

Health and Wellbeing Board

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Due North: Report of the Independent Inquiry on Health Equity for the North

Report of Anna Lynch, Director of Public Health County Durham, Children and Adults Services, Durham County Council

Purpose of the Report

1. The purpose of this report is to provide a briefing on *Due North: the Report of the Independent Inquiry on Health Equity for the North* published on Monday 15th September. The report was commissioned by the Public Health England (PHE) as part of a collaborative overarching programme called Health Equity North.
2. This paper sets out: the background to the inquiry; the headlines for the current state of health inequalities; the inquiry recommendations; some examples of action already underway in County Durham to tackle health inequalities and an outline of possible next steps. The executive summary is attached at Appendix 3 and the full report is available on request.

Background

3. *Due North* is the report of an independent inquiry, commissioned by Public Health England. Its aim was to provide further evidence on the socio-economic determinants of health and additional insights into health inequalities for the North of England (covering the North East, North West and Yorkshire and the Humber regions). Whilst *Due North* is from and about the North of England, the issues presented and the recommendations made will be of interest to every part of the county and indeed to the country as a whole.
4. The report builds on the *Marmot Review* focusing on the following three themes:
 - a fair start for children
 - the economy and welfare
 - democratic and community empowerment
5. The report provides additional evidence on what actions are needed to tackle the underlying determinants of health on the scale needed to make a difference. It also sets out challenges to local areas, communities, businesses, councils, the health sector and national political leaders about potential actions they could deliver which could disrupt these persistent health inequalities.

Current state

6. That health inequalities exist and persist across the North of England is not news; but that does not mean that health inequalities are inevitable. The local illustration of these health inequalities is that:
 - a baby boy born in County Durham can expect to live **11.3 fewer years in good health** than a baby boy born in Richmond on Thames
 - a baby girl born in County Durham can expect to live **11.6 fewer years in good health** than a baby girl born in Wokingham
7. In general, the causes of health inequalities are the same across the country; it is the severity of these causes that is greater in the North of England and which contributes to the observed regional pattern in health.

Report recommendations

8. *Due North* sets out four high level recommendations, as follows:
 - Tackle poverty and economic inequality within the North and between the North of England and the rest of England
 - Promote healthy development in early childhood
 - Share power over resources across the North 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
9. Recommendations and underpinning supporting actions are aimed at two distinct groups: first, to policy makers and practitioners working within agencies in the North of England and secondly, to central government.
10. For a summary of the recommendations see Appendix 2.

What are we already doing in County Durham?

11. As previously noted, the recommendation themes within *Due North* are not new. It is therefore not surprising that there are already strategies and policies in place and actions being undertaken in County Durham that are consistent with the recommendations being made. Some examples are given below; these do not constitute an exhaustive list:
 - Durham County Council has a Poverty Steering Group which seeks to both reduce poverty and mitigate the effects of poverty impacting on many local communities and individuals. Appendix 4 provides an extract from a recent Cabinet report that details the partnership approach being taken across the county.

- The North East LEP published its strategic economic plan in March 2014; this focuses on the need to create more and better jobs to drive employment growth and reduce the gap between the North East and the national average. It is underpinned by strategies for skills development and also employability and inclusion, recognizing that employment is the key route for combatting poverty and exclusion.
- Durham County Council has a powerful approach to participatory budgeting via the Area Action Partnerships and is considered to be a leader in this field.
- Partner organisations in County Durham are using the Better Care Fund to integrate health and social care, including through the use of pooled resources. The Council's public health team is working closely with the clinical commissioning groups to ensure that social determinants and health equity are considered within healthcare commissioning at local level.

Next steps

12. *Due North* was formally published on Monday 15th September. Public Health England has produced an interim response to the report, but wishes to reflect more thoroughly on the evidence and recommendations. A full response will be made at a conference in Chester on 19 February 2015.
13. At regional level, the findings were presented at the North East Health Summit on 30th October. It is also expected that further discussion will take place through the ANEC Leaders / Elected Mayors, Chief Executives' and Chairs of Health and Wellbeing Boards forums and responses drafted. The report could also usefully be discussed in local strategic partnership.
14. A full consideration of the report would entail cross checking *Due North's* recommendations against those of the County Durham Health and Wellbeing Strategy, the Sustainable Community Strategy and the strategies developed by the thematic groups of the County Durham Partnership to assess the current position across the county, identify gaps and discuss further actions.
15. There are four specific recommendations that refer to health and wellbeing board:
 - Agencies in the North are recommended to re-vitalise Health and Wellbeing Boards to become stronger advocates for health both locally and nationally. In County Durham the HWB is very aware of the health inequalities that are evident within local communities. The Joint Health and Wellbeing Strategy (JHWS) has identified reducing health inequalities and early deaths as one of 6 priorities and recognises that to address this there must be a re-focus on the social determinants of health as well as the major lifestyle risk factors. The HWB will maintain its focus on the top priorities identified for the County Durham population as detailed in the JHWS. Individual members of the HWB will continue to advocate for health both locally and nationally when the opportunity arises.

