Tackling Health Inequalities in Mayoral and City Regions

Sharing learning to accelerate action on health inequalities in mayoral and city regions

Impact report 2022

GREATER**LONDON**AUTHORITY

GMCA GREATER MANCHESTER COMBINED AUTHORITY

West Midlands Combined Authority

The Health Foundation

The Mayoral and City Region Health Inequalities Project is funded by the Health Foundation. It was initiated in 2019 by the Greater London Authority but was put on hold by the Covid-19 pandemic. It relaunched in 2021, embedding project team members within the Greater London Authority, West Midlands Combined Authority and Greater Manchester Health and Social Care Partnership to identify good practice and support collaborative learning.

Its steering group included senior leaders from the Greater London Authority, Greater Manchester Health and Social Care Partnership, West Midlands Combined Authority, and the Association of Directors of Public Health.

Introduction

# A regional approach to health inequalities

The Health Inequalities Project asked how a regional approach could accelerate progress towards tackling the causes of poor health and inequality.

The UK is home to stark, and growing, health inequalities. The problem is not new, but the Covid-19 pandemic put the issue in sharp focus, with the most disadvantaged communities hit hardest. As we move towards recovery, the drive to address the situation at regional level is stronger than ever.

Ten years on from the 2010 landmark study led by Professor Sir Michael Marmot, there are persisting inter- and intra-regional inequalities in England. Life expectancy of those in the poorest areas of some city regions is up to 15 years lower than those in the richest areas.[1]

Following devolution agreements, mayoral combined authorities are in a unique position to tackle health inequalities, as many of their responsibilities impact on the underlying causes of ill health.

In the context of the recent White Paper Levelling Up in the United Kingdom, combined authorities are faced with several questions: Are we making the most of the powers at our disposal to address inequalities? What further asks could regions make as part of trailblazing devolution deals? What is the potential for additional powers or statutory responsibilities to address health inequalities, and how does this vary according to local context?

40%
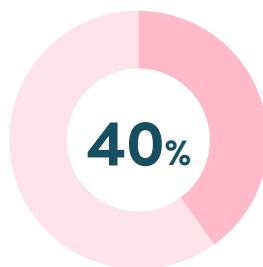
Over 40% of the population in England lives in cities where a directly elected mayor has a political mandate for regional system leadership.

[1] www.health.org.uk/publications/reports/the-marmot-review-10-years-on

[2] www.health.org.uk/publications/long-reads/building-public-understanding-of-health-and-health-inequalities

Why should regional bodies focus on reducing health inequalities?

- Poor health is a barrier to work and productivity, affecting wider regional economic outcomes.

- Poor health increases pressure on other services, such as the criminal justice system, housing, health services and social care.

- The pandemic led to a greater public understanding, and experience, of health inequalities than ever before. Recent research suggests that over two-thirds of the public (69%) believe government should aim to reduce inequalities in health between different groups.

- City region mayors can capitalise on unique levers to shape healthy places. These include political influence, convening powers, and devolved responsibilities such as those for economic growth, transport and planning.[2]

- Focusing on big geographical footprints enables us to address problems at a wider scale than local authority boundaries, while still keeping a local focus.

The Cities Inequalities Project

The Cities Inequalities Project was a three-year Health Foundation-funded initiative that set out to explore the opportunities for devolved English regions to tackle health inequalities. It found that some regional bodies are already identifying and capitalising on rich opportunities to improve health through their devolved powers and responsibilities for areas such as the economy, transport, policing, and through the influence of regional mayoral leadership to forge partnerships and drive system-wide action.

This report sets out what the project did and the learning generated and shared. It highlights a range of regional approaches to leveraging and prioritising opportunities to ensure a fairer and more equal society, showing how collective learning can galvanise action within and between regions. It will be useful for people working in the regional administrations, including mayoral teams, health and care system colleagues and national policymakers, along with academics and researchers.

