A HOPEFUL FUTURE: EQUITY AND THE SOCIAL DETERMINANTS OF HEALTH IN LANCASHIRE AND CUMBRIA

EXECUTIVE REPORT

INSTITUTE of HEALTH EQUITY

CONTENTS

ACKNOWLEDGEMENTS

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Submissions to the Health Equity Commission can be found here:
https://www.healthierlsc.co.uk/hec/hec-presentations-evidence

INTRODUCTION

In 2021 the Institute of Health Equity was commissioned by the Lancashire and South Cumbria Health and Care Partnership and North East and North Cumbria Integrated Care System prompted by concerns about the high and unequal impacts of COVID-19 and the longstanding wide health inequalities within the region.

The Lancashire and Cumbria Health Equity Commission (HEC) was launched in September 2021 and met five times between November and March 2022. The Commission comprised of local councillors, representatives from the voluntary, community, faith and social enterprise (VCFSE) sector, NHS, local authorities, academics and local economic partnerships. During the course of the work the HEC received evidence from integrated care partnerships, clinical commissioning groups, and health and wellbeing boards. Six workshops were also held, with local stakeholders, covering housing, children and young people, mental health, the economy, leadership and older populations. Other meetings and conversations continued after the workshops and HEC meetings. The evidence from these meetings and workshops was then collated and analysed alongside our own research and incorporated in the final report.

This report shows the significant problems related to health inequalities and the social determinants of health in Lancashire and Cumbria and highlights many examples of best practice – some of which are recognised nationally and internationally. The analysis has led to recommendations for action; these are relevant to a range of organisations and sectors in the region and for the system as whole. The recommendations relate to the formation of partnerships, resource allocations, leadership and accountability and prioritisation of action on the social determinants of health.

FUNDAMENTAL CHANGES ARE NEEDED NOW

In our work in Lancashire and Cumbria we were told many times that 'we can't keep doing the same thing and expecting different results'. We heard from partners across the system – from the NHS, local government, public health, business and the voluntary, community, faith and social enterprise sector – of the need to take a more effective, coordinated approach to tackle inequalities.

Reducing health inequalities is essential for social justice and vital for the economic vitality of the region and to reduce demand on NHS and public services. Prevention is better – and cheaper – than cure.

Poor health and wellbeing reduces productivity and harms employers. Inequality drives up costs and demands for local government and public services, placing unnecessary demands on the public purse, as well as unnecessarily harming and shortening the lives of so many.

Too often actions and interventions are funded for short periods or are too small in scale or rely only on spending for healthcare services, without the necessary actions to address the social determinants. While essential for the treatment of ill health, these services on their own will not improve population health and they will not reduce health inequalities. The report shows longer-term approaches, bringing sectors and organisations together and acting on the drivers of poor health are more effective to reduce inequalities. HCPs and ICSs need to need to develop strong relationships with partners outside the NHS – such as with the VCFSE sector, local authorities, public services, housing associations and schools –which influence the social determinants of health.

HEALTH INEQUALITIES IN LANCASHIRE AND CUMBRIA

Lancashire and Cumbria can go 'under the radar' in national discussions about poverty, deprivation and exclusion. However, across the region there are high levels of deprivation and persistent poverty in coastal areas, rural communities as well as in its towns and cities, all of which contribute to unfair and wide inequalities in health and poor health.

Life expectancy is below the English average in all 4 local authorities in Lancashire and Cumbria and healthy life expectancy is below the English average in each local authority except Cumbria. Healthy life expectancy is also well below the English average in Blackpool. An average woman in Blackpool spends 69 percent of her life in good health, compared to 79 percent of women in Cumbria. Men in Blackpool live 10 years less in good health compared to the England average, Table 1.

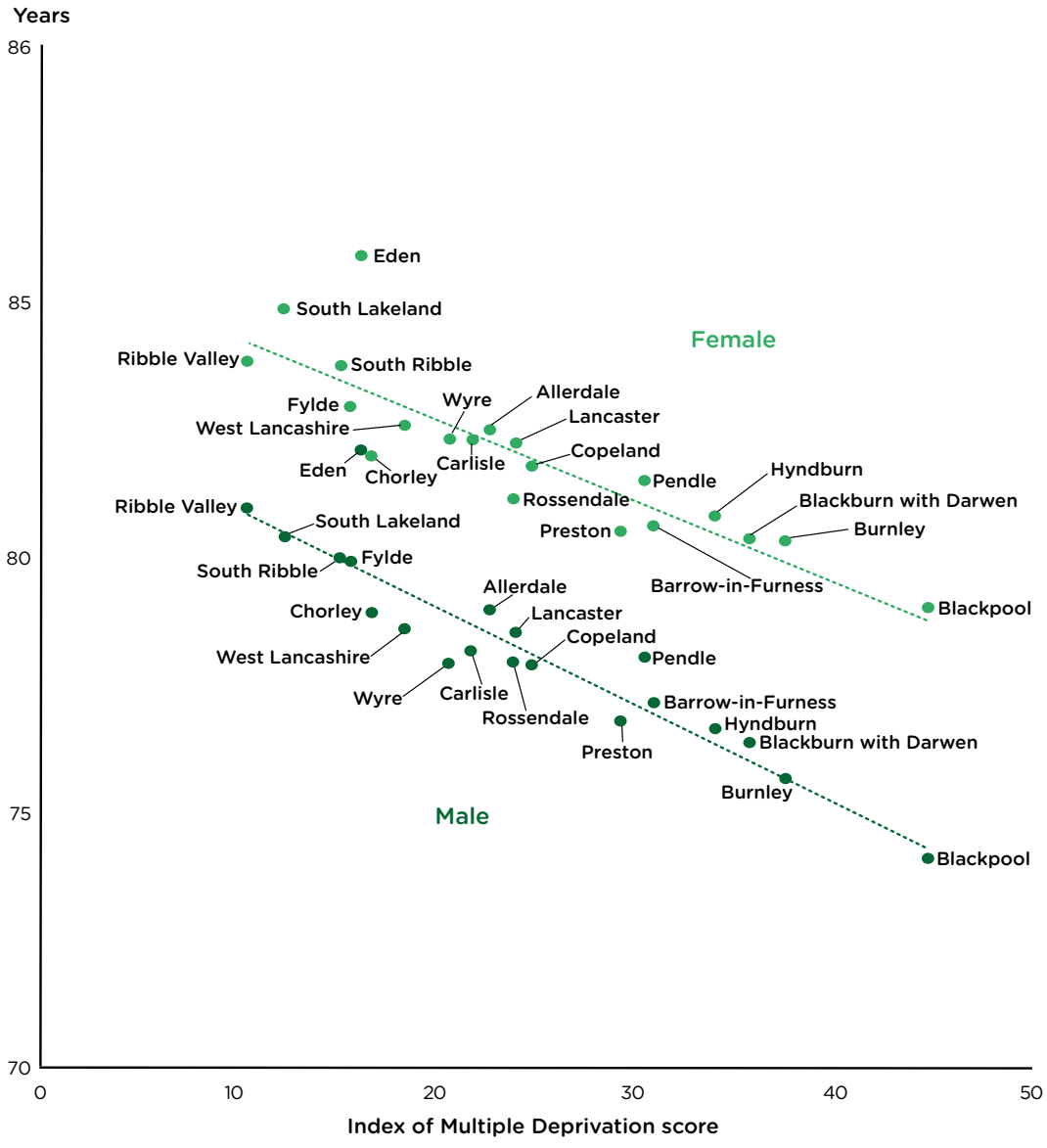
Table 1. Life expectancy and healthy life expectancy, Lancashire and Cumbria Upper Tier Local Authorities and England, 2017–2019

	Female		Male	
Female	**Life Expectancy**	**Healthy life expectancy**	**Life Expectancy**	**Healthy life expectancy**
England	83.4	63.5	79.8	63.2
Cumbria	83.2	66.0	79.6	62.9
Lancashire	82.3	62.0	78.5	60.6
Blackburn with Darwen	80.4	59.7	77.3	59.6
Blackpool	79.5	55.3	74.4	53.7

Between local authority districts in Lancashire and Cumbria there are wide inequalities. For example, women and men in Eden live on average 6.9 and 8 years longer, respectively, than women and men in Blackpool (Figure 1). In all areas life expectancy at birth is below the average for England except in South Ribble, Ribble Valley, South Lakeland and Eden.

