

**Health Together:
Evidence , Policy and Practice for Asset based approaches
in local communities**

Leeds 3rd May 2017

**Building the voice of citizens into Public Health
Evidence and Service delivery?**

Dr Mike Grady.
Independent Advisor

Closing the gap in a generation

Health equity through action on the social determinants of health



The CSDH – closing the



The Marmot Review – Fair

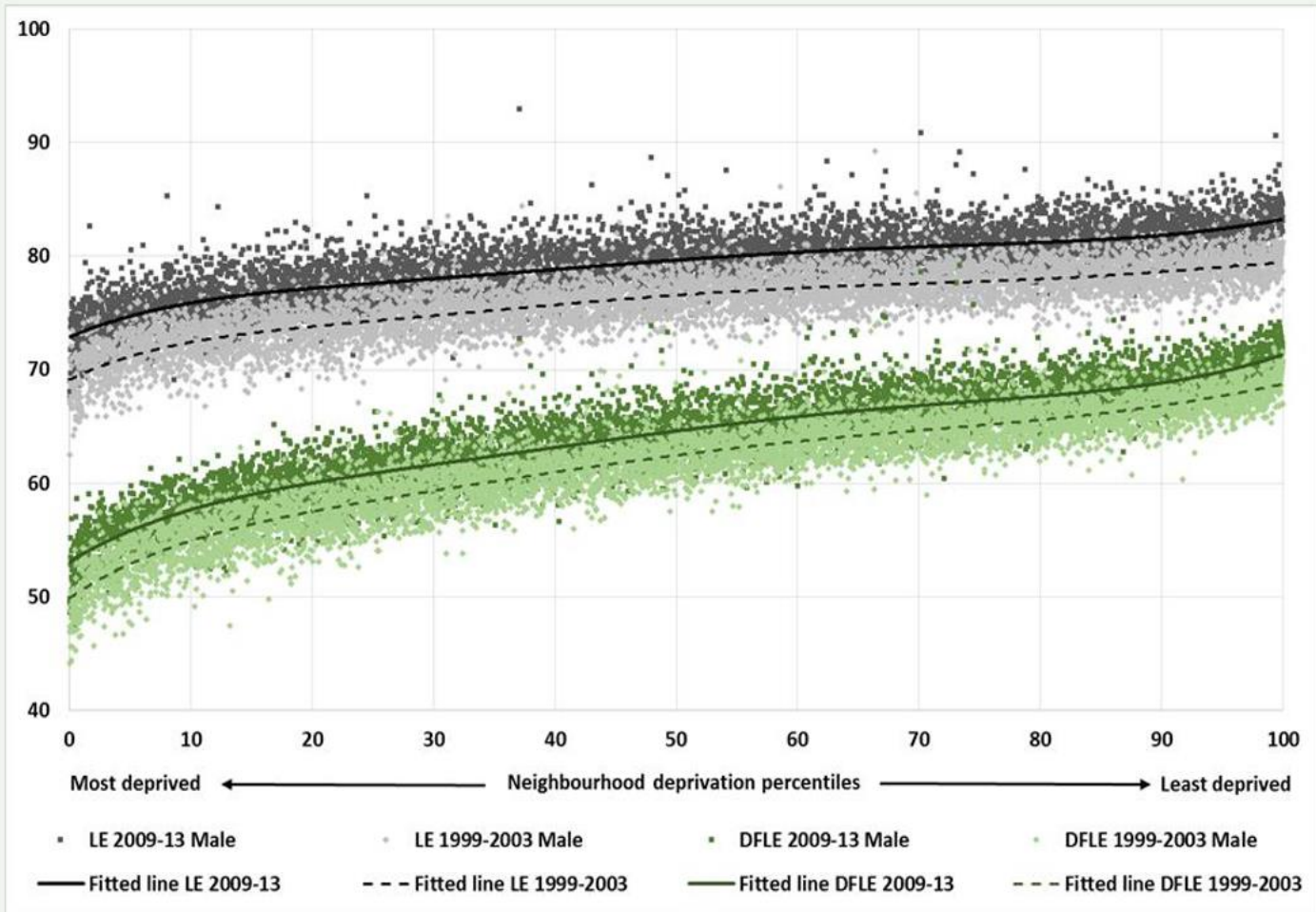
Review of the Social Determinants of Health and the Health Divide in the WHO European Region



