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| **Minding the Gap - News Brief: No. 153** |
|  **The Beveridge Report**The Beveridge Report was publish in November 1942, next year we will all be celebrating its 80th anniversary. For the benefit of our reader, we believe the Beveridge Report was a ‘comprehensive policy of social progress’ and articulated the need to eradicate ‘the Five Giants’ which were described as; Want, Disease, Ignorance, Squalor and Idleness. Minding the Gap intends to continually link the ‘Five Giants’ with ‘Health Inequalities’.   |
|  **The Deaton Review of Inequalities: A New Year’s Message**The Deaton Review was set up to look at the possibility that inequalities may prove a threat to our economic, social and political systems unless they are tackled effectively. The review argues that among other things we collectively lacked a coherent understanding of how key forms of inequality relate to each other: such as inequalities in health, income, wealth, educational opportunity and family life, and gaps between rich and poor, different parts of the country, different ethnic groups and different genders. Since then, the world has changed more than any of us could have imagined. And yet COVID-19 seems to have shone a light on many of the issues we raised pre-pandemic, more vividly than we ever could have. This report examines the impact of the pandemic on educational, economic, social and health inequalities in the UK. It outlines data and evidence on the groups that have been most heavily impacted by widening inequalities and Covid-19. The report suggests that the COVID crisis has exacerbated inequalities between the high- and low-paid and between graduates and non-graduates and that it has hit the self-employed and others in insecure and non-traditional forms of employment especially hard. Educational inequalities will almost certainly have been exacerbated by the crisis, the crisis has had very different impacts on different ethnic groups and whilst pensioners have on average reported becoming financially better off, the young have borne the brunt of job and income loss, mortality rates from COVID-19 were twice as high in the most deprived areas as in the least deprived. [Report](https://www.ifs.org.uk/inequality/wp-content/uploads/2021/01/IFS-Deaton-Review-New-Year-Message.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=12061170_NEWSL_HMP%202021-01-05&dm_i=21A8,76IGI,FLWQCU,T4HCZ,1)  |
|  **Rethink Fairness: Health**Rethink Fairness Health is a Radio 4 production. It is a series of five discussions focusing on fairness, a theme that emerged time and again in the conversations and essays of 2020. The pandemic brought renewed focus on health outcomes across social and racial groups and raised questions about whether our care and health system performed differently across the country and, if so, why? Those concerns are not new, but might now be the time to bring about a fundamental shift and rethink how we might make the situation fairer? **Contributors****Sir Angus Deaton**, professor of economics and international affairs at Princeton University and Nobel laureate for his work on health, inequality and poverty**Professor Michael Marmot**, epidemiologist and author of the Marmot Review which published its report 'Fair Society, Healthy Lives' in February 2010. The follow-up Marmot Review: 10 Years On was released in February 2020. (please see links below)**Dame Julie Moore**, former nurse and recently retired chief executive of University Hospitals Birmingham NHS Foundation Trust**Dr Saleyha Ahsan**, emergency medicine and intensive care doctor at the Ysbyty Gwynedd Hospital in Bangor, north Wales.  One of the of the best quotes I have heard for a while ***‘Medicine is failed prevention’*** [podcast](https://www.bbc.co.uk/programmes/m000qxzl)  |
|  **Better Housing is Crucial for our Health and the COVID-19 Recovery**Since March 2020, most people in the UK have been spending a lot more time at home. Rarely has the nature of these homes been more important, as they are doubling up as workplaces, schools, gyms and the only place to spend time if working from home, furloughed or unemployed. This has highlighted stark inequalities in housing, with some residents enduring the lockdown in large homes with gardens and plenty of living space, while others struggle in overcrowded conditions with no outdoor space. COVID-19 has highlighted and intensified existing problems with housing in England. Housing can contribute positively to people’s mental and physical health – but all too frequently it does not. This Paper sets out the links between housing and health and explores the inequalities in housing across different groups and types of tenures. It then considers the impact of COVID-19 on housing so far, future risks and possible ways forward. The paper suggests that there are a range of short-term measures to help tackle risks to health. Intervening to improve housing’s impact on health will offer opportunities to address other interrelated environmental and economic challenges. These include the need to reduce carbon emissions and be resilient towards more extreme climates and by catering for the likely shift in the type and size of accommodation required, We may also need to invest more in housebuilding and home improvements along with adapting relevant policies and provisions to enable people to use their homes (and local transport and services) in different ways, with more people working from home as a long-term consequence of the pandemic. [Paper](https://www.health.org.uk/publications/long-reads/better-housing-is-crucial-for-our-health-and-the-covid-19-recovery?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=12061397_NEWSL_HWB%202021-01-11&dm_i=21A8,76IMT,FLWQCU,T5AM7,1)  |
