## Cities Health Inequalities Project

Webinar series, session 2 - 4th October 2021

# *How devolved regional authorities can address health inequalities through a focus on health and wealth within the context of recovery from the Covid19 Pandemic*


**The Health Inequalities Project Policy Team**

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Funded by: The Health Foundation

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# The Cities Inequalities Project

Vicky Hobart - Head of Health, Greater London Authority

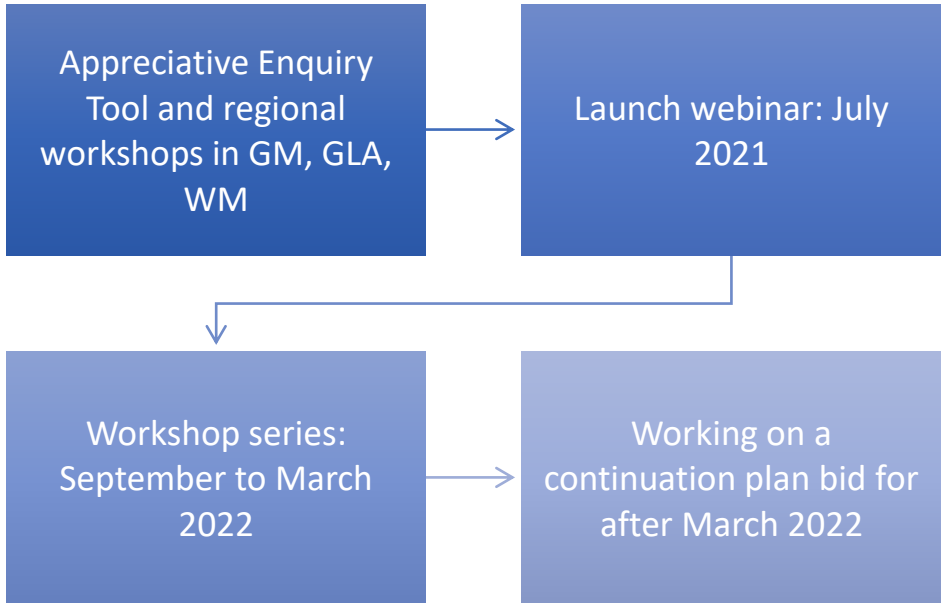
The **Health Inequalities Project** was launched in 2019 with the intent to bring together England's Regional Authorities to discuss and explore how devolved administrations can use their new powers to help accelerate action in tackling health inequalities.

This is the first in a series of multi-thematic workshops drawn from conversations taken place with various regions involved in the project to date.

The project aims to draw out our understanding of health inequalities both pre and post-pandemic, exploring what we have learnt throughout the Covid pandemic, and how devolved regions are working with their political and community driven mandates to address health inequalities.

The pandemic has increased attention on health inequalities supported by improved intelligence and data that highlights previously unseen patterns and new inequalities. We have a rich evidence base to draw on in designing policy and interventions. We're now using that evidence to shape our response to Covid. This project aims to address how we can use this evidence to create a tangible change and improvements.

We aim to engage and collaborate with all devolved regions in shaping the future of this project and harness the ambition and energy of the Mayors in driving health inequalities action.

