ANNEX A: PUBLIC HEALTH REFERENCE GROUP

Date of meeting: 10th January 2019

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1 Executive Summary

At Octobers Public Health Reference Group (PHRG) a paper was presented on potential approaches to tackling health inequalities with the aim of informing a future action plan. The group recognised that in order reduce health inequalities actions were needed at multiple levels within society (Civic, Community and Service levels) and initially agreed to focus on Civic level interventions.

The paper outlines three potential policy areas and a number of action which should be considered by public sector organisations across Cambridgeshire and Peterborough.

PHRG members are asked to comment on the content of the report and consider next steps.

Maximising community wealth and opportunities through public sector decisions and actions.

There is growing recognition of the importance of local Anchor Institutions in reducing health inequalities through tackling social determinants, increasing community wealth and inclusive growth. Anchor institution are organisation who, alongside their main function, play a significant and recognised role in a locality by making a strategic contribution to the local economy. In Cambridgeshire and Peterborough anchor institutions include County, City and District councils, the Combined Authority, local universities, the Clinical Commissioning Group along with local NHS providers, blue light services, housing providers etc. Action areas considered in the report include:

- Maximising opportunities through the Social Value Act
- Reducing discrimination.
- Creating pathways into work and raising aspiration.
- Promoting the Living wage.
- Embedding community-centred approaches for health and wellbeing
- Linking Pubic Sector and local businesses to optimise opportunities through Corporate Social Responsibility

Potential levers through statutory powers or responsibilities

Residents of more deprived neighbourhoods tend to experience less favourable living and environmental conditions than people living in more affluent areas and other communities of interest also experience different forms of exclusion and barriers. Local authorities, county councils, unitary, combined and district authorities have levers through their statutory powers which can help to create healthier more inclusive environments through.

- Supporting healthier food environment.
- Creating liveable communities.
- Ensuring accessible green space.
- Access to transport.
- Housing.

Leadership on health inequalities across the system

Strong leadership on health inequalities is important as it needs to be a consideration at all levels within organisations. Staff need to be supported to understand how their actions and policies can influence outcomes.

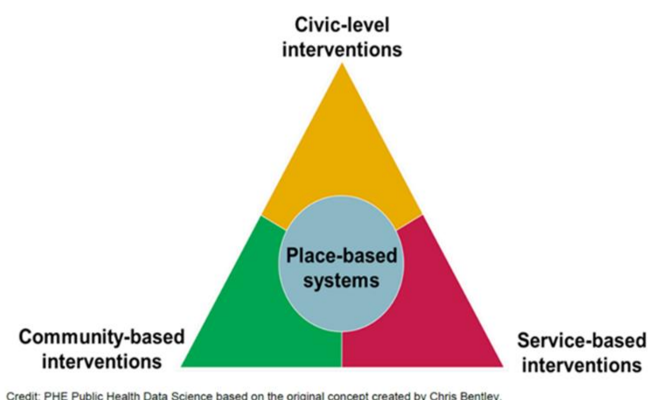
Local analysis on health inequalities often focuses on geographical inequalities whilst other characteristics such as ethnicity, disability are either not captured or poorly captured. Without explicit consideration of these characteristics there is a risk of partial understanding of the issue and ineffective intervention. Gaps in data collection need to be filled and there must be more consistent analysis and reporting of data on so that there is adequate understanding of local needs and the extent to which they are being met by policies and services.

Next steps

1. Identify potential actions or areas which the group feel should be included, not covered by this paper.
2. Map out what is already happening locally for the different actions.
3. Prioritise potential actions identifying quick and longer term wins.
4. Agree mechanisms/ approach to taking programme of work forward.

2 Background

At the October Cambridgeshire and Peterborough Public Health Reference group (PHRG) a paper was presented on potential approaches to tackling health inequalities across Cambridgeshire and Peterborough with the aim of developing a future action plan. The group recognised that in order reduce health inequalities actions were needed at multiple levels within society (Civic, Community and Service levels) and agreed to initially focus on civic level interventions.