Project aims

✔ To explore how England's devolved administrations can use hard powers and soft levers to accelerate action in tackling health inequalities

✔ To maximise these bodies' potential to tackle health inequalities regionally, by understanding the challenges they face and sharing the solutions they tried

✔ To build a learning network across England's devolved urban regions, share best practice and seek opportunities for co-operation

Venturefest West Midlands 2022 for entrepreneurs, innovators and investors
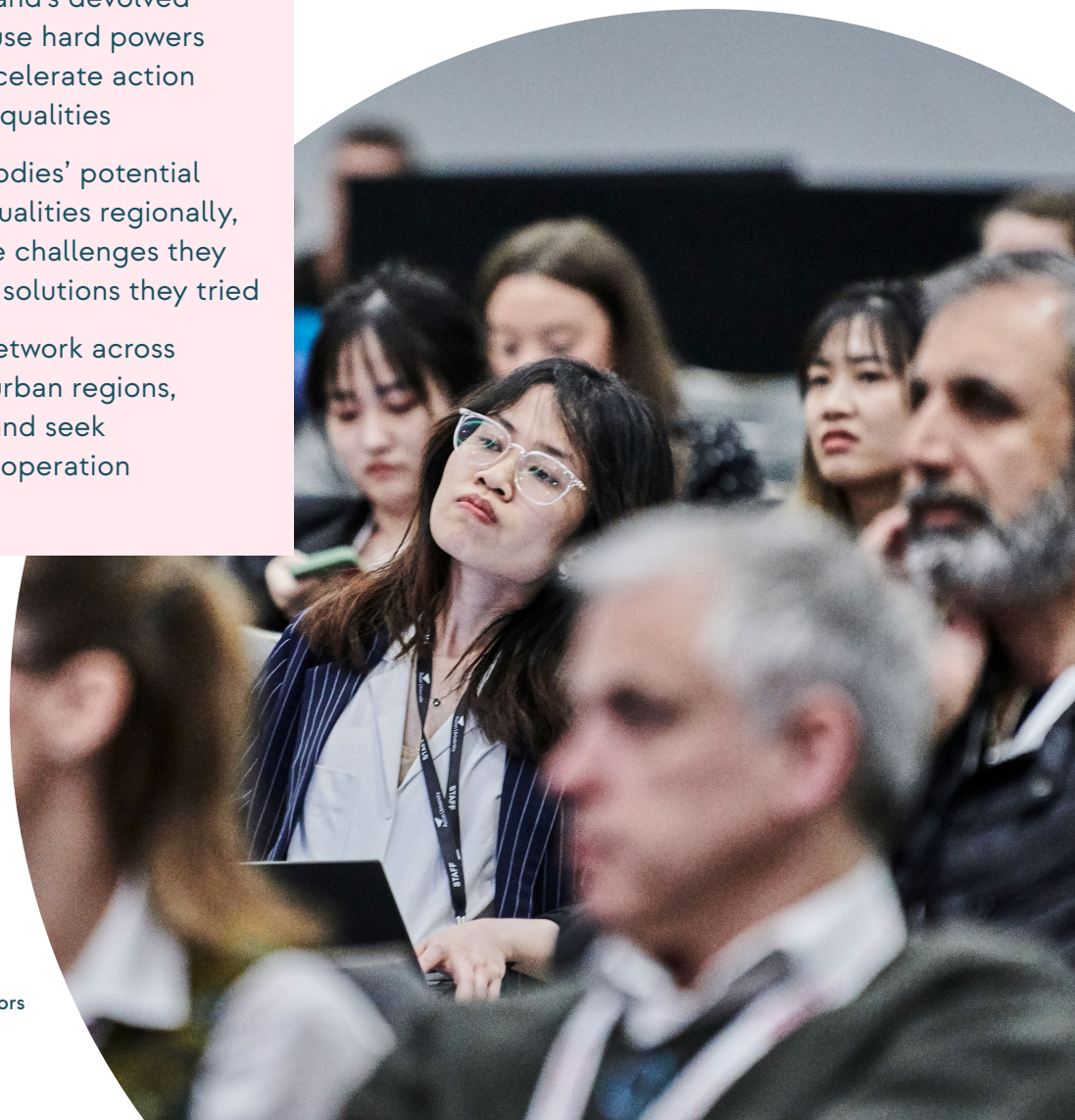
Mayoral city regions and their devolved responsibilities
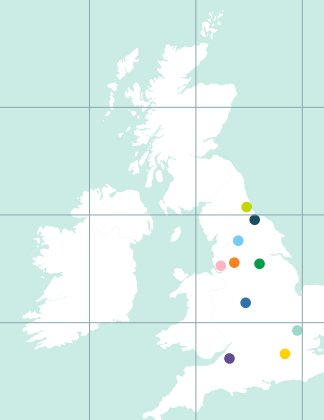
The table below summarises the different powers and funding that have been devolved to each MCA:

Combined authority area	Population size (2019)	Year created	Business and economic growth	Transport	Fire	Policing and crime	Health and social care	Health inequalities	Housing	Planning and regeneration	Environ-mental	Criminal justice	Arts and culture	Adult education	Waste disposal
● Greater London	8,961,989	2000	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
● Greater Manchester	2,835,686	2011	✓	✓	✓	✓	✓		✓	✓		✓		✓	✓
● Liverpool City Region	1,559,320	2014	✓	✓						✓	✓			✓	
● South Yorkshire	1,409,020	2014	✓	✓						✓				✓	
● West Midlands	2,928,592	2016	✓	✓					✓					✓	
● Tees Valley	675,944	2016	✓	✓						✓				✓	
● West of England	941,752	2017	✓	✓										✓	
● Cambridgeshire and Peterborough	855,796	2017	✓	✓					✓	✓				✓	
● North of Tyne	833,167	2018	✓							✓				✓	
● West Yorkshire	2,300,000	2021	✓	✓		✓			✓	✓				✓	

What the project did

The Cities Inequalities Project reviewed and compared efforts across regions to better understand different approaches to tackling health inequalities.

The project comprised two main phases (see right).

> 66
>
> **This is a really impressive and important project, showcasing the value of working across multiple regional authorities. The team facilitated the sharing of knowledge and information, supporting the development of more effective approaches and policy to meet the challenges of reducing health inequalities in different mayoral city regions.**
>
> Jeanelle de Gruchy
> Deputy Chief Medical Officer for England

Phase 01
Identifying shared challenges and mutual opportunities for learning

- **Commissioning a policy mapping report** by consultancy Shared Intelligence to **understand approaches used to tackle health inequalities** in devolved regions and to map the powers, responsibilities and activities of the GLA and eight mayoral combined authorities. (A tenth metro mayor was elected in West Yorkshire in 2021) after the report was completed

  The policy mapping report provided a unique snapshot of health inequalities activities immediately before the pandemic.

- **Embedding project team members** within three mayoral bodies, to explore approaches and opportunities, identify good practice, and design tools to support local policy development and action

- **Thematic mapping and comparing case studies** of the three organisations to understand areas of focus, as well as differences and similarities in their ways of working. This provided a snapshot of system leadership and collaborative learning opportunities for addressing health inequalities in the post-pandemic context

Phase 02
Identifying untapped opportunities for action

- **Running workshops and webinars** to share learning and develop networks and connections between different regions

- **Developing narratives** linking social, economic and structural inequalities as public health issues, to help combined authorities tackle health inequalities

- **Building a community of practice** across the ten mayoral city regions to champion and share ideas, policy and progress

- **Developing practical tools** including a accompanying framework and a knowledge hub (see the accompanying framework)

Three approaches being used in different mayoral authorities

The following three pages set out three diverse approaches that different regional bodies are using, and the learning generated and shared. Each has different strategic levers and mandates and makes the most of devolved powers and leadership in different ways.