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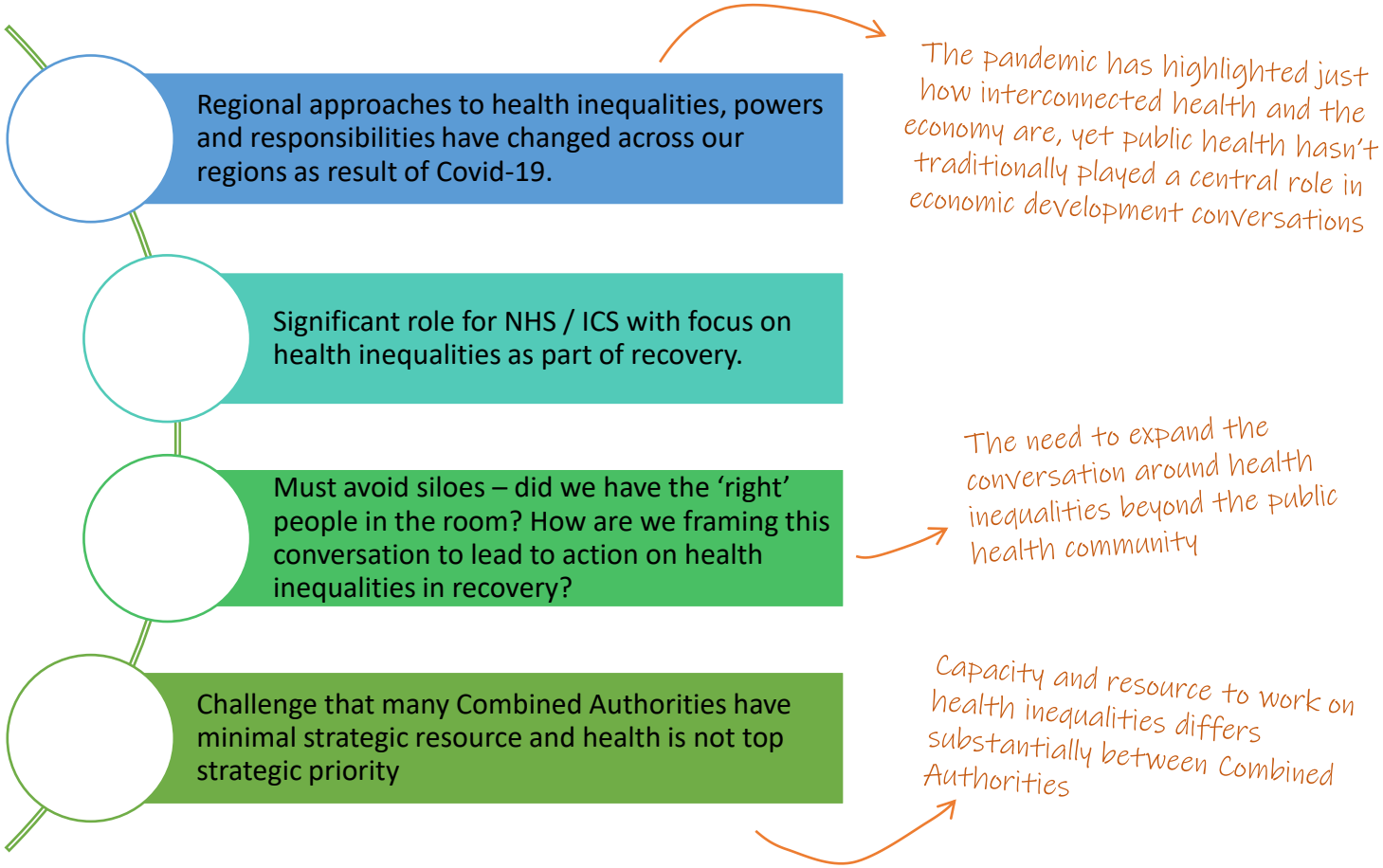
# Recap on the launch webinar discussion, June 2021

**In June 2021 the project was re-launched through a webinar that aimed to share some of the preliminary appreciative enquiry learning drawn from the 3 sponsor regions with the wider community.**

By embedding officers within the Greater London Authority, West Midlands Combined Authority and Greater Manchester Combined Authority, the policy team has been able to explore some approaches and thinking around tackling health inequalities at a regional level.

This early learning has helped shape thinking on health inequalities action and resulted in the development of an *Appreciative Enquiry* too. This is a set of questions that helps to draw out specific organisational learning and also generalised learning that can be applied to all regions.

These themes were presented at the June launch event and we invited attendees to vote on these primary themes for further research and discussion through this webinar series.



# A recovery that is *people led*

**There is already a strong body of research and evidence on the impacts of the pandemic that have further exposed the disparities in health and wellbeing that have long existed.**

The Health Foundation's *Covid Impact Enquiry* has demonstrated how the pandemic followed the pre-pandemic pattern of mortality, exacerbating existing health challenges. Specific social-economic circumstances are associated with poorer health and outcomes, a pattern that has been repeated throughout the pandemic.