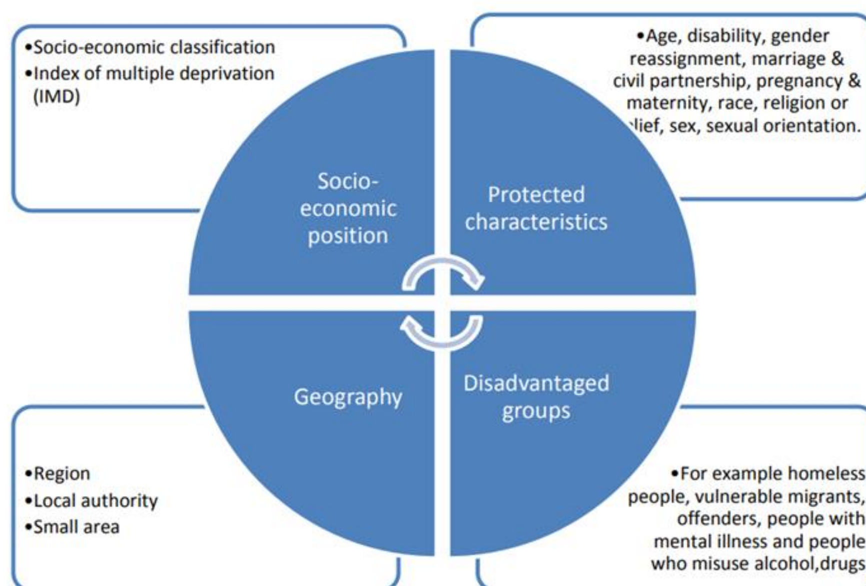


Civic level interventions cover population focused healthy public policy, which drives the social determinants of health and wellbeing e.g. Transport, planning, education, employment, the built environment and welfare. Mitigating against the structural obstacles to good health through civic action is a key to reducing health inequalities. This

includes use of legislation, regulation and policy levers. Actions need to be targeted appropriately to reach all relevant parts of the population[1].

There are a number of different dimensions[2] for assessing inequalities which go beyond protected characteristics and include socioeconomic position, disadvantaged groups or population and geography or place. These dimension need to be considered when developing future actions.

Figure 1: Four dimensions for assessing inequalities



The paper outlines potential policy actions, above and beyond directly commissioned services which can be taken by public sector organisations across Cambridgeshire and Peterborough through:

1. Maximising community wealth and opportunities.
2. Statutory levers and powers (which relate to the determinants of health).
3. Providing leadership and increasing the profile of health inequalities.

These actions do not necessarily require new financial investment to take forward but instead adjustments in the way we work in order to maximise wider social value and improve outcomes and reduce health inequalities.

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1 Https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/731682/Reducing_health_inequalities_system_scale_and_sustainability.pdf

2 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/730917/local_action_on_health_inequalities.pdf

3 Maximising community wealth and opportunities through public sector decisions and actions.

3.1 Role of anchor institutions

There is growing recognition of the importance of local Anchor Institutions in relation to reducing health inequalities through tackling social determinants, increasing community wealth and inclusive growth[3].

Social value is "the additional benefit to the community...over and above the direct purchasing of services and outcomes"

The UK Commission for Employment and Skills[4] describes an anchor institution as one that, alongside its main function, plays a significant and recognised role in a locality by making a strategic contribution to the local economy. In Cambridgeshire and Peterborough anchor institutions include County, City and District councils, the Combined Authority, local universities, the Clinical Commissioning Group along with local NHS providers, blue light services, housing providers etc. These are organisations that are rooted in their local communities by mission, invested capital, or relationships to customers, employees, and vendors. Anchor institutions share a number of key characteristics[5]:

- **Spatial immobility:** these organisations have strong ties to the geographic area in which they are based through invested capital, mission and relationship to customers and employees
- **Size:** anchor institutions tend to be large employers and have significant purchasing power. Both these factors influence the level of impact these institutions can have on the local economy
- **Non-profit**: these institutions tend to operate not-for-profit; it is much simpler for private businesses to move, meaning there is no guarantee they will continue serving the local community in the long-term. However, there are examples of for-profit organisations playing the role of an anchor.