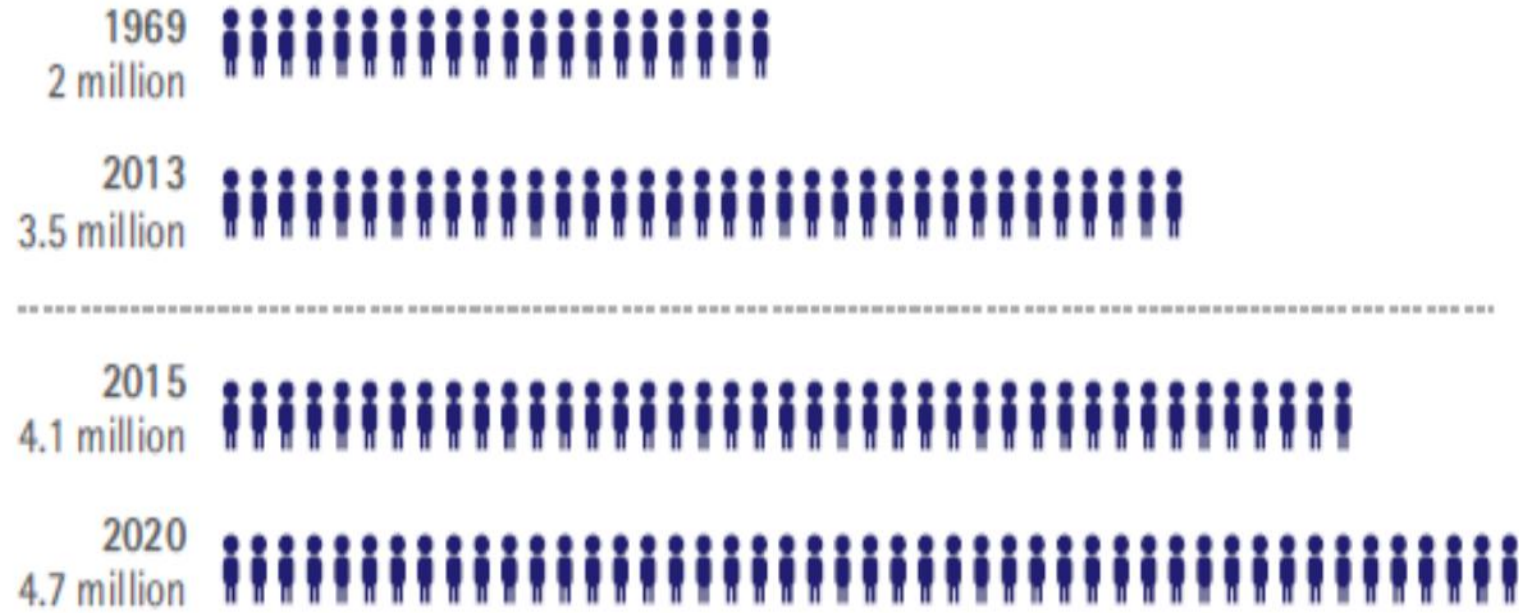
UCL Institute of Health Equity



Life expectancy and disability-free life expectancy (DFLE) at birth, males by neighborhood deprivation, England, 1999–2003 and 2009–2013