We know those who are most affected by the pandemic are care home residents, people with disabilities, ethnic minority groups and young people. With this in mind, how do we take this into account when thinking about the recovery?

We are increasingly aware of the importance of economies on our lives, of the impact of government action and spend, and the opportunities of changing working practices to benefit those who are traditionally most disadvantaged; such as people with disabilities, women and people with caring responsibilities.

If we are to successfully address recovery from this pandemic, whilst addressing prevalent health inequalities, we must learn from the mistakes of past recoveries of nationwide traumas. For example the financial crisis of 2000s focused on investment as the driver, leading to worsened disparities and increased mortality, exacerbating the health inequalities that existed prior to the crisis.

For an effective recovery from the pandemic, health must be built into economic decision making so that the recovery is ***people led***, not just economically led, addressing the disparities exacerbated by the pandemic.

We must build health into foundations of the recovery in how we fund social care, how we deal with debt and arrears, tackle poverty, housing, opportunities to be healthy. A recovery strategy that invests in health and social care, works in partnership with Integrated Care Systems with prevention at its core and is holistic in its approach to reframing the conversation around the benefits good health brings to society and the economy.

**Who are the most affected?**
Care home residents, disabled people, ethnic minority groups and young people

**What has changed?**
- Economic recovery from the pandemic – increased awareness, political recognition and flexibility
- Healthcare backlog, poverty, housing and opportunities to be healthy

**Structures**
- Devolution
- Levelling up
- Partnerships

Opportunities to work with Universities

New structures provide new opportunities to tackle existing problems

**Useful sources of information**
- *Health Foundation Covid impact inquiry (July 2021)*
- *Greater Manchester City Region Build Back Fairer Report*
- *Industrial Strategy Council What does it take to level up?*
- *All Party Parliamentary Group inquiry into 'Levelling Up Devo'*
- *WM Regional Economic Development Institute (WM-REDI)*

# Key questions in identifying and addressing opportunities

**Where are the opportunities and how are we using them?**

**What are combined authorities' mandate and capacity to address (health) inequalities, and how does this affect where action is prioritised?**

**How can we remove silos and create a shared narrative in addressing inequalities in recovery? Who do we need in the room?**

**How can combined authorities capitalise on devolved responsibilities and work with regional partners to embed a focus on inequalities as part of economic recovery?**

The *Appreciative Enquiry Model* developed by the Project aims to explore three key themes:

See webinar 1 for more information on the Appreciative Enquiry model

**1. Internal Levers for change**

- Political leadership and 'soft power'
- Devolved powers and functions
- Financial resources

**2. Prioritising action**

- Role of CA within the regional system
- Strategic capacity to identify entry points
- Public Health Intelligence

**3. Harnessing the vvalue-add of a regional approach**

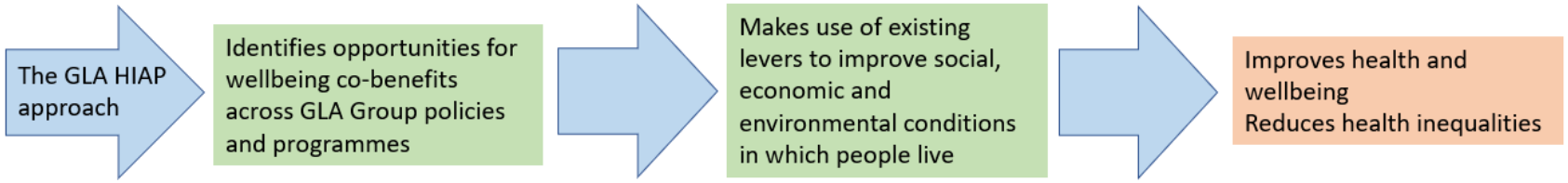
- Supporting collaboration and partnerships across sectors / agencies
- Supporting work at locality level
- Engaging residents and public mandate

# Greater London Authority:
# Embedding a Health In All Policies (HiAP) Approach

**What is Health in All Policies (HiAP)?**

*Health in All Policies* is a way of working which aims to capitalise on the powers and levers at the GLA's disposal to improve the conditions that shape Londoners' health and reduce health inequalities.