|  **‘We’re Close to Homeless’: The Impact of Universal Credit Deductions**The Big Issue speaks to one Universal Credit claimant struggling to feed her two children as the Government takes £60 per month from her payments. *‘The Government deducts monthly “debt” from Universal Credit payments for a number of reasons including overpayment, loans, rent arrears, utility bills and mortgage interest. These “third-party deductions” are intended to help claimants manage their finances, meaning money goes direct to landlords and utility companies and other creditors until the debt is paid off. Some Universal Credit deductions were suspended for three months from April 2020 due to the Covid-19 pandemic but have since resumed.’*[Article](https://www.bigissue.com/latest/families-on-the-edge-universal-credit-deductions/)  |
|  **Local Listening: Fears and Concerns About Covid-19 Vaccination**How will the Covid-19 vaccination programme achieve the uptake it hopes for? Dan Wellings says understanding and involving local communities, their needs and concerns has to be part of the answer. [5 minute read](https://www.kingsfund.org.uk/blog/2020/12/fears-concerns-covid-19-vaccination?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=12034594_NEWSL_HWB_2020-12-21&dm_i=21A8,75XYA,FLWQCU,T0I9D,1)  |
|  **Destitution in the UK 2020** ‘Destitution’ denotes the circumstances facing people who cannot afford to buy the absolute essentials that we all need to eat, stay warm and dry, and keep clean. This study provides an updated and refined national estimate of the overall scale of destitution in the UK for 2019 (pre-COVID-19) and identifies emerging trends with respect to the overall prevalence, distribution and nature of destitution in the UK. The study also examines the early impacts of the COVID-19 crisis, and associated economic and policy responses. This study finds that around 2.4 million people experienced destitution in 2019, a 54 per cent increase since 2017. Inadequate benefit levels and debt deductions, particularly the repayable advance many people are forced to borrow to cover the minimum five-week wait for Universal Credit, are identified in the report as key drivers of destitution. [Paper](http://downloads2.dodsmonitoring.com/downloads/Misc_Files/destitution_in_the_uk_2020.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=12034594_NEWSL_HWB_2020-12-21&dm_i=21A8,75XYA,FLWQCU,T0NJZ,1)  |
|  **Levelling up Health for Prosperity**This report reveals how cuts to public health budgets since 2014 have disproportionately hit the Midlands and north of England. In the 2019 general election, the Conservative party’s manifesto made ambitious pledges on both the economy and health. The report outlines policy to make health improvement and the reduction of place-based health inequality a joint enterprise between local and national government and recommends three ‘paradigm shifts’ for a new approach to health and prosperity. [Report](https://www.ippr.org/files/2020-12/levelling-up-health-for-prosperity-dec-20.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=12034594_NEWSL_HWB_2020-12-21&dm_i=21A8,75XYA,FLWQCU,T0J3A,1)  |
|  **Ever More Needed? The Role of the Leeds Neighbourhood Networks During the Covid-19 Pandemic**The Leeds Neighbourhood Networks (LNNs) aim to support older people to live independently and participate in their communities as they grow older, through a range of activities and services that are provided at a neighbourhood level. Prior to the Covid-19 pandemic there was a city-wide ambition for a symbiotic relationship between the LNNs and the health and care sector. This report draws on the findings of a real-time evaluation of the LNNs during the pandemic, as a way to understand and share learning about their response.[Report](https://www.ageing-better.org.uk/sites/default/files/2020-12/Ever-more-needed-the-role-of-the-leeds-neighbourhood-networks.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=12034594_NEWSL_HWB_2020-12-21&dm_i=21A8,75XYA,FLWQCU,T1MMR,1)  |
| **Considering Health Inequality Impact in Decision Making: What Does it Mean for Policy Makers?**When making the decision about whether to fund a public health intervention, information on whether the intervention has different impacts on different population groups is important. However, economic evaluations that provide information on costs and health benefits in order to inform funding decisions do not tend to address whether impacts differ across population groups. This briefing showcases the value of capturing differences between socio-economic groups in the evaluation of how interventions impact on population overall health and health inequality. [Briefing](https://www.york.ac.uk/media/che/documents/policybriefing/PHRC%202020.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=12034594_NEWSL_HWB_2020-12-21&dm_i=21A8,75XYA,FLWQCU,T1MMQ,1)  |