- CCGs and other NHS agencies are recommended to support Health and Wellbeing Boards to integrate budgets and jointly direct health and wellbeing spending plans for the NHS and local authorities. The County Durham HWB operates as a partnership and has agreed an integrated approach for the Better Care Fund. Other programmes of work, delivered under the section 256 agreement are also agreed by the Board and in place. Further opportunities for integration will be explored, including public health, as the work programme develops.
- PHE are recommended to support the development a network of Health and Wellbeing Boards across the North of England with a special focus on health equity. The Association of NE Councils (ANEC) currently supports the 12 HWB chairs network. This network shares good practice and explores topic based health and care issues and opportunities to streamline approaches across the region. The opportunity to work collaboratively with Chairs across the North of England on issues related to health equity will need to be discussed further in the HWB chairs network.
- PHE are recommended to work with Healthwatch and Health and Wellbeing Boards across the North of England to develop community-led systems for health equity monitoring and accountability. Health equity audits (HEA) are undertaken by public health staff to explore whether specific health services are meeting the needs of the target population. These audits are then discussed and progressed with the relevant commissioning organisation. Community led systems for health equity monitoring and accountability will need further exploration at a local level, involving local communities. This could be taken forward through the Area Action Partnerships as part of their increasing focus on health related issues. This will be discussed by the Director of Public Health and PHE initially to consider a suitable approach for County Durham.

Recommendations

16. The Health & Wellbeing Board is recommended to:

- Note the report and recommendations, specifically those that reference health and wellbeing boards and the current position in County Durham in relation to these
- Agree that where the Due North recommendations provide a good fit with the HWB priorities these will be included in the Joint Health and Wellbeing Strategy
- Note the next steps detailed in paragraph 14 and suggested action to map against relevant County Durham strategies
- Note that the report will be widely discussed at a number of Forums / Networks

Contact: Anna Lynch, Director of Public Health County Durham

Tel: 03000 268146

Appendix 1: Implications

Finance

No implications in relation to this report.

Staffing

No implications in relation to this report.

Risk

No implications in relation to this report.

Equality and Diversity / Public Sector Equality Duty

No implications in relation to this report.

Accommodation

No implications in relation to this report.

Crime and Disorder

No implications in relation to this report.

Human Rights

No implications in relation to this report.

Consultation

No implications in relation to this report.

Procurement

No implications in relation to this report.

Disability Issues

No implications in relation to this report.

Legal Implications

No implications in relation to this report.

APPENDIX 2: Summary of recommendations and actions from *Due North*

For agencies in the North:	For central government:
<i>1. Tackle poverty and economic inequality within the North and between the North of England and the rest of England</i>	
<ul style="list-style-type: none"> • Develop health equity strategies that prevent and ameliorate poverty 	<ul style="list-style-type: none"> • Provide investment for locally commissioned, integrated programmes for welfare reform, skills and employment to support people into work
<ul style="list-style-type: none"> • Focus public sector reform on preventing poverty and promoting prosperity 	<ul style="list-style-type: none"> • Develop a new deal between local partners and national government that allocates the total public resources for local populations to reduce inequalities in life chances between areas • Expand the role of Credit Unions and take measures to end the poverty premium
<ul style="list-style-type: none"> • Improve employment prospects of those out of work or entering the labour market 	<ul style="list-style-type: none"> • Grant City and County regions greater control over the commissioning and use of the skills budget and the Work Programme to make them more equitable and responsive to differing local labour markets
<ul style="list-style-type: none"> • Develop economic development strategies that reduce both economic and health inequalities 	<ul style="list-style-type: none"> • Develop a national industrial strategy that reduces inequalities between the regions
<ul style="list-style-type: none"> • Implement and regulate the Living Wage 	<ul style="list-style-type: none"> • End in-work poverty by implementing and regulating a Living Wage and ensure that welfare systems provide a Minimum Income for Healthy Living
<ul style="list-style-type: none"> • Invest in new housing and increase the availability of high quality affordable housing 	<ul style="list-style-type: none"> • Develop policy to enable local authorities to tackle the issue of poor condition of the housing stock at the bottom end of the private rental market
<ul style="list-style-type: none"> • Assess the impact in the North of changes in national economic and welfare policies 	<ul style="list-style-type: none"> • Assess the impact of changes in national policies on health inequalities in general and regional inequalities in particular • Extend the Measuring National Wellbeing programme to better monitor progress and influence policy on inequalities