A joined up, more effective, more efficient way of addressing health inequalities through addressing the drivers of inequalities

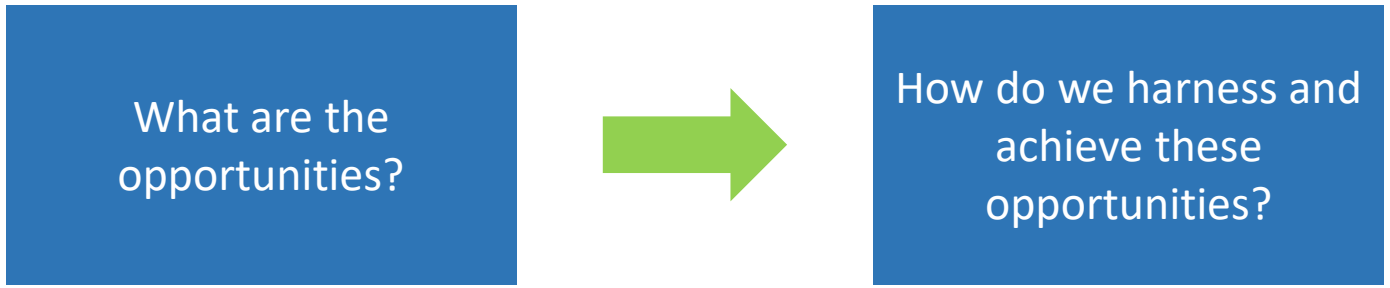



HiAP builds on the premise that good health is fundamental for a strong economy and vibrant society.

- A healthy city means a fairer, more sustainable city which will be central to London's recovery.

How can we shape non-health programmes to create health benefits?

How can health sector support other sector agendas and priorities?



# Levers for Change

Who do we need to work with for strategic planning and programme planning and delivery?

## Leadership and partnership

### Mayoral Leadership

- Manifesto Commitments
- Drivers of investment of political capital

### Partnership and convening

- *London's Pandemic Recovery Programme* missions and cross-cutting principles
- Anchor Institutions Charter

## Devolved powers and function

Strategic opportunities

### Devolved powers

- Business and Economic Development
- Transport
- Housing
- Planning
- Environmental improvement
- Health Inequalities Strategy
- Adult education and skills

### Identifying opportunities to address inequalities through wider determinants / functions

- Adult Education Strategy and budget
- Culture and Night-time economy
- Economic Development Strategy

## Programmes and financial resources

Programmatic opportunities

### Pooled resources and cross-directorate programmes

- Good Work standard
- Thrive London

### Leveraging resources for system-wide work

- Externally funded programmes and related teams
- LEAP (London Economic Action Partnership)
- Mayor's Entrepreneur Scheme

# Identifying entry points and prioritising action for HIAP

HiAP is about moving away from one off opportunities to systematic approach to policy making

How does health inequalities fit within an organisational perspective?

## Governance and Ways of Working

### Working Across Directorates

- Deputy Mayor Meetings
- Theory of Change Workshops

How does HiAP work across different directorates?

### Strategic capacity

- Public health function and capacity (strategic and analytic)
- Prioritisation

Working across the political spheres to socialise the concept and build into existing agendas

How are teams structured to encourage cross departmental working?

Transport sector, Air quality

## Public Health Intelligence

### Understanding regional needs and priorities for action

- Which population groups have been most economically impacted by the pandemic

Drawing together data from different sectors and merging these

### Using data to drive action across the system

- Wellbeing index
- How and by whom is data being used (to inform recovery planning)
- Recovery programme metrics – prioritisation, design, governance
- Organisational wellbeing dashboard

Moving away from specific health indicators towards an equity indicator monitoring framework that and aligns better with other sectors, such as education, and employment

Case Study two – WMCA

# West Midlands Combined Authority:
# The Combined Authority as a Regional Convener

## Working with the rest of the system

How can we remove silos and create a shared narrative in addressing inequalities in recovery?

Who do we need in the room?

**Value add of CA regional approach**

How does the CA add value into the system?

