Report to:	**HEALTH AND WELLBEING BOARD**
Relevant Officer:	Arif Rajpura, Director of Public Health
Relevant Cabinet Member:	Councillor Jo Farrell, Cabinet Member for Adult Social Care, and Community Health and Wellbeing
Date of Meeting	5 October 2022

HEALTH EQUITY COMMISSION

1.0   Purpose of the report:

1.1   This report considers the Health Equity Commission recommendations for Lancashire and Cumbria and asks the Board to provide comments to inform the Health Equity Commission panel; which recommendations give the greatest opportunities for impact and scale, those where pace is most important, and how locally partners can most effectively action them.

2.0   Recommendation(s):

2.1   To consider the Health Equity Commission recommendations and to provide comments to inform the proposals going forward. Of particular interest is the Board and its individual members' views on:

- The Health Equity Commission report and recommendations.
- What would the focus be on?
- How do partners want to progress. What balance of Lancashire and South Cumbria wide actions and local actions would work best for Blackpool?

3.0   Reasons for recommendation(s):

3.1   To understand the ideas and views of Blackpool Health and Wellbeing Board in the context of our region.

3.2   Is the recommendation contrary to a plan or strategy adopted or approved by   No
the Council?

3.3   Is the recommendation in accordance with the Council's approved budget?   Yes

4.0   Other alternative options to be considered:

4.1   None.

5.0   Council priority:

5.1   The relevant Council priority is both:
- "The economy: Maximising growth and opportunity across Blackpool"
- "Communities: Creating stronger communities and increasing resilience"

6.0   Background information

6.1   Recognising the need to address Lancashire and South Cumbria's significant health inequalities, which were further exacerbated by COVID19, the Integrated Care System Partnership commissioned Professor Sir Michael Marmot to undertake an independent review in September '21.

Increasing understanding of health inequalities by data analysis and engagement of partners, the central purpose of this review was to build the leadership and form a collective effort improving health equity at the scale required.

The NHS funded the review, which is a first for a Marmot Commission and Cumbria asked for the whole of the county to be covered which added some complexity as this meant the involvement two Integrated Care Boards (ICBs).

A Health Equity Commission (HEC) was established to receive the review and momentum increased to achieve well over 1000 people who joined the launch event. A Health Equity Commission Panel, chaired by Professor Sir Michael Marmot, consisting of combined leaders from health and upper tier local authorities, worked with experts from Voluntary, Community and Faith sector, housing, economy, older adults, children and young people, minority ethnicities and localities; has received evidence throughout the spring. This evidence has been gathered through detailed data analysis of the region (down to Primary Care Network level) and a series of workshops (mental health, older adults, young people, community, housing, economy and leadership) have taken place as online consultations and surveys and group meetings. The Health Equity Commission Panel also received quality presentations from all Health and Wellbeing Boards, and Place Based Partnerships in both Lancashire and Cumbria.

This Health Equity Commission review has engaged more people, partners, and community organisations than any previous Marmot Commission - over 2000 organisations have been engaged. The region's response was together, loud, and clear – it demanded health equity.

6.2 **Current situation**

The Marmot team and Health Equity Commission Panel has analysed all content and comment and so prepared the attached Health Equity Commission Report and recommendations. The review, despite its growing scale and diversity, progressed extremely well. However recent progress has slowed and been more difficult due to changes in structural footprints, combined with local elections and reform in both health, regional and local authorities, which continue. This has meant new leadership in some places.

In recognition that turning the dials on health equity requires 'eating the whole cake' in relation to the 70+ recommendations, the Health Equity Commission team with Dr Andy Knox and Directors of Public Health, are developing regional recommendations with associated approach to the actions which are suggested to be "priorities".

Below is a digest of the recommendations. The 'suggested priorities' are emboldened..

Young children	**Equitable school readiness and equitable investment in early years services**
Children	Enable equitable work and life readiness **Role of anchors in skills and work**
Fair employment	Equitable recruitment Recruiting and retaining people with a disability and/or long term conditions
Healthy living standard	Advice on prescription – linking health and welfare debt advice **Develop regional decent homes standard by 2025.** Strengthen powers and capacity across planning and housing to implement learning from Blackpool housing pilot. Energy efficiency focused interventions.
Sustainable place	Resource the Voluntary, Community and Faith Sector to provide adequate transport service
Impact of ill health	**Support GPs to do Fleetwood and Deep End approaches**
Discrimination and racism	**Equitable access to services**
Environmental sustainability	Role of anchor in carbon neutral activity that promotes walking and cycling