Alongside their primary role these institutions can and should be encouraged to use mechanisms to create greater social value, a more inclusive economy and reduced health inequalities.

3.2 Social Value Act[6]

The Public Services (Social Value) Act 2012 requires organisations who commission public services to consider how they can also secure wider social, economic and environmental wellbeing of their area or stakeholders.

Social value aims to allow organisations to get more value for money from the public purse by thinking about the services they are going to buy, and see if the design or

[3] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414390/Anchor_institutions_and_small_firms.pdf
[4] https://ukces.blog.gov.uk/2015/03/19/ukces-explains-what-is-an-anchor-institution/
[5] https://www.sheffield.gov.uk/content/dam/sheffield/docs/public-health/health-wellbeing/Health%20and%20Wealth%20report%202018.pdf
[6] Social Value Brief_CP Options_Draft_2018_01_30 – Emmeline Watkins

the way they are going to buy them could secure additional benefits for their area or their stakeholders.

However there is a much wider opportunity for both organisations and places to clearly align social value policies and procurement processes with political and organisational vision as to the key outcomes for their stakeholders and area.

Approaches to social value can be taken on a single organisations basis or a more system-wide, place-based approach and to different levels of contract. It is required for public service contracts over the EU Threshold (currently £164,176). Public works and infrastructure formally fall outside of the scope of the Social Value Act, however government guidance encourages the public sector to ignore the limits of the act and many organisations have also embedded social value in major infrastructure and construction projects.

There is considerable potential in devolved authorities as by their nature they encourage a system-wide vision and working across sectors.

The Greater Manchester Combined Authority has taken a Themes, Outcomes and Measures approach that directly links their social value policy with their strategic aims[7] with some areas increasing weighting for social value from 10 to 20%. There are 6 social value themes which link to GMCA key outcomes such as more local people in work, thriving local businesses, reduction in poverty and inequalities. For each of these themes there are examples of what this could mean for suppliers. Manchester City Council for example, weight social value at 20% and score suppliers on their offer back to Manchester's residents through either "social value in kind" – such as apprenticeships, work experience placements or through a contribution to a "social value fund" that supports a mixture of ideas such as placements work clubs, start up loans, crowd funding.

West Midlands Combined Authority have taken a similar approach. They have identified that having a Combined Authority Social Value policy[8] has many benefits including

- Demonstrating a collaborative approach within the West Midlands
- Sending a clear message to suppliers that we consider social value as significant in the commissioning of our regional contracts and a consistent approach
- Building long term community resilience
- Improving health, wellbeing and life chances for all, particularly those that are vulnerable
- Reducing demand on public sector services by providing more employment opportunities to those furthest from the job market

[7] GCMA Social Value Policy: https://www.greatermanchester-ca.gov.uk/downloads/file/336/gmca_social_value_policy
[8] West Midlands CA Social Value Policy: https://www.wmca.org.uk/media/1921/social-value-policy.pdf

West Midland Combined Authority estimate that implementation of their policy for an period spend of £150m and 20% social value weighting should provide £20-£40 million additional social value

Appendix A – Estimated Annual Targets for WMCA Procurement Team

The below estimated targets are based on projected annual spend for WMCA. Targets may be subject to review as the implementation of the policy progresses and the policy matures within the procurement process.