For agencies in the North:	For central government:
<i>2. Promote healthy development in early childhood</i>	
<ul style="list-style-type: none"> Develop and sign up to a charter to protect the rights of children to the best possible health 	<ul style="list-style-type: none"> Embed a rights based approach to children’s health across government
<ul style="list-style-type: none"> Seek to incrementally increase the proportion of overall expenditure allocated to giving every child the best start and ensure expenditure reflects needs 	<ul style="list-style-type: none"> Increase the proportion of overall expenditure allocated to early years and ensure expenditure is focused according to needs
	<ul style="list-style-type: none"> Reduce child poverty through the measures advocated by the Child Poverty Commission (e.g., paid parental leave, flexible working, affordable high quality childcare)
	<ul style="list-style-type: none"> Reverse recent falls in the living standards of less advantaged families
<ul style="list-style-type: none"> Ensure access to good quality universal early years education and childcare with a greater emphasis on those with greatest needs 	<ul style="list-style-type: none"> Make provision for universal, good quality early years education and childcare proportionately according to need across the country
	<ul style="list-style-type: none"> Invest in raising the qualifications of staff working in early years childcare and education
<ul style="list-style-type: none"> Protect universal integrated neighbourhood support for early child development (e.g., health visitors, children’s centres) 	<ul style="list-style-type: none"> Increase investment in universal support to families through parenting programmes, children’s centres and key workers, delivered to meet social needs
<ul style="list-style-type: none"> Collect better data on children in the early years across organisations so that change can be tracked over time 	<ul style="list-style-type: none"> Commit to carrying out a cumulative impact assessment of any future welfare changes to ensure a better understanding of their impacts on poverty and to allow negative impacts to be more effectively mitigated

For agencies in the North:	For central government:
<p>3. <i>Share power over resources and increase the influence that the public has on how resources are used to improve the determinants of health</i></p>	
<ul style="list-style-type: none"> • Take the opportunity of greater devolved powers and resources to develop locally integrated programmes of economic growth and public services reform to support people into employment 	<ul style="list-style-type: none"> • Revise national policy to give greater flexibility to local government to raise funds for investment and use assets to improve the health and well-being of their communities
<ul style="list-style-type: none"> • Collaborate across combined authorities in the North to develop a Pan-Northern approach to economic development and health inequalities 	<ul style="list-style-type: none"> • Grant local government a greater role in deciding how public resources are used to improve the health and well-being of the communities they serve
<ul style="list-style-type: none"> • Invest in and support the development of up publicly owned mutual organisations for providing public services where appropriate 	
<ul style="list-style-type: none"> • Develop the capacity of communities to participate in local decision-making and developing solutions which inform policies and investments at local and national levels 	<ul style="list-style-type: none"> • Invite local government to co-design and co-invest in national programmes, including the Work Programme, to tailor them more effectively to the needs of the local population
<ul style="list-style-type: none"> • Expand the involvement of citizens in shaping how local budgets are used 	
<ul style="list-style-type: none"> • Re-vitalise Health and Well-being Boards to become stronger advocates for health both locally and nationally 	<ul style="list-style-type: none"> • Invest in and expand the role of Healthwatch as an independent community-led advocate that can hold government and public services to account for action and progress on health inequalities
<ul style="list-style-type: none"> • Develop community led systems for health equity monitoring and accountability 	

