Local Government Association

Social determinants of health and the role of local government

Report

Foreword

The desire for good health can be seen all around us, whether in people taking more exercise or in trends on social media. The COVID-19 pandemic has added to concerns about health and wellbeing. It is common to receive emails that begin with the general greeting: "I hope you are well". In local government it is important to consider what we can do to improve health within our communities, so that residents live longer happier and healthier lives. Health is often thought of as more of a concern for the NHS than for local government, but in reality, local government has an even greater potential to influence health improvement than does the NHS. As was quoted in the recent All Parliamentary Report on longevity: "We have been caught in a false view that our national health means the NHS."[1]

Health improvement has always been a fundamental responsibility of local government and this was emphasised further with the transfer of public health responsibilities in 2013. It is now seven years since that transfer. It is 10 years since the landmark publication of the Marmot report, 'Fair Society Healthy Lives'[2] and it is also 10 years since the Local Government Association (LGA) last produced a report on the social determinants of health.[3]

The role of local government at that time was set out as the following: as an employer; through the services it commissions and delivers; through its regulatory powers; through community leadership; through its well-being power. Local government still has all these roles in improving health and tackling the social determinants of health, but the world has moved on over a decade and the developments during that time are considerable.

Therefore, it the right time to look again at what local government can do to improve health especially by tackling social determinants. There are opportunities to see what innovation and new activity has been undertaken across the country and how that can be repeated elsewhere. In the context of COVID-19 it is important to remember that it is often the effects of social determinants of health that have made people more vulnerable to the virus. Conversely the social effects of the virus on employment and the economy will have an additional impact on health.

1 All Party Parliamentary Group on Longevity: 'The Health of the Nation A Strategy for Healthier Longer Lives'

2 www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review

3 www.local.gov.uk/social-determinants-health-and-role-local-government

Opportunities for health improvement by tackling the social determinants of health have been taken up across the country. The examples and case studies detailed in this report express the opportunities for health improvement and what has already been achieved.

I am particularly pleased to see the range of activity that shows how councils can lead on health improvement. This includes new relationships between councils and their populations, innovative work between county and district level and seeing how economic development and health improvement are inextricably linked. Through these, and other examples, we can see why it was right to transfer public health responsibility back to local government and how health is central to the role of councils.

Councillor Ian Hudspeth
Chair, LGA Community Wellbeing Board

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What is health?

We all want to be healthy but may pause a little if we are asked what it means to be healthy. Is health something that we can grasp, something that we can measure and can improve, or is it the absence of disease and sickness? We may have one idea of health when raising a toast to someone's good health at a social occasion and another idea of health when considering what services are needed to improve the health of local residents. It is helpful to give some consideration to the definition of health so that we can be on firm foundations when looking to improve health in a community.

The longstanding definition of health from the World Health Organization (WHO) formulated in 1948 is 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'. This was an important definition in that it considered health as something positive rather than an absence of disease. The focus on generating health rather than concentrating on sickness has opened the way for local health improvement in communities and to a focus on listening to people rather than simply sticking with a medical model of disease. It is also potentially helpful to see health in the context of the three areas of physical, mental and social wellbeing, especially if these are given similar weight when decisions on priorities are being made.

The WHO definition is by no means perfect though and has come under criticism in recent years. It was originally drawn up when rapidly progressing illnesses were more prominent and life expectancy much shorter than it is today. As populations become older, long-term conditions become more common and screening and early diagnosis increases, so conceptions of health change. A complete state of health may not be possible for someone living with diabetes, but they can still be healthy. A person may be diagnosed as HIV positive but with appropriate support and treatment this may have little or no effect on life expectancy.

Health is about what makes us feel good physically, mentally, socially and spiritually. It is about how we react to the strains and stresses of life and are not only resilient to them but have the potential to bounce back even stronger. We can be healthy if we do not have a recognised disease but can also be healthy if we can manage a condition and look to live life to the full.

Focusing on good health and what makes us well, rather than on bad health and what makes us sick, moves us to consider assets rather than deficits. People and communities have assets which determine their health, and these can be built on and strengthened. Looked at from this point of view we can see health as a public good, as something that everyone should work towards and the best attainable health as a human right.

Given the priority of health in our lives as individuals and for communities, it is important to consider how health can be measured and how we can know if a community is becoming healthier. However, measuring health is not as easy as measuring illness. The most straightforward way of seeking to measure health is to consider how long people live. Life expectancy can be calculated for one area and compared with another, but it is only a snapshot in time and not an accurate prediction. Also, it does not consider quality of life or include any aspect of people's experience of life. Healthy life expectancy can also be calculated and may be more useful in comparisons. It uses responses to questions about the level of people's general health to calculate a figure for how long people will stay healthy. Healthy life expectancy will always be lower than life expectancy and the gap can be used to give an indication of overall levels of ill health.

What makes us healthy?

If we ask ourselves at an individual level what makes us healthy, we are likely to think about positive aspects of life such as getting exercise, having a good night's sleep or perhaps spending time out with family or friends. Similar ideas are reflected in advice on how to be healthy, both in terms of physical health and mental health. For example, the five ways to wellbeing have been put forward as methods for improving our health:

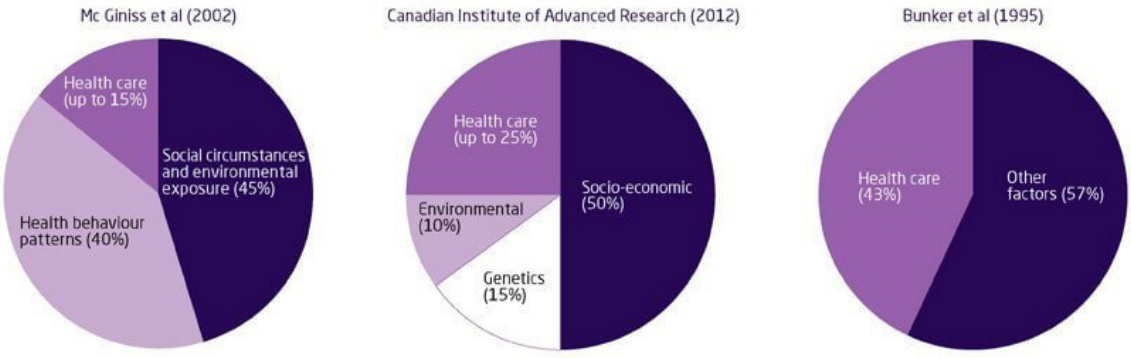
- connect
- be active
- take notice
- keep learning
- give.

If we think about what makes us sick, then we may think of behaviours such as smoking, environmental factors such as pollution or more medical areas such as genetics or specific diseases. We may also think about our relationships with other people and factors such as discrimination or loneliness.

The factors that improve the health of a community are very similar to those that improve the health of an individual. Getting good and effective healthcare is important for both an individual and a community, but it is only a part of the picture. We may want to consider the extent to which healthcare affects our health compared with other factors. How much do genetic factors influence health? How much does our health depend on our behaviour? How much do hospitals contribute?

Three estimates for the contribution of factors in the determination of health are shown in the charts below. While they are different from each other, they all show that the contribution that healthcare makes to our overall health is far less than 50 per cent. It is other factors that make up the majority of the contribution.

These other factors are predominantly the wider determinants of health or the social determinants of health.



