



Doncaster
Council

Health Inequalities —

Yorkshire and the Humber DPH meeting Dec 2018

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Health Inequalities

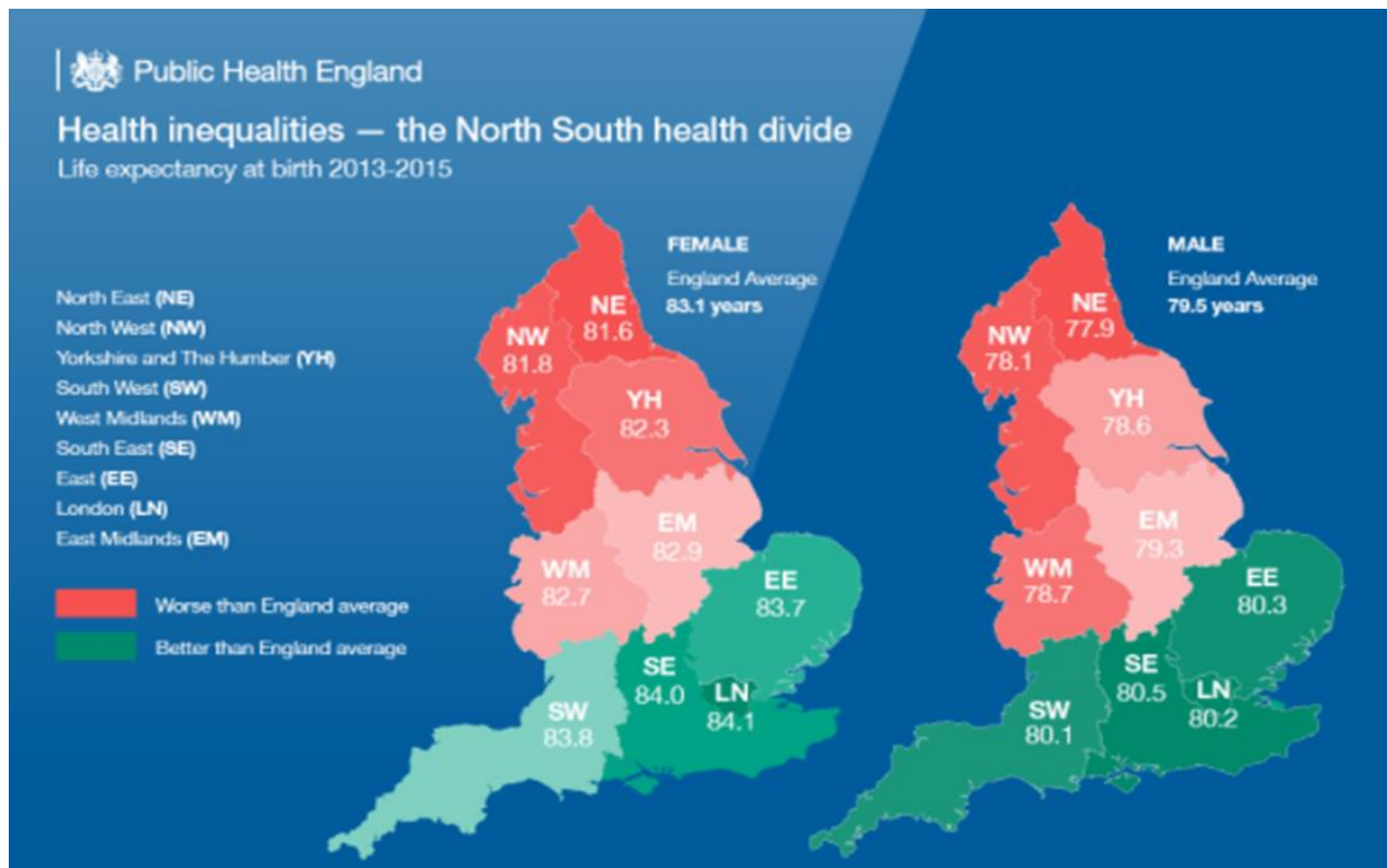
Health inequalities are:

systematic, avoidable and unjust differences in health and wellbeing between different groups of people.