System Recommendations	Focus
	  - Appoint an equity commissioner or panel
	  - **Adopt Marmot Trust/Anchor approach**
	  - Strengthen accountability of NHS leaders for equity
	Funding
	  - Shared equity fund
	  - Equitable resource allocation
	  - **Benchmark prevention spend and increase by 1% for 10 years**

Business	Extend anchor approach
Communities	Long term funding of Voluntary, Community and Faith Sector partners to improve health equity
Leadership	Train workforce to work with inequity and social determinants Fund 'partnership lead' to strengthen relationships, business, Council, NHS, Voluntary, Community and Faith Sector, communities
Monitoring	**Shared Health Equity indicator set and dashboard** **Data sharing agreement with Voluntary, Community and Faith Sector partners**

Note - The full list of the +70 recommendations, split into social determinants of health and specific Lancashire Cumbria 'system' recommendations can be seen in Appendix 3a.

6.3 **Cheshire and Mersey**

Cheshire and Mersey has been undergoing a similar commission. Their report was launched recently with extensive news coverage. They have committed to action and a Marmot Board, reporting to their regional Integrated Care Partnerships. They recognise the value of coordinated action and oversight of those matters that contribute to health equity – a gap in most health systems governance and a recommendation of World Health Organisation. Their Health Care Partnership made a joint commitment, set out below, and have collectively resourced a programme office to assist delivery across the region.

Champs Public Health Collaborative

Cheshire and Merseyside Health and Care Partnership

Cheshire and Merseyside priorities 2022-23 include:

1. Incorporate the Marmot recommendations into the **Integrated Care Partnership Strategy**

2. Local place teams will **update their place plans and health and wellbeing strategies** from the workshop discussion, sharing best practice and establishing strong local public engagement

3. Increase the number of **Anchor and Social Value organisations**

4. Increase support for **children and young people's mental health and emotional wellbeing** in schools. This will be delivered by the "Beyond" Transformation Board and the Mental Health Board in line with the Cheshire and Merseyside Mental Health Strategy

5. Develop a **Cheshire and Merseyside Fair Employment Charter** to support fair employment policies, payment of the Real Living Wage and enhance workforce health and wellbeing (extending the current LCR Fair Employment Charter to Cheshire and Warrington)

6. Enhance our population health capacity and establish a new **data recording and collection system** within CIPHA to track programme progress

Working together to improve health and wellbeing in Cheshire and Merseyside

6.4 **Next steps**

The final Health Equity Commission Panel will meet, in two parts, on 17 October 2022 to consider the final report and put forward those recommendations that should be started first. Feedback from the Panel (part1) will then be discussed regionally by Leaders and Chief Executives in Health and Place (part 2) who will consider how best to use and deliver the work.

The Marmot review's findings are that our region has some of the worst health and health inequalities in the UK, combined with the most diverse populations, geography, and organisational footprints. Yet it has some of the best practice. The challenge is how to invest in and govern the collective work required to increase health equity and industrialise good practice.

Finally, the completed work will be presented to the Lancashire and Cumbria region at the Health Equity Commission Summit (date to be confirmed) to give all places, communities, and people opportunity to reconnect with the Health Equity Commission work and to widely progress to the more important phase of 'action'.

The Health Equity Commission Report, and how we convert it to meaningful action, and ensure this happens, is a once-in-a-lifetime opportunity. The review process clearly showed overwhelming support and demand for equity.

6.5 Does the information submitted include any exempt information?   No

7.0   List of Appendices:

7.1   Appendix 3a– Health Equity Commission report and recommendations (extracted from draft final report)

8.0   Financial considerations:

8.1   None.

9.0   Legal considerations:

9.1   None.

10.0   Risk management considerations:

10.1   None.

11.0   Equalities considerations:

11.1   Marmot's Health Equity Commission findings are that the Lancashire and South Cumbria region has some of the worst health and health inequalities in the UK, combined with the most diverse populations, geography, and organisational footprints. Yet it has some of the best practice. The challenge is how to invest in and govern the collective work required to increase health equity and industrialise good practice.

12.0   Sustainability, climate change and environmental considerations:

12.1   Contained within Health Equity Commission report and report recommendations.

13.0   Internal/external consultation undertaken:

13.1   Evidence has been gathered through detailed data analysis of the region (down to Primary Care Network level), a series of workshops (Mental Health, older adults, young people, community, housing, economy, leadership), online consultations and surveys and group meetings. The Panel also received quality presentations from all Health Wellbeing Boards and Place Based Partnerships in both Lancashire and Cumbria. The Health Equity Commission Review has engaged more people, partners, and community organisations than any previous Marmot Commission - over 2000 organisations have been engaged.

14.0   Background papers:

14.1   None.