Local Authority Health Inequalities Checklist

How to use this document

This interactive document has a number of features to allow information to be accessed easily.

Navigation:

- Click on the home icon to go back to the beginning
- Use the tabs at the top of the page to move between sections

Hyperlinks:

Throughout the document there are links to further information and resources – anything **underlined and highlighted in blue** is clickable and will navigate you away to the appropriate resource.

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Introduction

Purpose

The aim of this resource is to provide a framework to work through which local government departments can design their recovery plans in order to maximise the positive impacts for addressing health inequalities.

This resource provides:

- Background information and North East regional context
- Information and resources related to Health Inequalities and COVID-19
- A series of health inequalities ‘Checklists’ to support COVID-19 recovery planning and work to tackle health inequalities
- Further information and useful links

The resource has been developed as part of a wider North East system response to tackling health inequalities.
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All information correct as of April 2021

Scale of the Challenge

In the North East:

- People have a lower life expectancy than the rest of England
- There is considerable variation in life expectancy between the most affluent and most deprived areas of the region
- People are more likely to spend more of their life in poor health and are more likely to die prematurely from preventable diseases
- The average life expectancy for those with a learning disability is 58yrs
- COVID-19 has exacerbated many existing health inequalities

In the North East:

- **Life expectancy at birth (males) is 78yrs compared to 79.8yrs in England**
- **Life expectancy at birth (females) is 81.8yrs compared to 83.4yrs in England**
- **Healthy life expectancy at birth (males) is 59.4yrs compared to 63.2yrs in England**
- **Healthy life expectancy at birth (females) is 59yrs compared to 63.5yrs in England**

Health in All Policies Approach

Health in All Policies approach is ideally suited to the complex environment that local authorities operate in; it recognises that organisations and systems are dealing with a range of priorities and that health is not always the primary focus.

By building in consideration of health issues within wider policies, it is possible to create win-win solutions that impact on multiple policy goals.

Applying this approach to recovery planning - the build back better theme - means looking at all policies and services and prioritising the ones where you think you can make a difference.