Based on estimated annual spend and an assumption that +20% Social Value Add (SVA) will apply to the value of the contract, the total ADDITIONAL social value that WMCA Procurement Team should be able to unlock will be between £20m-40m per annum by Year 3. Year on Year, this could equate to the following opportunities:

Opportunities	Year 1 01/04/17 – 31/03/18	Year 2 01/04/18 – 31/03/19	Year 3 01/04/19 – 31/03/2020	Total over 3 Years
New and Sustained Apprenticeships as a result of the contract(s)	45	95	190	330
New opportunities for Not in Education, Employment or Training (NEETS)	30	60	120	210
New and sustained training opportunities as a result of the contract(s)	35	70	140	245
Jobs for long term unemployed	25	55	110	190
Voluntary Hours donated to community	21000	42000	84,000	147000
Expert hours provided for SMEs	900	1800	3,600	6300
Young offenders supported back to work	5	10	20	35
Tonnes of Carbon Dioxide saved	1250	2500	5,000	8750
Workforce placements weeks	525	1050	2100	3675
Social Value Add Figure	£5m-£10m	£10m-£20m	£20m–£40m	£35m-£70m

3.3 Leading by example

As well as opportunities through the social value act there is also an opportunity for public sector partners to lead by example through their policies and actions. The public sector system has direct and indirect levers over different social determinants of health and wellbeing including transport, planning, skills, employment and the built environment. The system should look to develop policies and investment decisions that systematically and explicitly take into account the wider health and social implications of their decisions; and look for synergies between health and other core objectives[9] (referred to as Health in all policies).

[9] https://www.local.gov.uk/health-all-policies-manual-local-government

3.3.1 Reducing discrimination

Discrimination can act on health and wellbeing through a number of pathways including biological stress pathways[10] but also through reducing access to services or employment opportunities (which in themselves are determinants of health).

Individuals with a criminal record can face discrimination in the work place. A survey by the charity Unlock found that three quarters of employers included a tick box on job applications asking about criminal conviction[11] which deters those with convictions from applying. Increasing employment for ex-offenders helps to reduce both reoffending and the associated costs to public services and wider society

A national campaign "Ban the Box" is asking UK employers to give ex-offenders a fair chance to compete for jobs by removing the tick box from application forms and asking about criminal convictions later in the recruitment process[12].

3.3.2 Creating pathways into work and increasing aspiration

Being in good work protects health and wellbeing. Work is an important source of income needed for a healthy life and provides social opportunities that are good for health and wellbeing. Disabled people and those with long-term health conditions have far lower employment rates than other groups. Disability is more common among people in more disadvantaged socio-economic positions[13]. Work opportunities are particularly poor for, care leavers, individuals with no qualifications and learning disabled. The challenge to anchor institutions is how they can contribute towards raising aspiration for all as well as providing opportunities.

In London, Guys and St Thomas NHS trust are highlighted as an exemplar Anchor Institution as it is helping local people into work, especially those who have been on long term unemployment[14]. More than 500 local people have benefited from a work placement in the hospital since 2008. Around half were long-term unemployed, many of whom have since got paid jobs at Guy's and St Thomas'. The trust also delivers the Autism Project, a work placement programme that specifically offers support to young people with autism enabling them to gain the skills, experience and confidence to find work. The programme aims to break down the barriers to employment faced by those with disabilities.

Huntingdonshire District Council and Cambridgeshire County Council are working on trialling an approach to make the most of apprenticeships. The intention is to proactively select care leavers nominated by CCC and to place them in suitable apprenticeships within the District Council – again there are multiple social value outcomes that this approach should realise and the delivery model is based on piloting the approach and improving it with future iterations.

3.3.3 Living wage

Evidence shows that insufficient income is associated with worse outcomes across virtually all domains, including long-term health and life expectancy. Living on a low income is associated with a greater risk of limiting illness and poor mental health

[10] https://gtr.ukri.org/projects?ref=ES%2FR005990%2F1
[11] http://www.unlock.org.uk/report-a-question-of-fairness/
[12] https://www.bitc.org.uk/resources-training/resources/factsheets/employers-have-banned-box
[13] https://fingertips.phe.org.uk/documents/Briefing5c_Employment_of_disabled_people_health_inequalities.pdf
[14] https://www.guysandstthomas.nhs.uk/about-us/part-of-the-community/local-employment.aspx#na