|  **Specialised Supported Housing: Guidance ofr Local Government and NHS Commissioners**Supported housing is typically defined as a housing service where housing, support and/or care services are provided to help people to live as independently as possible. Supported housing provides homes for a wide range of people including older people, people with a learning disability and autistic people, people with mental health related needs, vulnerable young people and people who have experienced homelessness. This is guidance for local government and NHS commissioners about a category of supported housing referred to as ‘Specialised Supported Housing’ (SSH), particularly lease-based models of SSH. This follows guidance on specialised supported housing providers issued to commissioners in 2019 by NHS England and NHS Improvement, the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS). [Guidance](https://www.local.gov.uk/sites/default/files/documents/5.88%20Specialised%20supported%20housing%20advice_PRINT_VERSION_with_endnotes_02%20%28002%29.pdf)  |
|  **Science Advice in a Crisis**This paper draws on interviews with key players including current and former officials, scientific advisers and SAGE members. It concludes ministers must improve the way they use and communicate science advice or risk repeating mistakes made during the coronavirus crisis. While ministers have faced extraordinarily difficult choices, the government’s response to the pandemic has too often been undermined by misunderstanding the role of science advice and using it inconsistently. The paper suggests that the Government needs a much clearer approach to managing those trade-offs than seen in 2020, in which its approach has been too fragmented, leading to incoherence. The Cabinet Office needs to bring together different forms of analysis to inform ministerial discussions. Too often it has sought to brush off scrutiny without explaining decisions convincingly. The Treasury should publish fuller economic analysis. But ultimately it is up to ministers to do a better job of bringing colleagues in parliament, and the public, on board. Scientists should also be given more space to communicate directly to the public. [Paper](https://www.instituteforgovernment.org.uk/sites/default/files/publications/science-advice-crisis_0.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=12051516_NEWSL_HMP%202020-12-22&dm_i=21A8,76B0C,FLWQCU,T31IH,1)  |
|  **Essential Workers Face Major Covid-19 Risk Because of Outdated Safety Rules**This article calls on the government to urgently update workplace safety rules to protect essential workers and those who can’t work from home from Covid-19. Since the rules were published in March 2020, the scientific understanding of how the virus spreads has changed and the UK is now battling a strain that is far more easily transmitted. Yet the rules have not been fully updated and it is suggested that this is putting workers at risk. [Article](https://www.tuc.org.uk/news/essential-workers-face-major-covid-19-risk-because-outdated-safety-rules)  |
|  **Covid-19, Racism and the Roots of Health Inequality**A podcast about big ideas in health and care. This podcast asks the questions, how is Covid-19 repeating patterns of existing health inequalities? What factors are driving the disproportionate impact of the pandemic on the health of ethnic minority populations? And what needs to happen next? In the podcast Helen McKenna sits down with Natalie Creary, Programme Delivery Director at Black Thrive, and James Nazroo, Professor of Sociology at the University of Manchester. [Podcast](https://www.kingsfund.org.uk/audio-video/podcast/covid-19-racism-health-inequality?utm_source=podemail&utm_medium=email&utm_campaign=12060595_MKPUB_2020+podcast+round-up&utm_content=covid_19_inequalities_podcast)  |
| **Build Back Fairer: The COVID-19 Marmot Review** This report has been produced by the UCL Institute of Health Equity and commissioned by the Health Foundation as part of its [COVID-19 impact inquiry](https://www.health.org.uk/what-we-do/a-healthier-uk-population/mobilising-action-for-healthy-lives/covid-19-impact-inquiry/call-for-evidence) to investigate how the pandemic has affected health inequalities in England.It was the principles of fairness and the need to do things differently that animated the concrete recommendations we set out in our February 10 Years On Review, just before the pandemic hit with such devastating intensity. Inequalities in mortality from COVID-19 and rising health inequalities as a result of social and economic impacts, have made such action even more important.The aim of this report is three-fold:* To examine inequalities in COVID-19 mortality. Focus is on inequalities in mortality among members of BAME groups and among certain occupations, alongside continued attention to the socioeconomic gradient in health – the more deprived the area, the worse COVID-19 mortality tends to be
* To show the effects that the pandemic, and the societal response to contain the pandemic, have had on social and economic inequalities, their effects on mental and physical health, and their likely effects on health inequalities in the future
* To make recommendations on what needs to be done

**The report highlights that:*** Inequalities in social and economic conditions before the pandemic contributed to the high and unequal death toll from COVID-19
* The nation’s health should be the highest priority for government as we rebuild from the pandemic
* The economy and health are strongly linked – managing the pandemic well allows the economy to flourish in the longer term, which is supportive of health
* Reducing health inequalities, including those exacerbated by the pandemic requires long-term policies with equity at the heart
* To build back fairer from the pandemic, multi-sector action from all levels of government is needed
* Investment in public health needs to be increased to mitigate the impact of the pandemic on health and health inequalities, and on the social determinants of health.