- Yet
 - No National target
 - No regional target
 - Any local targets?



North South Divide



Health and Wealth

Productivity is lower in the North



A key reason is that health is also worse in the North



Long-term health conditions lead to economic inactivity



Spells of ill health increase the risk of job loss and lead to lower wages when people return to work

Improving health in the North would lead to substantial economic gains

30% of the £4 per person per hour gap in productivity (or £1.20 per hour) between the Northern Powerhouse and the rest of England is due to ill-health. Reducing this health gap would generate an additional

£13.2bn

in UK GVA



Blocks (building or stumbling?)

Whole host of reports (not to mention academic papers describing inequality)

Black,
Acheson,
Marmot
Wilkinson & Pickett

WHO Declarations

Alma Ata,
Rio (2011)
Commission on Social Determinants of Health – framework (2007)

Models for the determinants of health

Dahlgren and Whitehead
Robert Wood Johnson

Politics and Policy

New Labour and the NST

Current Hooks?

- Morals, financial exclusion/inclusion
- Identity politics and intersectionality (includes ACEs)
- System thinking/narrative
- Health and Social Care Act 2012
- Role of DPH (ADPH) and ADPH networks regionally & nationally
- Health in All Policies
- Marmot
- Due North
- Claire Bambara work and equity planes
- NHSA
- Health Profile for England
- NHS 10 year plan/Population Health Management (Right Care)
- Local Action on Health Inequalities
 - Population Intervention Triangle (Chris Bentley)
- Minding the gap

Due North Four High Level Recommendations

- Tackle poverty and economic inequality within the North and between the North and the rest of England.
- Promote healthy development in early childhood.
- Share power over resources and increase the influence that the public has on how resources are used to improve the determinants of health.
- Strengthen the role of the health sector in promoting health equity

(across the lifecourse)

Health and Wealth

To Northern Powerhouse local and regional stakeholders:

- 1) Health and Wellbeing boards and the emerging NHS integrated care systems should commission more health promotion, condition management and prevention services.
- 2) Local enterprise partnerships, local authorities and devolved Northern regions should develop locally tailored 'health-first' programmes in partnership with the local NHS and third sector providers.
- 3) Local enterprise partnerships, local authorities and devolved Northern regions should scale-up their place-based public health programmes across the life course: 'starting well', 'living well' and 'ageing well'.
- 4) Local businesses should support job retention and health promotion interventions across the Northern Powerhouse workforce and Northern city regions and Northern NHS integrated care systems should lead by example.

Emerging Approach

- Use Due North as our shared framework? Marmot? Health and Wealth?
 - Assess progress against the recommendations/indicators?
- Build on strength of Minding the Gap
 - Capacity building
 - CPD / development offer regionally
- Embed in regional SLI programme including communities of improvement
- Advocacy? Framing? Human Rights?
- PHE Centre improvement plans re inclusion health priorities
 - Systematic adoption of HEAT (Health Equity Assessment Tool)
 - National centre lead on community based / asset development approaches
- Academic links (CLAHRC/ARC)
- Effectiveness of
 - Health in All Policies?
 - Health equity impact assessment?
 - Population Health Management?

Proposed Next Steps?

- Pilot a Due North Audit in three local authorities against the 4 themes areas in the Due North report (Doncaster, Hull, Wakefield)
- Use the Due north indicator set to benchmark progress and identify gaps / specific areas of concern and set targets
- Further embed health inequalities in both the work of the COIs and the SLI programme in the region starting with tobacco
- Strengthen the input and advocacy of community based approaches at Y&H level
- Build a Y&H virtual HI network to share intelligence, evidence and case studies across the region building on the MtG database (c 3000?) phinder?
- Secure a comprehensive CPD offer across sectors in relation to health inequalities, building on Minding the Gap events (see next slide)
- Secure ‘ health in all policies’ and ‘Heath equity impact assessment’ as ways of working across the region
- Strengthen the collective voice of local public health in influencing Y&H based research on health inequalities

Minding the Gap

- Fund the Minding the Gap programme for a three- year period in order to provide it with sustainability.
- Continue to implement the changes as suggested by Y&H ADPH regarding closer working.
- Set an annual work plan through the multi-agency Steering Group ratified by the Y&H Association of Directors of Public Health.
- Continue to host and operationally manage Minding the Gap through Wakefield Council with the Director of Public Health reporting back to the Y&H ADPH.