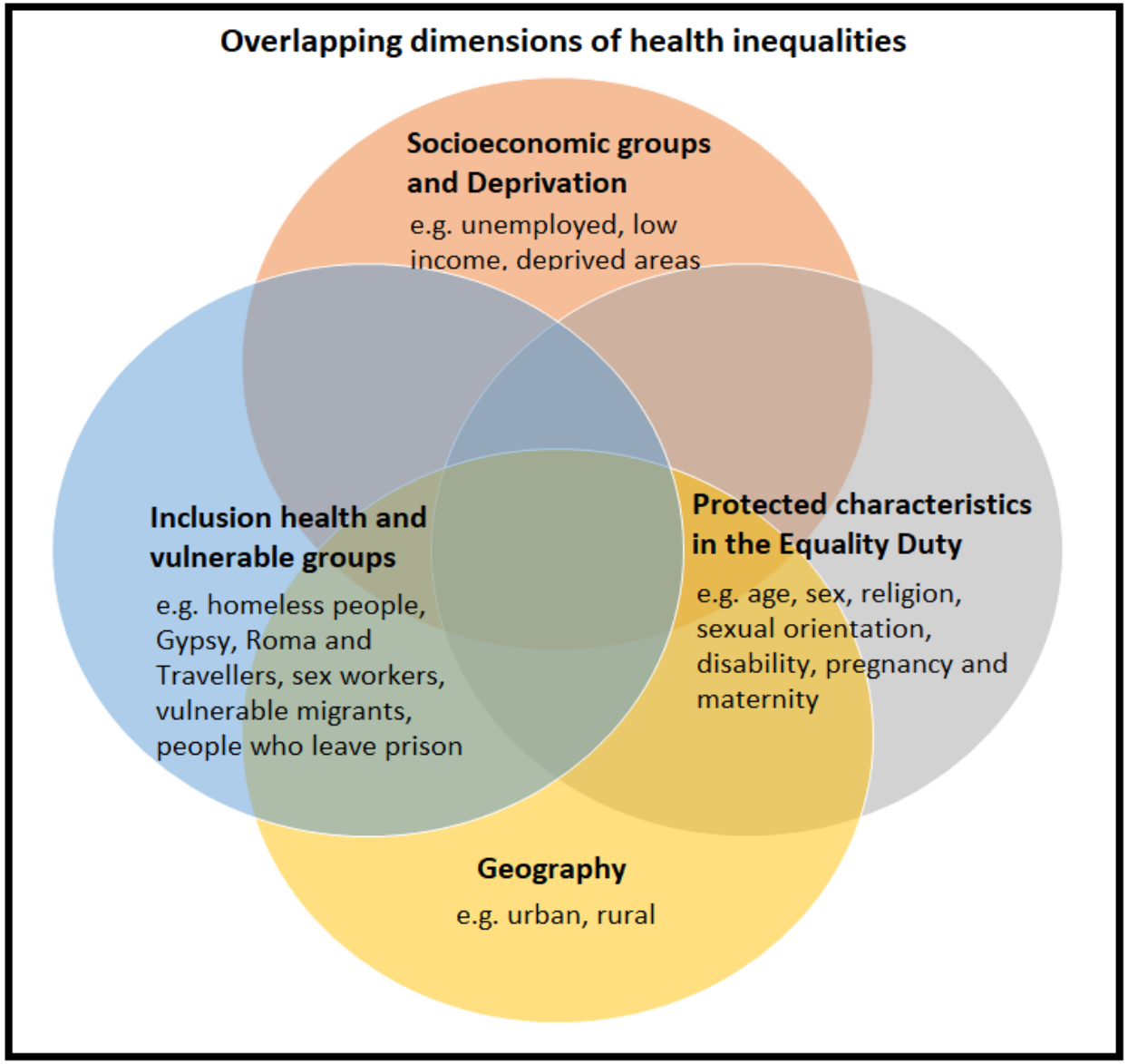
Health Inequalities

What are health inequalities?

Health inequalities are the preventable differences in health status across the population, and between different groups within society.

Health inequalities arise from the unequal distribution of social, environmental and economic conditions within societies. (PHE and LGA, 2020)

The diagram illustrates the several dimensions of health inequalities and people often fall into various combinations of these categories.



PHE and LGA (May 2020) COVID-19 Place-based approach to reducing health inequalities