CCGS and other NHS agencies in the North:	Public Health England:
<i>4. Strengthen the role of the health sector in promoting health equity</i>	
<ul style="list-style-type: none"> Use the Social Value Act to ensure that procurement and commissioning maximises opportunities for high quality local employment, high quality care, and reductions in economic and health inequalities 	<ul style="list-style-type: none"> Support the involvement of Health and Wellbeing Boards and public health teams in the governance of Local Enterprise Partnerships and combined authorities
<ul style="list-style-type: none"> Work with local authority Directors of Public Health and PHE to address the risk conditions (social and economic determinants of health) that drive health and social care system demand 	<ul style="list-style-type: none"> Support local authorities to produce a Health Inequalities Risk Mitigation Strategy
<ul style="list-style-type: none"> Support Health and Well-being Boards to integrate budgets and jointly direct health and well-being spending plans for the NHS and local authorities 	<ul style="list-style-type: none"> Support the development a network of Health and Well-being Boards across the North of England with a special focus on health equity
	<ul style="list-style-type: none"> Work with Healthwatch and Health and Wellbeing Boards across the North of England to develop community-led systems for health equity monitoring and accountability
<ul style="list-style-type: none"> Pool resources with other partners to ensure that universal integrated neighbourhood support for early child development is developed and maintained 	<ul style="list-style-type: none"> Contribute to a review of current systems for the central allocation of public resources to local areas
<ul style="list-style-type: none"> Provide leadership to support health services and clinical teams to reduce children's exposure to poverty and its consequences 	<ul style="list-style-type: none"> Conduct a cumulative assessment of the impact of welfare reform and cuts to local and national public services
<ul style="list-style-type: none"> Work with local authorities, the Department for Work and Pensions (DWP) and other agencies to develop 'Health First' type employment support programmes for people with chronic health conditions 	<ul style="list-style-type: none"> Help to establish a cross-departmental system of health impact assessment
<ul style="list-style-type: none"> Encourage the provision of services in primary care to reduce poverty among people with chronic illness, including, for example, debt and housing advice and support to access to disability-related benefits 	<ul style="list-style-type: none"> Collaborate on the development of a charter to protect the rights of children

Appendix 3

Tackling Poverty – by DCC and Partners

1. In response to welfare reform and related poverty issues, the council has pursued a partnership approach, working across sectors and with partner organisations to understand impacts and to support individuals and communities affected by change.
2. Working with our partners Civica and Five Lamps, we have established a Welfare Assistance Scheme, promoted as HAND ('Help and Advice Network Durham') to provide emergency and crisis support to fill the gap left by the termination of the government's Social Fund. Since April 2013, the scheme has helped over 2,200 people.
3. We are currently considering options to continue providing assistance beyond March 2015 when the current funding ends. In response to the government consultation on future funding for Welfare Assistance, both the Association of North East Councils (ANEC) and the council responded to request that funding be continued given the help and support being provided.
4. Through its Local Council Tax Reduction Scheme, the council has protected economically vulnerable working age people from the 10 percent national cut in Council Tax support. Council recently agreed that we should extend the Local Council Tax Reduction Scheme for a further year into 2015/16 in order to maintain the same level of benefit support provided before the scheme was changed in 2013. This will mean that we will have maintained the support for three years providing a valuable lifeline to many in need.
5. In addition, through its Discretionary Housing Payments policy, the council has helped 2,800 people to meet their housing costs and rental commitments.
6. The council has also provided £10,000 of additional funding to each of the 14 area action partnerships to support local action to address welfare issues. The range of interventions has varied across the county but most notably led the development of a welfare champions scheme in East Durham, which is now being rolled out countywide providing community-based and community-centred support to individuals and households affected by benefit reductions and entitlement changes.
7. Where required, the council has also developed a number of targeted interventions to support vulnerable individuals and communities. This has ranged from 'Think Family' interventions such as the council's Stronger Families programme and its employability schemes which are providing universal and targeted support to unemployed people in particular parts of the county.
8. With some council support, foodbanks in the county have helped 17,800 people in the last 12 months.

9. The council's Warm Homes programme has sought to address fuel poverty by increasing the energy efficiency of the council's housing stock and the regional Warm Up North scheme, delivered in partnership with other local authorities and British Gas, is providing a wider range of support, under the government's Green Deal scheme. As well as advice and financial assistance with energy efficiency measures, this includes signposting and advice to maximise the take-up of relevant benefit entitlements.
10. As it stands, 11.4 percent of households in the county were in fuel poverty in 2012 according to the government's definition which compares with the rate for England nationally at 10.4 per cent
11. Through partnership work in the Crook area, we have improved our understanding of how the new benefits regime is affecting individuals. This has identified the impact on individuals with mental health issues, drug and alcohol dependency and recent offending. Through a greater understanding of how benefits are processed and the requirement to avoid sanctions, support agencies are better informed and are helping ensure clients do not lose their entitlement.
12. In addition, as a matter of course when the council considers policy changes or service restructurings, it undertakes thorough impact assessments to understand the effect of proposed changes and to identify what could be done to mitigate any detrimental effects on disadvantaged communities and vulnerable groups through mitigating actions.
13. This is particularly important as the recession and public spending reductions have disproportionately affected northern and poorer areas such as the county, which have lower levels of economic growth, higher rates of benefit dependency and disproportionately higher levels of public sector employment. Reductions in welfare support, at a time when public sector employment is falling and private sector growth has yet to create sufficient numbers of replacement jobs, present the county and local partners with a significant and major challenge.

