

# Report of the Director of Public Health

#### **Report to Executive Board**

#### Date: 15 October 2014

# Subject: Due North – Report of the Inquiry on Health Equity for the North

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	Yes	🛛 No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	🛛 No
Is the decision eligible for Call-In?	🛛 Yes	🗌 No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	Yes	🛛 No

#### Summary of main issues

- 1. An Inquiry on Health Equity in the North was released on September 15<sup>th</sup> 2014. The independent report Due North was commissioned by Public Health England.
- 2. The report makes the following recommendations to both central government and agencies in the North.
  - 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.
- 3. The recommendations fit the aspirations and current priorities of the Council and the city as set out in the Best Council Plan and the Joint Health & Well Being Strategy. The challenge is how the Council can best use its influence in the Leeds City Region, the Combined Authority and beyond to progress the recommendations aimed at central government and other agencies in the North.

#### Recommendations

- 4. The Executive Board is recommended to:
  - Support the findings and recommendations of the Due North report.

- Use its influence in the Leeds City Region and the Combined Authority to progress the recommendations of the Due North report and help achieve the ambitions of the city.
- Request the Health & Well Being Board to review the recommendations and identify opportunities for further progress at both city wide and local level.

# Purpose of this report

1.1 To outline the key recommendations from Due North – The report of the Inquiry on Health Equity for the North and to seek agreement on ways to implement those recommendations through the Leeds City Region.

# 2 Background information

- 2.1 The Inquiry on Health Equity for the North was commissioned by Public Health England (PHE) and led by an independent Review Panel of leading academics, policy makers and practitioners. The report, Due North, details evidence on trends in health inequalities and provides a set of recommendations – based on the root causes of health inequalities – for policies that can address social inequalities in health within the North and between the rest of England. The report was published by the University of Liverpool and Centre for Local Economic Strategies, on 15th September, 2014.
- 2.2 The executive summary is appended.

# 3 Main issues

- 3.1 The report makes the following four recommendations to both central government and agencies in the North.
  - 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.
- 3.2 The report describes how economic strategy in the UK is primarily based around economic growth and creating more jobs. These objectives are not anchored in wider social objectives such as reducing economic differences between regions in the UK, reducing inequalities or promoting health & well being. The report argues the need to shift economic development to promote healthier economic policies and social inclusion. The report also sets out how public service reform could help to prevent poverty and promote economic prosperity.
- 3.3 The report highlights the importance of investing a greater proportion of public resources in the early years along with a criticism that the reverse is happening. Leeds City Council is specifically praised for being one of only six local authorities to have signed a partnership with UNICEF.
- 3.4 The report highlights the diminishing proportion of public expenditure controlled by local government and that limitations on local government's capacity to raise additional resources reduces its ability to develop solutions on local priorities. There are a series of recommendations to reverse this trend coupled with calls for democratic structures such as Combined Authorities to be used as a vehicle to develop a pan Northern approach to economic development and health

inequalities. The importance of the advocacy role of Health & Well Being Boards on a collective basis for the North is also highlighted.

- 3.5 There are a series of recommendations for Public Health England and NHS agencies on enhancing the NHS role on tackling health inequalities.
- 3.6 In framing the recommendations, the report highlights the scale and persistence of the North/South divide. There is also a steeper social gradient in health within the North than the rest of England.
- 3.7 The picture in Leeds mirrors the picture for the North of England as demonstrated by successive Leeds Joint Strategic Needs Assessments. The Leeds Health & Well Being Board is taking action to reduce health inequalities through the Joint Health & Well Being Strategy. With a principle in all outcomes that people who are the poorest will improve their health the fastest.
- 3.8 There is already a priority within the Joint Health and Wellbeing Strategy on early childhood through Leeds Best Start a preventative programme from conception to age 2. Ensuring everyone will have the best start in life is one of the Health and Wellbeing Board's four Commitments.
- 3.9 Work also continues with the health sector to maximise its contribution to tackling the "big killers" within the city e.g. heart disease, cancer, respiratory disease. The Joint Health & Wellbeing Strategy also has an objective on the determinants of health including action on housing, debt, education and employment.
- 3.10 The report highlights via maps (see appendix) how the North has suffered the greatest cuts in council funding and financial losses from welfare reforms. The comment is made that "it is difficult to see in these circumstances how, local government can make an impact on health inequalities".
- 3.11 While the Public Health Grant can only a make small contribution to the inequalities challenge it is worth noting the Leeds position. The baseline figure for Leeds in 2013/14 equated to £43 per head compared to a target figure of £57 per head, a gap of £10.7m. The government has sought to narrow the gap which has been welcomed. However, the Department of Health has now announced that there will be no further increase for Leeds in 2015/16, leaving a gap from target of £6.2m.
- 3.12 The report makes a series of recommendations to central government and agencies in the North to ensure that reducing economic and health inequalities are central objectives of local economic development strategies and delivery. In addition there is a call for greater devolution of power and resources to cities and local government to drive both the economic growth and reduce regional inequalities.
- 3.13 The recommendations above chime with the aspirations and current priorities of Leeds City Council and also the Commission on the Future of Local Government. Plus other recent reports and initiatives including Centre for Cities Manifesto 2015, Devo Max-Devo Manc and the Decentralisation Decade report.

3.14 The challenge is how the Council can best use its influence in the Leeds City Region and Combined Authority and beyond to progress the recommendations aimed at central government and other agencies in the North.

### 4 Corporate Considerations

#### 4.1 Consultation and Engagement

4.1.1 The report has been produced for Public Health England by an independent panel chaired by Professor Margaret Whitehead.

#### 4.2 Equality and Diversity / Cohesion and Integration

4.2.1 The inquiry report highlights that poor health falls disproportionately on those in the poorest socio-economic position.

#### 4.3 Council policies and City Priorities

4.3.1 The content of the inquiry report supports the Best Council objectives and priorities; the Joint Health & Well Being Strategy and the, Children's & Young People's Plan and the Safer Leeds Plan.

#### 4.4 Resources and value for money

4.4.1 The inquiry report does not provide details on this although there is comment that the NHS can do more through its commissioning and procurement to promote the local economy and employment.

# 4.5 Legal Implications, Access to Information and Call In

4.5.1 There are no legal implications from this report.

#### 4.6 Risk Management

4.6.1 There are no risks to the Council from the inquiry report.

#### 5 Conclusions

- 5.1 The report is to be welcomed and reiterates again the scale of the North/South health inequalities divide. The recommendations are centred around the twin aims of the prevention of poverty in the long term and the promotion of prosperity by boosting the prospects of people and places. These recommendations are aligned with the ambitions of Leeds' Best Council Plan.
- 5.2 The Council will need to consider how best to promote the recommendations in this report, beyond the footprint of Leeds.

#### 6 Recommendations

- 6.1 The Executive Board is recommended to:
  - Support the findings and recommendations of the Due North report.

- Use its influence in the Leeds City Region and the Combined Authority to progress the recommendations of the Due North report and help achieve the ambitions of the city.
- Request the Health & Well Being Board to review the recommendations and identify opportunities for further progress at both city wide and local level.

# **7** Background documents<sup>1</sup>

7.2 None

<sup>&</sup>lt;sup>1</sup> The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.