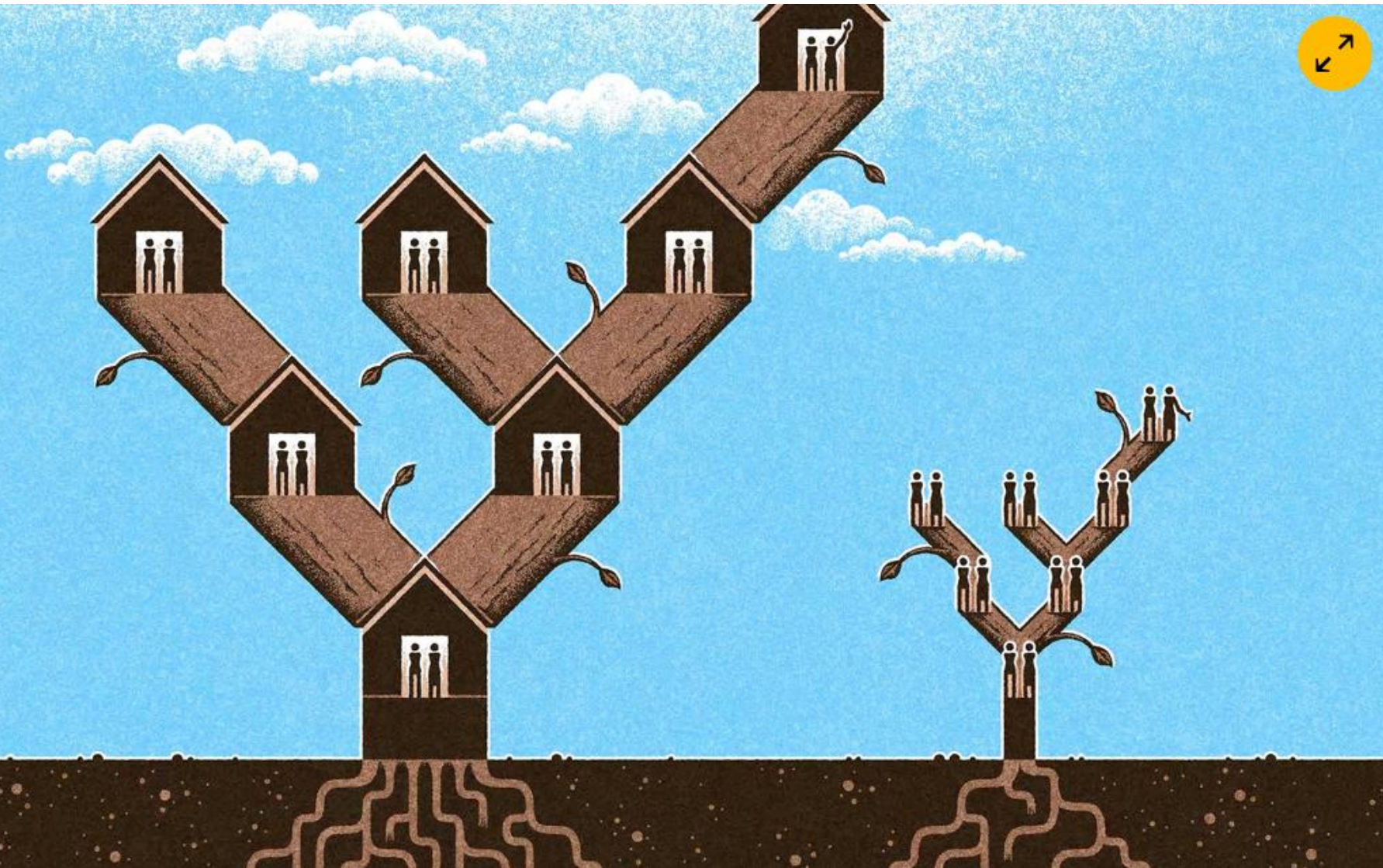
Indicator 1: Number of children living in poverty



Sources: Institute for Fiscal Studies (2013) *Inequality and poverty spreadsheet*, London: Institute for Fiscal Studies.
Department for Work and Pensions (2013) *Households Below Average Income: An analysis of the income distribution 1994/95–2011/12*, London: Department for Work and Pensions.
Browne, J, Hood, A and Joyce, R (2013) *Children and working age poverty in Northern Ireland*, London: Institute for Fiscal Studies.
Hansard, House of Commons Official Report, 15 January 2013, vol.556 no.96, col. 715W.