Sources:

McGinnis, J.M., Williams-Russo, P. and Knickman, J.R. (2002) The case for more active policy attention to health promotion. Health Affairs 21 (2) pp.78-93.

Canadian Institute of Advanced Research, Health Canada, Population and Public Health Branch. AB/NWT 2002, quoted in Kuznetsova, D. (2012) Healthy places: Councils leading on public health. London: New Local Government Network. Available from New Local Government Network website

Bunker, J.P., Frazier, H.S. and Mosteller, F. (1995) The role of medical care in determining health: Creating an inventory of benefits. In, Society and Health ed Amick III et al. New York: Oxford University Press. pp 305-341.

The World Health Organization (WHO) offers this definition of social determinants of health:

"Social determinants of health are the conditions in which people are born, grow up, live, work and age. These conditions influence a person's opportunity to be healthy, his/her risk of illness and life expectancy. Social inequities in health – the unfair and avoidable differences in health status across groups in society – are those that result from the uneven distribution of social determinants.

Social determinants of health and health inequities are amenable to change through policy and governance interventions."[4]

The conditions which make up the social determinants of health are wide-ranging and include the following:

- income level
- educational opportunities
- occupation, employment status, and workplace safety
- gender inequity
- ethnic inequality
- food insecurity and inaccessibility of nutritious food choices
- access to housing and utility services
- early childhood experiences and development
- social support and community inclusivity
- crime rates and exposure to violent behaviour
- availability of transport
- neighbourhood conditions and physical environment
- access to safe drinking water, clean air, and toxin-free environments
- recreational and leisure opportunities.

In addition to each individual factor, these influences interact with each other in a complex way. For example, poor health or lack of education can impact on employment opportunities which in turn constrain income. Health is certainly influenced by behaviours, with smoking, alcohol consumption, unhealthy diet and physical inactivity most prominent among behaviours that are related to ill health in the UK. However, these behaviours are largely themselves influenced by social determinants of health including income, employment and access to healthy environments. Also, where healthcare is important for improving health and combatting illness, the access to and use made of that healthcare is affected by social determinants of health. This has led some people to call social determinants the causes of the causes of poor health.

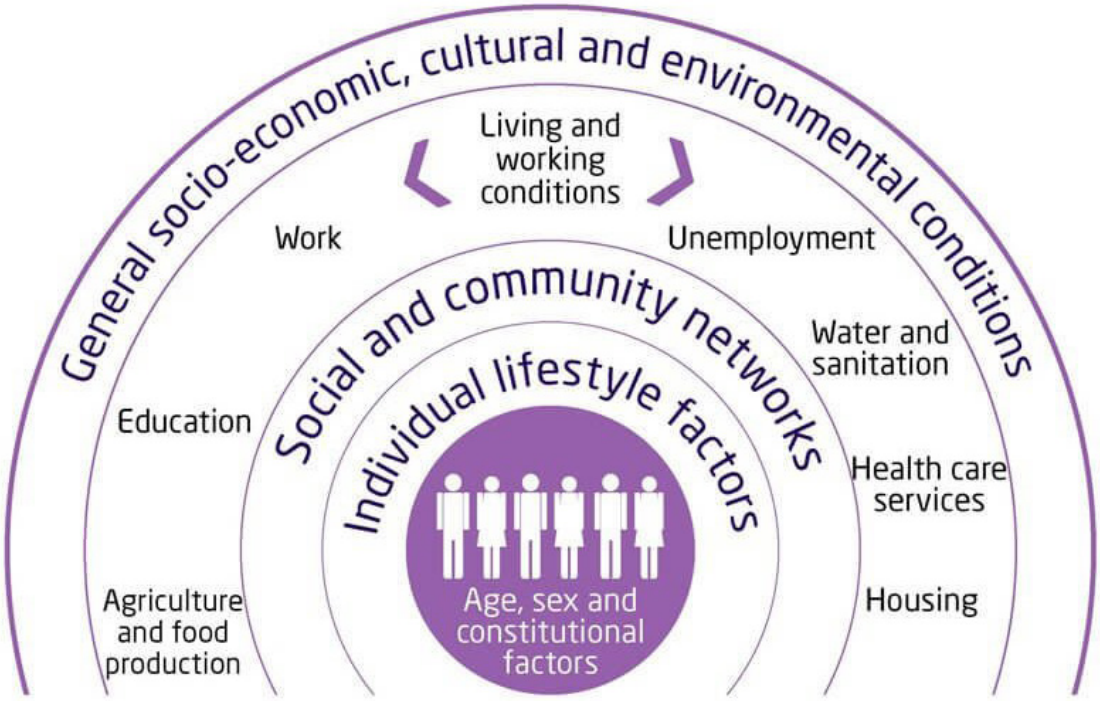
The impact of the social determinants of health and especially material deprivation is shown clearly through health inequalities as set out 10 years ago in the Marmot report. People in richer areas live longer than those in poorer areas. Not only that, but there is an even bigger difference in healthy life expectancy, the length of time that people live in good health. People in poorer areas live shorter lives and for more of that time they are in poor health. There are many reasons for these differences, but most at their core come down to social determinants of health.

"The single most important intervention is to understand that there is no single most important intervention."

Harry Rutter, London School of Hygiene and Tropical Medicine

4 www.euro.who.int/en/health-topics/health-determinants/social-determinants/social-determinants

We can see a picture of many factors interacting and affecting the health of individuals and communities.



Source: Dahlgren, G. and Whitehead, M. (1993) Tackling inequalities in health: what can we learn from what has been tried?[5]

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The 10-year review of the Marmot report[6] found that health has got worse for people living in more deprived areas, inequalities have increased, and life expectancy has fallen for women in deprived parts of England.

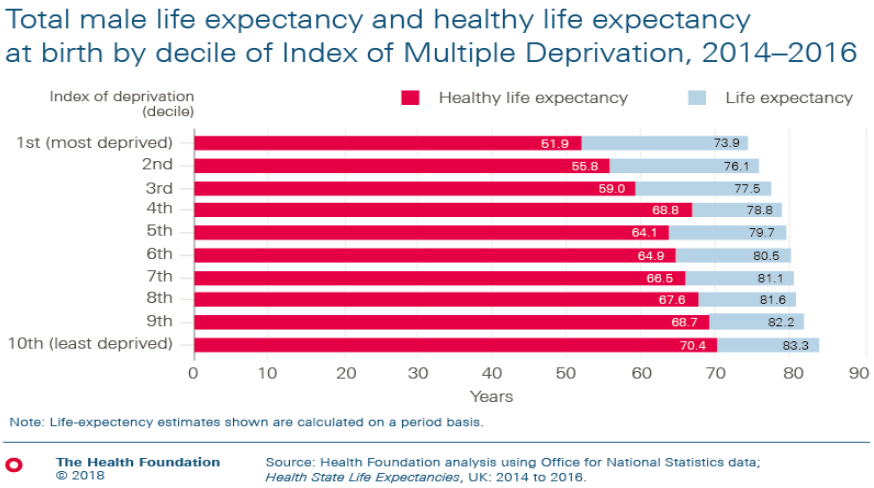
"It's not your genetic code, it's your [post]code."

Larry Cohen, Building a thriving nation

5 Working paper prepared for the King's Fund International Seminar on Tackling Inequalities in Health, September 1993, Ditchley Park, Oxfordshire. London, King's Fund, accessible in: Dahlgren G, Whitehead M. (2007) European strategies for tackling social inequities in health: Levelling up Part 2. Copenhagen: WHO Regional office for Europe: www.euro.who.int/__data/assets/pdf_file/0018/103824/E89384.pdf.