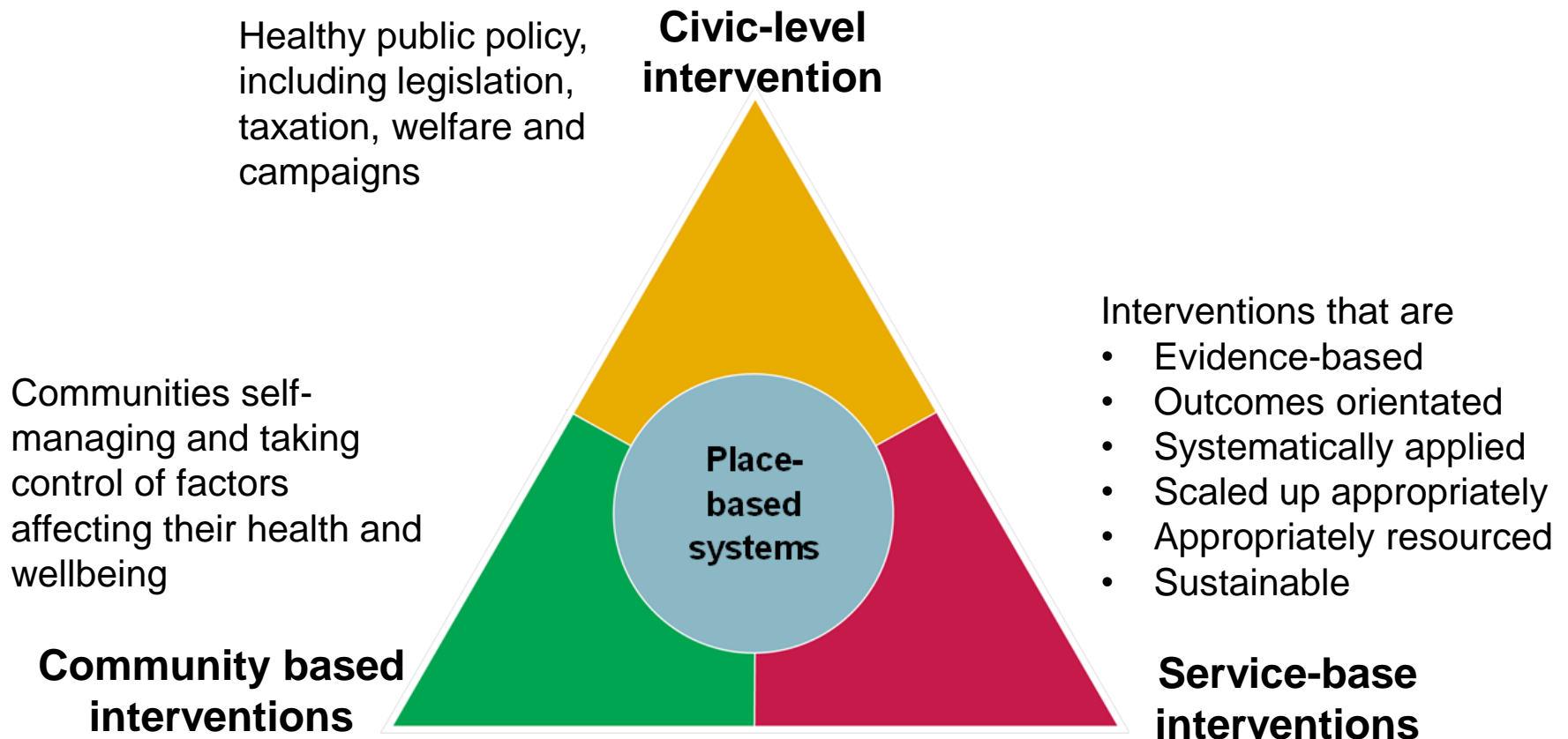
Place and position in society are the dominant driver of people's health



