

CUMBRIA HEALTH AND WELLBEING BOARD

Meeting date: 17 June 2022

From: Director of Public Health

LANCASHIRE AND CUMBRIA HEALTH EQUITY COMMISSION

1.0 ***EXECUTIVE SUMMARY***

- 1.1 ***This cover note gives a brief update on the progress of the Lancashire and Cumbria Health Equity Commission (HEC).***
- 1.2 ***There has been a delay in the HEC publishing its report and recommendations. It was initially anticipated that the final report and recommendations from the HEC would be published in March/April 2022. It is now expected that the report will be published in June/July 2022.***
- 1.3 ***A HWBB development session to discuss the HEC report and identify the local priorities from the HEC and the recommendations from the HWBB Inequalities task and finish group is being planned for July/August 2022.***
- 1.4 ***Some of the aims of the HEC are to -***
 - i) ***Use evidence to demonstrate where our biggest health inequalities are, what works and make clear how best to govern for health, invest and take priority actions in the short, medium and long term. address inequalities as part of Cumbria's stabilisation and recovery plans.***
 - ii) ***Support and enable ICP and Directors of Public Health (DPH) local priorities/work programmes whilst making connections to help partners and their communities across our regions. Health inequalities needs an integrated approach.***
- 1.5 ***Following the discussion at the development session, a report including recommended priorities will be presented to the Health and Wellbeing Board for agreement in September 2022.***

2.0 LINKS TO THE HEALTH AND WELLBEING STRATEGY

- 2.1 The Health and Wellbeing Board exists to provide strategic leadership and promote closer integration of health and care, through partners working together to ensure that everyone in Cumbria is able to benefit from improvements in health and wellbeing.
- 2.2 The Board has a responsibility to ensure a collective awareness of the major changes, pressures and risks across health and wellbeing services and provide opportunity to review, comment and consider the opportunities for collaborative approaches to address or manage these.
- 2.3 The Board is responsible for providing a structure for strategic local planning and accountability of health and wellbeing related services across a range of sectors and providers and for providing County-wide strategic leadership to public health, NHS, adults social care, children's social care and other relevant local authority commissioning - acting as a focal point for determining and agreeing health and wellbeing priorities and outcomes.

3.0 RECOMMENDATION

3.1 *The Board is asked to –*

- i. Note that there has been a delay in publishing the report and recommendations of the HEC.*
- ii. Note that the HEC report and recommendations will be presented at the next Board development session.*
- iii. Agree to have a substantive discussion at the next HWBB development session on the recommendations of the HEC and agree the local priorities.*

4.0 BACKGROUND

- 4.1 Over the last 7 months partners across Cumbria and Lancashire have been working with the Lancashire and Cumbria Health Equity Commission. The aim of the HEC is to bring Lancashire and Cumbria up to date, following the pandemic, by using evidence to demonstrate where our biggest health inequalities are, what works and make clear how best to govern for health, invest and take priority actions in the short, medium and long term. It will demonstrate financial impacts, to crystallise cross sector commitment to shared priorities as well as provide a platform for influence of national policy. This will be followed by engagement with public and staff to determine how best to deliver the priority actions. The Commission is chaired by Professor Michael Marmot of the Institute for Health Equity (IHE).
- 4.2 The purpose of the Commission is to:
 - Provide an independent, non-political, respected and policy-relevant analysis and recommendations on the existing and emerging health inequalities, the impact of our work to date and provide evidenced-based solutions.

- Demonstrate where our biggest health inequalities are, what works to reduce them and make clear how best to govern for health, invest and take priority actions in the short, medium and long term.
- Act as a 'bridge' or interface between national and regional experts, policymakers and those with lived experience in order to support wider regional learning and problem solving.
- Support local/ICP/DPH work, influencing our ICS/decision makers and our regions health care agenda/priorities, shifting resources to enable a step change in health inequalities work.
- Support and enable ICP and Directors of Public Health (DPH) local priorities/work programmes whilst making connections to help partners and their communities across our regions. Health inequalities needs an integrated approach.
- Recognising the changing health care landscape; as CCGs are replaced by a single ICS commissioning function, support the case for real change and locality/placed based priorities in the ICS.
- Listen and involve people and communities in shaping their better health and care.

4.3 Health and Wellbeing Boards and their associated Directors of Public Health were asked to support the HEC and work across their local areas with their partners and local communities to paint a picture of the needs of local partners and their communities in relation to health inequalities which will be collated to evidence to inform the Commission. The HWBB inequalities task and finish group lead on collating the evidence for the 'HEC ASK' on behalf of the HWBB. The paper was agreed by the HWBB and submitted to the HEC in November 2021.

4.4 The submission recommended that to meaningfully impact on inequalities in Cumbria we must:

- Agree joint system leadership, accountability and oversight across all partners.
- Be purposeful about creating the right conditions and culture with ensuring the right level of understanding, mindset, skills and behaviours for tackling the social determinants of health.
- Further develop and strengthen collaborative partnership working, including working with communities to ensure the voice of lived experience becomes embedded within governance, priority setting and decision making.
- Develop a shared set of priorities and outcomes, with an explicit emphasis on inequalities and agreed responsibility for delivery across the partnerships.
- Ensure data sharing protocols are in place to enable the development of integrated datasets. Identify gaps in data collection and develop solutions.
- Increase investment in prevention and allocate local funding based on social inequalities and health outcomes to increase funding to communities with the greatest need.

- Provide evidence of how to reduce health inequalities locally in the short, medium and long term.
- Agree a set of tools to be used across the system to ensure that a reduction in health inequalities is a golden thread in all decision making.

5.0 UPDATE ON THE HEC PROGRESS

- 5.1 It was initially anticipated that the final report and recommendations from the HEC would be published in March/April 2022. It is now expected that the report will be published in June/July 2022. A HWBB development session to discuss the HEC report and identify the local priorities from the HEC and the recommendations from the HWBB Inequalities task and finish group is being planned for July/August 2022.
- 5.2 Following this discussion, the agreed local priorities will be presented to the Health and Wellbeing Board for agreement in September 2022.
- 5.3 A draft HEC report has been circulated to the HEC Panel and the Directors of Public Health for comment. It includes recommendations across the Marmot 8 thematic areas and system-wide recommendations to enable and support actions to reduce inequalities.

Marmot 8 thematic areas -

- 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 standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention
- Tackle discrimination, racism and their outcomes
- Pursue environmental sustainability and health equity together

System wide recommendations –

- Focus on equity and the social determinants of health
- Increased and more equitably distributed resources
- Strengthen partnership working
- Strengthen the role of the business and economic sector and extend the social value approaches
- Involve communities and voluntary, community, faith and social enterprise sector
- Strengthen leadership and workforce roles for health equity
- Monitoring for health equity

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APPENDICES

None

BACKGROUND PAPERS

No background papers.

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