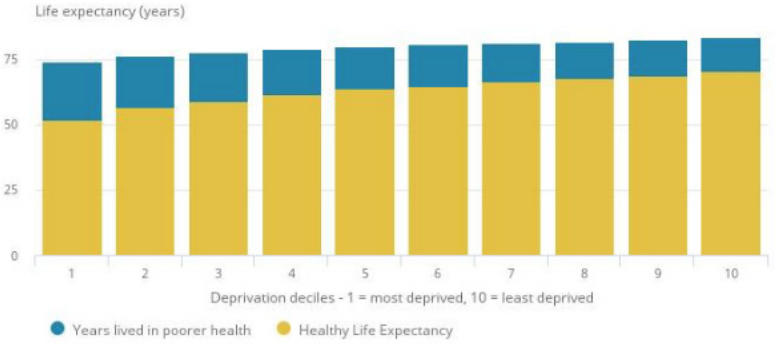
6 www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on

The charts below show the relationship between deprivation and both life expectancy and healthy life expectancy using national data. Greater deprivation is associated with lower life expectancy and even lower healthy life expectancy.

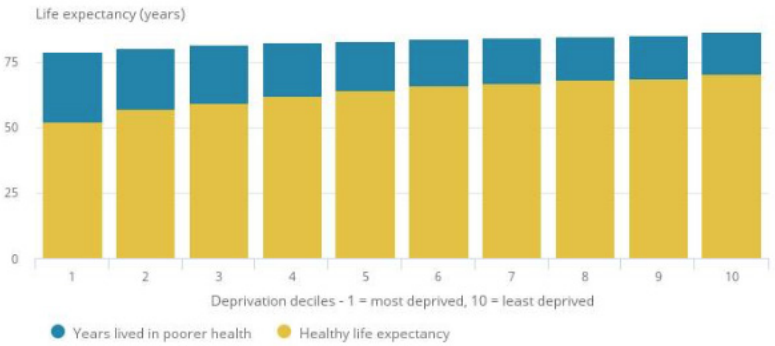


Source: www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on

Male healthy life expectancy at birth and years lived in poorer statest of health: by national deprivation deciles, England, 2015-2017

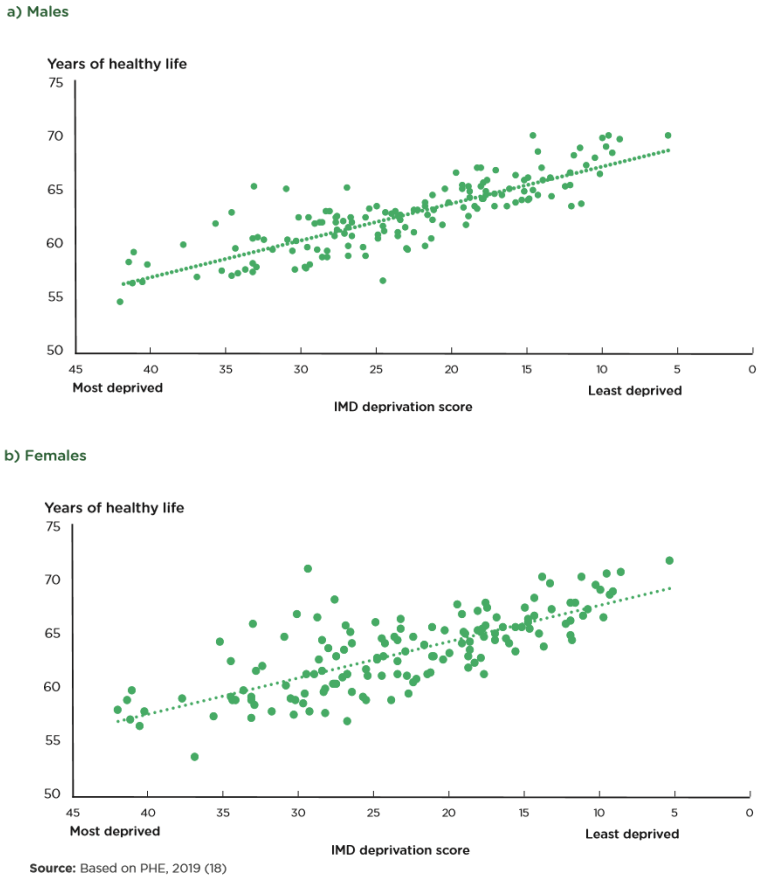


Female healthy life expectancy at birth and years lived in poorer statest of health: by national deprivation deciles, England, 2015-2017



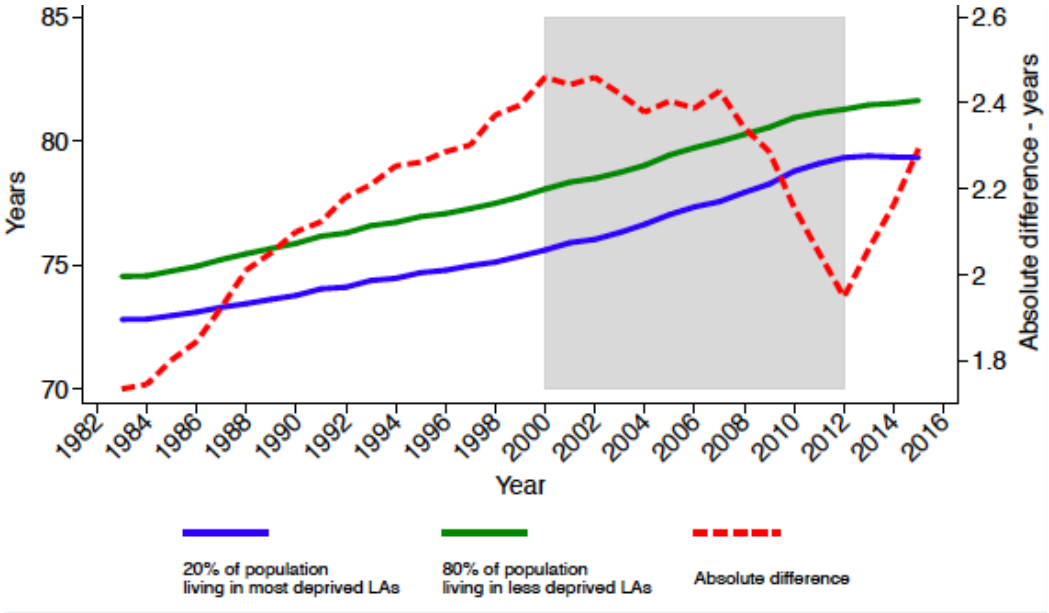
Source: Office for National Staistics – Annual Population Survey, 2011 Census

This is also shown clearly when healthy life expectancy is mapped against material deprivation for each English upper tier local authority for 2018 separately for men and women.



Source: Based on PHE, 2019 (18)

When efforts were targeted at reducing health inequalities, including addressing deprivation and the social determinants of health, there was a narrowing in the gap. However, once those targeted efforts ceased the gap widened again. This is shown in the following chart presenting information relating to the English Health Inequalities Strategy.