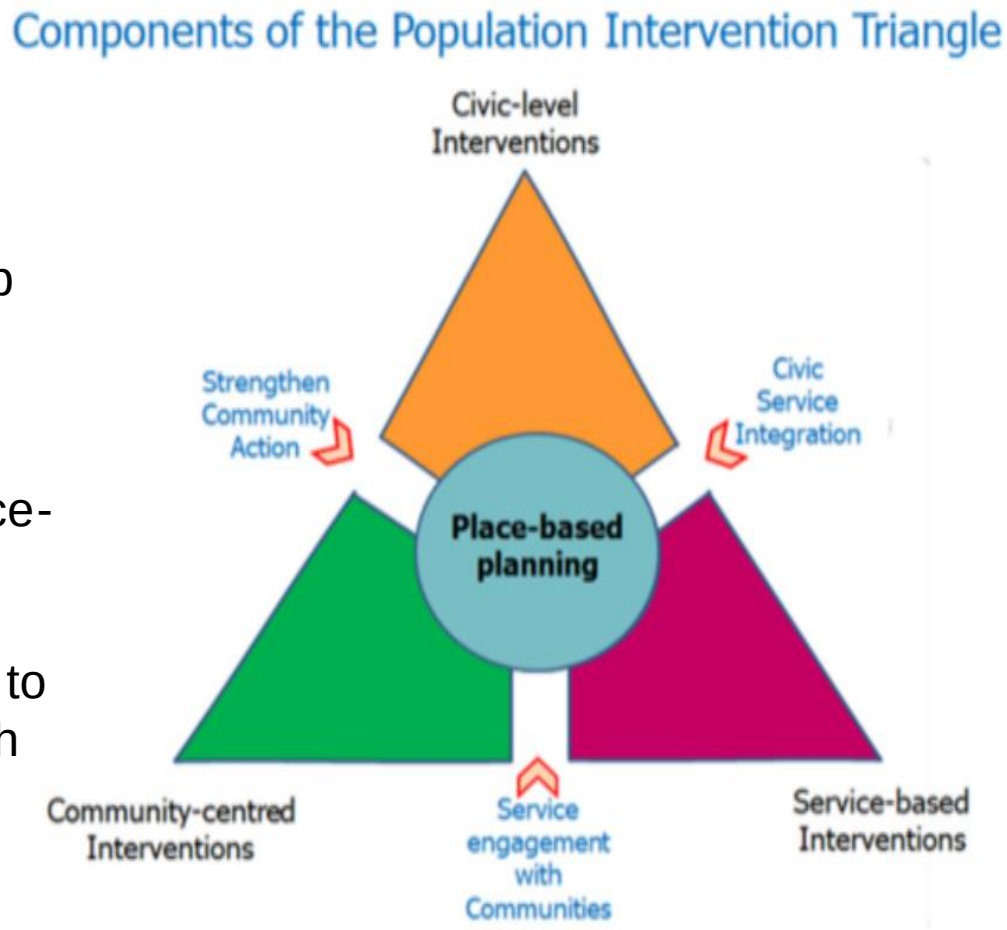
Place based action

Effective place-based action on inequality requires action on civic, service and community interventions, along with system leadership and planning as described in the population intervention triangle.

Civic interventions have the potential to impact a large number of people and therefore are an extremely powerful component of place-based action.

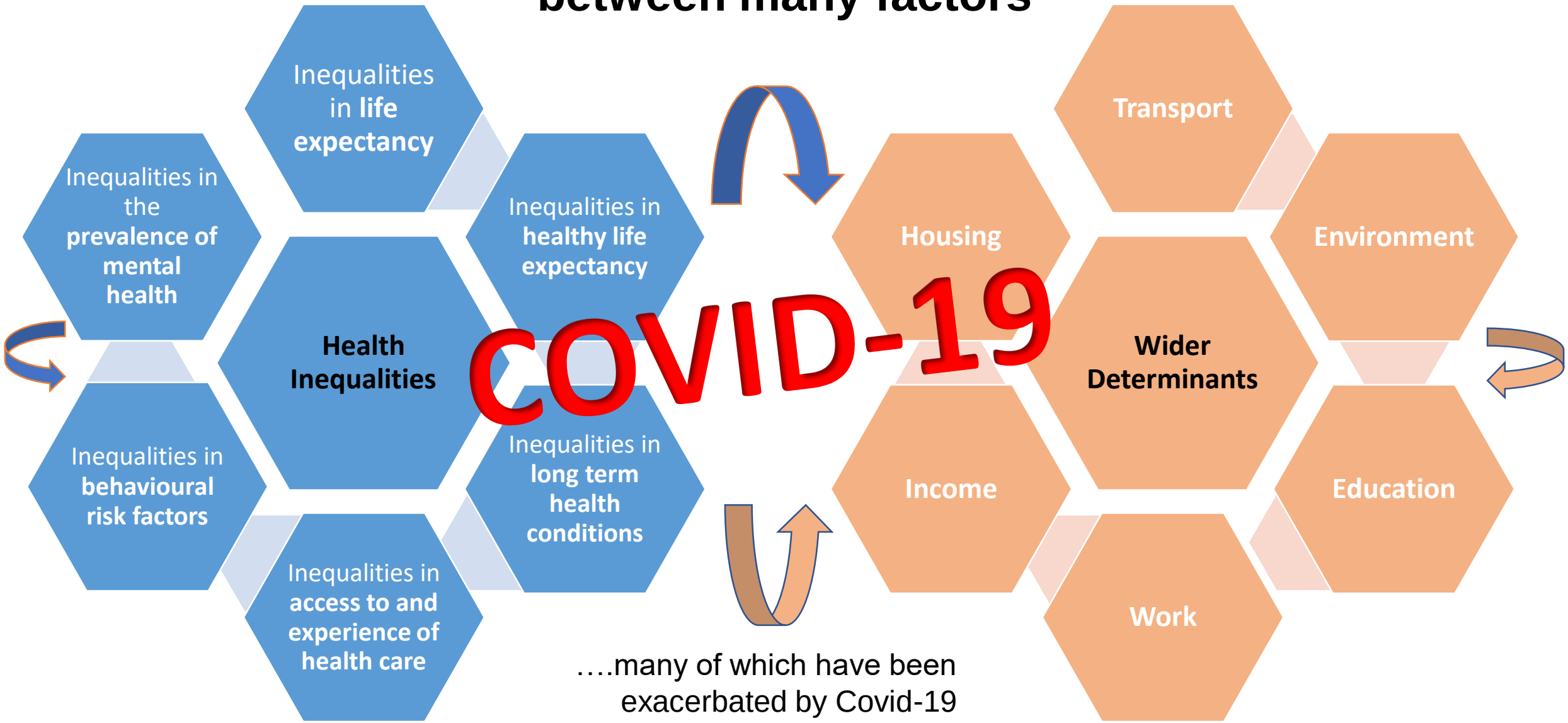
Services are able to achieve significant outcomes per person due to their direct impact with individuals. They must be designed to reach at-need populations to effectively reduce inequalities.

