

Opposition Day Debate: Health Inequalities

House of Commons

Wednesday 4 March 2020



KEY MESSAGES

- Councils want to work with the Government to close the gap in health inequalities. This can be achieved by focusing on the social causes of ill-health, such as early years development, education and employment opportunities and improving services for older people.
- Councils understand their communities and are committed to improving their health. Through their services, councils help people live longer, in better conditions, while also improving their emotional, mental and physical wellbeing.
- For our part, the LGA supports councils with their public health duties through our sector led improvement work, which provides political and clinical leaders with insight into how effectively the public health system is working and how it can be improved for the benefit of our residents.
- Within local government, public health is not just part of the remit of the public health team. Almost every local government function has an impact on health, including early years services, education, housing, employment and welfare, social care, leisure and public amenities, environmental health and trading standards and partnerships with the voluntary and community sectors, business and other employers and the NHS.
- Sustainable, long-term investment in councils' public health services is needed if we are to reverse reductions in life expectancy and tackle health inequalities across the country.
- Local authorities' public health grant funding has reduced by over £700 million in real terms between 2015/16 and 2019/20. We have long argued that these reductions are a false economy, which only compound acute pressures for NHS and social care services further down the line.
- At the time of writing, the Government is yet to publish the Public Health Grant for 2020/21. This delay is making it extremely difficult for councils to plan effectively, and the LGA is calling on Government to provide urgent clarity on this.
- The immediate priority must be to sustain the here and now and counter some of the serious immediate challenges that are apparent across the system. We should lay the groundwork for delivering a prevention focussed health and wellbeing system that we know could be better.

Briefing

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FURTHER INFORMATION

Public health funding

We are pleased that the Government have committed the 2020s to be the 'decade of prevention of ill health'. The NHS Long-term Plan and the recent Prevention Green Paper allow us to explore the benefits of prevention from a system-wide perspective, which includes the prevention and early intervention services delivered and commissioned by local councils.

It is important to acknowledge that the NHS does not operate in isolation. Hospitals and community health services work hand in hand with adult social care, public health and other key services such as housing and the voluntary and community sector to provide care and support for people in their homes and neighbourhoods, reducing pressure on health services. The Government's commitment for increased funding for the NHS will only be maximised if there is an equivalent investment in social care, public health and prevention services that improve people's health, wellbeing and independence.

Local authorities' public health grant funding has reduced by over £700 million in real terms between 2015/16 and 2019/20. Despite this, over the past six years 80 per cent of the 112 indicators in the public health outcomes framework have been level or improving.

To match the growth in overall NHS funding as part of the Long-Term Plan, the public health grant should increase to at least £3.9 billion by 2024/25. We continue to call for the public health grant to be restored and placed on a long-term sustainable footing for the future, with the additional money used by local authorities to help avert the onset of disease and reduce the burden on NHS and social care.

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The LGA's improvement offer

Good practice from individual councils shows what potential there is for reducing health inequalities in our communities. Through its programme of sector-led improvement (SLI), the LGA is supporting councils to improve public health outcomes. We do this by working with councils, the Association of Directors of Public Health and Public Health England to support the development and delivery of policy in all areas of government.

Our programme of peer challenges helps us to support political and clinical leaders in understanding how effectively the public health system is working and how it can be improved for the benefit of our residents. It also provides advice, guidance and training to help all partners improve their local public health offer.

This joined up approach between national and local government is vital if we are to ensure public health policy reduces health inequalities. Learning and improvement in public health is a priority for local government, and the new quality framework will enable local places to embed this approach as an integral part of Sector-Led Improvement, ensuring services are continually improving and respond to the needs of local people.

Best practice for local government

Plymouth City Council Integrating poverty and inequality into local plan-making: A place-based approach

The Plymouth Plan is a ground-breaking plan which looks ahead to 2031. It sets a shared direction of travel for the long-term future of the city bringing together, for the first time in Plymouth, a number of strategic planning processes in one place. Among many other themes, poverty and inequality is a strong focus across the plan, prioritising the importance

of physical and financial access to facilities, services and opportunities and promoting community cohesion and 'where inequality and fairness are addressed for those living and working in the city' and to 'allow all residents to take advantage of economic growth delivered in the city'. The Plymouth Plan seeks to respond to the big questions the city is facing in health inequalities (including through reducing food poverty) the lack of enough affordable housing, the need to provide good quality jobs, climate change, increased demand on services, and reduced public sector resources.