[Full Report](https://yhphnetwork.co.uk/media/72540/build-back-fairer-the-covid-19-marmot-review-ihe-2020.pdf)[Executive Summary](https://yhphnetwork.co.uk/media/72541/build-back-fairer-the-covid-19-marmot-review-executive-summary-ihe-2020.pdf)[Build Back Fairer Launch Webinar](https://youtu.be/vRyVNyIrBn0?t=133) |
| **Marmot Review 10 Years On**It has been ten years since the publication of The Marmot Review, for the first time in more than 100 years life expectancy has failed to increase across the country, and for the poorest 10% of women it has actually declined. Over the last decade health inequalities have widened overall, and the amount of time people spend in poor health has increased since 2010.#Marmot2020 confirms an increase in the north/south health gap, where the largest decreases were seen in the most deprived 10% of neighbourhoods in the North East, and the largest increases in the least deprived 10% of neighbourhoods in London.There are a number of key points made within the report, but the principle point I would like to make is that, the more deprived the area, the shorter the life expectancy. This social gradient has become steeper over the last decade, and women in the most deprived 10% of areas for whom life expectancy fell from 2010-12 and 2016-18. There are marked regional differences in life expectancy, particularly among people living in more deprived areas, a general point is that the North is doing worse than the South.Mortality rates are increasing for men and women aged 45-49 – perhaps related to so-called ‘deaths of despair’ (suicide, drugs and alcohol abuse) as seen in the USA. Child poverty has increased with children’s and youth centres have closing and the reduction in funding for education. There is a housing crisis and a rise in homelessness, people have insufficient income to lead a healthy life and there are more ignored communities with poor conditions leaving people with little reason for hope, aspiration and tangible possibility to improve their lot!Marmot Review 2020[Executive Summary](https://www.health.org.uk/sites/default/files/2020-03/Health%20Equity%20in%20England_The%20Marmot%20Review%2010%20Years%20On_executive%20summary_web.pdf)[Full Report](https://www.health.org.uk/sites/default/files/upload/publications/2020/Health%20Equity%20in%20England_The%20Marmot%20Review%2010%20Years%20On_full%20report.pdf) |
| **Events****The Personalisation and Co-Creation of Public Services Represents a Growing Movement in Public Service Reform.** **Venue: This event will take place online.****Date: Wed, 10 February 2021****Time: 16:00 – 17:15**Most simply, personalisation means that public services respond to the needs of people rather than service providers. In its more radical forms, it encompasses ‘co-creation’, an increasingly influential idea in public services often associated with social innovation, where people who use services work with professionals to design, create and deliver them. However, to date, many of the examples of personalisation and co-creation in public services have taken place in services where people’s participation is more or less voluntary.The speakers have collaborated with Interserve to design a series of pilot interventions for people on probation supervision, culminating in a pilot called ‘MyDirection’. In this free seminar the speakers will discuss the development of MyDirection, its links to desistance theory and some key findings from its evaluationFor further details or to request your free seminar place please [click here](https://www.eventbrite.co.uk/e/personalisation-innovation-and-transforming-rehabilitation-registration-135966985915)**NIHR SPHR Places & Communities /Equal England Webinar****Venue: This event will take place online.****Date: 2 February 2021****Time: 14:00 – 16:00**This webinar will present and discuss early findings from the NIHR SPHR Places & communities programme and initiate a discussion of how they apply to the COVID and post-COVID era.**Presentations**The webinar will include presentations on the latest research from the programme. Local government funding cuts and their consequences for health equityFood outlet data and its uses for local authoritiesFood advertising in transport settings**Discussions**Attendees will have a chance to discuss findings and feedback to presentersFacilitated discussion on place-centred public health in the COVID era: how can researchers, policy-makers and the public hear each other views on priorities, problems and solutions.For more information and to register [click here](https://sphr.nihr.ac.uk/news-and-events/nihr-sphr-places-and-communities-equal-england-online-webinar/)**The Fifth Fuse Physical Activity Pop Up Workshop** From science to the real world: how can we improve physical activity practices locally and nationally**Venue: This event will take place on the Zoom platform with video or dial in options available.