Life expectancy is closely related to level of deprivation. Figure 1 shows life expectancy in Lancashire and Cumbria local authority districts by Index of Multiple Deprivation ranking. As deprivation increases, average life expectancy decreases, for both women and men.

Figure 1. Estimated male and female life expectancy at birth and deprivation (IMD 2019), years, Lancashire and Cumbria local authority districts, 2018–2020



Source: *Office for National Statistics (1)*

COVID-19 IN LANCASHIRE AND CUMBRIA

The COVID-19 pandemic exposed and amplified socioeconomic and ethnic inequalities and deepened regional inequalities in England. Across Lancashire and Cumbria, the COVID-19 mortality in the most deprived decile was 2.3 times greater than in the least deprived decile. By February 2022 Blackburn with Darwen had the third highest COVID-19 mortality rate in the UK, Blackpool had the fifth highest mortality rate among local authorities.

However, the pandemic increased focus on health and inequality and also the development of new ways of working that more closely reflect and respond to the needs of communities. For example, in their submission to the HEC, Blackpool Public Health described their fortnightly Community COVID briefings:

> ***[...] we were able to reach the most vulnerable communities, regular briefings were set up with community and voluntary groups. These meetings were chaired by the Director of Public Health and attended by groups from across Blackpool. Information including local case rates, hot spots and programmes were presented to ensure our community leaders and representatives were at the forefront and able to provide accurate and timely information to their service users. These meetings also acted as a platform for communities to feedback local concerns and misconceptions, directly influencing and shaping local messaging to meet local need. The meetings proved popular and have continued to develop, building strong, positive relationships within neighbourhoods and recognising that in working together we are better able to support our residents. Key successes from these meetings included the development of a resident-led long COVID-19 support group and utilisation of local people in COVID-19 communications.***

There is much to learn from community-based approaches like this and a core part of IHE's system for health equity proposals and for the social determinants of health is based on the principle that communities must be involved in a meaningful way at every stage of the identification of priorities, design, delivery and monitoring of interventions.

THE SOCIAL DETERMINANTS OF HEALTH

Health is largely shaped by the social, economic and environmental conditions in which people are born, grow, live, work and age known as the social determinants of health.

The social determinants of health are encompassed by the Marmot 8 principles:

1. Give every child the best start in life.
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives.
3. Create fair employment and good work for all.
4. Ensure a healthy standard of living for all.
5. Create and develop healthy and sustainable places and communities.
6. Strengthen the role and impact of ill-health prevention.
7. Tackle racism, discrimination and their outcomes.
8. Pursue environmental sustainability and health equity together.

1 GIVE EVERY CHILD THE BEST START IN LIFE

Outcomes in the early years have lifelong impacts. Inequalities in the early years are significant contributors to inequalities in health throughout life. The early years are the period of life when interventions are most effective and cost-effective and yield significant returns on investment. Levels of child development are lower in areas of higher deprivation. Between 2009 and 2019 there was continuous disinvestment in the early years in England and declines in spending were greatest in the most deprived areas.

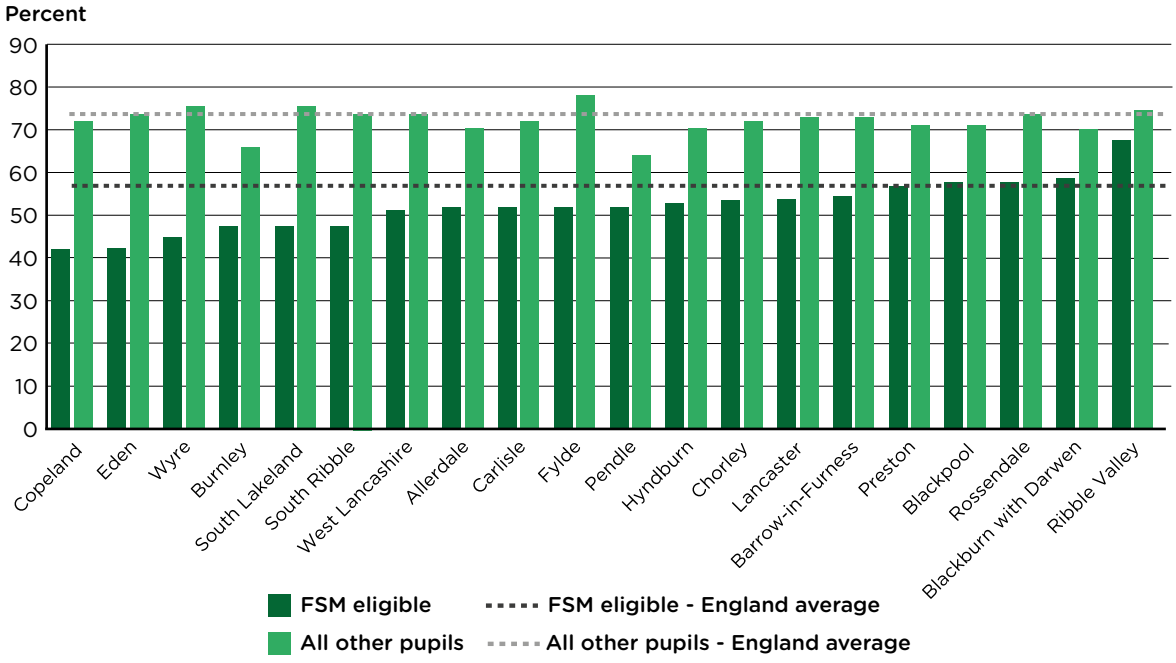
HEALTH INEQUALITIES IN THE EARLY YEARS

- Rates of infant mortality in the region are higher than the England average and increasing. They are closely related to deprivation.
- Three areas – Blackburn with Darwen, Hyndburn and Preston – have higher rates of low birth-weight babies than the average for England.
- In each of the 20 districts across Lancashire and Cumbria there are high rates of unintentional and deliberate injuries in babies children and young people.

INEQUALITIES IN DEVELOPMENT DURING THE EARLY YEARS

- There are wide inequalities in levels of development among young children in Lancashire and Cumbria. At reception children eligible for free school meals have levels of development considerably below the England average and well below those children who are not eligible for free school meals, Figure 2.
- The quality of early years support and services in the region is not sufficient for children living in poverty. Without effective intervention, inequalities will continue and amplify throughout life.
- The childcare workforce is vital in reducing inequalities in outcomes but is currently under-resourced and undervalued.

Figure 2. Good level of development at end of Reception, by eligibility for free school meals (FSM),* percentage, Lancashire and Cumbria local authority districts and England, 2018/19



Notes: *All other pupils are those not eligible for free school meals and for whom free school meal eligibility was unclassified or could not be determined.*
Source: *Department for Education, EYFS Profile (2)*

GOOD LOCAL PRACTICE

Empowering parents empowering communities

Lancashire Healthy Young Person and Family Service has established a team of trained volunteers, Empowering Parents Empowering Communities (EPEC) who provide support to parents to help them bring up happy, confident, and co-operative children. The programme is run by parents who are trained as parent group leaders by the EPEC hub team, giving them the skills and confidence to deliver sessions to other parents in their communities. The programme has been targeted at parents and children within some of the most deprived areas of Preston, Burnley, and Lancaster, targeting wards with high levels of deprivation and high rates of infant-related need. The course is delivered in the heart of the community, in local community centres and primary schools, encouraging attendance from local parents.

Crucial costs

In 2016 it was estimated failing to provide the acute, statutory and essential benefits and services for children and young people early in life cost England and Wales £16.6 billion. Specific costs to the public sector increased by 39 percent to local government; 22 percent to the NHS; 16 percent to welfare; 10 percent to the police; 9 percent to justice and 4 percent to education. (3)

RECOMMENDATIONS: GIVE EVERY CHILD THE BEST START IN LIFE

a) Reduce the gap in level of development in reception age children and set a target that every child achieve above the national average at readiness for school at reception.

b) Increase access and provision of early years services in areas with higher levels of deprivation, and ensure allocation of funding is proportionately higher in areas of higher deprivation

c) ICS and local authorities equip all those working with young children to support parents in developing their children's early learning, especially with regard to speech and language skills.

d) Develop and adopt a region-wide childcare workforce standard that includes training and qualifications on the job, including access to NHS training and offer, as a minimum, the real living wage to all early years staff.