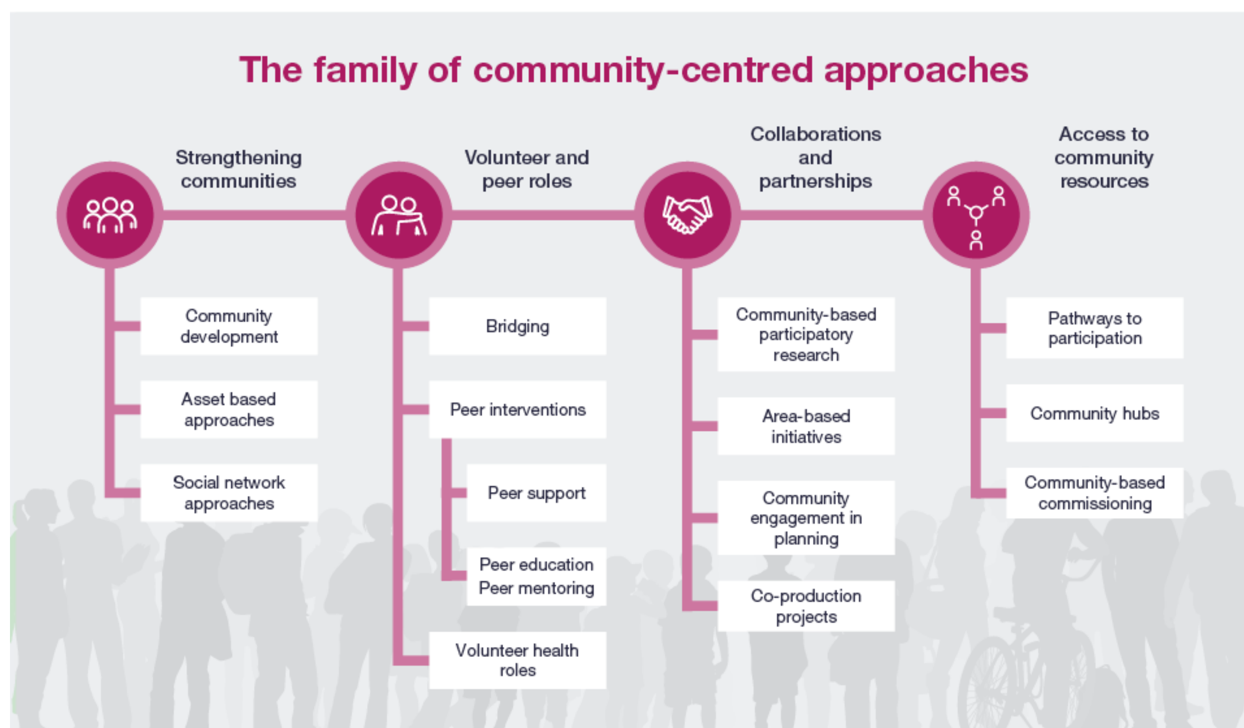
including maternal depression. Children who live in poverty are more likely to be born early and small, suffer chronic diseases such as asthma, and face greater risk of mortality in early and later life Public sector partners have an opportunity to lead by example as a major employer: pay a living wage to all directly employed staff and, where appropriate, contracted staff. This might include using innovative approaches for implementing the living wage in procurement, including applying the Social Value Act[15].

3.3.4 Community-centred approaches for health and wellbeing

Involving and empowering local communities, and particularly disadvantaged groups, is central to both promoting health and wellbeing, reducing discrimination and reducing health inequalities.   Consideration also needs to be given to how we balance a focus on needs (the needs of the marginalised) vs there assets (scope of opportunity for individual and communities). Participatory approaches can directly address marginalisation and powerlessness that underpin inequities and can therefore be more effective than professional-led services in reducing inequalities. PHE have developed a ‘family of community-centred approaches’ as a framework to represent some of the practical and evidence-based options that can be used to improve community health and wellbeing and reduce health inequalities[16] (see below).

Public Health England

Healthmatters



Although there are examples across the area where community-centred practice is being adopted, the challenge is the scaling-up of a whole-system community-centred

[15] https://fingertips.phe.org.uk/documents/Living_wage_health_inequalities.pdf
[16] https://www.gov.uk/government/publications/health-matters-health-and-wellbeing-community-centred-approaches/health-matters-community-centred-approaches-for-health-and-wellbeing

approach that is also built 'bottom-up' from the diversity of grassroots community organisations and members.