**Regional convening and partnerships**

Facilitators, leadership and structural enablers

- Consolidating the recovery plans of the 3 LEPs and 7 Local Authorities into one plan with agreed challenge statements
- Systemwide monitoring and accountability

1. Tackling inequality and levelling up
2. Preventing a lost generation
3. Health and wellbeing
4. Reducing inequalities
5. Climate resilience

Overcoming system siloes and supporting collaboration across agencies

- Inclusive growth business partners

**Supporting work at locality level**

- Technical support for working differently
- Innovation, piloting, data sharing
- Structural enabling and VCFSE

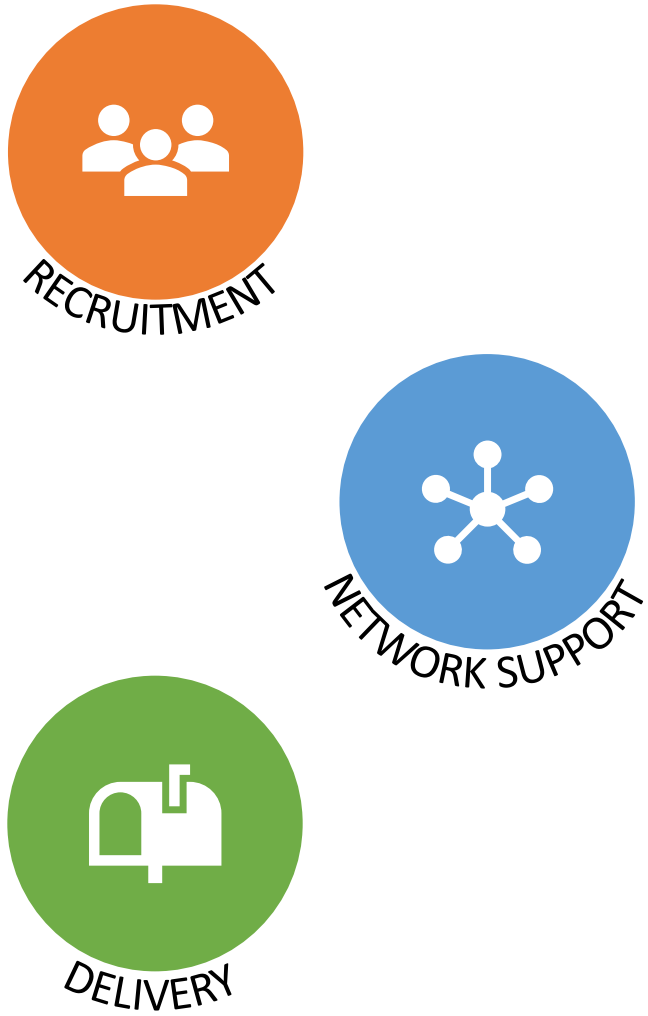
**Engaging residents and public mandate**

- Prioritisation and engagement approaches
- Defining Issues

Developing the skills of partners to build health inequalities into their strategies and approaches

West Midlands Combined Authority

# Inclusive Growth Business Partners




**How WMCA is using its role as a convener to bring together partners from other agencies or other parts of CA to champion Inclusive Growth, with reducing health inequalities at part of its core, as business as usual**

An example of how the West Midlands Combined Authority is using its soft power as a convener to influence action on health inequalities is in the establishment of the Inclusive Growth Business Partners Network

This group is populated by those that have both an intrinsic desire to reduce health inequalities, and also have access to levers through their work to shape and influence action around inclusive growth and inequalities.

The network supports action through enhancing understanding of how to do inclusive growth and problem solve together around the challenges associated with practical delivery of inclusive growth and seek innovative opportunities to overcome these. Developing a shared vision on how to shape and influence investment and activity in inclusive growth in a way that is mutually beneficial to health and the economy by bringing together partners that have access to levers through investment, influence and activity in areas that will have an impact on health inequalities.

Most recently that has focused on how to embed and achieve inclusive growth outcomes at the heart of investment in tourism.