Leads: Local authorities, NHS

2 ENABLE ALL CHILDREN, YOUNG PEOPLE AND ADULTS TO MAXIMISE THEIR CAPABILITIES AND HAVE CONTROL OVER THEIR LIVES.

Experiences during school years and into early adulthood continue to impact people throughout their lives, affecting employment opportunities, lifetime earnings and health. Inequalities in educational attainment were wide before the pandemic and have since widened. Funding for secondary education declined between 2010-20 and youth services have been cut which have harmed young people, particularly those living in more deprived areas and households. The mental health of young people has deteriorated and there is a sense of hopelessness among many young people particularly those living in more deprived areas and isolated communities.

Reducing inequalities in educational attainment and experiences at this stage of life are effective in reducing health inequalities throughout life.

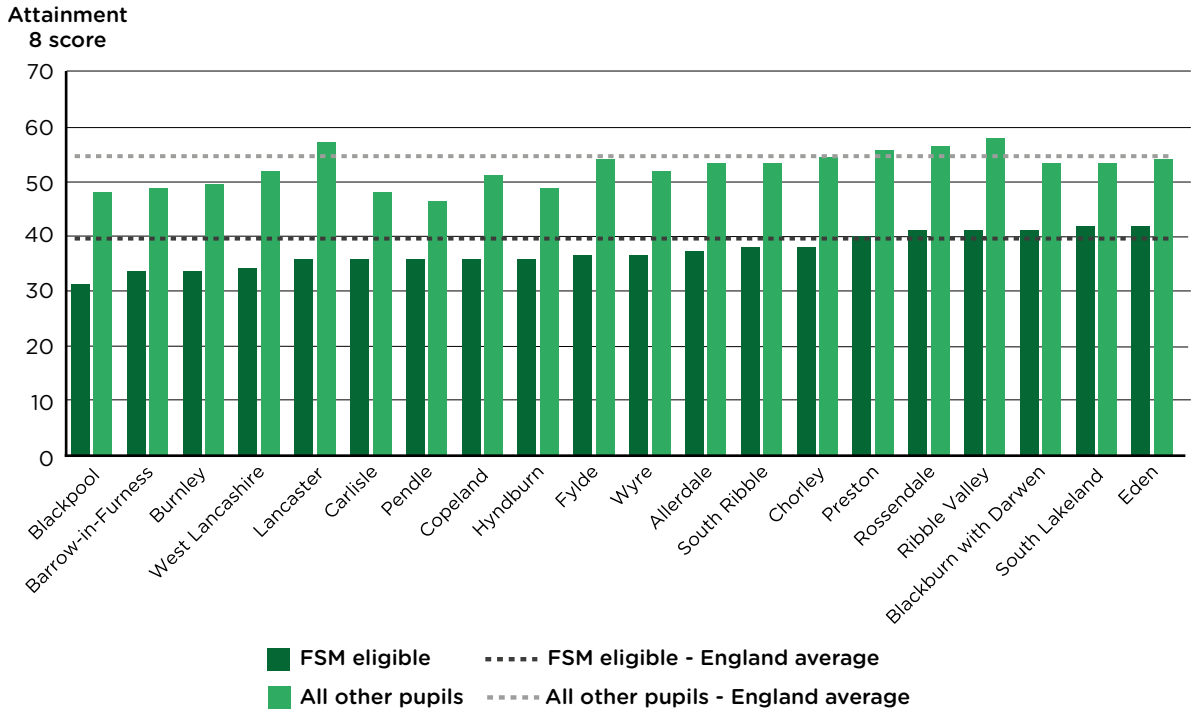
INEQUALITIES IN HEALTH

- There are high rates of injuries among young people in some districts in the region which are closely related to levels of deprivation.
- Prior to the COVID-19 pandemic one in 10 children and adolescents in the UK were experiencing a diagnosable mental health disorder which often have lasting consequences. The pandemic has led to an increase in mental health problems among young people.
- Young people and children from low-income households report worse mental health and wellbeing, including higher levels of anxiety and loneliness.
- Child poverty is a significant risk factor for poor mental health in children and as poverty increases it is likely the mental health of young people will deteriorate still further.

INEQUALITIES IN EDUCATIONAL ATTAINMENT

- Children and young people who grow up in poverty are more likely to have poor educational outcomes and less access to training and decent jobs.
- Inequalities in educational attainment increased during the pandemic.
- There are wide inequalities during primary school between those eligible and those ineligible for free school meals. The region performs roughly as well as the average for England for both children eligible for free school meals and those ineligible although in Lancashire and Blackpool outcomes for children eligible for free school meals are a little lower.
- By age 16 inequalities in education have widened and all districts but Blackburn with Darwen are performing below the national average. Given its level of deprivation, Blackburn with Darwen has strong outcomes and low levels of inequality for educational attainment.
- Attainment 8 scores measure attainment at the end of Key Stage 4 (GCSEs), which pupils usually finish at age 16. For children eligible for free school meals, in most areas in Lancashire and Cumbria, average Attainment 8 scores in 2020/21 were below the England average, Figure 3.

Figure 3. Average Attainment 8 score per pupil (out of 90), by free school meal eligibility, Lancashire and Cumbria local authority districts and England, 2020/21



Source: *Department for Education (4)*

Good local practice

The Regenda Group

The Regenda Group is a North-West based group of companies across the housing and construction sector, care and support, and education, training and careers sectors helping to improve outcomes for people. One of their businesses is Positive Footprints, which works with primary schools and businesses to inspire aspiration in young people. Positive Footprints delivers personal development programmes in schools with the aim of enabling children and young people to explore the world of work and raise their aspirations. The programmes are delivered by teachers as a quick and easy way to make a positive impact on the lives of children and young people. The first ever Positive Footprints programme was launched in Fleetwood, and was recently recognised as a sustainable model of best practice at the National Career Development Institute Awards.

Crucial costs

- Every £10 decrease in prevention spend per young person was associated with an estimated additional two 16- to 17-year-old young people entering care (per 100,000 per year).
- Research from the Northern Health Science Alliance found the loss of learning in children in the North of England during the pandemic will cost an estimated £24.6 billion in lost wages over lifetime earnings. (5)

RECOMMENDATIONS: ENABLE ALL CHILDREN, YOUNG PEOPLE AND ADULTS TO MAXIMISE THEIR CAPABILITIES AND HAVE CONTROL OVER THEIR LIVES

a) Reduce the gap in Attainment 8 progress scores between pupils eligible for free school meals and other pupils in every school and create the culture for every pupil to thrive with skills for life.

- Poverty proof all schools and define a whole-school approach for Lancashire and Cumbria.
- NHS and education review the circumstances in which data sharing is permitted.
- All schools to adopt a wellbeing survey among school children.
- Extend free school meal provision to all pupils living in households in receipt of Universal Credit and adequately resource holiday hunger initiatives for secondary school students.
- Jointly commission universal programmes to build resilience and support young people's mental health, and to support their families with additional resources in more deprived areas.

b) Anchor organisations and local economic partnerships to work closely with schools and colleges in areas with higher levels of deprivation to provide apprentices, job training and employment shadowing with a guaranteed employment, apprenticeship or training offer for 18-25 year olds.

c) Increase levels of funding for youth services, focusing on areas with higher levels of deprivation.

Leads: Education, NHS

3 CREATE FAIR EMPLOYMENT AND GOOD WORK FOR ALL

Unemployment and poor quality work harm health and increase mortality. Poor quality work and unemployment contribute to health inequalities and the quality of work has deteriorated over the last ten years. Poor health is affecting the economy of the region and lowering productivity and inward investment.

Employers can do far more to improve the quality of work and improve health and reduce health inequalities. This is also beneficial to them as it improves recruitment, retention, reduces sick pay and increases productivity.

UNEMPLOYMENT

- Employment in Blackburn with Darwen and Blackpool is lower than the North West and England averages and in Barrow-in-Furness and Blackburn with Darwen less than 65 percent of people are in employment.
- Low levels of employment are closely related to poor health and deprivation.
- Lack of transport in rural and coastal areas is a significant barrier to employment.