Approach 1: Embedding health in all policies

Greater London Authority

The GLA invested in research and new ways of working to encourage collaboration between health and colleagues in other departments, to develop an authority-wide Health in All Policies approach.

© Central London Cyclist 2022

The challenge
Elected mayors have significant influence and devolved powers that shape the social, economic and environmental conditions of large populations – but few have direct responsibility of power for health. The GLA wanted its public health specialists to work with other departments to address health inequalities through the social drivers that shape health, as part of a Health in All Policies (HIAP) approach.

What did they do?
The GLA health team commissioned UK-wide research into the facilitators and barriers to HIAP, using the findings to build a working definition of HIAP and to explore how to put it into practice. This informed a public health collaboration project across the GLA organisations (including transport, policing and planning), to scope how public health specialist expertise could be best deployed across the Group. This led to the establishment of a public health specialist-led Public Health Unit. This unit will strengthen cross-sectoral collaboration on public health matters and provide access to public health expertise to colleagues from other sectors, thereby maximising opportunities to address health inequalities through all aspects of the GLA Group's work.

What we learnt
- Using a systematic approach to identify levers for change is a crucial first step in agreeing how to prioritise available opportunities.

- Creating a narrative beyond 'health' (to include sustainability, wellbeing, fairness and recovery) helps engage non-health stakeholders. It emphasises that HIAP is not about adding to other teams' workloads but working together to achieve mutual goals.

- Having a working definition of HIAP can promote organisational commitment and build political support. Looking at how other regions had implemented and understood HIAP helped? develop this definition.

- Staffing models that embedded health team members into other team's workstreams as a single point of contact helped teams to build relationships, accountability and mutual understanding and to proactively identify emerging opportunities.

Approach 2: Developing inclusive economies to address inequality

West Midlands Combined Authority

The West Midlands Combined Authority developed a regional model for inclusive growth, to address health inequalities while supporting economic growth.

© Port Loop Residents Event — 2021

The challenge

Mayoral combined authorities play a major role in their local economy as regional convenors, with devolved responsibility in business and economic growth. But traditionally, economic models do not seek to improve citizen's health. WMCA wanted to hardwire inclusive growth into strategies, policies and investments so that economic activity could contribute to tackling health inequalities.

What did they do?

The inclusive growth team developed a shared narrative and vision, working with partners such as Public Health England West Midlands and think tanks to develop decision-making tools and a system-wide monitoring framework. They have been using these tools to influence and support local partners, such as public services, to unlock ways that economic activity could improve social and environmental outcomes. They have also recruited internal and external partners (including local economic partners) to an expert network, championing inclusive growth as 'business as usual'.

What we learnt

- Making a sustained effort to influence and nurture people within the combined authority, and across the region, can help shift culture and practice towards inclusive growth and holistic working.

- Co-developing practical tools can help overcome system siloes and support cross-agency collaboration, if people are supported to use the tools effectively. For example, the combined authority worked with a local authority to develop its neighbourhood regeneration plans, which are now being delivered with plans to scale up to borough level.

- It is important to share what works along the way and use this learning to nurture activity elsewhere in the region.

- By playing a regional enabling role, the combined authority can ensure the right partners are involved in system collaboration and region-wide understanding of inclusive growth, building technical capacity and driving the local economy towards reducing health inequalities.

Approach 3: Developing the Marmot Beacon Indicator Set

Greater Manchester Health and Social Care Partnership

High levels of Covid-19 mortality and widening inequalities led the GM HSCP to explore ways of using health intelligence at city-region level to drive action and measure progress towards post-pandemic recovery.

© Piccadilly Gardens in Manchester city centre

The challenge
The GM HSCP wanted to use regional level health intelligence to inform priorities for system-wide action and measure progress to 'Building Back Fairer' after the Covid-19 pandemic.

