Health Scrutiny Committee
Meeting to be held on 7 October 2014

Electoral Division affected:
ALL

Public Health actions to address the impacts of economic downturn

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Executive Summary

As part of the ongoing scrutiny of the 'Living Well' element of the Health & Wellbeing Strategy, the committee is provided with this report which presents an overview of the actions being taken to address the impact of the economic downturn on the health and wellbeing on the population of Lancashire

A number of hyperlinks are included within the paper to provide members with further information.

Recommendation

The Committee is recommended to note and comment on the paper.

Background

"People with higher socio-economic position in society have a greater array of life chances and more opportunities to lead a flourishing life. They also have better health. The two are linked: the more favoured people are, socially and economically, the better their health. This link between social conditions and health is not a footnote to the 'real' concerns with health – health care and unhealthy behaviours – it should become the main focus." (Marmot, 2010)

Marmot also emphasised that it is not just the causes of health inequalities, such as behaviours or biological risk factors, but the causes of the causes, which reside in the social and economic arrangements of society – what is often termed "the social determinants of health" – which affect people's health and wellbeing. Some examples of these are:

- Income
- Employment / working conditions / employment grade
- Food
- Housing

Lancashire County Council

- Education

Health inequalities are closely related to social and economic inequalities.

The Effects of Economic Downturn on Health

It is well understood that any economic downturn has an effect on health and wellbeing. It is useful to consider a couple of reports relevant to this issue, and from which we can learn more:

Report: The Impact of the Economic Downturn and Policy Changes on Health Inequalities in London (2012)

The University College London Institute of Health Equity has produced a report – 'The Impact of the Economic Downturn and Policy Changes on Health Inequalities in London'. It identifies evidence from previous economic downturns suggesting that across the population there will be short term and long term health effects. The outcomes of the report are summarised below, suggesting that the following health impacts might be anticipated:

- More suicides and attempted suicides; possibly more homicides and domestic violence
- Fewer road traffic fatalities
- An increase in mental health problems, including depression, and possibly lower levels of wellbeing
- Worse infectious disease outcomes such as tuberculosis and HIV
- Possible negative longer-term health effects

It also identified that an economic crisis is likely to have a significant impact on the social determinants of health, with evidence from past recessions suggesting that inequalities in health according to socioeconomic group, level of education and geographical area are likely to widen following an economic crisis.

Employment:
Unemployed individuals, particularly the long-term unemployed, have a higher risk of poor physical and mental health compared with those in employment, and unemployment is associated with unhealthy behaviours such as increased smoking and alcohol consumption and decreased physical exercise. The health and social effects resulting from a long period of unemployment can last for years.

Being in work is mainly protective of health when it is good quality work which gives employees some control over their work, rewards achievements, is safe and provides a decent standard of living. Worse self-rated health has been reported by those in employment during an economic downturn as well as those who are unemployed – perhaps due to higher levels of anxiety regarding job security, bigger work demands, financial problems resulting from pay constraints and lack of control over their work situation.

Income:
Children born into poverty have increased risk of developing physical and mental health, developmental and social problems both immediately and throughout their life-course. Living in poverty is associated with worse mental health outcomes, particularly among women, though the relationship may be mediated by debt – a further determinant of poor mental health.

In Lancashire the average (median) gross weekly earnings by place of residence in Lancashire were about 8% below the Great Britain average in 2013.
Four Lancashire authorities (Burnley, Hyndburn, Pendle and Preston) are in the "top 50" most deprived in England according to the Index of Multiple Deprivation 2010 (rank of average rank).

Changes to the welfare system are likely to mean that many households are financially worse off and will need to live on a lower income. The welfare changes are likely to impact low-income households, and in particular:

- Workless households and households in more than 16 hours per week of low-paid work
- Households with children
- Lone parents, more than 90 per cent of whom are women
- Larger families
- Some minority ethnic households
- Disabled people who are reassessed and considered ineligible for the Personal Independence Payment

There are long-term problems in the county for working-age benefit dependency. Five Lancashire authorities have percentages of working-age people reliant on benefits that are in excess of the national average. In contrast, two Lancashire authorities have rates that are well below the national average.

Housing:
Homeless people have a higher risk of physical and mental health problems. They are more likely to die from cancer or commit suicide, and their average age at death is just 40–44 years old. They also have higher rates of alcohol and substance misuse, smoking and tuberculosis.

Living in a cold, damp home leads to a higher risk of poor health outcomes, including cardiovascular and respiratory diseases and mental health problems, among all age groups. Living in a cold home also has indirect negative health impacts, for example on dexterity and children's educational attainment. High housing and energy costs, and energy inefficient properties, detract from a household's disposable income with resulting health implications.

Adequate housing may be more difficult to afford during an economic crisis and households may be forced to live in environments that may constitute a risk to health, such as homeless situations, overcrowded housing, and housing in a poor physical condition.

Report: **Due North - The report of the Inquiry on Health Equity for the North (2014)**

This report about wider health inequalities was commissioned because the North of England has persistently had poorer health than the rest of England and the gap has continued to widen over four decades and under five governments. There is a gradient in health across different social groups in every part of England: on average, poor health increases with increasing socio-economic disadvantage, resulting in the large inequalities in health between social groups that are observed today. There are several reasons why the North of England is particularly adversely affected by the drivers of poor health.