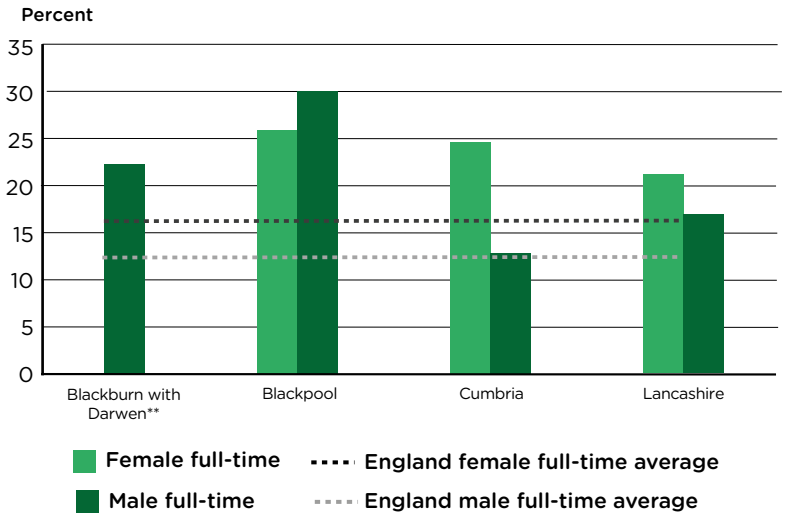
QUALITY OF WORK

- In the region employment rates have increased since 2010 but many of these jobs are low skilled and self-employed jobs (often zero hours contracts).

PAY

- Across England wage growth has been low since 2010 and rates of in-work poverty have increased.
- Before the pandemic, wages in the North of England were lower than in the rest of England and they fell further during the pandemic.
- The percentage of full-time women and men employees in the region earning below the national living wage is higher than the average in England, Figure 4.

Figure 4. Full-time employees earning below the living wage*, by local authority, female and male, percentage, Lancashire and Cumbria upper tier local authorities, 2020



Notes: **£9.30 in 2020; **Data not available.*
Source: *Office for National Statistics (6)*

Good local practice

Anchor institutions in Morecambe Bay

Anchor institutions are large organisations that have a substantial stake within a geographical area. These organisations can have a sizeable impact on the communities in which they are located, being a powerful voice in how and where resources are spent, which can influence the health and wellbeing of individuals within that community.

The Morecambe Bay Anchor Collaborative aims to help member organisations to evaluate and improve their anchor status and demonstrate the domains in which anchor institutions can best direct their efforts to improve the health and wellbeing of their community. The Collaborative is an approach being developed by the population health team of Bay Health and Care Partners, overseen by the Lancaster and South Cumbria Joint Committee. The Collaborative aims to support organisations across Morecambe Bay to become anchor institutions, or improve their efficacy as anchor institutions, to improve the lives of local people by widening access to quality work, purchasing and commissioning for social benefit, using buildings and spaces to support communities, reducing environmental impact, working closely with local partners, and reducing inequalities.

Crucial costs

In Lancashire, if productivity matched the English average, it is estimated £9.9 billion would be added to the national economy. Modelling for the Cumbria local economic partnership estimates that increasing employment rates in the worst employability 'cold spots' could add 4,500 people to the workforce. (7)

RECOMMENDATIONS. CREATE FAIR EMPLOYMENT AND GOOD WORK FOR ALL

a) Local economic partnerships, NHS, local authorities and all public services to develop a regional good work charter and apply these obligations on public sector contracts. The charter should include:

- Wages to meet the minimum income standard for healthy living.
- Provision of in-work benefits including sick pay, holiday and maternity/paternity pay.
- Provision of advice and support at work, e.g. on debt, financial management and housing.
- Provision of education and training on the job for all ages.
- Strengthened equitable recruitment practices, including provision of apprenticeships and in-work training, and recruitment from local communities and those underrepresented in the workforce.
- No gender pay gap

b) Increase funding for adult education in areas of higher deprivation. Offer training and support to older unemployed adults, ensuring that the private sector participates

c) ICSs, local economic partnerships and chambers of commerce to encourage and incentivise employers to recruit lone parents, carers and people with mental and physical health disabilities and long-term conditions.

Leads: Local economic partnerships and businesses, local authorities and NHS

4 ENSURE A HEALTHY STANDARD OF LIVING FOR ALL

Poverty harms health affecting likelihood of living in healthy homes and environments and being able to access services, goods and quality employment – which are essential to good health. Poverty leads to stress and mental health problems and affects people's capacity to make healthy, long-term choices. The cost of living is rapidly increasing, pushing many more people into poverty and ill health. In-work poverty has been increasing and is set to increase further. Over the last twelve years, tax and benefit reforms have widened income and wealth inequalities.

There are limits to the powers Lancashire and Cumbria have to increase household incomes but they can take actions to encourage employers to adopt the real living wage, advocate for changes to the benefit system as well as help reduce food and fuel poverty and support access to financial services and reputable lenders. Involving communities in developing actions to reduce poverty and impacts on health is vital.