What did they do?
The HSCP partnered with Professor Sir Michael Marmot and the Institute of Healthy Equity to produce a report on the upstream social factors driving long-term post-pandemic health inequalities. They combined regional data with expert input, to develop the Marmot Beacon Indicator set. These 24 outcome indicators do not directly measure inequalities, but relate to upstream determinants of health and wellbeing outcomes: housing, income, employment, environment, and early years support. They clearly map on to the Build Back Fairer recommendations, to help track progress in respective upstream action areas and directly monitor outcomes.

Twice a year, an expert reference group will use the Beacon Indicators to assess progress. Rather than drawing on available quantitative data and publishing a dashboard, the group will take a critical, reflective approach to guide decision-making and ensure accountability.

What we learnt
- Sometimes the best insight comes from data you don't yet have. Marmot Beacon Indicators challenged the team to seek out data that was not yet collected often enough, or with sufficient granularity.

- Decision makers need the right type of support to make decisions. Data and dashboards are useful sources of intelligence, but need to be supplemented with trusted expert assessment and interpretation to guide action.

- It is important to ensure we are making the most of data for both monitoring and strategic reprioritisation purposes, reviewing both 'whether we are doing things right' and also 'whether we are doing the right things'.

- Intelligence is as important to support disinvestment decisions (what to stop doing) as for investment decisions (what to start doing).

What we learnt

The project explored the different ways in which work at regional level can build a mandate to address the social, economic and structural drivers of inequality.

The project found that all the regional bodies were facing similar challenges. Each has its own devolution, political and strategic contexts, so there are no blanket solutions. But it is possible to look at how different regions are navigating these challenges within their local context, and to collate and share their inspiration, ideas and learning.

By working together and sharing learning in this way, regional bodies can enhance local action on a host of wider determinants of health, building collective advocacy for tackling health inequalities. The table that follows shows examples of how some mayoral authorities have approached specific challenges.

The project also developed an accompanying framework to support authorities to self-assess local levers, to help identify and prioritise opportunities according to strategic fit, public health impact and political windows of opportunity. (**See the accompanying framework.**)

Shared challenges and how regions are addressing them

Challenge area	Regional examples and learning opportunities
Making the most of regional-level data and intelligence	**The Greater Manchester Health And Social Care Partnership** Developed a regional indicator set to support a strategic, as well as reactive, **regional health intelligence** to inform regional priorities and monitor progress against agreed areas for action (see page 10).
Building the political mandate Engaging citizens and leading social movement	**The West Midlands Combined Authority** Supported **community co-production** approaches to leverage civic voice in strategic priority setting through a citizen panel. **The North Of Tyne Combined Authority** Funded **small grants to community groups** to run structured conversations to understand the wellbeing priorities for people living and working in the North of Tyne. This evidence was used to create a Wellbeing Framework to allow decision makers and the public to track progress towards a shared vision for economic recovery.
Driving action through collective mayoral influence	During the Covid-19 pandemic, regional mayors used their **devolved powers and collective influence** to support continued mandatory mask wearing on public transport.
Using devolved powers and driving cross-sectoral action	**The Greater London Authority** In 2019 the Mayor of London capitalised on his responsibility for London's transport to ban junk food advertising on the London transport network, resulting in a reduction in unhealthy purchases among Londoners. The GLA is now using **Health in All Policies approach** to make the most of other opportunities to advance cross-sectoral action on health inequalities (see page 8).

Challenge area	Regional examples and learning opportunities
Leveraging mayoral soft power and influence Balancing multiple roles: convening and holding the system to account Sharing learning within and between cities	**The West Midlands Combined Authority** **Built partnerships** to develop decision-making tools and a system-wide monitoring framework to support local public services to unlock ways that economic activity could improve social and environmental outcomes (see page 9). **The Greater London Authority** **Facilitated the development of London's** Anchor Institution Network. Leaders of London's largest organisations have pledged to leverage their procurement budgets, recruitment resources, and estate management capacity to address inequality and boost local economies. This initiative builds on anchor institution work undertaken in various cities in the US and the UK, sharing learning and setting joint priorities for action.
Navigating complexity and prioritising action to influence the determinants of health	**The Greater Manchester Combined Authority** Developed **'Invest to save' models** as part of a population health approach to support prioritisation of transformational opportunities afforded by their health devolution deal.