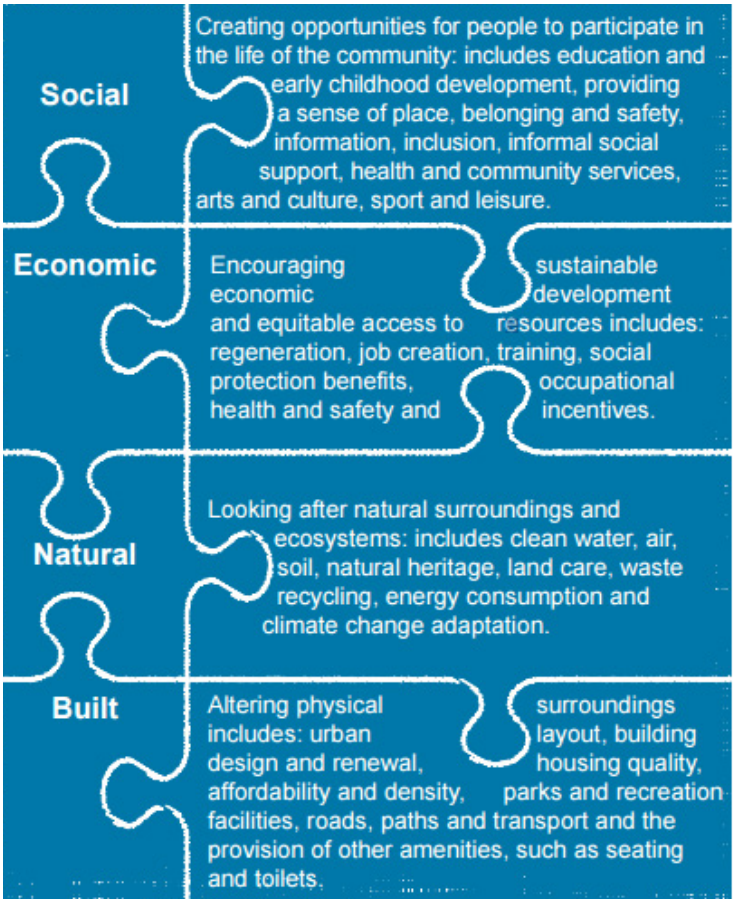


How can we improve health?

Improving health for communities can only be done if the social determinants of health are tackled, in addition to the provision of good quality care and work to ensure behaviour change. There is little use in simply treating people for a health condition if the cause of that condition is not also addressed.

'Why treat people and send them back to the conditions that made them sick?'[7]

Tackling social determinants includes improvements in housing, education and employment as well as ensuring a health promoting environment. Each of the social determinants of health can be improved to give an overall improvement in the health and wellbeing of communities.



Source: www .local.gov.uk/health-all-policies-manual-local-government

7 Marmot M. The Health Gap: The Challenge of an Unequal World. London: Bloomsbury Publishing, 2015

In Wales, the importance of improving social determinants in order to ensure future wellbeing has been recognised nationally through the Well-being of Future Generations (Wales) Act 2015. The Act requires public bodies in Wales to think about the long-term impact of their decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.

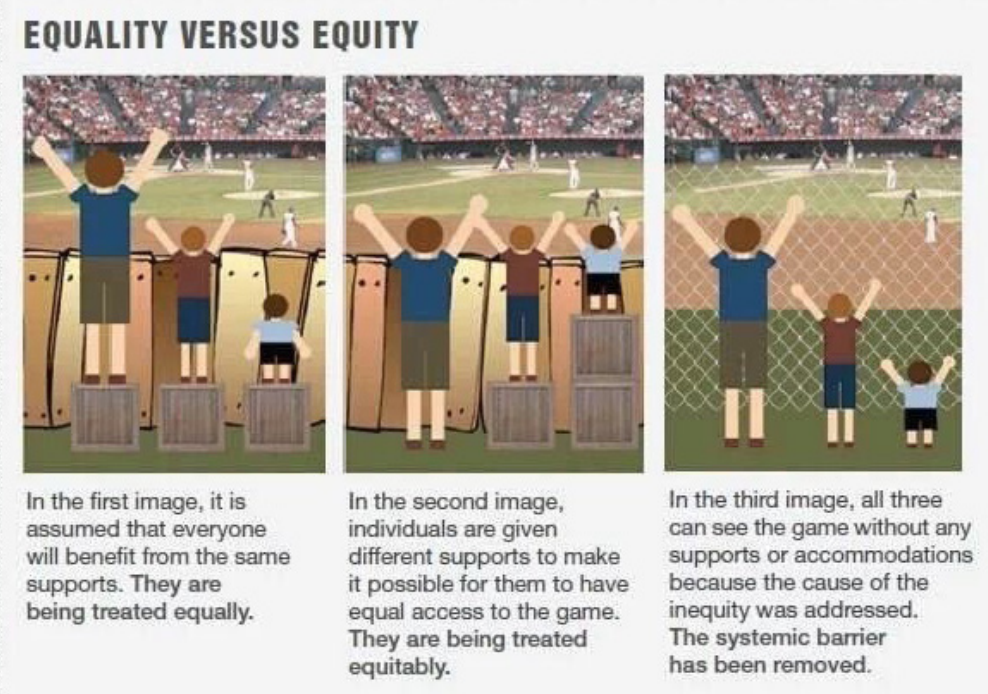
Tackling the social determinants of health is closely bound up with reducing health inequalities, since the factors that influence overall health are the same as those that result in differences, inequalities and inequity in health. Also, more equitable communities tend to be more healthy communities.

The Marmot Review in 2010 set out evidence and actions needed to reduce health inequalities in England and its principal focus was on the social determinants of health. The report created six domains in which improvement was needed and progress could be monitored:

- give every child the best start in life
- enable all children, young people and adults to maximise their capabilities and have control over their lives
- create fair employment and good work for all
- ensure a healthy living standard for all
- create and develop healthy and sustainable places and communities
- strengthen the role and impact of ill-health prevention.

The report emphasised that the work in these domain areas covered everyone in the country and all communities. Work needed to be universal, but also applied proportionately depending on need.

Different amounts and types of support will be needed for different groups of people in order to ensure they have the opportunity to reach their health potential. Causes of inequality and inequity will need to be addressed, including for people who face discrimination on grounds such as age, gender, ethnicity or sexuality.



Source:

The role of local government

The drive to improve health and wellbeing is at the core of the work of all local government. The Health and Social Care Act (2012) made this more visible for upper tier local authorities both with the duty to take such steps as they consider appropriate to improve the health of the people in their area and with the transfer of the public health function back from NHS to local government which took place in 2013. Health and wellbeing boards have become established to act as the principal forum for local health improvement and partnership.

This responsibility for health and wellbeing is not new but rather has a long history. From the Victorian Public Health Acts, it was local government that held the principal responsibility for the health and wellbeing of their populations. This can still be seen reflected in the mottos of several English councils 'Salus populi suprema lex', translated as 'The health and welfare of the people should be the highest law'. Improving health in Victorian times concentrated on developments in sanitation, living and working conditions, and tackling infectious diseases. Local government was clearly best placed to do this and has continued to lead in these areas.

More recently though, the development of effective treatments for illnesses and the creation of the NHS has shifted the focus of health improvement towards hospitals and general practice. Medicines and not communities have been seen as the route to health. However, this view is completely inadequate as has already been shown by the contribution that social determinants make to people's health. These elements relate closely to the work of councils. Once we see health in its broad context, the central role of local government becomes clear. In particular, the role of councils in tackling the root causes of poor health is shown to be crucial.