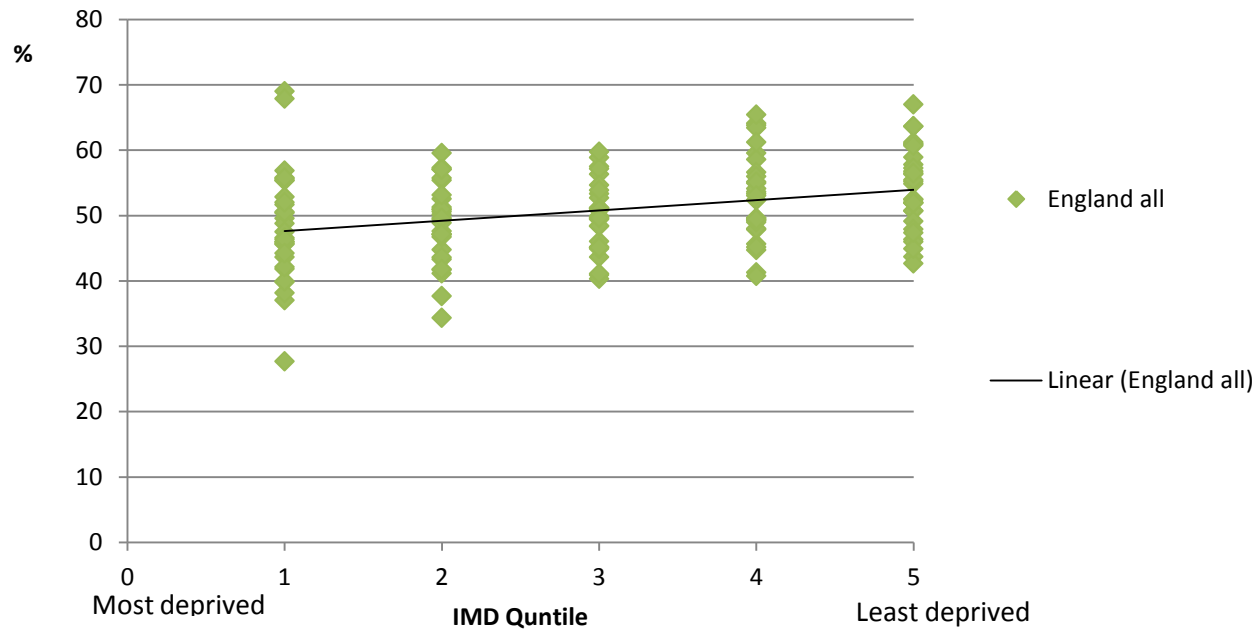
Property and Inequality

Guardian 22nd April 2017. Ian Jack.



Level of development at end of reception

School Readiness: the percentage of children achieving a good level of development at the end of reception 2012/13



NORTHERN ENGLAND and EDUCATION

DIVIDE Lights

The North in numbers

Growing Up North will be...

...guided by existing research

This project builds-upon work by academics, public bodies, think tanks and businesses.

...supported by evidence

Where necessary, I will look to add to existing research by commissioning analysis of data and cohort studies to increase our understanding of children's progress and the regional differences.

...illuminated by regional discussions and visits

I will undertake regional visits to meet with policy-makers and practitioners; systematically gathering information and examining regional plans for children. I will also visit projects and institutions which are making a real difference to the lives of young people; and hearing directly from the young people involved.

...informed by the experiences and ambitions of young people throughout.



3.6m

There are over 3.6 million children growing up in the North of England.

Liverpool's is home to more 7000 creative and digital firms, contributing £1.4bn to the local economy. Despite this, Liverpool has the lowest employment rate of any UK city.*

In 2015, a pupil from a disadvantaged background was

41%

more likely to get 5 A*-Cs in London than in the North of England.†

Manchester is less than 40 miles from Leeds, Sheffield and Liverpool. More than eight million people live within this area.

A young person leaving school or college in London or the South-East is

57%

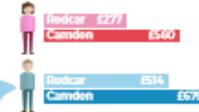
more likely to go on to a top university compared to the North.‡

The North East region consistently has amongst the best primary school results in the country, but the lowest average adult incomes.