It is important that all partners, including communities themselves, understand the potential of **community** contributions to reduce health inequalities (this includes the assets within communities).



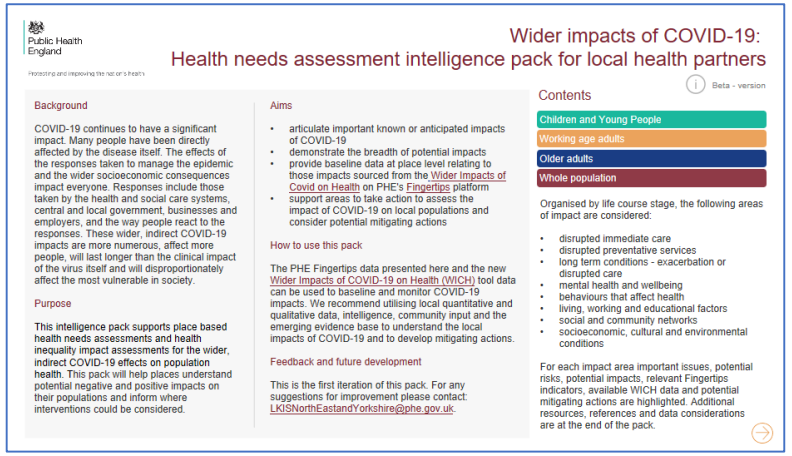
(Place-based approaches for reducing health inequalities, PHE, 2019)
https://www.gov.uk/government/publications/health-inequalities-place-based-approaches-to-reduce-inequalities/place-based-approaches-for-reducing-health-inequalities-main-report

Health Inequalities are driven by a complex interaction between many factors



….many of which have been exacerbated by Covid-19

Wider Impacts of COVID-19 on the NE Population



Areas of daily life in England have all seen some noticeable changes since the start of the COVID-19 outbreak and the pandemic will continue to have a direct impact on population health globally.

People facing the greatest deprivation, are at a greater risk of being exposed and are more vulnerable to the effects of the global COVID-19 pandemic. The effects of the necessary responses taken to manage the pandemic and the wider socio-economic consequences are reverberating through the wider society with potentially long-lasting effects.