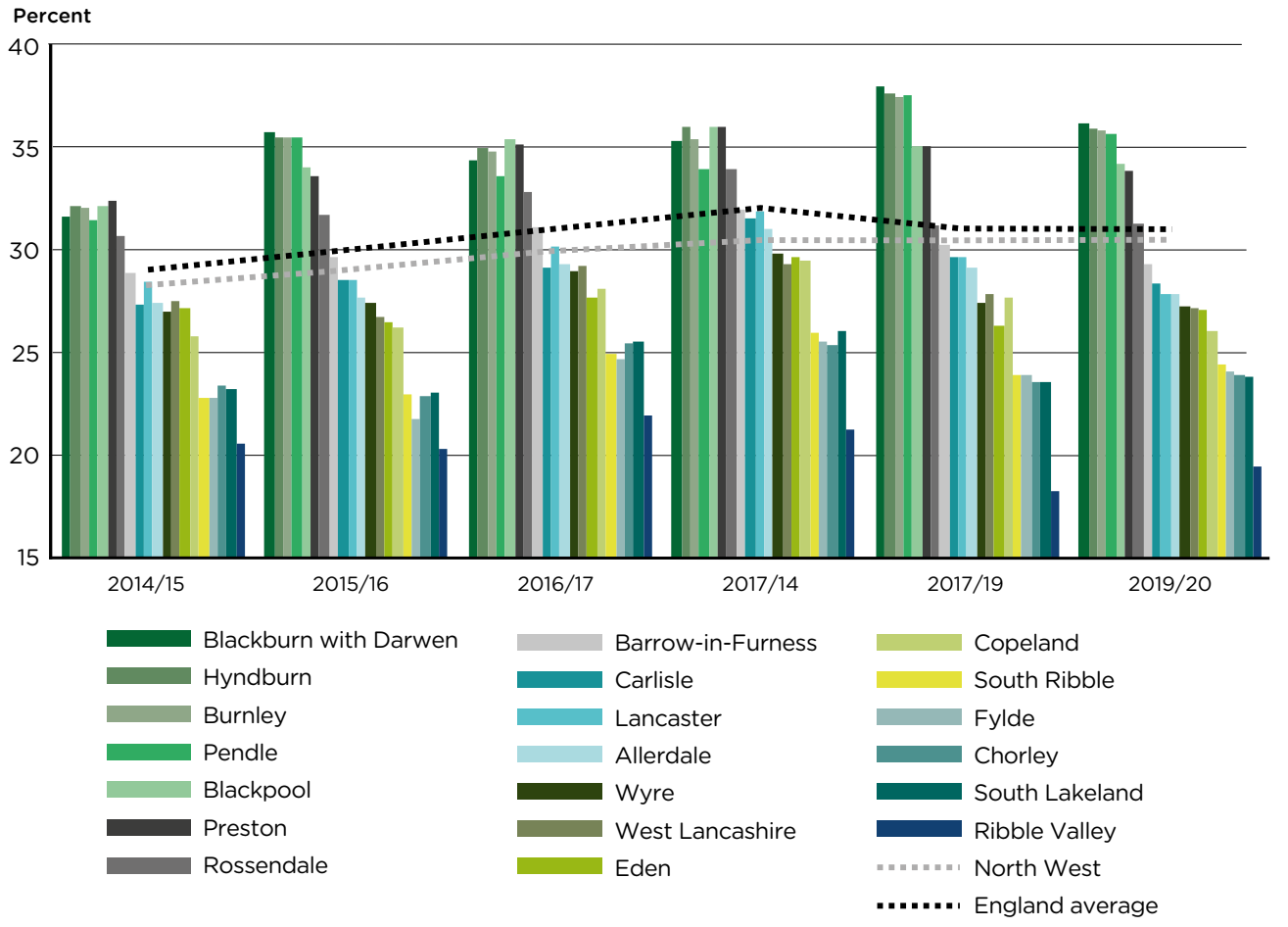
CHILD POVERTY

- Child poverty is associated with poor mental, social, physical and behavioural development in children, as well as worse educational outcomes, employment prospects and earning power into adulthood.
- Child poverty has been increasing across England and across most of the 20 local authority districts in Lancashire and Cumbria.
- There are areas with high levels of child poverty in wealthy local authorities, which often 'go under the radar'.
- Figure 5 shows the increase in rates of child poverty after housing costs in Lancashire and Cumbria between 2014/15 and 2019/20. The highest rates of were in 2018, when 38 percent of children in Blackburn with Darwen and Hyndburn were living in poverty. Even in areas with lower rates of child poverty, e.g. Ribble Valley, more than one in five children were living in relative poverty after housing costs before 2018/19.

FUEL POVERTY

- Fuel poverty rates are high in many rural and areas of high deprivation in the region.
- Cold, damp homes damage health and increase mortality. Excess winter deaths (partly related to living in a cold home) are high in many rural and deprived areas in the region.
- Fuel poverty will increase significantly, damaging the health of many more people, as fuel costs increase.
- Insulating homes is an effective way to reduce poverty, reduce the numbers of cold, damp homes and reduce greenhouse gas emissions.

Figure 5. Children living in poverty after housing costs, percentage, Lancashire and Cumbria local authority districts, North West, and England, 2014/15–2019/20



Source: *Department for Work and Pensions / HM Revenue and Customs (8)*

Good local actions

Citizens Advice Blackpool

In Blackpool the NHS have commissioned Citizens Advice to deliver social welfare advisers for over 20 years, it now sits as part of the social prescribing service. Citizens Advice Blackpool works closely with GPs and has delivered advice in surgeries since 1997. Prior to the COVID-19 pandemic, weekly advice sessions were happening in 17 Blackpool general practices. This is being built back currently, with the long-term ambition being to have social welfare advisers in every GP practice in Lancashire.

Crucial costs

In England cold homes are estimated to cost the NHS alone £857 million a year. This is only a small portion of the overall societal cost when considering care costs, loss of economic potential, and the cost of mental health suffering and trauma caused by living in a cold home. The wider costs to society are estimated to be around £15 billion per year. (9)

RECOMMENDATIONS. ENSURE A HEALTHY STANDARD OF LIVING FOR ALL

a) Adopt the minimum income standard as a basis for minimum wage and assess if adapting for regional costs is needed.

b) Create and support community and employer finance institutions to supply credit, reduce levels of debt and provide financial management advice.

c) The NHS, local authorities, schools and employers to commission the VCFSE sector to provide of social welfare legal and debt advice, including fuel and food poverty support

Leads: Businesses and local economic partnerships, local authorities, NHS

5 CREATE AND DEVELOP HEALTHY AND SUSTAINABLE PLACES AND COMMUNITIES

One of the most significant ways in which health inequalities can be reduced is through good quality housing and safe environments, with access to transport, services and shops, healthy high streets, community facilities, leisure and entertainment and good quality natural environments.

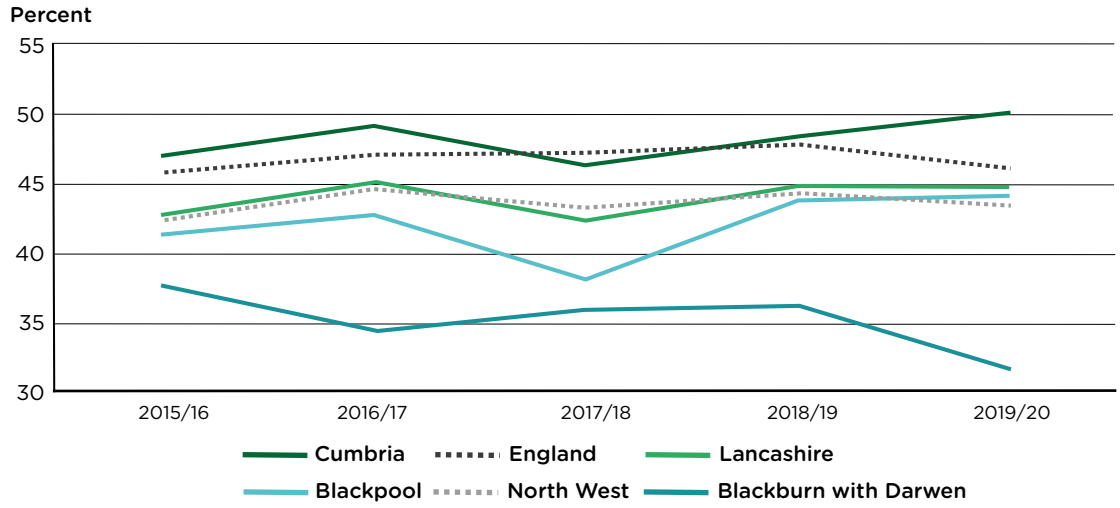
HOUSING

- Across the region there is a substantial amount of inadequate housing stock – poor quality, poorly insulated and overcrowded homes. These issues have direct and indirect impacts on health.
- Many homes in the private rental sector have high levels of cold, damp and poor conditions, but there is a lack of enforcement and tenants are also vulnerable to eviction if they complain.
- There are long waiting lists on the social housing registers.
- In the region, Preston, Blackpool and Blackburn with Darwen have the highest rates of people sleeping rough. Blackpool, Chorley, Blackburn with Darwen and Burnley have the highest rates of homeless households eligible for assistance, all above the England average.
- Across the region there are some important interventions to improve quality of housing and reduce homelessness but these need to be extended more widely with adequate resourcing.
- Given the significance of housing to health, the NHS must be more involved in improving housing in the region.

TRANSPORT

- Good, affordable public transport networks promote social cohesion, facilitate access to education, services, employment and reduce social isolation.
- In the region there are a number of public transport providers and in large parts of Cumbria and Lancashire, public transport is a considerable challenge, particularly in rural and isolated communities.
- Some voluntary and community services offer transport services but lack funds and capacity to sufficiently address the issues.
- All of Lancashire had lower rates of active travel compared with the England average. People in Lancashire were also less likely to walk 'for any purpose', compared with the England average, although the figure for Cumbria was mainly above the England average over the period in question, Figure 6. In 2019/20 in England, Blackburn with Darwen had the second lowest proportion of adults walking for 10 minutes or more, three times a week.

Figure 6. Proportion of adults walking for any purpose* at least three times per week, Lancashire and Cumbria upper tier local authorities, North West, and England, 2015/16–2019/20



Notes: *Any continuous walk of over 10 minutes, for any purpose.*

Source: *Department for Transport (10)*

Good local practice

My Blackpool Home

Blackpool Council have taken direct action to improve non-decent homes, and buying and improving rental properties. My Blackpool Home (MBH) was set up by Blackpool Council to purchase former guest houses (some poorly converted into HMOs) in the highest density private rented sector areas. MBH renovates the homes and provides more spacious, good quality housing for rent. The not-for-profit scheme is running at a loss but it is hoped the rental income will help it to break even. It is a limited solution as not all owners will want to sell, or at the right price.

RECOMMENDATIONS. CREATE AND DEVELOP HEALTHY AND SUSTAINABLE PLACES AND COMMUNITIES

a) In partnership between local authority, NHS and VCFSE sector, develop a regional decent homes standard by 2025.

- Strengthen local enforcement powers and capacity across planning and housing and ensure decent homes standards in the private rented sector.
- Develop and support regional housing forums in Lancashire and Cumbria with members from housing associations, NHS, VCFSE sector, local authorities, estate agents and private rented sector.

b) Place reducing inequalities at the centre of local and regeneration plans including fit for purpose, affordable housing.