14,225 businesses were opened in Greater Manchester in 2014*, more than all of Wales. Yet three of the local authorities in Greater Manchester are amongst the 10 most deprived areas in the UK**.

2015 the economy of Leeds City Region was worth £60.5bn***. This is more than the GDP of Bulgaria, Lithuania or Ukraine. Despite this, more than 30,000 children in Leeds are believed to be living in poverty****.

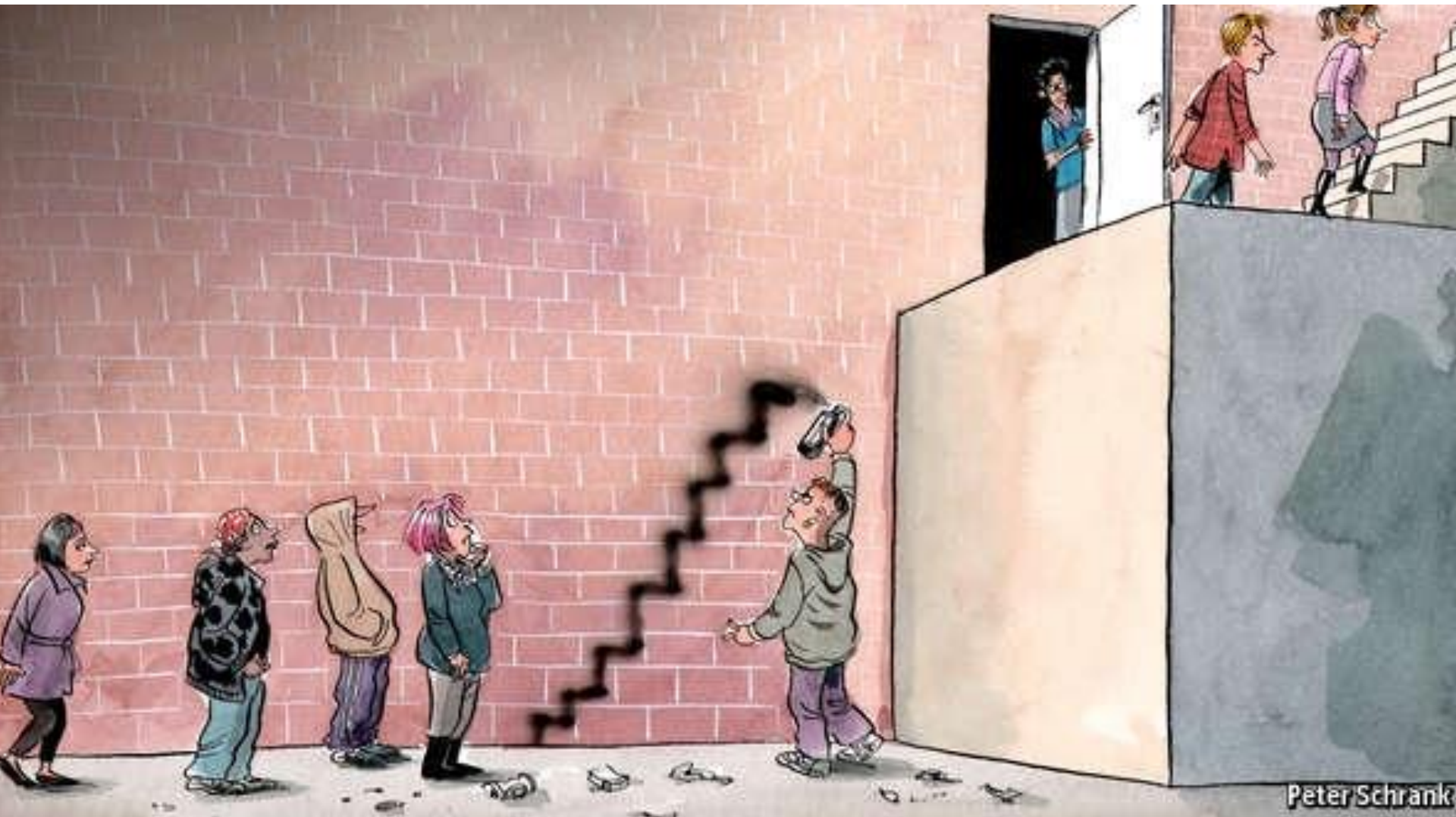
In Redcar a woman earns an average of £277 a week while a man typically earns £514. In Camden a woman earns an average of £560 a week, while a man typically earns £679.**



Despite being City of Culture 2017, Hull was recently named the least prosperous place in the UK by the Legatum Institute.