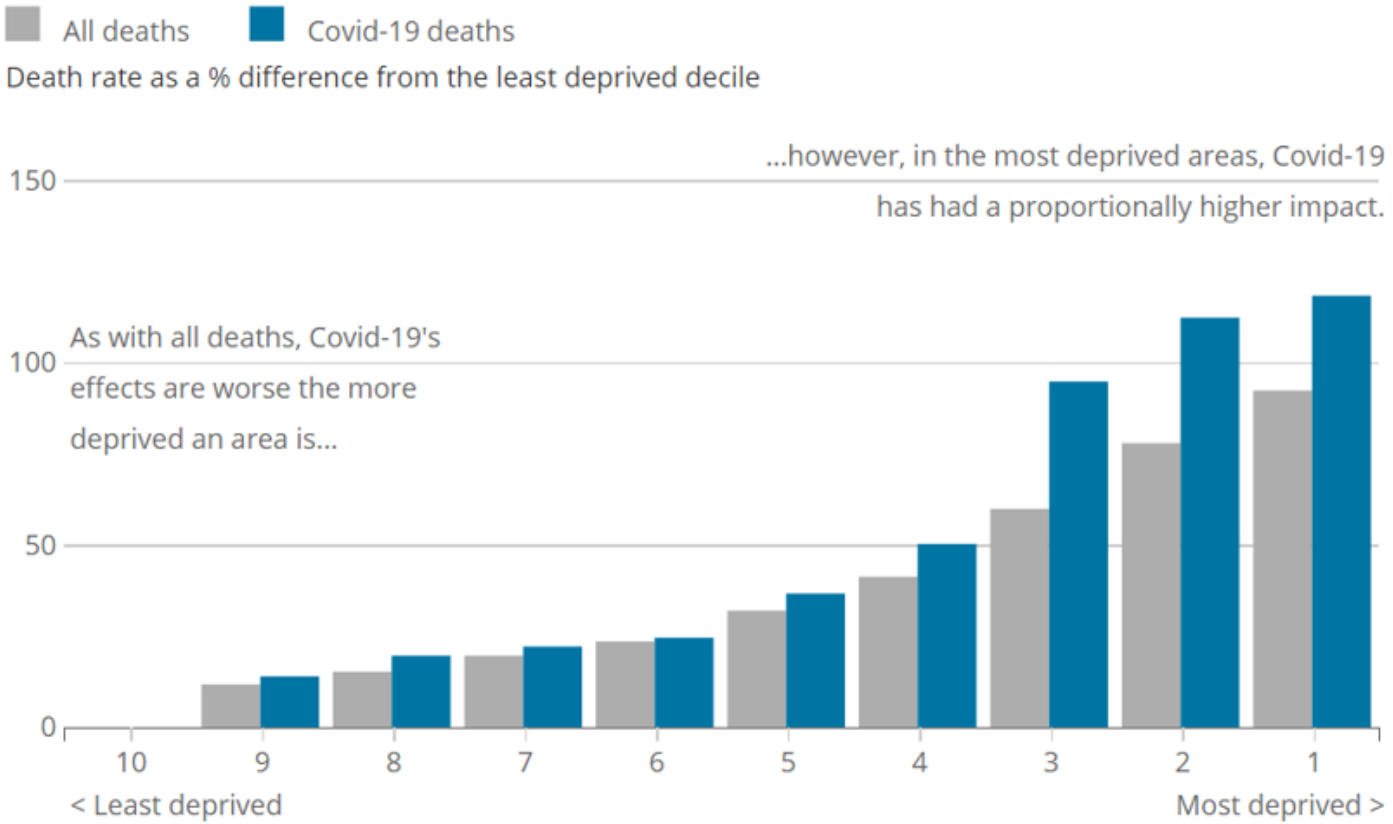
Public Health England has produced a data tool on the 'Wider Impacts of COVID-19 on Health' to describe the:

- Impact on mortality
- Disruption to healthcare
- Reduction in prevention, detection and management of conditions
- Wider societal and economic impacts that affect health
- Wellbeing and behavioural risk factors

Click here to access the data: Wider Impacts of COVID-19 Intelligence Pack

Covid has had a proportionally higher impact on the most deprived areas of England

Age-standardised mortality rates, all deaths and deaths involving the coronavirus (COVID-19), Index of Multiple Deprivation, England, deaths occurring between 1 March and 31 May 2020



Key resource:
[PHE (2020) Disparities in the risk and outcomes of COVID-19]

ONS June 2020

Checklists

A framework for local action

Recovery planning

In designing our recovery it is important to:

- understand locally the differential harm caused by COVID-19
- consider carefully the consequences (both intended and unintended) of recovery plans to ensure they take account of and seek to mitigate this unequally distributed harm
- Recovery planning provides the opportunity to revisit collective efforts to address inequalities locally and to maximise opportunities through recovery to address underlying inequalities