What's next?

Addressing regional inequalities and the national policy context

The challenge of regional inequalities is not new, but today it is receiving a high level of interest, with growing recognition of the need to grasp this opportunity to make changes for a fairer society.

Narrowing regional gaps

The Levelling Up White Paper, published in February 2022, outlined a vision and a high-level plan to reduce geographic disparities in the UK. It includes 12 missions, each with links to the health inequalities agenda. Mission 7 directly focuses on reducing health inequalities, through its ambition to narrow regional gaps in healthy life expectancy. This mission will be informed by the forthcoming White Paper on Health Disparities.

^ This project shows how some mayoral and combined authorities are already taking action to shape wider determinants of health, through local leadership and place-based approaches, highlighting areas for mutual learning.

Developing devolution deals

A key strand of the Levelling Up White Paper is devolution. West Midlands and Greater Manchester Combined Authorities are at the forefront of this work. They have been identified as a model for other mayoral combined authorities, and their devolution deals will act as a blueprint for others in the future. There is a key role for public health to work with mayoral and combined authorities on recognising understanding and monitoring healthy life expectancy – especially in reporting on Mission 7.

^ West Midlands Combined Authority has drawn on the resources, learning and networks developed as part of this project to inform and shape its health devolution proposal.

Leveraging opportunities

The UK Shared Prosperity Fund is a new three-year domestic fund running from 2022 to 2023 that will replace European Structural and Investment Funds, such as the European Regional Development Fund and the European Social Fund, which have generally supported job creation, innovation and skills programmes.

Its primary goal is to build pride in place and increase life chances across the UK, supporting the Levelling Up missions, through three priorities:

- **community and place**

- **supporting local business**

- **people and skills.**

Most of the fund has been allocated at 'place' (regional) level, to deliver provision suitable for local circumstances. If a combined authority is identified as the lead authority for its geography, it will manage and administer this fund for the region, including assessing and approving applications, processing payment and day-to-day monitoring.

^ **This project has developed** practical tools to support combined authorities. The Appreciative Enquiry framework (see accompanying framework) can support them to identify and prioritise opportunities to address health inequalities.

Find out more

The accompanying framework
This appreciative enquiry framework, developed during the research stage, suggests a list of topics for combined authorities to explore locally, to accelerate action on health inequalities. It takes the form of a set of guiding prompts to help regions identify areas of need, potential levers for change, which actions to prioritise and the added value of those actions according to the local context. Find it here.

The Cities Inequalities Project webpage
This resource offers a rich array of project resources, including webinar slides, recording and discussion summaries. Use it for building your evidence base, identifying good practice examples, promoting health inequalities work to colleagues or making connections with colleagues in the field. Find it here.

Link up
Connect with colleagues through our community of practice to champion and share ideas, policy and progress. Find it here.

Next steps
The Health Inequalities Project ends in June 2022. The policy team are exploring a new bid to expand and build on the learning from this project with greater engagement between and within regions and politically. The new project aims to expand, to include a wider range of combined authority sponsors. Find out about next steps here.

Useful reading
Health Foundation (2021) City mayors can play a key role in improving our health

Department for Levelling Up, Housing and Communities (2022) Levelling Up the United Kingdom

Greater Manchester City Region (2021) Build back fairer

Industrial Strategy Council (2021) What does it take to level up?

All Party Parliamentary Group (2021) Inquiry into 'Levelling up Devo'

West Midlands Regional Economic Development Institute (WMREDI)

The King's Fund (2018) The Role of Cities in Improving Population Health

GREATER**LONDON**AUTHORITY   **GMCA** GREATER MANCHESTER COMBINED AUTHORITY   West Midlands Combined Authority   The Health Foundation