This is made clear in the 10-year review of the Marmot report. 'The social determinants approach continues to be highly relevant to local authorities, particularly given the strong focus on place, wellbeing and cross-sectoral working by local governments, which social determinants approaches require, and which local government is well set up to deliver.'

> 'The important determinants of health that could effect the change necessary for a substantial improvement in health all lie outside the health sector'[8]

The roles that local government undertakes to improve health through tackling social determinants include: civic leadership; as employer and anchor institution; securing services; planning and licensing; as champion of prevention.

The following diagram shows the widening circles of influence on people's health. These circles are, of course, interpenetrable. For example, your lifestyle 'choices' are influenced, even to a large extent constrained by the social, economic and environmental conditions in which you live.

8 Mytton, O., Aldridge, R., McGowan, J., Petticrew, M., Rutter, H., White, M., & Marteau, T. (2019). Identifying the most promising population preventive interventions to add 5 years to healthy life expectancy by 2035, and reduce the gap between the rich and the poor in England. https://doi.org/10.17863/CAM.41816

The actions of local authorities have an influence, sometimes big, sometimes small, in every one of the circles illustrated below and therefore on the health of their residents. The lower half of the diagram shows only some of the local government activities that impact on the social determinants of health in each one of the circles of influence. Some services, of course, such as the planning function, have an influence in more than one circle – in this case potentially impacting on biodiversity, the 'liveability' of the environment and opportunities for physical activity and recreation.

Civic leadership

The fundamental importance of the role of councils remains, above all, as the lead organisations for local communities and the leaders for tackling the wider determinants of health. Councils are place shapers and place leaders. Health improvement is generated with civic leadership and local government has responsibilities relating to most of the factors that affect people's health. Councils take the lead in local developments and partnerships, building up the assets of communities. This encompasses building up communities through support for local voluntary sector organisations and leadership.

Civic leadership for health improvement includes local sustainable development, supporting the economy and developing jobs, as well as developing the knowledge and skills of local people. It also includes improving community safety, both working directly and in partnership, helping people to feel safe and well.

As part of the leadership for health improvement, many councils have adopted a Health in All Policies approach[9]. Health in All Policies is a method that systematically and explicitly considers the health implications of the decisions we make. It targets the key social determinants of health, looks for synergies between health and other core objectives and the work we do with partners and tries to avoid causing harm with the aim

9 www.local.gov.uk/health-all-policies-manual-local-government

of improving the health of the population and reducing inequity. This is usually combined with a programme of health impact assessment.

As employer and anchor institution

Local government is often one of the largest employers in a community and will also have a significant proportion of routine and manual staff. Working life is a major determinant of health and so councils have the opportunity as employers to improve the health of their own staff with the knock-on effects on their families while also being exemplars for other employers. Good employment practices in general where employees feel valued will improve health, while access to active travel, healthy food and smoke-free environments will be beneficial.

In addition to their role as a local employer, councils are also anchor institutions that provide support across communities. They influence and commission work that employs people more widely in food production and catering, manufacturing and services. Council policy and practice in these areas can support employment and improve health.

Securing services

Local government is responsible for commissioning or providing important services that contribute to improving and safeguarding people's health. These include environmental health and the public health responsibilities transferred in 2013 such as sexual health, substance misuse and children's public health nursing. The role of local authorities goes far beyond these individual service areas, but the knowledge and skills of these local authority staff groups can be crucial in co-ordinating work across departments and in supporting communities to improve their health and wellbeing.

Many more services provided or commissioned by local government contribute to health improvement either directly or through tackling the social determinants of health. The Marmot report centred on the importance of a good start in life and the role of councils is crucial for this, especially for children and families with the most needs. Children who are looked after are an essential consideration for councils in their corporate parent role and their lifelong health can be greatly improved with the right social and educational support.

Vulnerable adults may have some of the poorest health outcomes in the community. For example, women with a learning disability have a life expectancy 18 years lower than women without a learning disability[10]. This gap can be reduced through support for housing, educational, employment and social opportunities.

Carers face challenges which affect their wellbeing, these are often linked with social determinants of health. The work of councils in supporting carers has the opportunity to improve their wellbeing and overall health.

An example of work undertaken is in the London Borough of Redbridge, where there are estimated to be 27,000 carers, around 10 per cent of the local population. Carers are supported through the borough's Social Prescribing Service and through voluntary organisations that are commissioned.

Redbridge Council has established a Carers Network for staff which supports their vision of achieving 'One Brilliant Borough' from an end to end organisational perspective all the way into the community. They are working closely with carers themselves, council partners, Clinical Commissioning Group, the voluntary sector and other partners to develop a Carer Friendly Borough.

10 NHS Digital. Health and care of people with learning disabilities, experimental statistics: 2017 to 2018. 24 Jan 2019. https://digital.nhs.uk/data-and-information/publications/statistical/health-and-care-of-people-with-learning-disabilities/experimental-statistics-2017-to-2018.

Leisure services provided or commissioned by councils have a direct opportunity to improve health through support for physical activity and they can also be used to tackle health inequalities through programmes aimed at those with the poorest health. Similarly, libraries can act as a hub for improving mental health and providing health improving advice and information. Many council facilities and services can work to combat isolation and loneliness which is a major cause of ill health.

Planning and licensing

Planning and regulating the built environment have a major influence on people's health. The quality of housing and infrastructure and access to jobs and services are vital determinants of health. The promotion of active travel has benefits throughout life, from active school travel plans, through cycling to work, to an active and healthier older age. Homelessness has a huge effect on health, as does the ability to have a warm home. Promoting green space and the natural environment is beneficial for both physical activity and mental health. Access to health services and health promoting activity is important, as is the freedom to avoid unhealthy influences. Several councils have taken the lead in reducing the growth of fast food outlets, especially near schools.

Since alcohol misuse is a major cause of ill health and premature death, it is important to prioritise the reduction in harmful alcohol consumption through a variety of ways in addition to treating addiction. The use of licensing for health improvement is important, even though the powers are relatively limited at present; various opportunities and examples are set out in a recent LGA publication[11]. The licensing objectives in the 2003 Act are: prevention of crime and disorder; public safety; prevention of public nuisance; protection of children from harm. These all relate to the health of the population.

One example of effective action outlined in the recent publication comes from Cornwall. Cornwall public health raised concerns over the potential impact of a music festival's request to increase its capacity, on public safety and protection of children from harm. The team worked with the applicant and other responsible authorities to negotiate additional conditions to the license. A variety of agencies including public health worked in partnership with the event management team throughout the application process and afterwards to ensure safety measures were in place. This included an increase in the number of volunteers onsite in various welfare roles, alongside the paramedic services. The outcome of this engagement was that safeguarding of young event goers was taken more seriously and thefts decreased.