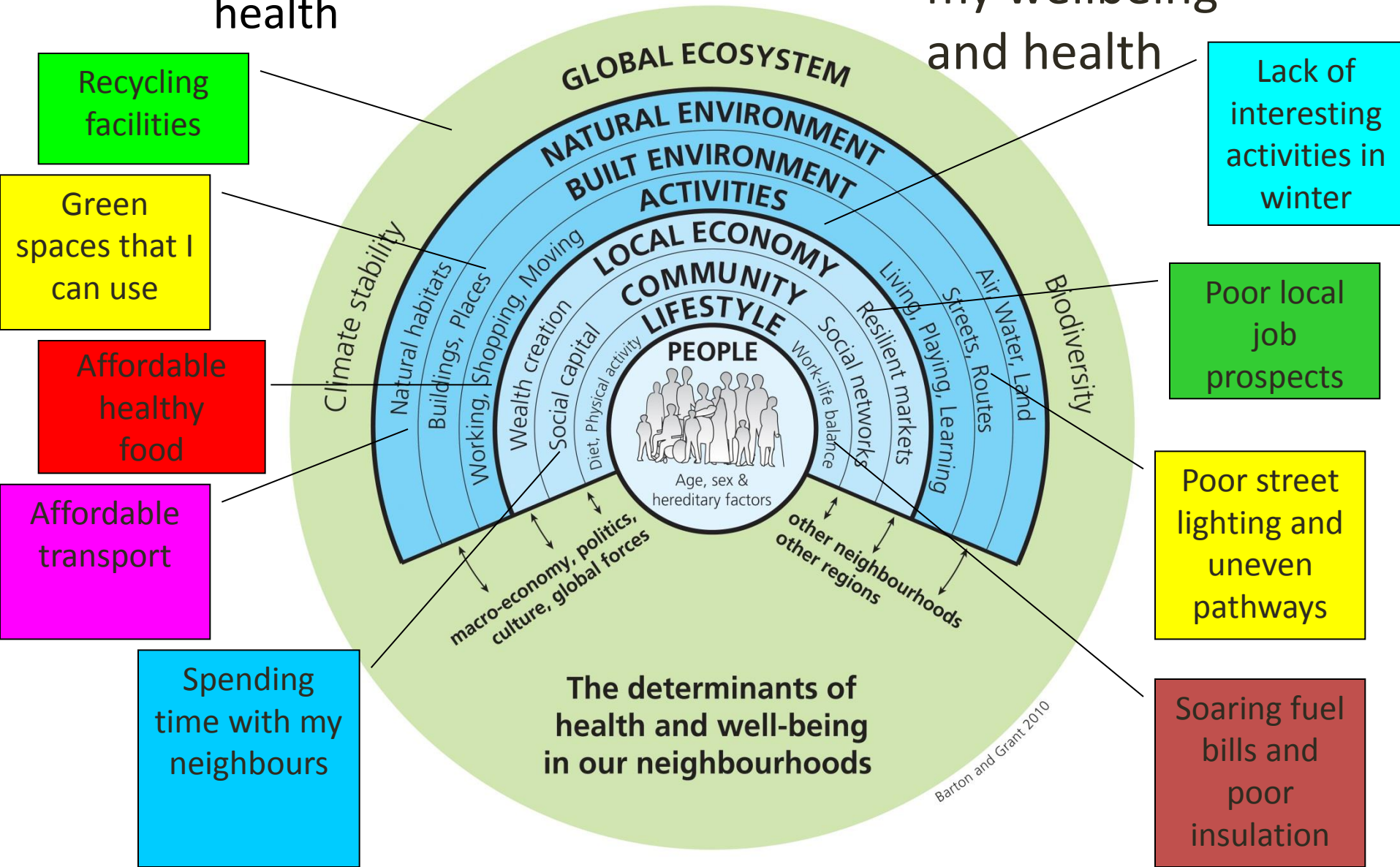
* Source: 'Northern Powerhouse Schools Strategy' DfE
 † Destinations of pupils who entered an A-level or equivalent
 ‡ 'Top' university is top one-third of universities as defined by key stage 5 distribution measures 2014/15 (p.10)
 § Source: Annual Survey of Hours and Earnings
 ¶ Source: DfE: SF157/2015: GCSE AND A-LEVELS
 ** <http://www.centreforcities.org/km/>
 †† ONS: Business demography
 ††† Source: DCLG: English Indices of Deprivation 2015
 †††† <http://www.leeds.gov.uk/docs/Econ>
 ††††† Source: <http://www.ons.gov.uk/indicators>

