in which you live

Key questions for inquiry

- what can agencies in the North do to help reduce health inequalities within the north and between the north and the rest of England?
- what does central government need to do to reduce these inequalities?

1 Tackle poverty and economic inequality within the North and between the North and the South

Northern agencies, working together:

- linking economic growth with public service reform to prevent poverty and promote prosperity
- promoting living wage
- joint spending power to promote good employment
- improving quality and affordability of housing

1 Tackle poverty and economic inequality within the North and between the North and the South

Central government:

- ensure national policies reduce debt and poverty:
- ensure welfare systems provide minimum income for health living
- end in-work poverty through Living Wage
- develop a national industrial strategy that reduces inequalities between the regions
- develop policy to enable local authorities to tackle poor condition of housing stock at bottom end of private rental market

2 Promote healthy development in early childhood

Northern agencies

- monitor and increase proportion of overall expenditure allocated to giving every child a good start
- ensure access to good quality universal early years education and childcare
- maintain and protect universal integrated neighbourhood support for early child development, including Children's Centres

2 Promote healthy development in early childhood

Central government:

- reduce child poverty through investment in: paid parental leave; flexible work schedules; Living Wages; promising educational futures for young women; affordable high quality childcare
- reverse recent falls in living standards of less advantaged families
- cumulative impact assessment of future welfare changes to mitigate negative impacts
- increase proportion of overall expenditure allocated to early years
- make provision for universal, good quality early years education across the country

3 Share power over resources and increase the influence that the public has on how resources are used to improve the determinants of health

Northern agencies:

- deep collaboration across Northern agencies for a new approach to economic development and health inequalities
- use greater devolved powers and resources to develop, at scale, locally integrated programmes to support people into employment
- reduce the democratic divide: develop community-led systems for health equity monitoring, accountability, involvement in how local budgets are used

3 Share power over resources and increase the influence that the public has on how resources are used to improve the determinants of health

Central government:

- grant local government greater role in deciding how public resources are used to improve health of communities and greater flexibility to raise funds for investment on social determinants of health
- allocate a greater share of resources to the places that need it most and to improve the life chances of the poorest fastest
- invite local government to co-design and co-invest in national programmes, to tailor them more effectively to local populations

4 Strengthen the role of the health sector in promoting health equity

CCGs and other NHS agencies:

- ensure procurement and commissioning maximises opportunities for high quality local employment and high quality care
- work more effectively with local authority directors of public health and PHE to address risk conditions that drive health and social care system demand
- support Health and Wellbeing Boards to integrate budgets and jointly direct health and wellbeing spending plans for NHS and LAs
- provide leadership to support health services and clinical teams to reduce children's exposure to poverty and its consequences, and to reduce poverty among people with chronic illness

4 Strengthen the role of the health sector in promoting health equity

Public Health England:

- PHE was established to be an independent advocate for actions across all sectors on health inequalities
- PHE needs to support and challenge local agencies and central government departments to tackle health inequalities

Recommendations

- Are these recommendations pertinent?
 - *do they have traction?*
 - *could they be usefully refined and if so how?*
 - *are there any of limited value?*
- What are the priorities to progress?
- Who needs to be involved?
- What could you/your organisation do to support and drive progress?
- What would help to make this happen?

Where next?

- Commissioned by PHE 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 – *a wide debate, involving many, and led by local government*
- Actions range in scale and complexity; of interest to different groups. Not a take it all or leave it prescription; more a set of carefully considered ideas, based on evidence and on the extensive on the ground experience of the panel members. Some will have more traction than others
- PHE interim response to issues and recommendations now; over next three months want to explore and consider the issues in greater depth, in discussion and debate with partners; then a fuller response in spring 2015



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For more information please
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