3.3.5 Linking Public Sector and local businesses to optimise opportunities through Corporate Social Responsibility

Many businesses across Cambridgeshire will already invest resources in working with and supporting their local community. There may be further opportunities to systematise this across Cambridgeshire and Peterborough. Leeds through their Inclusive Growth Strategy[17] are developing a strategic approach to corporate responsibility. This is not about telling businesses what or who to focus on or how to deliver Corporate Social Responsibility but rather to leverage public sector knowledge in order to[18]:

1. **Promote –** Raise awareness of benefits of CSR and engage businesses and communities.
2. **Facilitate** - Stimulate and support networks and frameworks across towns and cities to allow lasting relationships to be formed and maintained between businesses and communities.
3. **Advise –** Share the insight that councils have about local needs and the groups within communities with businesses.

4 Levers through statutory powers and responsibilities

Residents of more deprived neighbourhoods tend to experience less favourable living and environmental conditions than people living in more affluent areas and other communities of interest also experience different forms of exclusion and barriers. Local authorities, county councils, unitary, district and the combined authorities have levers through their statutory powers and responsibilities which can help to create healthier and inclusive environments. The following table outlines potential areas where partners have levers. Work is already going in some of these areas and the group will need to consider where it can add value.

Area	Types of issue	Potential mechanism and opportunities
Food environment	There is strong evidence which suggests that there is an association between the accessibility of fast food outlets and increasing levels of area deprivation. With the more deprivation there is in an area, the higher the number of fast food outlets there are.	**Local Plan Policies and Supplementary planning guidance** Planning documents and policies to control the over concentration and proliferation of hot food takeaways could form part of an overall plan for tackling obesity and can involve a range of different local authority departments and stakeholders.[19]

[17] http://www.leedsgrowthstrategy.co.uk/
[18] https://www.leeds.gov.uk/docs/Corporate%20Social%20Responsibility%20Plus%20Toolkit.pdf
[19] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/604912/Encouraging_healthier_out_of_home_food_provision_toolkit_for_local_councils.pdf

Creating liveable communities	There are higher rates of Road Traffic Accidents in the most deprived areas. Nationally people living in more deprived areas are generally exposed to worse air quality. Older people and those with disability may have mobility issues which makes walking difficult without regular places to stop.	**Capital works programmes, transport, regeneration and Local Planning Policies** Embedding use of tools such as 'Healthy Streets' into development work/ new communities to ensure developments promote and support more inclusive and liveable communities[20].
Accessible green space	There is unequal access to green space across England. People living in the most deprived areas are less likely to live near green spaces and will therefore have fewer opportunities to experience the health benefits of green space compared with people living in less deprived areas [21]	**Councils owned/managed green space.** Local authorities play a vital role in protecting, maintaining and improving local green spaces and can create new areas of green space to improve access for all communities. Such efforts require joint work across different parts of the local authority and beyond, particularly public health, planning, transport, and parks and leisure and communities and 3rd sector.
Transport	Transport barriers are not experienced equally through the population and are impacted by social exclusion, living in rural areas, access to a car and the skills and confidence to use available transport[22]. Current funding means that subsidies for less viable routes are being removed and fixed routes are being removed	**Local Transport Plan** The Combined Authority are currently developing their Local Transport Plan and undertaking a local bus review. There are opportunities to further link up limited transport resources such as NHS Non-Emergency Patient Transport, community transport, volunteer car schemes supporting a total transport approach. This could help reduce some transport barriers.
Housing	The right home environment is essential to health and wellbeing, throughout life. It is a wider determinant of health. There are risks to an individual's physical and mental health associated with living in: • a cold, damp, or otherwise hazardous home (an unhealthy home)	**Homelessness duties, HMO licensing in Peterborough** Considerable amount of ongoing work on housing and homelessness at a local level and as part of a partnership working through the Cambs/ Peterborough Housing Board (CHRB as was).