Case Study three – North of Tyne

NORTH OF TYNE COMBINED AUTHORITY

# North of Tyne Combined Authority
# Health, Wealth and Recovery- Embedding wellbeing as part of recovery

Sarah McMillan, Assistant Director of Policy, Northumberland County Council & Co-Chair of NT Wellbeing Roundtable

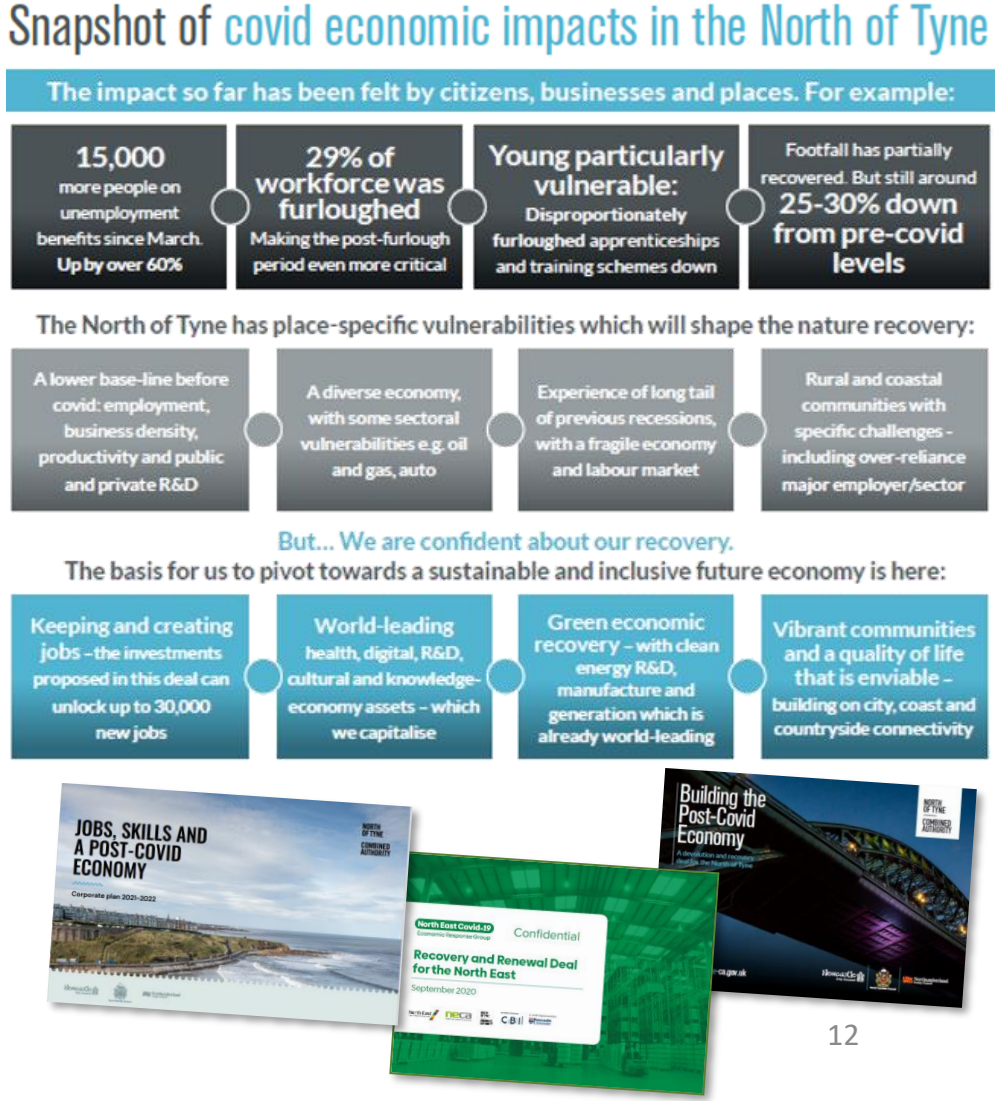
**Inequalities at the heart of the Combined Authority**
Addressing inequalities has been at the heart of the Combined Authority since its conception, forming an intrinsic part of the devolution agreement in 2018, prompting programmes that support this inclusive growth objective. Health and wealth are regarded as two sides of the same coin in designing policy; acting as a golden thread throughout the work undertaken by the Combined Authority, as evidenced through their devolution deal and pandemic recovery.