HIDING IN PLAIN SIGHT



What enhances my wellbeing and health

What is detrimental to my wellbeing and health



People and Places

- Critical linkage of health, wellbeing and resilience.
- Evidence of linkage of low level stress, depression and exclusion are barriers to participation.

“ You can see the deprivation, all you have to do is look outside. Its in your face every day, litter everywhere, rats and rubbish. It’s a dump.....it feels like people around you have no meaning to life. I keep my curtains closed at times....It doesn’t give you a purpose to do anything” (Focus group participant)

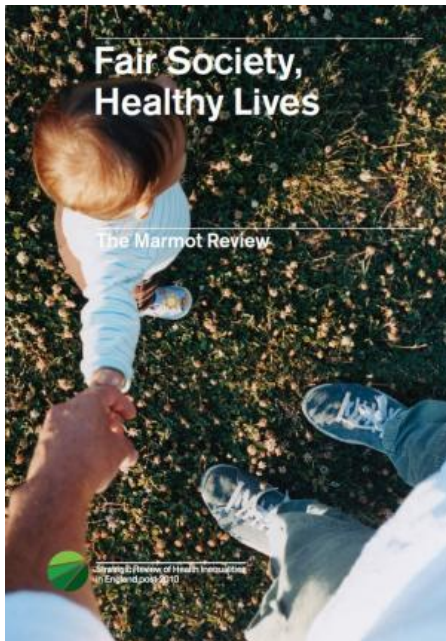
- Many communities are characterised by lack of mutual trust, isolation and under developed social cohesion.



Health, Wellbeing and resilience

- **Evidence participation and improving life skills ameliorates impact of health inequalities through developing social support networks.** (Bynner and Parsons 2006)
- **Learning and skill development impact positively and fosters community action.**
“ I know what makes me healthy and that is being happy and having friends” (Susanne)
- **Social networks create the conditions in which people thrive**
“ I would say that people in the group have more confidence. At one point they would have been sat at home doing nothing ,now they are out and are involved. Once you get there it ‘s amazing to see how far you can go.” (Joyce)

Broad action to improve health literacy and reduce health inequalities



A. Social determinants of health

- efforts to improve health literacy *which support* action on the key social conditions are likely to have more impact
- Community-based peer-support programmes where peer-support workers have things in common with participants, allow participants to engage in discussions on issues which matter to them, and encourage participants to be involved in social networks where problems, concerns and tips can be shared.

Harris J, Springett J, Croot L, Booth A, Campbell F, Thompson J, et al. Can community-based peer support promote health literacy and reduce inequalities? A realist review. *Public Health Res.* 2015;3(3):214 cited in .



Policy Drivers : Joint Sovereignty and Place

- ❖ **Integrated Services with Better outcomes delivered cost effectively**
- ❖ **Early Intervention and prevention increases local independence**
- ❖ **Strong Community Leadership fostering co-design and co-production of strategy, policies and services.**
- ❖ **NHS 5 Year Forward View : A New Relationship with Patients and Communities**

THE FULLY ENGAGED COMMUNITY : (Wanless 2004)