****Date: Friday, 22 January 2021****Time: 9:30 to 11:00**[Professor Bauman](https://www.sydney.edu.au/medicine-health/about/our-people/academic-staff/adrian-bauman.html) (Emeritus Professor of Public Health, The University of Sydney) is a world-leading public health researcher who has for over 30 years studied chronic disease prevention and the development and assessment of prevention research methods. He is a committed advocate for research translation into practice to achieve population-wide impact and health equity. His research has demonstrated the need for cross-sectoral involvement from areas outside of health in physical activity promotion programs, including diverse sectors such as sport, transport and urban planning to achieve better outcomes. Professor Bauman also builds innovative research-policy linkages and conducts policy-relevant research. This workshop will explore the [10 guiding principles, developed by our regional FusePAW network](https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-09847-3) to support transferable knowledge exchange activities and help implementation of national Physical Activity policy in local contexts. **Programme:** 09:30 to 09:35 – Introduction and housekeeping. Fuse Deputy Director, Professor Carolyn Summerbell, Durham University.09:35 to 10:00 – From science to the real world: how can we improve physical activity practices locally and nationally? Prof Adrian Bauman.10:00 to 10:10 – Translating national physical activity policy in local practice: 10 guiding principles, developed by our regional FusePAW network. Ben Rigby, PhD student, Durham University and Dr Peter van der Graaf, NIHR Knowledge Mobilisation Research (KMR) Fellow, Teesside University. 10:10 to 10:25 – Q and A10:25 to 10:30 – Break 10:30 to 11:00 – Informal coffee social and discussionTo register [click here.](https://forms.ncl.ac.uk/view.php?id=10152813)**Marmot – Ten Years On!** **Venue: Leeds City Hilton Hotel, Neville Street, Leeds LS1 4BX****Date: Monday, 21st September 2020****Time: 8:30 – 17:00**As a result of the increasing health concerns and escalating developments that have occurred recently regarding the coronavirus (COVID-19) outbreak, Minding the Gap have made the decision to postpone our next conference (Marmot Ten Years On) until September 2020. We have a duty of care and responsibility to the people who would be attending the event, the delegates, presenters, and staff, many of whom would be older and might have pre-existing chronic conditions that could put them at greater risk. Others will be supporting efforts across the country to stop the spread of this infection and we have a wider responsibility to the general public and the NHS not to do anything that could possibly contribute to the spread. We regret not having the opportunity to publicly celebrate the recently published work of the Institute of Health Equity, but rest assured that our work continues.I have booked a new provisional date for the conference, the 21st September 2020 which will take place at the same venue, so please reserve the date in your diary. I will be writing out again in the next week or so to establish your availability, but I emphasise that this date is still provisional.Once again, our sincere apologies for any inconvenience caused and thank you for your understanding. Kind regardsIan CopleyProject Co-ordinator**Rescheduled! I will update in due course****Let’s Start at the Very beginning. It’s a Very Good Place to Start. Conference**The link to the Speaker Presentations and Evaluation Report for this Event is:<https://www.yhphnetwork.co.uk/links-and-resources/minding-the-gap/events-and-conferences/lets-start-at-the-very-beginning-its-a-very-good-place-to-start/>Links to the individual videos are:Rachel Dickinson - <https://youtu.be/f4HLia559So> David Taylor Robinson - <https://www.youtube.com/watch?v=ftnIrKY7A9w&feature=youtu.be>Ceri Wyborn - <https://youtu.be/PgtKhW-3K4Q>Edward Melhuish - <https://youtu.be/yZdp-bY3Sis> Peter Matejic - <https://youtu.be/6AIskEXvDnM>Stephanie Waddell - <https://youtu.be/82tR1_SKQw4> Nick Frost - <https://youtu.be/-RDYJFnU0Cc>  |
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