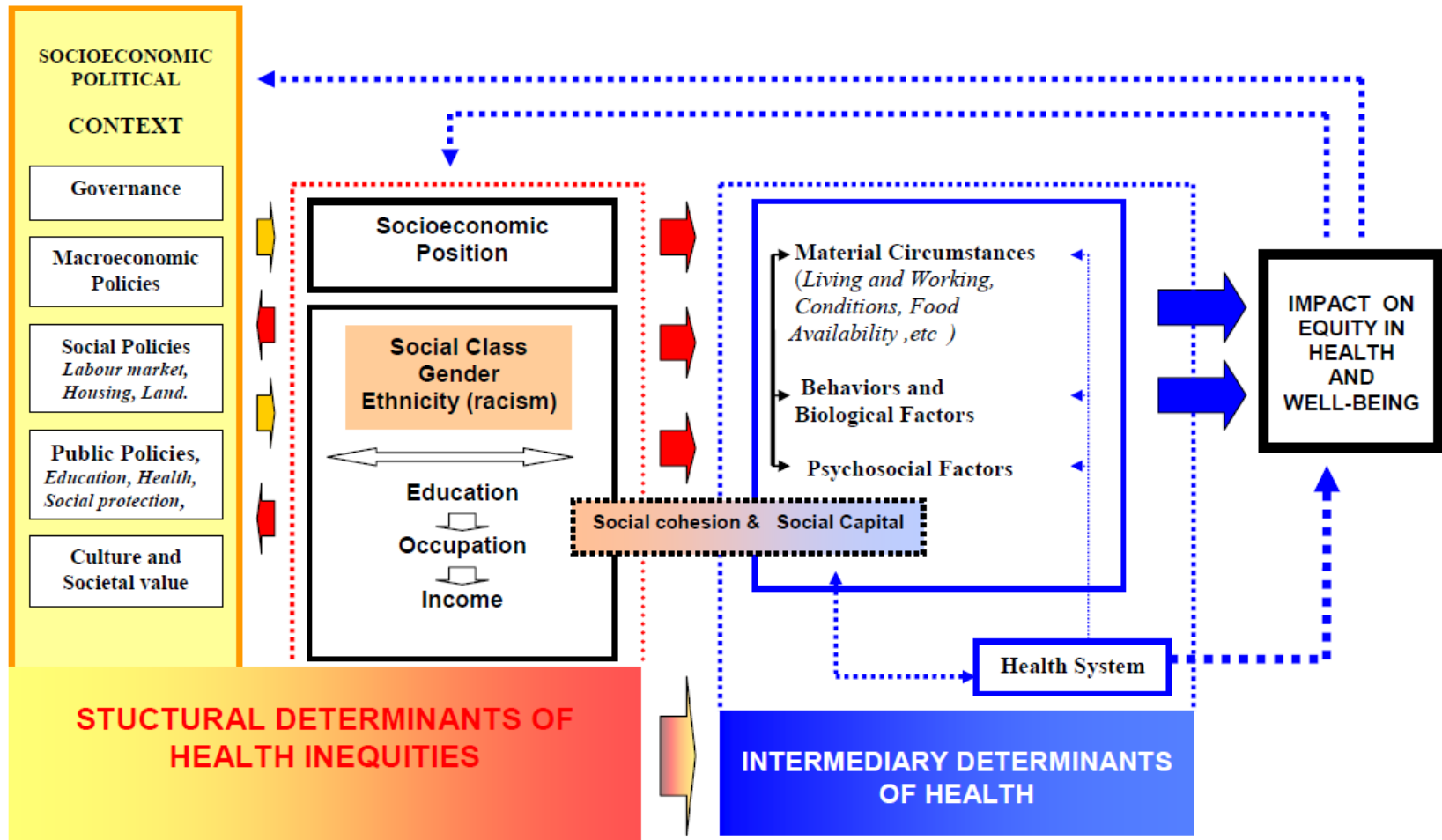
The Determinants of Health (1992) Dahlgren and Whitehead



Population Intervention Triangle



CSDH- Conceptual Framework



Health Equity Impact Plane

<https://www.york.ac.uk/media/che/documents/policybriefing/Health%20Equity%20Impact%20Plane%20V4.pdf>