Public Sector Equity Duty

This tool is aligned with the specific groups vulnerable to disproportionate harm from COVID-19. Some but not all of these groups are also due consideration as part of The Public Sector Equality duty (PSED), contained in the Equality Act (2010). This requires that the Council must have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

- Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic
- Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it; encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

Your Council's Impact Assessment policy will provide further direction on how you should consider the potential impacts of plans on protected characteristics. The tools provides support to go beyond protected characteristics to consider wider harms and potential mitigations and should be delivered alongside and complement the PSED

A framework for considering local action

The following steps aim to provide a framework to work through which local government departments can design their recovery plans in order to maximise the positive impacts for addressing health inequalities.

It is based on the principles of health inequalities impact assessment whilst prompting to practical and evidence based responses for addressing inequalities (Health Equity in England The Marmot Review 10 years on https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on) And Build Back Fairer: The COVID-19 Marmot Review https://www.instituteofhealthequity.org/resources-reports/build-back-fairer-the-covid-19-marmot-review

In acknowledging the time and capacity constraints associated with COVID-19 response and recovery it aims to provide a pragmatic tool for response to local inequalities

How to work through the process…

Step 1

- Consider the target groups
- Think about who could be impacted by your plan
- Give particular consideration to those groups who have disproportionally experienced COVID-19 related harm
- Map out who you need to consider, why and over what time period

Step 2

- Select the key area(s) for consideration for your area of work from the 5 checklists below
- Pick and mix the checklists that suit your area of work
- There may be 1 checklist that aligns well to your area of work or elements from all that you will find helpful. Take some time to scan them all
- Review the evidence-based inequalities checklist(s)
- Identify the areas you would like to explore further

Step 3

- Review the sources of intelligence that have informed your plan
- Have you taken account of quantitative data and local intelligence and feedback
- Your public health support can connect you with your local intelligence lead if you need support with this

Step 4

- Identify the areas which merit follow up and further scrutiny to support your response
- Don’t overdo this with complexity, look at a few areas you could do well in and act
- Your public health support will help you to navigate the evidence for the areas you want to explore further
- There are some prompts in the checklist to help identify overlap between the areas