In planning the economic and social recovery from the pandemic, North of Tyne Combined Authority are working in partnership with local authorities, Carnegie UK, Newcastle University and Civil Society to develop a wellbeing framework that will help them shape and measure the impact of policies that aim to address inequalities within the context of the recovery from the pandemic.

**The baseline situation and the impact of Covid**
Although the region hasn't experienced a disproportionate economic impact from the pandemic, the region is starting from a lower baseline of employment rates, business density, productivity rates, which were all lower than other areas pre-covid, creating vulnerabilities in the economy.

There are reasons to be optimistic, growth industries such as off-shore renewables, life-sciences and digital, as well as internationally recognised assets attracting inward investments. The region's culture and heritage also offer a unique draw to the region.

collective wellbeing Carnegie UK



# Development of a wellbeing framework

*A clear sense of place in the recovery*

The Combined Authority has partnered with Carnegie UK – national and international experts in wellbeing frameworks to design a framework based on their SEED model (see right), that fits the regional context at this particular time.

In Spring 2021, NTCA used it's convening soft-power as a key lever to establish a *Roundtable* of multi-sector partners from LAs, civil society, business and health with a six-month timetable for the delivery of initial work. The partnership reports into the NTCA's Inclusive Economy Board and benefits from the drive and mandate provided to it by the Mayor & lead Cabinet Member.

**Engagement and call for evidence**

Between May and July, 2021 the NT Wellbeing Roundtable carried out an engagement exercise seeking evidence through which to frame the development of the wellbeing framework. 32 institutional responses were received and combined with a local participative consultation of 11 community groups that were provided with small grants to run structured consultations.

**Results**

Although very much framed within the context of the pandemic, feedback received was largely familiar and in line with expectations, providing additional clarity to early exploration of the subject. The engagement also provided the opportunity to design the wellbeing framework in a way that would feel familiar to communities, addressing their needs in a language that that echoed their own commentary.

**Social Wellbeing**

- Social isolation & loneliness, mental health, substance misuse
- Impact of COVID-19: isolation, financial uncertainty, disruption to community facilities & support services
- Housing, transport, digital exclusion, physical health, domestic abuse
- Poverty & inequality

**Economic wellbeing**

- Unemployment, low wages, lack of access to 'good work'
- Welfare system challenges
- Experience of particular groups: disabled people, asylum seekers, older people

**Environmental wellbeing**

- Wide range of issues from climate breakdown and flooding, to housing and transport, to recycling and litter
- Challenge of engaging communities in climate action which appears more remote from everyday concerns

**Democratic wellbeing**

- Lack of engagement and lack of trust in democratic processes (from national to local)
- Lack of diversity / representation in decision making bodies

# The next steps

What next..?

WELLBEING in the North of Tyne

1. Address any gaps in the consultation and call for evidence with a You Gov survey
2. Design sprint on a draft framework outline and indicators by Centre for Thriving Places
3. Take recommendations to NTCA Cabinet in November 2021

"It is terrible to see how many people are living in poverty in a region which has the potential to be affluent."

"As many of the statutory services closed or went on-line during Covid, our service users suffered more poor mental health and isolation."

## How does this fit with the Health Inequalities Project?

**Added value at CA level** – especially supporting collaboration and partnerships & engaging residents

Health Inequalities Project **Appreciative Enquiry Model**

**Identified needs** and prioritised action

Used the CAs **levers for change** – especially in convening role

"Climate change can be a lower priority for families on low incomes [...] They need to be shown how tangible actions & changes will improve their lives & their immediate surroundings."

"People ordinarily do not have a voice in decisions that affect them [...] people are reluctant to voice their opinions and views as they have previously gone unheard..."

# Discussion feedback

What are combined authorities' mandate and capacity to address (health) inequalities, and how does this affect where action is prioritised?

How can we remove silos and create a shared narrative in addressing inequalities in recovery? Who do we need in the room?

How can combined authorities capitalise on devolved responsibilities and work with regional partners to embed a focus on inequalities as part of economic recovery?