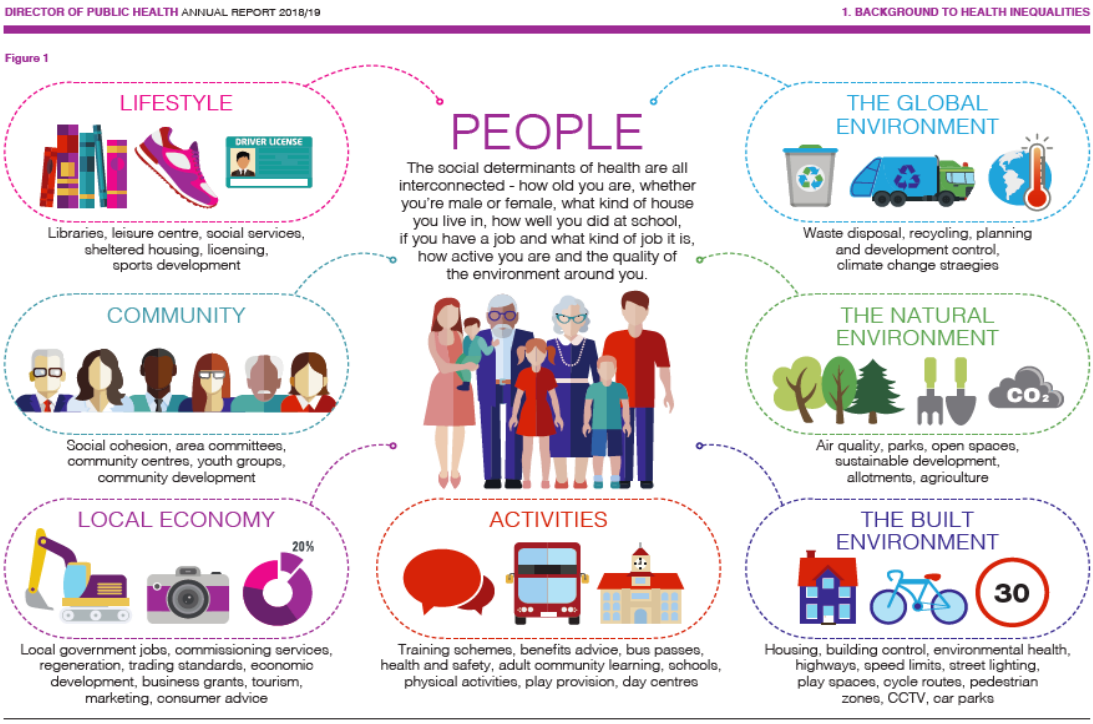
As champions of prevention

Local government actions and services are centred around the improvement of well-being and the prevention of poor outcomes. This is true for children's services, adult social care and economic development among many others. The public health services and responsibilities that transferred to local government in 2013 are principally concerned with prevention. Even when they relate to treatment, such as sexual health and substance misuse, they are designed to prevent further harm in the community. Conversely the NHS remains principally concerned with treatment rather than prevention.

Efficient, effective, cost effective and evidence based preventative interventions and programmes exist and many have the potential for delivering savings in a short space of time. For example, once people stop smoking their risk of heart disease drops almost immediately, while savings from initiatives to reduce harmful alcohol use or manage severe obesity can potentially be realised in the same year that money is spent.

11 Public health and the Licensing Act 2003

Therefore, local government has the opportunity to be the champion for prevention in its place and locality, taking the lead for health improvement through tackling social determinants.



Source: Northamptonshire ADPHR 2018 Designed by Gavin Willis Creative Marketing www.gwcm.co.uk

Case studies

Opportunities for health improvement by tackling the social determinants of health have been taken up across the country. The following detailed examples and case studies express the opportunities for health improvement and what has already been achieved.

Coventry

In 2013, organisations in Coventry committed to becoming a 'Marmot city' with the aim of reducing health inequalities. Differences in health outcomes in the city mean that healthy life expectancy can be as much as 16 years higher in one area compared to another.

The decision to become a Marmot city has provided a platform from which to bring together organisations across the public and voluntary sector. A steering group was set up to drive forward actions across the city to address health inequalities and it reports directly to the health and wellbeing board. The group is co-chaired by the West Midlands Fire Service and Cabinet Lead for Public Health. Coventry's Marmot partners cover interests and sectors across the city and include public health, education and libraries, employment and skills and procurement from Coventry City Council, as well as West Midlands Fire Service, Public Health England, Institute of Health Equity, Voluntary Action Coventry, West Midlands Police, Department of Work and Pensions, Working Together Welfare Reform Group, local voluntary sector partners, Coventry and Warwickshire Chamber of Commerce, Coventry and Warwickshire Local Enterprise Partnership, Coventry Law Centre and Positive Youth Foundation.

Being a Marmot city sets Coventry apart. It makes clear the values that should underpin decisions. The Marmot principles connect to every function of the council and help to communicate the role that everyone has in supporting the health of the community. This has influenced work in many areas such as planning, transport, licensing, housing, procurement, education and early years.

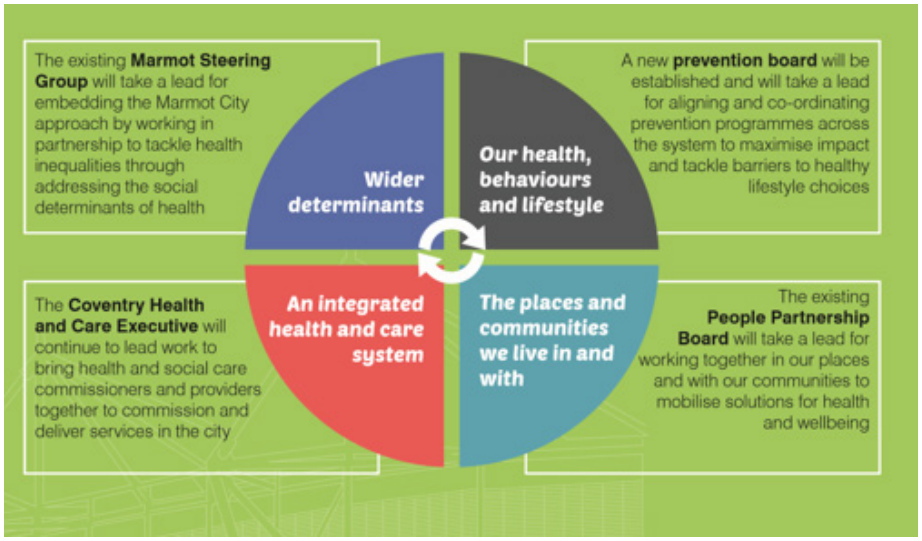
The Marmot work has influenced the council's adoption of the One Coventry approach, whereby the council will be working with partners and the public, sharing resources and looking for opportunities to work together and do things differently. It has been said that 'partnership is now in our DNA as a city' and the commitment to be a Marmot city was renewed in 2016.

Partners recognise the need to break the connection between poverty and poor health and that communities are often best placed to improve health. In their commitment to overcoming the lack of resources and capacity, community assets have been utilised creatively to address local needs.

> "Health must not be viewed in isolation. We recognise the importance of education, good work, affordable and appropriate housing, leisure opportunities and a healthy environment to the quality of life of local people."[12]

The importance of the Marmot principles and tackling the social determinants of health is

12 Coventry Health and Wellbeing Strategy 2019-2023



Source: Coventry Health and Wellbeing Strategy 2019-2023

shown in the population health management approach that Coventry have adopted, building on work from the King's Fund. The Marmot Steering Group takes the lead for addressing social determinants as one of the four enablers of the population health management framework.