- Identify pilot neighbourhoods in areas of high deprivation and work with communities to create and sustain high-quality and connected neighbourhoods.
- Work in partnership (with local residents, NHS, chambers of commerce, local economic partnerships and local authorities) to develop healthier high streets.

c) Assess provision of public transport and address limitations in access. Resource VCFSE sector to provide adequate transport services in remote and rural communities.

Leads: Businesses and local economic partnerships, local authorities, NHS

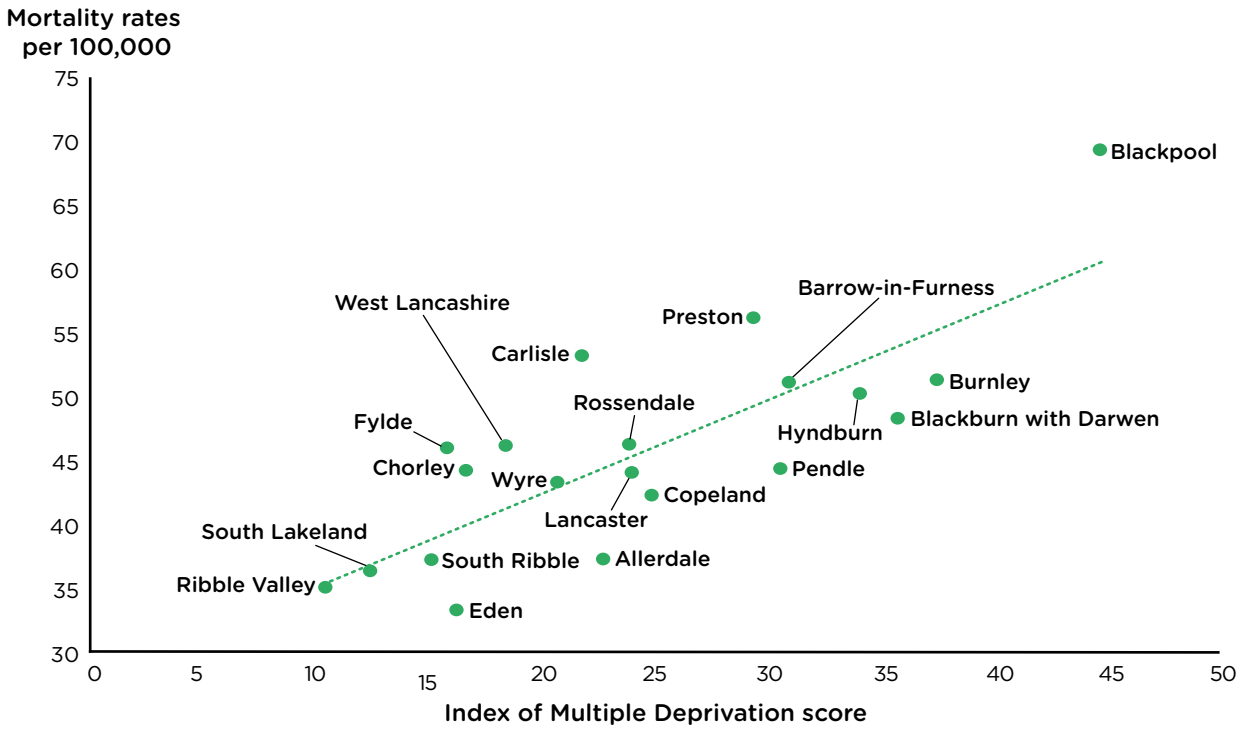
6 STRENGTHEN THE ROLE AND IMPACT OF ILL-HEALTH PREVENTION

Preventing ill health is vital for reducing demand for NHS services, as well as beneficial for the population and the economy. Much of the ill health in Lancashire and Cumbria region is avoidable and action on the social determinants would improve health and reduce inequalities and reduce the burden on NHS and other services, reducing costs in the long run. There are good examples of services taking a social determinants of health approach in the region but these need to be rapidly expanded with adequate resources.

SMOKING, ALCOHOL, DRUG USE AND OVERWEIGHT AND OBESITY

- Smoking, alcohol and drug use and obesity are linked with many of the avoidable deaths and long-term conditions and are higher in more deprived communities.
- Across most of the region mortality from alcohol is higher than the English average and closely associated with deprivation. Blackpool's alcohol-related mortality is the worst in England. Figure 7 shows the clear association in alcohol-related mortality and deprivation in Lancashire and Cumbria, with more deprived areas having much higher rates of mortality.
- In Blackpool, Cumbria and Blackburn with Darwen deaths from drugs are higher than the English average and hospitalisations from substance misuse are higher across the whole region.
- In most of Lancashire and Cumbria's local authority districts rates of overweight and obesity are higher than the England average and associated with deprivation particularly for children.
- Levels of physical activity are also associated with deprivation.

Figure 7. Alcohol-related mortality, directly standardised rate per 100,000, by level of deprivation (IMD 2019), Lancashire and Cumbria local authority districts, 2020



Source: *Office for National Statistics (ONS) Annual Death Extract Public Health Mortality File and ONS Mid-Year Population Estimates (11)*

Good local practice

Healthier Fleetwood

Fleetwood is an area of widespread social disadvantage and life expectancy is lower than the average for England. In 2016 local healthcare services in Fleetwood were struggling. There was a severe shortage in GPs, with the three GP practices missing half of their 16 GPs. This staffing crisis, and the need to address local health inequalities, prompted one local GP to reach out to local partners to establish a cooperative solution. It was agreed that mobilising partnerships and working collaboratively offered the best chance of success, so Fleetwood, a strong partnership of residents, healthcare providers, local government, housing organisations, the VCFSE sector and other groups, was established.

The GPs have moved from managing illnesses to helping people to preventing illnesses from developing. Healthier Fleetwood has had many successes in supporting positive changes in the town. Partners have listened to residents and worked to facilitate activities Healthier Fleetwood is a ground-breaking approach and it is increasingly being recognised around the world for its willingness to listen and change the practice and for the differences these changes are making to the health and wellbeing of Fleetwood's residents.

DIGITAL EXCLUSION

- While digital services and apps offer many benefits, they also risk widening inequalities unless effective action is taken to ensure there are still services and resources available to all.
- The prevalence of digital-only services is increasing and excludes many from healthcare, education, employment and local authority services, as well as from accessing resources and information and social interaction.
- Those who are the most in need of support, such as older people and those on the lowest incomes, are the least likely to engage with digital platforms.

Crucial costs

In England, eating healthily is unaffordable for many families and individuals. The Food Foundation analysed price data for healthy and unhealthy foods and drinks and found households with the lowest decile income would need to spend close to three-quarters of their disposable income on food to meet the guidelines in the NHS's Eatwell Guide, compared with only 6 percent of income for households in the richest decile. Recommendations to eat healthily will be ineffective for poorer households who simply cannot afford to eat healthily. (12)

RECOMMENDATIONS. STRENGTHEN THE ROLE AND IMPACT OF ILL HEALTH PREVENTION

a) HCP and ICS review social prescribing offer to ensure it is addressing the social determinants of health.

b) Adopt the Fleetwood and Deep End models to address the social determinants of health in primary care.

c) Include digital inclusion as an essential health equity requirement, and ensure that healthcare, local authorities, education and businesses work in partnership with local residents to invest in digital skills, including provision of funding to the VCFSE sector to support this.

- Prioritise improving skills in older people or alternative accessible services.
- Align local poverty strategies to include commitment to reducing digital exclusion.
- Work in partnership with local communities to assess digital exclusion priorities.

Leads: Local authorities, NHS

7 TACKLE RACISM, DISCRIMINATION AND THEIR OUTCOMES

The pandemic revealed the stark inequalities in health and economic and social disadvantages in many of the UK's ethnic minority communities. These disadvantages are partly related to experiences of exclusion, racism and discrimination.

Many ethnic minorities experience multiple exclusions linked also to gender and disability with cumulative damage to health – physical and mental. Rates of some diseases and infant and maternal mortality are higher in ethnic minority populations and access to, experience of, and outcomes from health services can also be worse for ethnic minority populations.