The council is supporting targeted regeneration and other interventions by identifying sites and proposals for development in terms of whether they deliver sustainable linked neighbourhoods, strengthen communities and address inequality, including where appropriate using planning powers to control the number of betting shops, fixed odds betting terminals and pay day lenders (a recommendation that emerged from the city's Fairness Commission). The Plymouth Plan received a Royal Town Planning Award for Excellence in 2015 for its innovative approach to cross professional working and service delivery, for instance integration between the planning, health and social care sectors.

Tower Hamlets Council: Working with parents and schools to empower communities

Tower Hamlets Council launched a consultation with parents, carers and other key stakeholders to explore reasons and solutions to the high levels of obesity in primary school aged children in the borough, identified that residents often lacked awareness of facilities and assets available. The public health team worked with the school and teachers to develop effective ways to change behaviour.

Early successes of the intervention include:

- establishment of a fresh fruit and vegetable cooperative operated by volunteer parents
- nine British Bangladeshi mothers trained as sailing leaders to enable community
- use of a water sports centre which had previously been seen by residents as being for the use of 'city people' (i.e. affluent people working in Canary Wharf)
- engagement of pupils, teachers and parents in measurement of air pollution levels around both schools, awareness raising around the impact of air pollution on health and measures that can be taken including identification of 'safer routes' to school
- a 16 per cent increase in travelling to school by sustainable means (walking, cycling, scooting) from 55 per cent to 71 per cent in Marner Primary School
- identification of a piece of unused land near Marner Primary School that could be redeveloped as a play area – Section 106 funding has been identified to carry out the work and the proposal is that it would then be maintained by local parents
- a 'discovery walking group' where parents visit and find out about exciting local spaces such as the Olympic Park and Tower Hamlets Cemetery and come back as communication champions to encourage wider use
- building on this work, Cubitt Town Primary School secured a £10,000 award to work with NHS London on their Healthy Steps programme on reducing obesity in the community.

Hertfordshire County Council: 'Herts for Learning'

Hertfordshire County Council and Herts for Learning Ltd have been recognised as leading the way in work to celebrate difference and challenge homophobia, biphobia and transphobia in schools as well as support LGBT young people in the local community.

Supported by Youth Connexions Hertfordshire, the Herts1125 Who not What (WnW) group is the voice of LGBT young people in the county, providing strategic input into the development of services and resources. Stonewall has trained these young people to develop their campaigning skills.

They have since contributed to the Hertfordshire CAMHS Review, and they, along with LGBT young people's experiences collated for the Hertfordshire Young People's Manifesto

2015, are informing the Police and Crime Commissioner's work around hate crime and the forthcoming health and wellbeing strategy. WnW is also inputting into the professional training for youth workers, to enable them to work better with LGBT young people.

'Health Equity in England: The Marmot Review 10 Years On

According to the Marmot Review¹, for the first time in more than 100 years life expectancy has failed to increase across the country, and for the poorest 10 per cent of women it has declined. Over the last decade health inequalities have widened overall, and the amount of time people spend in poor health has increased since 2010.

The Marmot Review confirms an increase in the north/south health gap, where the largest decreases were seen in the most deprived 10 per cent of neighbourhoods in the North East, and the largest increases in the least deprived 10 per cent of neighbourhoods in London.

The 10-year on review discounts the theory that the slowdown in life expectancy increase can be solely attributed to severe winters or flu. The report lays out that more than 80 per cent of the slowdown, between 2011 and 2019, results from influences other than winter-associated mortality. And the slow-down in life expectancy improvement in the UK is more marked than in most European and other high-income countries, except the USA.

The Marmot Review highlights that our health is not just a matter of how well the health service is funded and functions, important as that is. This is because health is closely linked to the circumstances in which we are born, grow, live, work and our age. The Review argues that funding reductions have had an effect, particularly outside the South East.

¹ 'Health Equity in England: The Marmot Review 10 Years On' (2020)

<http://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on>