One of the many examples of specific activities in Coventry aimed at tackling the social determinants of health is the Job Shop: The Job Shop provides a service which is open to everyone living in Coventry. In working with customers, staff identify those who have lower and moderate levels of need and those who are more vulnerable, with higher levels of need. Services are then offered according to levels of need, with those who are assessed as being furthest from the job market able to access a wide range of services suited to their needs. So, the service is universal but targeted proportionately to those in greater need. There are 6.6 per cent more Coventry residents in work than seven years ago when the Job Shop opened.

The Marmot city approach in Coventry has been evaluated and outcomes studied. It is likely to be too early to be sure of population level outcomes, but there are encouraging signs. Healthy life expectancy is improving, and the city now ranks high compared with statistical neighbours on this measure. Fewer Coventry neighbourhoods are now amongst the 10 per cent most deprived in England; 18.5 per cent of the city's Lower Super Output Areas were amongst the 10 per cent most deprived in 2015 (rank: 46th) and this has improved to 14.4 per cent in 2019 (rank: 64th). Across the West Midlands Region, only Coventry and Staffordshire saw an improvement in the relative ranking at the local authority level.

In addition to the population-wide outcomes there are many individual pilots and programmes that have contributed to a reduction in health inequalities. The approach to health in the city has changed and this can only have been a beneficial contribution to securing benefits such as UK City of Culture 2021.

Moving forward Coventry will continue to work with partners taking a Marmot Approach to improving health inequalities, building on existing strengths and alignment of priorities across the public, private and voluntary sector and Coventry will be working with other councils who want to develop this approach.

For further information:
Karen Lees
Coventry City Council
karen.lees@coventry.gov.uk

Liverpool City Region Wealth and Wellbeing Programme

Summary

Liverpool City Region (LCR) covers a population of approximately 1.5 million and functions as a city region with a Combined Authority. The six council areas that make up the city region are Liverpool, Halton, Sefton, Wirral, Knowsley and St Helens.

The Wealth and Wellbeing Programme in Liverpool City Region had its initial drive in the established link between work and health. Being in work is, generally, better for an individual's health than not being in work and better still if that work is shaped and structured in a way that enhances the health of employees.

From that starting point the programme developed the link between low productivity, a major concern of economic planners, and poor health and quantified the impact of poor health in terms of lower economic output. It was then a short step from knowing that the way the economy functions has a major impact on the health of the population to exploring just what it would mean if we started measuring economic success in terms of wellbeing outcomes.

The programme is now progressing to propose further investment in employee support programmes to help people suffering now from lack of employment owing to poor health and to develop with people in communities what it would mean to plan the economy around wellbeing and to shape the changing world of employment so that the needs of employers and employees are best met through a focus on a health enhancing workplace.

Productivity and health

Building on the National Health Science Alliance Wealth and Health report with further analysis by University of Liverpool it was possible to quantify the impact of poor health on economic productivity in several ways. When looking at the gap in productivity between the economy of the LCR and the rest of the country this analysis found that 33 per cent of the gap can be attributed to ill health. This equates to £3.2 bilion in lost gross value added and that is about 10 per cent of the total economic output of the LCR economy on an annual basis.

Further analysis by Public Health England made it clear that the major impact of health on the economy is though mental ill health and some way after that through musculo-skeletal problems. A work and health profile was produced for the city region and for each of the six boroughs that make up the city region.

Connecting across the system

Early in the programme the council leadership advised that the work should progress through engaging with communities and the bringing together of parts of the system that might not usually have much interaction. The emphasis was on a system leadership approach that invited views from as wide a range of perspectives as possible.

This approach took its most tangible form in six workshops, one in each of the six boroughs, on a different aspect of the wealth and wellbeing programme. The intention was to place less emphasis on the presentation of good practice, although that is important at times, and to provoke discussion by posing questions. Workshop themes included links to the environmental agenda and asked whether it was more important to have a good job for everyone or a good quality environment for everyone. The workshops helped to engage people in discussion on work, health and the economy that would not otherwise have happened.

A compelling narrative

It is important, in any programme that is considering large scale change, to have a good understandable story at the core of the programme. It is crucial that, in this case, the story is built upon the views of people most affected by the current state of work and health. A commission was made to gather the

views of around 40 people across the region who are experiencing the impact of ill health on employment. This has been written up in a report and presented in a video. It is the basis for development of a story about work, health and the economy in the LCR that will become a compelling narrative for change.

What to do?
A review of the evidence base on health and work showed good evidence for employee support programmes, particularly individual placement and support schemes for people with severe mental illness, but also others, as a sound investment to support people with health problems to engage with work again. Building on the good practice in the region in this area will be a feature of the programme as it moves into the next decade.

Much is being done through Fair Employment Charters, Healthy Workplace Charters and other activities to shape the workplace to be better for the health of employees. The Wealth and Wellbeing programme will bring a stronger health focus to this work in LCR and will take onboard the national reviews of the changing world of work to ensure that health for its own sake, and because we know that a healthy workforce is better for business, is prioritised.

Finally, the programme has tapped into the national and international interest in wellbeing economics. In 2020 we will be engaging across the communities, health services, employers and councils of LCR to ask what would it mean to have wellbeing at the core of economic planning for a city region; what would be different from the current focus of economic planning; what different priorities, actions and investment could follow if the main goal of economic planning was population wellbeing?

By asking questions and inviting views from any quarter that is interested we believe that we stand a better chance of making a difference. We are establishing the belief that an economy that functions effectively for everyone is better for health and wellbeing and a population with better health and wellbeing is better for an effective and fair economy. And that economic planning is a legitimate interest of anyone interested in a healthier population.

For further information:
Alan Higgins
Head of Programme, PHE NW
alan.higgins@phe.gov.uk

Matthew Ashton
DPH, Liverpool City Council
matthew.ashton@liverpool.gov.uk

Wigan

The new relationship generated in Wigan between residents and their public services known as the Wigan Deal has received widespread praise and awards. The focus has often been on service transformation and the capacity to maintain and improve the services delivered to residents in the face of austerity. However, improvement in physical and mental health is also a crucial part of the work in Wigan. The Wigan Deal for Health and Wellness has roles and responsibilities for both public sector services and for residents. The aim is to maximise health and wellbeing through the following methods: developing leadership and culture change; commissioning levers; investment in health and wellbeing services; developing staff skills and competence; staff health and wellbeing; asset-based community development for health.

Creating community health and wellbeing using the assets of the community is at the heart of the work. It is about co-production and respecting every citizen and about working together so that people can reach their full potential. The deal is essentially about the health of the public and the culture of health improvement is being embedded within all organisations. Health is being seen by residents as more about a happy and healthy place to live and less about NHS

services. It is inevitable that this approach will tackle the social determinants of health, since they are what the local people recognise as being of prime importance in the health and wellbeing of the local community.

"The deal is a great vehicle for health and wellbeing being core to everything."

Building up a community narrative is vital both for residents and services. It is about identifying the assets within the community that meet community solutions. It is about finding resilience rather than deprivation and is about using insight from communities together with intelligence gained from studying small geographical areas (Lower Super Output Areas) with up to date information. This means that local people and their elected councillors can link their own local narrative with what is happening at borough level.

Investing resources follows the same principles of focusing on community assets and community narrative. The pooled budget of the 'Wigan pound' is invested in communities with intelligent use of expert advice and evidence, building on community assets and aspirations and not telling people what to do. This is helped by peer mentoring and continuing conversations with communities. Health outcomes have been easily woven into community investment plans and the ethos of health improvement has spread to the extent that questions have come from communities about how work will meet public health outcomes.