**Public health role in economic partnerships**

It's great that public health is now increasingly involved in economic planning. This is largely due to the impact of the pandemic in exposing the disparities in health and the impact this can have to both health, society and the economy.

How we can sustain this interest into the future to make sure we don't go back to purely economic investment led economic strategiess?

Data sharing –

Data is key but sharing data across organisations in a way that can help build a holistic picture can often be a challenge

**Scope of the work and historical foundations of inequalities**

We need to think broadly about the inequalities that affect our communities, such as the impact of post-industrialisation that has occurred over the last 50 years. The decommissioning of historic industries (such as coal mining, ship building and the automotive industry and manufacturing) has had a significant affect on populations and severely constrained development, employment, skills and education. This has all led to increased deprivation and poverty. There are significant specific issues such as ethnicities and racial inequalities that are significant, but aren't the only thing.

Different regions have different pictures of inequalities, illustrating how different CAs may have different approaches to health inequalities based on their local and regional need.

The role of universities,

Universities can play an important role in response to the opportunities and challenges of the recovery. They are well placed to support partnerships and building on existing strengths in life-sciences to support skills development that can have a transformative effect on communities and inequalitie4s.

***How do we use the indicators in different parts of the system? Are we still speaking in the health language?***

**Building political mandates**

Getting the political leads together on this will really help. The Mayors are in a unique position to court local political leads – Combined Authorities' teams can set the agenda for Mayors to support them in driving this locally by explaining the various responsibilities of the partners, especially Local Authorities, and how we can work together to address health inequalities.

How do we support mayors in building that narrative?

**Political leadership**

Some Mayors are already bought into this and are the driving force behind it; others need to be taken on a journey and aren't quite there yet. That doesn't mean work can't be done on this area, just shapes the approach and means we need to do more in shaping that narrative.

We are all coming up with our own way of approaching these. For example, what does 'affordable' mean in housing development. Do you have politicians interest and support, or are you having to take your politicians on a journey around this?

**Framing our discussions**

How we frame this conversation across the system is really important and we need to be more savvy with the language we use to engage all sectors and system partners, not just health and public health. We need to see this from different perspectives, not just a health perspective if we are to successfully engage with the wider system.

If this is more about **wellbeing**, then we need to focus on the basic fundamentals: ***good home, good job, good social networks***.

The language we use is important to engaging with the different sectors. The outcomes we seek across the sectors are the same: *better, more equal societies* as we measure through life expectancy and health life expectancy.

How do we frame this from a perspective of the people we want to engage with, rather than from a public health perspective to better engage with planners, treasurers, strategists, politicians. *We need to get in other folks shoes.*

Linking together the health elements into regional economic development strategies is key

The data and evidence is necessary but not sufficient.

We can increase housing stock without improving health outcomes and inequalities. The approach has to be explicit and intentional. **How do we make inequalities outcomes in policy across sectors more intentional?**

If you can't fix silo thinking you have to do different things in different parts of the system.

# Discussion feedback continued

# Conclusions and key learning

1. In driving improvements in health and wealth, **the importance of Combined Authorities as a system convener** has been a consistent and repeated factor. Bringing together key partners across the public health and economic development sectors in working together to drive mutually beneficial development and health improvements

2. If action to address health inequalities is to be successfully incorporated into economic recovery policies, **the language we use to engage and explore options must be adapted** so that they match the sectors we need to work with to drive those changes

3. A **systematic approach to including health and wealth** improvements in all policy areas (rather than ad-hoc engagements) can be a catalyst to harness cross-sector opportunities that are mutually beneficial

4. As a result of the disparities so clearly exposed by the pandemic, **public health and health inequalities are at the forefront of social and economic recovery planning,** presenting a unique opportunity to incorporate health into economic planning

5. We need to **maximise these opportunities and maintain momentum** into the long term, preventing a return to economic investment led recoveries that risks further increasing disparities

6. Where the leadership and drive is present at the political level, **we need to support Mayors in building the narrative** to engage with key partners who are essential in creating change

7. Where political leadership is not yet on board with this approach, **Mayors need to be taken on a journey that will help them to realise the mutual benefits of health and economic growth and recovery priorities**