Continuing to respond

14. Although many of the issues affecting poverty in the county are national (and indeed international) and beyond local partners' control, the county does have some capacity to improve the situation for affected communities to a certain degree.
15. The diverse geography of the county means that Durham has the scale and scope, through the council and the diverse range of community and voluntary sector organisations here, to provide a wide range of support and innovative and targeted interventions.
16. To facilitate this and to ensure that the actions we are able to afford are as effective as they can be, the council and its partners are concentrating on developing joined-up intelligence (to pool our knowledge) and joined-up services (to maximise our impact and avoid duplication).

17. This coordinated and collaborative approach helps to ensure that people in need are signposted to and receive the correct support and that the assistance and schemes we develop are based on a clear and detailed appreciation of the issues involved.
18. For example, the Welfare Assistance Scheme and Discretionary Housing Payments policy have been informed by collaborative work with the voluntary sector and local housing providers to understand the nature of demand and the most effective forms of support which could be provided.
19. Despite the ongoing austere times and cuts in local government funding we continue to face, the council needs to extend this approach by using every opportunity it has to identify and potentially support vulnerable people affected by poverty and welfare reform. Through housing services, we are signposting people to debt and benefits advice and employability support and through schemes such as our Stronger Families programme, we have the potential to broaden the range of support provided to include benefits and financial advice to help families become more financially resilient and independent.
20. Similarly, there are increasing calls for partners to work with schools to help address poverty issues, be it through the provision of breakfast clubs and the availability of food during school holiday activities, to future life skills as part of the curriculum or support for parents with basic skills issues.
21. By sharing knowledge, the council and its partners are developing greater customer insight into which people need most help, the issues they face, where they are located and how we can reach them to offer advice, help and support.
22. By working together, we are developing a joined-up approach to financial inclusion in the county, which will help to promote financial independence.
23. In addition, organisations across the county have established an advice partnership between all of the various agencies which maximises capacity and the provision of specialist advice.
24. Through the performance management of the council's grant to Citizens Advice County Durham (the new countywide citizens advice bureau (CAB) service), we are developing a more comprehensive picture of the nature of demand, based on the type of enquiries and issues which CAB staff and volunteers are being asked to help with.
25. This knowledge is helping us to target the advocacy and support the council is able to offer through its Welfare Rights Service, which is now integrated with Revenues and Benefits to improve understanding of supply side and demand side issues around benefit entitlements and welfare payments.
26. In addition, by working together, we are developing a greater understanding of the capacity and resource available through other organisations such as charities and churches.

27. The partnership is currently looking at gaps in service provision and anticipated gaps based on the potential impacts of on-going welfare reforms, such as the roll-out of Universal Credit and the transition from Disability Living Allowance to Personal Independence Payments.
28. Using the council's performance management framework, currently we monitor performance and track issues through a sub-set of welfare reform management information and performance indicators, which track indicators such as:
 - a) the proportion of council owned housing that are empty;
 - b) the proportion of council owned housing that is not available to let and has been empty for more than 6 months;
 - c) first time entrants to the Youth Justice System aged 10 - 17 (per 100,000 population of 10-17 year olds);
 - d) the number of repeat incidents of domestic violence (referrals to Multi-Agency Risk Assessment Conferences [MARAC]);
 - e) first time entrants to the Youth Justice System aged 10 - 17 (per 100,000 population of 10-17 year olds);
 - f) current tenant arrears as a percentage of the annual rent debit.
29. Given that Cabinet has agreed to broaden the scope of the welfare reform steering group to take a more holistic view of poverty issues within the context of welfare changes, we propose to augment the framework by tracking a broader range of poverty-related issues.
30. This will help us to focus on preventative work to avoid households getting into financial difficulties and to develop targeted interventions aimed at supporting the poorest households in the greatest need.

Further work

31. Welfare changes and poverty issues are having an impact on residents and we will be looking at how we can continue to respond and to help those affected.
32. We propose to focus on further work around the following themes:
 - a) Attitudes to poverty and raising its profile;
 - b) Focus on child poverty;
 - c) Involvement of agencies with direct involvement in poverty;
 - d) Credit and debt;
 - e) Further welfare reform and benefit changes;
 - f) Work and personal wellbeing and sense of worth.