Step 5

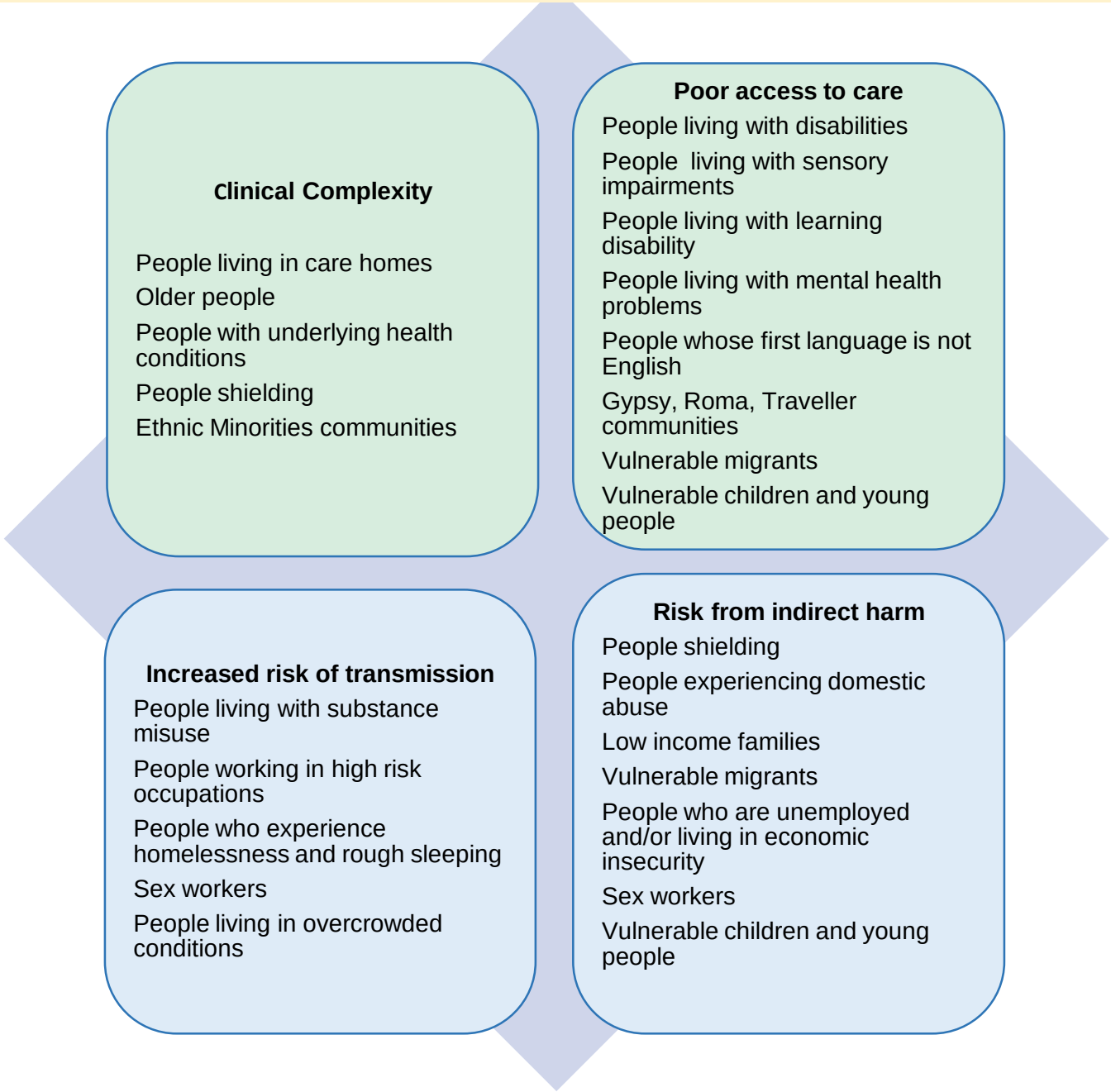
- Embed your findings in your plan

Step 6

- Identify how you will demonstrate/evidence success
- What are the meaningful measures/how will you know it has made a difference?

Consider specific groups

- Think about who could be impacted by your plan
- Give particular consideration to those groups who have disproportionally experienced COVID-19 related harm



Give Every Child the Best Start in Life: Inequalities Checklist

Does the plan consider:	Does the plan consider:
• Early years inclusion, development and specialist support for physical and emotional health and cognitive, linguistic and social skills • Educational development • Parenting programmes, childcare and early years education • Economic impacts of COVID-19 on families • Social isolation and its impacts • Family relationships • Health related behaviours and risk taking (e.g. which health related behaviours may have increased/decreased. Where and what steps can be taken to mitigate harmful behaviours/risk taking)	• Social disruption • Mental health • Physiological effects and building resilience and Wellbeing of young children across the social gradient • Accessible active play and leisure spaces including street play (see also recommendation 5) • Uptake of screening and immunization • Food poverty • Others you have identified

Enable all children, young people and adults to maximise their capabilities and have control over their lives: Inequalities Checklist

Does the plan consider:	Does the plan consider:
• Barriers to educational engagement (financial, attitudinal, environmental…) during lockdown and beyond including longer term implications • Digital exclusion (all age) • Partnerships with schools, families and communities • Access to lifelong learning • Early identification and preventative services in particular those that reduce school exclusion • Youth crime prevention and provision of targeted youth services • Youth mental health first aid and school based mental health support programmes	• Engaging community members and voice in planning and delivery, especially from the most marginalised communities • Utilising community-centred approaches to improve health and wellbeing, and building social capital to help communities to reduce inequalities • Considering addressing inequality by devolution of power and resources from the local to community level, through integrating communities into local decision making in line with findings from the Due North inquiry report • NEETS and school leavers support including apprenticeship programmes

Create Fair employment, good work for all and a healthy standard of living for all: Inequalities Checklist