Data on ethnicity is lacking in many key social determinants of health in Lancashire and Cumbria so it is hard to monitor inequalities but there is much that employers and providers of services can do to reduce discrimination and inequalities.

Good local practice

Inspire Motivate Overcome

The Inspire Motivate Overcome (IMO) charity has been delivering projects to ethnic minority communities in Blackburn with Darwen, Accrington, Burnley and Nelson since 2006. Through feedback and research with IMO's grassroots connections and the local ethnic minority communities, the charity identified mental health as a significant issue, which was not being discussed among women from ethnic minorities, partly due to associated stigma. In 2013, the Women 4 Women group to support women to make friends and learn new skills in a friendly and welcoming environment. The project is reviewed and participants gain knowledge and support have the chance to engage in different activities building skills at the same time as addressing their mental health in a judgement-free space without the fear of stigmatisation or negative comments. Women 4 Women courses have been successfully delivered in Blackburn, Accrington, Burnley and Nelson and IMO intends to start delivering the course in other areas of Lancashire.

RECOMMENDATIONS. TACKLE RACISM, DISCRIMINATION AND THEIR OUTCOMES

a) Local economic partnership and chambers of commerce to work with Lancashire and Cumbria businesses, the NHS local authorities and public authorities to gather ethnicity data by pay and grade, and to use this data to address wage gaps and inequalities in seniority.

b) All businesses, public sector and VCFSE sector organisations to ensure equality duties are met in recruitment and employment practices, including pay, progression and terms.

c) Reinforce the efforts of health and social care providers to ensure equitable access to their services.

d) Ensure effective engagement with all ethnic minority populations in the development and delivery of services and interventions.

Leads: Local economic partnerships, NHS

8 PURSUE ENVIRONMENTAL SUSTAINABILITY AND HEALTH EQUITY TOGETHER

Tackling climate change and health inequalities in unison is vital so efforts to reduce health inequalities do not damage the environment and efforts to improve the environment do not damage equity. Harm to health from climate change will affect more deprived communities the most.

- There are predictions of significant environmental change in the North West including increasing temperatures, reduced summer rainfall and more extreme weather events and flooding.
- There are high levels of greenhouse gas emissions in some districts in the region, notably Eden and Ribble Valley.
- Transport is the largest contributor to the UK's poor air quality. Supporting public transport and active travel and reducing private car will improve air quality and improve health.
- There are many interventions which are beneficial to the environment and beneficial to health – home insulation, increased active and public transport and reduced meat consumption among them.

Crucial costs

Improving a home's rating from energy performance band D to band C would reduce heating demand by approximately 20 percent, saving customers 20 percent on their heating costs. These interventions will reduce carbon emissions, save households money and lead to substantial savings to the state. The Warm Home Discount costs £350 million per year, Cold Weather Payments £98 million per year and the Winter Fuel Payment £1.9 billion per year, totalling around £2.3 billion. (13)

Good local practice

Home Improvement Agency

The Home Improvement Agency (HIA) based in Lancaster City Council's Housing Services is dedicated to helping all older and disabled residents live safely and with dignity in their own homes and their actions are also improving the energy efficiency of housing in Lancashire. During 2020/21, 262 council homes benefited from energy efficiency measures, with 220 having new boilers fitted and solar panels installed on a further 42. The HIA is currently in discussion with the local college, which is developing courses to train installers to fit renewable energy solutions. The HIA has offered the services of the Retrofit Officer to provide training to students as part of the course and is exploring the possibility of recruiting and training in-house renewables installers, who will be based within the HIA and be capable of installing air source heat pumps, solid wall insulation and solar installations in the future.

RECOMMENDATIONS. PURSUE ENVIRONMENTAL SUSTAINABILITY AND HEALTH EQUITY TOGETHER

a) Ensure that the health and wellbeing of citizens and environmental sustainability is the basis of all local economic policy.

b) Deliver a five-year plan to retrofit homes, including private homes, to reduce fuel poverty and improve domestic energy efficiency in homes in areas of high deprivation.

c) Local economic partnerships and anchor organisations to support actions to adopt carbon-neutral modes of transport to work environments including investments in in green bus transport and improved active travel rates in all areas of Lancashire and Cumbria.

Leads: Local economic partnerships, local authorities, NHS

SYSTEMS CHANGE IS NEEDED

There are several ways in which the sectors and organisations which impact on health can work together and differently to prioritise actions on health equity.

A focus on equity and the social determinants of health in healthcare involves:

- Increased and more equitably distributed resources.
- Strengthened partnership working.
- A greater role for businesses and the economic sector in supporting greater health equity and extending the ambition and actions of anchor institutions and social value approaches.
- Involvement of communities and the VCFSE sector as essential partners in the identification of priorities, the development of strategies and the delivery of programmes.
- Strong, accountable and identifiable leadership on health equity within organisations and a workforce that has the resources and capacity to take action.
- Development of a monitoring system that can indicate inequalities in the social determinants and health and is based on regularly reported, robust data systems.

Submissions to the Health Equity Commission suggested frustration with this situation; they emphasised the need for systems change, to stop 'talking' and to start 'doing', for learning from the partnership and actions achieved during the pandemic, and to stop doing what has been done before in the hope that inequalities will 'somehow' disappear. IHE proposes the following system-wide recommendations for action across Lancashire and Cumbria. The system-wide recommendations enable and support actions in the Marmot 8 thematic areas.

A FOCUS ON EQUITY AND THE SOCIAL DETERMINANTS OF HEALTH IN HEALTHCARE

- There is far more that healthcare services can do to reduce health inequalities and support action on the social determinants of health.
- Action from healthcare organisations must focus on the whole gradient, in a proportionate way, and on the social determinants. Reducing inequalities in access to healthcare is important but will not reduce the widescale inequalities we report on here and in other reports.
- There is a financial, as well as moral case, for the NHS to reduce health inequalities. Areas with higher deprivation have higher healthcare needs, and as a result, higher healthcare costs.

THE ROLE OF THE ICS

- Both ICSs in the region have a focus on reducing healthcare and population health but need to further strengthen action on the social determinants and build strong partnerships with local government, public services and the VCFSE sector and work with businesses.

NHS TRUSTS

- NHS Trusts can also strengthen action on the social determinants, extending activity beyond the usual anchor approach into collaborations on the social determinants with local government, public services, the VCFSE sector and employers.
- Social value is important in all procurement and contracting.

PRIMARY CARE

- Primary care is well placed to take action to improve health and reduce health inequalities through action on the social determinants and contributing to improving conditions in which people are living and preventing ill health.
- This can include access to services supporting better housing, support with debt and access to benefit entitlements, referrals to skills and training for employment.
- Social prescribers and Citizens Advice have been involved in many GP surgeries and across primary care but there is scope to do much more.
- GP practices serving areas with high levels of deprivation receive around seven percent less funding per patient than those serving more affluent populations and funding needs to be further weighted and adjusted to need.
- Many GP practices in more deprived areas face significant recruitment and staffing issues. Training and employing local populations may help and offering higher levels of pay in more deprived areas.

ACCOUNTABILITY FOR HEALTH INEQUALITIES WITHIN THE NHS

- Strengthened accountability within healthcare for health inequalities is essential. Accountability in the healthcare system is mostly related to specified targets around access to services.
- National NHS targets, which drive activity and priorities, do not include a wider assessment of the impact of policies on inequalities.
- Currently, in the region accountability for health inequalities is described as 'toothless'.

RECOMMENDATIONS. FOCUS ON EQUITY AND THE SOCIAL DETERMINANTS OF HEALTH IN HEALTHCARE

a) NHS, local authority, and public sector leaders in Lancashire and in Cumbria to strengthen accountability for health equity.

b) Develop regional health equity and the social determinants of health action plans involving businesses, public services, local government and communities, prioritising early intervention through long-term investments.

c) Define and implement Marmot NHS Trusts approach across Lancashire and Cumbria.

B INCREASED AND MORE EQUITABLY DISTRIBUTED RESOURCES

- Increasing resources is urgently needed to reduce health inequalities and to take action on the social determinants of health and recent spending announcements about future funding levels are insufficient.
- Over the last twelve years cuts to local authorities and public services have harmed health and widened inequalities. The cuts have been regressive: they are steeper in more deprived areas.
- The Levelling Up Fund is insufficient to redress the cuts or meet the needs in more deprived areas.
- Increases to the public health grant are far short of need and, given inflation, are effectively significant cuts.
- A larger proportion of NHS funding must be directly allocated to action on the social determinants of health increasing by 1 percent above inflation each year for the next 10 years.