[20] https://tfl.gov.uk/corporate/about-tfl/how-we-work/planning-for-the-future/healthy-streets

[21] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/355792/Briefing8_Green_spaces_health_inequalities.pdf

[22] http://cambridgeshireinsight.org.uk/wp-content/uploads/2017/08/Transport-and-Health-JSNA-2015-Access-to-Transport.pdf

	• a home that doesn't meet the household's needs due to risks such as being overcrowded or inaccessible to a disabled or older person (an unsuitable home) • a home that does not provide a sense of safety and security including precarious living circumstances and/or homelessness (an unstable home) [23]	

[23] https://www.gov.uk/government/publications/improving-health-through-the-home/improving-health-through-the-home

5 Leadership on health inequalities

5.1 Leadership

Strong leadership on health inequalities is important as it needs to be a consideration at all levels within organisations. Staff need to be supported to understand how their actions and policies can influence outcomes. The report 'Reducing Health Inequalities Through New Models of Care: A Resource for New Care Models'[24] outlines a number of key elements (see opposite) for embedding health inequalities into the culture and leadership of organisations.

There are several elements to successful organisational culture and leadership on health inequalities:

1. Top leadership prioritisation – chief executives or equivalent

2. Top to bottom organisational capacity, good will and enthusiasm for taking action on health inequalities

3. Systems and structures for collaboration between different levels of the organisation and across organisations

4. Focusing on and involving excluded groups in the design and delivery of action on health inequalities

5. Supporting and developing multi-sector partnerships, for interventions with a focus on health inequalities through action on social and economic drivers of poor health

6. Improving public and patient engagement in activities to deliver greater health equity

With closer system working and integration across the public sector system there is also a need for more shared leadership on health inequalities. In the health system CCGs have the legal responsibility (through the 2012 health act) to assess impact of commissioning on health inequalities through Health Inequality Impact Assessments (HIIA). Moving forward health and care providers should also be considering impact of their actions more broadly on health inequalities.

5.2 Evaluation and measurement

Local analysis on health inequalities often focuses on geographical inequalities e.g. Index of Multiple deprivation due to geographical location of service users/resident being commonly captured and other characteristics such as ethnicity, disability either not captured or poorly captured. Without explicit consideration of these characteristics there is a risk of partial understanding of the issue and ineffective intervention. Gaps in data collection need to be filled and there must be more consistent analysis and reporting of data on health and healthcare so that there is adequate understanding of local needs and the extent to which they are being met by policies and services[25].

This will be especially important as the health and social care system looks to develop capabilities around Population Health Management which uses data-driven planning (through data linkage) and delivery of proactive care to achieve maximum impact. A lack of data on patients/residents key characteristics will hamper efforts to

[24] http://www.instituteofhealthequity.org/resources-reports/reducing-health-inequalities-through-new-models-of-care-a-resource-for-new-care-models

[25] http://www.instituteofhealthequity.org/resources-reports/local-action-on-health-inequalities-understanding-and-reducing-ethnic-inequalities-in-health-/understanding-and-reducing-ethnic-inequalities-in-health.pdf

undertake system-wide re-allocation of resources to areas and groups which need them most so that health outcomes can be maximised.

5.3 Public Health implications

In Cambridgeshire County Council and Huntingdon District Council Public Health implications, which include health inequalities are one of the considerations which require sign off before papers are taken to committee/council. This provides two opportunities.

a) To highlight health and wellbeing implications of policy decisions on health inequalities, providing elected members with a broader implication of decisions.
b) Enables those leading on health and wellbeing to be sighted on work of other departments which also enables the building of proactive relationships.

There are opportunities for other authorities across the system e.g. districts and City councils and the Combined Authority to consider its use.

6 Next steps

1. Identify potential actions or areas which the group feel should be included, not covered by this paper.
2. Map out what is already happening locally for the different actions.
3. Prioritise potential actions identifying quick and longer term wins.
4. Agree mechanisms/ approach to taking programme of work forward.