Does the plan consider:	Does the plan consider:
• Social value in procurement/contracts: • Social Infrastructure: aligning physical/transport infrastructure with social infrastructure, community asset transfers and other forms of localism (e.g. offering those who've really stood-up over COVID-19, the opportunity to run community services/buildings); • New relationships with businesses: Forming new social contracts with businesses (esp economic anchors and big business) to redefine their role and social corporate responsibility. • Free school meal uptake and benefits maximization • Jobs, friends and houses approaches within substance misuse/vulnerable persons services • Delivery of local Green/environmental strategy	• The role of employers in the recovery of their current and potential workforces and implementation of flexible working practices • Root cause driven debt management, financial solution support and crisis support • In work poverty and local access to living wage employment • Post school apprenticeships and in work training • Exploring local action on poor quality and precarious employment • Fuel poverty • Food insecurity • Discrimination (awareness of support services available and accessibility, especially for those new to the benefits system as a result of COVID-19) • Develop and adopt consistent set of wellbeing measures across partners

Create and develop healthy and sustainable places and communities: Inequalities Checklist

Does the plan consider:	Does the plan consider:
• Diversity of the retail offer • Access to green space • Noise and air quality including maximizing recent improvements • Litter and degradation • Transport including - Road traffic Accessibility, affordability and connectedness of public transport, Accessibility and connectedness of walking and cycling routes including active travel to school and work • Crime and fear of crime • Clutter free pavements and inclusive design • Assessing local health and care assets • Tackling social isolation and digital exclusion • Opportunities for sustainability • Investment in economic, social and cultural resources in the most deprived communities (how is our place based agenda driving this?) Engaging community members and voice in planning and delivery, especially from the most marginalised communities	• Housing and homelessness (affordability, security of tenures, overcrowding, quality, how we maximize the benefits of SLL, how we build on the work to eradicate street homelessness during COVID-19) • Creating connected neighbourhoods and maximizing on community cohesion developed throughout COVID-19 • Accessible active play and leisure spaces including street play • Cultural responses to COVID-19 including methods of memorial • Embedding learning for COVID-19 into new developments • Sustainability of local CVS including delivery, infrastructure and engagement • Utilising community-centred approaches to improve health and wellbeing, and building social capital to help communities to reduce inequalities • Considering addressing inequality by devolution of power and resources from the local to community level, through integrating communities into local decision making in line with findings from the Due North inquiry report

Strengthen the role and impact of ill health prevention - Inequalities Checklist

Does the plan consider:	Does the plan consider:
• Using learning from this year to inform future planning to support those vulnerable and isolated especially during winter • Restarting routine healthcare services including engagement with patient to alleviate fears to access or report ill health (especially older people). A separate health inequalities toolkit has been developed for NHS Foundations Trusts (contact claire.mathews@phe.gov.uk for more information)	• Engagement with health partners to apply inequalities lens to restart plans.). A separate health inequalities toolkit has been developed for NHS Foundations Trusts (contact claire.mathews@phe.gov.uk for more information) • Engagement with health and wellbeing stakeholders to apply inequalities lens to restart plans (in particular where these are LA commissioned) • Delivery of ongoing vaccine inequalities plan • Support for those experiencing long COVID

Further Resources

Links and information

Further Resources

- Place-based approaches for reducing health inequalities, link here
- PHE Review Disparities in the risk and outcomes of COVID-19. Link here
- Beyond the data: Understanding the impact of Covid-19 on BAME groups
- Health Equity Assessment Tool (HEAT) and e-learning
- Build Back Fairer: The COVID-19 Marmot Review. Link here
- COVID-19 suggestions for Mitigating the impact of health inequalities at a local level. Link here
- North East COVID-19 Health Inequalities Impact Assessment (HIIA). The full report is available here
- **PowerBI intelligence pack** which aims to articulate the breadth anticipated impacts of COVID-19 and support areas to take action, assess the impact of COVID-19 on local populations and consider mitigating actions. Available here
- **Wider Impacts of COVID-19 on Health (WICH) monitoring tool** – presents a range of health and wellbeing metrics across 8 categories. Available here