Good local practice

Lancashire and Cumbria weighted funding formula

The Lancashire and Cumbria weighted funding formula (formerly the Morecambe Bay funding formula) is leading efforts in England to ensure funding for primary care is more equitable. The weighted funding formula was developed to better reflect the inequalities faced by local communities and to allocate resources to the areas that need it the most. The formula is based 50 percent on the Carr-Hill formula and 50 percent on the proportion of the population living in the 20 percent most deprived areas. The purpose of the Carr-Hill formula is to create fair funding allocations based upon the cost of providing services for a given population and their respective needs. The formula is based on a number of variables including: patient age and sex; additional needs of patients; and rurality. Research shows the formula is 'very unlikely' to benefit more deprived areas.

RECOMMENDATIONS. INCREASED AND MORE EQUITABLY DISTRIBUTED RESOURCES

a) Benchmark NHS and local authority prevention spend in 2022–23 and increase funding for prevention by 1 percent above inflation each year for the next 10 years to address inequalities in the social determinants.

b) Make resource allocations more equitable and extend the Lancashire and South Cumbria formula across the NHS in Lancashire and Cumbria.

C STRENGTHEN PARTNERSHIP WORKING

- Reducing health inequalities requires robust partnerships between sectors and organisations that have an impact on health. These have not been established in the region and silo working is firmly entrenched.
- Partnerships must include local government, public services including healthcare, the police and education, the VCSFE sector, businesses and communities.
- There must be a focus on equity and the social determinants of health and on developing the necessary mechanisms to support such partnerships.
- The VCFSE sector are vital to the success of action on the social determinants of health but are frequently excluded from partnerships and not resourced for participation and contributions.

RECOMMENDATIONS. STRENGTHEN PARTNERSHIP WORKING

a) Develop a health equity network in Lancashire and Cumbria to include business and economic sector, public services, VCFSE sector, local government.

b) Appoint a Director of Partnerships at Board level within each ICS.

c) As the default, ensure the involvement of the VCFSE sector in the design and delivery of services and support the VCFSE sector to bid for contracts.

D STRENGTHEN THE ROLE OF BUSINESS AND THE ECONOMIC SECTOR AND EXTEND SOCIAL VALUE APPROACHES

- Businesses and the economic sector have important impacts on health inequalities but have not been sufficiently involved in discussions and actions about how to reduce them.
- The costs of ill health are well known and productivity and staff retention are linked to the health of the working age population. Sick pay costs are also a burden for businesses. It is estimated that poor health costs the economy £100 billion per year nationally.
- Attracting inward investment is more successful where the working population is relatively healthy, and the relative poor health of the region undermines the case for economic investment in the region.
- Businesses and public sector employers can help reduce health inequalities by providing good quality employment and equitable recruitment; providing healthy products, services and investments; and influencing and partnering with communities.
- Social value contracting should become a general principle in procurement and commissioning for all public sector organisations.

RECOMMENDATIONS. STRENGTHEN THE ROLE OF BUSINESS AND THE ECONOMIC SECTOR AND EXTEND SOCIAL VALUE APPROACHES

a) Coordinate a regional economic partnership to develop a health equity approach for businesses and implement the recommendations in the 'The Business of health equity' report for businesses to make positive contributions to the health of their workforce, ensure goods and services are healthy and to make social and economic investments in areas of deprivation.

b) Build on and extend the anchor institution approach and require that organisations, including businesses commission for social value and employ local and underrepresented groups.

E INVOLVE COMMUNITIES AND THE VCFSE SECTOR

- Involving the VCFSE sector in the design and delivery of public and local government services is essential to ensuring that services are appropriate, relevant and bring benefits to local communities. Currently this is insufficient.
- The VCFSE sector has expertise and involvement in all the areas outlined in this report and are vital partners in action to reduce health inequalities and inequalities in the social determinants of health.
- Generally the VCFSE sector is overlooked by public services and local government yet they tend to have a closer relationship with local communities, and, as a result, have a better understanding of their experiences and what they need from public sector organisations.
- Lack of funding and other resources are undermining the capacity of VCFSE organisations to improve the social determinants of health. Grants and tenders are often burdensome with stringent requirements and often for small pots of money and short time frames.
- Where communities are involved with public sector and local government organisations, the process can be frustrating and outcomes limited. Community involvement must be meaningful, leading to benefits for communities.
- There are some good examples of constructive community involvement in the region, these approaches can be further utilised across the region.

Good local practice

Ewanrigg Local Trust

The Ewanrigg Local Trust (ELT) is a voluntary organisation made up of residents in Ewanrigg, a residential suburb of the town of Maryport, Cumbria. After consultation with the Ewanrigg community, ELT developed a nationally acclaimed youth mental health campaign, 'WE WILL', and a local signposting service for mental health support, 'HUG A MUG'. HUG A MUG is housed in Maryport's NHS Health Services building in Ewanrigg. Trained volunteers listen to those seeking support. The service is free, anonymous, no appointment is necessary, and people can self-refer. HUG A MUG reduces pressure on Maryport Health Services as many of the referrals are to non-NHS services. Initial evaluations of the first three years show that out of 3,000 visits to HUG A MUG, 75 percent were for mental health reasons, finance problems were the second most common reason, accounting for 12 percent of visits. Despite its proven track record current Lottery funding lasts until the end of 2023, after which it is unclear how this valued service will be delivered.

RECOMMENDATIONS. INVOLVE COMMUNITIES AND THE VCFSE SECTOR

a) Commission and ensure long-term funding for the VCFSE sector to enhance support for the social determinants of health.

b) Use community development approaches to have regular conversations with residents to identify the services and support they need to develop strong and resilient communities.

c) Involve local residents in the development of health inequalities assessments and remedies at place levels.

F STRENGTHEN LEADERSHIP AND WORKFORCE ROLES FOR HEALTH EQUITY

- Strong leadership on health equity is essential for action on health inequalities and needs to be strengthened across the region.
- A complex regional administrative and geographic context means that strong leadership for health equity is a particular requirement in the region, supported by strong partnerships.
- A continuing health equity commission would help support effective leadership.
- Workforces in different organisations need to have greater capacity to take action on the social determinants of health. Provision of training and resources would help this and significant contributions to this could come from the VCFSE sector, if funded appropriately.
- Accountability for health equity in organisations across the region is weak and needs to be strengthened.

RECOMMENDATIONS. STRENGTHEN LEADERSHIP AND WORKFORCE ROLES FOR HEALTH EQUITY

a) Develop the workforce and provide training within each ICS, working alongside the VCFSE sector and local authorities, to identify and deliver local approaches to address the social determinants of health.

b) Appoint a public health consultant to the ICB to work with the Medical Director and Chief Nursing Officer, the Population Health Team and the Directors of Public Health to lead on health inequalities.

c) Allocate dedicated resource to the Lancashire and Cumbria Public Health Collaborative, to deliver coordinated public health actions at scale and knowledge and skills development.

G MONITORING FOR HEALTH EQUITY

- To report on health inequalities and inequalities in the social determinants of health and evaluate the impact of policies and interventions, data that are relevant, robust, timely and disaggregated are needed.
- Such data are also needed to strengthen accountability for health inequalities and to increase public visibility of key issues.
- Development of a relevant health equity indicator set must involve collaborations between partners who have impact on health inequalities and in time, to be a shared indicator set.
- Many data sets are not available at sufficiently small scale, or for particular communities – particularly ethnic minority populations – and issues can remain hidden and go under the radar.
- Strengthening community involvement in action on the social determinants and health equity is supported by data which reflects their concerns, and data which is accessible and useful for them.

RECOMMENDATIONS. MONITORING FOR HEALTH EQUITY

a) Develop a set of health equity and social determinants of health indicator set based on reliable, regular data which is disaggregated by key characteristics, including deprivation, ethnicity and gender, to be used by all sectors in Lancashire and Cumbria.

b) Collate data available in the VCFSE sector relevant to understanding and addressing the social determinants of health. Develop data sharing agreements between NHS and VCFSE sector.

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