The community is seen as the solution to health improvement and indeed the concept of the anchor community has been put forward in Wigan mirroring the idea of an anchor institution. An anchor community is a set of assets and relationships that are essential to the way that part of Wigan works.

The success of the approach undertaken in Wigan will take many years to show full effects, but it is beginning to be shown in health outcomes for the borough. For example, the rate of smoking is low and the gap between smoking rates between the population as a whole and routine and manual workers is the smallest in Greater Manchester. When it comes to healthy life expectancy the progress appears considerable. Since 2009/2010, female healthy life expectancy in Wigan has risen by 20 months and male healthy life expectancy by 26 months. This is closing the gap on the national figure and is better than geographical and statistical neighbours.

For further information:
www.wigan.gov.uk/Council/Strategies-Plans-and-Policies/Public-health.aspx

Bristol One City Approach

The innovative Bristol One City Approach brings together a huge range of public, private, voluntary and third sector partners within Bristol. They share an aim to make Bristol a fair, healthy and sustainable city, a city of hope and aspiration, where everyone can share in its success. It is in this vein that the One City Plan was developed in 2019.The plan sets out the city's key challenges up to 2050 and brings the city together around a shared vision. The plan is a living, breathing document that is refreshed annually. Drawing from feedback, input and consultations from a wide range of stakeholders and communities throughout the year, the city office has produced the second iteration of the One City Plan for 2020.The interdependent challenges of growing an inclusive, sustainable city that both resolves social fractures and inequalities and reaches carbon neutrality sit at the heart of the future. They are stitched throughout the plan.

The plan adopts the form of six interdependent themes: connectivity, environmental sustainability, learning and skills, economy, homes and communities, and health and wellbeing. Each strand is owned by a multi-agency thematic board of experts, who regularly meet and interact to explore interconnections and work together to address challenges. The one

city approach promotes systems change by facilitating participation and collective leadership between many different sectors and organisations. In doing so it brings clarity on what the city is trying to achieve together, creates extra resilience, creates new space to solve complex city challenges more efficiently, and increases the sustainability and scalability of new innovations.

The health and wellbeing board has played a pioneering role in this approach, working with the other one city thematic boards and organisations across different sectors in order to meet the ever-changing needs of the communities and improve wider determinants of health. Reducing inequalities in health between the most and least economically deprived areas of Bristol is central to the board's vision. The board has had input into several initiatives to address poverty including the Fuel Poverty Action Plan and plans for Bristol to become a Living Wage City. Connectivity to the other thematic boards is crucial in order to address these social determinants of heath. For example, in 2019 the board held a housing and health development session with the Bristol Homes Board. The board is also working collaboratively with the environment board to ensure 30 per cent of fleet are non-fossil fuel in public sector organisations by 2026, and with the learning and skills board to support the links between health and literacy.

In 2020, the three key priorities for health and wellbeing are:

1. An updated community and cross-sector approach to tackle hate crime has been adopted across the city to help agencies coordinate prevention activities and reduce hate crime
2. Bristol is on the way to becoming an Adverse Childhood Experience (ACE) aware city with 20 per cent of the public sector workforce trained in trauma informed practice
3. Fifty organisations will have committed to adopting and implementing the mental health at work core standards

They know that it is simply not possible to achieve any of these goals by working in silos, but only if the scale of their ambition is matched with a joined up, place-based approach that integrates the collective resources and efforts of all partners. The approach has resulted in a number of wellbeing successes in 2019, including the launch of a world leading approach to tackling period poverty and period stigma, Period Friendly Bristol (PFB). PFB includes both a donation and distribution network of period products, with a web app telling people where they can get products for free if they need them. It also includes a pioneering education programme, designed collaboratively by Bristol City Council, The Real Period Project, a menstrual education charity, and City to Sea, a Bristol based sustainability organisation tackling single use plastics. The education programme, along with free training and resources, has now been offered to all schools in Bristol. Other achievements for the approach include 16 organisations in Bristol, including Bristol City Council, committing to tackling mental health stigma and discrimination through signing the Time to Change Employer Pledge, and the World Health Organization's acceptance of Bristol's application to become a member of the Global Network of Age-friendly Communities.

For further information:
Visit the Bristol One City website to find more about the approach and to view the One City Plan Dashboard, which provides a filterable, searchable catalogue of the goals in the Bristol One City Plan.

Hertfordshire

County and district councils in Hertfordshire have a strong partnership aimed at health improvement. This work includes healthy hubs, where the context is to provide a one-stop-shop that delivers or hosts a range of health improvement services from central or multiple locations. In addition to service delivery, there is a longstanding recognition in Hertfordshire of the importance of housing and the built environment in the health of the population. It is clearly recognised that health improvement is not the responsibility of public health alone, but that a range of disciplines can work together with their own specific strengths.

Hertfordshire has produced health and wellbeing planning guidance which sets out the fundamental importance of planning in improving the health of the population. It is grounded in health impact assessment, Marmot principles and the work of the Town and Country Planning Association. The guidance includes consideration of air quality, food and healthy choices, housing and development design, neighbourhood and community spaces, movement and access, local economy and employment and quality open space, play and recreation.

Health impact assessment (HIA) is an important feature of the work. A county council position statement was adopted in November 2019 that sets out clear guidance to planners and developers in the absence of national guidelines for HIAs. The intention is to establish a consistent approach and increase the quality of HIAs submitted with planning applications.

Public health within the county council is also working with four local planning authorities using expert facilitation from the Town and Country Planning Association to help the authorities build health and wellbeing policy provisions into their local plan making process.

One example where having a health and wellbeing policy in a local plan can directly influence strategic growth is the development of 10,000 new homes in East Hertfordshire where Hertfordshire has been working with East Herts District Council, Essex County Council (public health) and Harlow Borough Council as part of a much wider area of growth. So far this has seen the development of the Harlow and Gilston Healthy Towns Framework and engagement with developers on HIA and a health strategy that supports the wider determinants.

Housing quality has also been addressed. In support of the Hertfordshire Health and Wellbeing Strategy, a housing quality working group has been established involving county council public health, borough and district council environmental health, clinical commissioning groups, NHS Community Trust and fire and rescue. Out of this has developed the Herts Warmer Homes Scheme which levers government ECO funding to target excess winter deaths and tackle poor health outcomes resulting from cold homes and fuel poverty. Commissioned and delivered by public health on behalf of Hertfordshire's 10 district and borough councils, the scheme has been running for three years and has so far received 913 referrals. By January 2020 there were 151 completed installations and 35 pending installations, with some qualitative evidence of improved health outcomes. The scheme is expected to continue with district and borough councils taking ownership of its delivery.

Continuing professional development training on housing quality is a more recent initiative. It has been designed for health and social care professionals visiting people in their own homes and is very much intended as a preventative intervention. The training has been enabled and facilitated by public health but delivered by environmental health colleagues. The sessions have been well received and the teams are looking to broaden the audience. A crucial element of the training has been ensuring that health and social care professionals are confident in their ability to direct residents to the most appropriate environmental health or housing services.

For further information:
PublicHealth@hertfordshire.gov.uk

Local Government Association
18 Smith Square
London SW1P 3HZ

Telephone 020 7664 3000
Email info@local.gov.uk
www.local.gov.uk

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