Firstly, poverty is not spread evenly across the country but is concentrated in particular regions, and the North is disproportionately affected. Whilst the North represents 30% of the population of England it includes 50% of the poorest neighbourhoods. Secondly, poor neighbourhoods in the North tend to have worse health even than places with similar levels of poverty in the rest of England. Thirdly, there is a steeper social gradient in health within the North than in the rest of England meaning that there is an even greater gap in health between disadvantaged and prosperous socio-economic groups in the North than in the rest of the country.

The report makes the following recommendations:

- Tackle poverty and economic inequality within the North and between the North and the rest of England
- Promote healthy development in early childhood
- Share power over resources and increase the influence that the public has on how resources are used to improve the determinants of health
- Strengthen the role of the health sector in promoting health equity

Current Activity
In addressing the impact of the economic downturn, the vision of the Public Health service business plan is to develop Lancashire as a healthy place to be born, live, work and retire. Supporting this vision are four key priorities for the service, the first of which is to address the impact of the economic downturn on health and wellbeing. This priority includes the following actions:

i. We will tackle fuel poverty by developing affordable warmth projects
ii. We will tackle food poverty by developing a sustainable food strategy and supporting Lancashire County Council's approach to food banks

In addition to these, are actions to tackle health inequalities by implementing the Marmot recommendations, the development of healthy settings approaches to improve health and wellbeing in specified settings and improving the levels of health literacy to ensure that our citizens are able to keep themselves healthy and resilient. More information on these actions is detailed here as follows:

We will tackle fuel poverty by developing affordable warmth projects
Fuel poverty in Lancashire continues to be a significant issue across Lancashire, and in every district. It can exacerbate people's health conditions, make it more difficult to live independently and seriously impact on the quality of life of the most vulnerable people.

Professor Hill's independent review, recommended a new fuel poverty indicator that is more sensitive to low incomes and unaffordable energy costs. It considers the heating needs of the occupants (for example, those more vulnerable groups who typically stay in the home longer such as older people and those with young children). This indicator was used for the first time last year.

The new indicator finds a households to be in fuel poverty if:

1. It has required fuel costs that are above the national median level; and
2. Were the household to spend that amount it would be left with a residual income below the official poverty line (that is less than 60 per cent of median income).

Diseases which are known to be affected by the cold account for almost three quarters (73%) of excess winter deaths. We also know that excess winter respiratory hospital admissions increase in cold weather, respiratory conditions are exacerbated by cold weather and cold homes.

Current activity:
This winter will be the second year that LCC public health grant will be used to support district councils housing authorities, to deliver affordable warmth interventions with their third sector partners. The work builds on experienced district delivery partnerships that were previously funded by the Departments of Health's Warm Homes Healthy People funding. The funding that has been put in place in a timely manner, allows partners to plan and prepare for winter and to continue to provide support to some of our most vulnerable citizens. Varying weather conditions and the individual needs of vulnerable people will determine the specific interventions delivered, however the majority of measures are expected to include;

- Physical interventions to repair and if necessary replace heating systems, for example boiler repairs and work such as draught proofing and frozen pipe repairs.

- Support and advice to help households make the most efficient use of their heating systems. It includes support from partners such as Citizens Advice that can provide income maximisation and benefits advice.

- Temporary and Emergency measures such as emergency heaters, loan of oil filled radiators that provide immediate relief from crisis whilst longer term measures can be put in place.

Other measures include supporting districts with additional enforcement action to improve the housing conditions of people in the private rented sector and helping volunteers to provide community and neighbourhood support.

The funding is targeted to people that are most vulnerable to the negative health effects of cold homes, including people with long term health conditions, young and older people. The private rented sector and low income owner occupiers are the tenures where people are most vulnerable to fuel poverty, caused by houses with poor energy efficiency ratings. Social housing has seen significant improvements in recent years with regards to energy efficiency and measures to improve thermal comfort.

For further details and background on this issue, please click on this link, which contains the 16 July 2014 Cabinet Member for Health and Wellbeing decision paper on affordable warmth.

Energy Company Obligation:
The county has provided information and analysis to support the writing of the Lancashire Green Deal and ECO Study produced earlier this year, for the three Lancashire Directors of Public Health. One of the main purposes of this report is to maximise the uptake of Energy Company Obligation (ECO) funding in Lancashire. The funding is for physical energy efficiency improvement measures and comes from energy companies who are required to meet various carbon reduction targets.

In the short-term the Lancashire Energy Officers group, comprising district council, unitary and LCC officers, is working to secure ECO funding and take forward opportunities to make best use of this funding source.

We will tackle food poverty by developing a sustainable food strategy and supporting Lancashire County Council's approach to food banks

Food poverty is the inability to afford, or have access to, the necessary food for a healthy diet (Department of Health, 2006). It is about the quality of food as well as quantity. It is not just about hunger, but also about being appropriately nourished to attain and maintain health.

"*Tackling Food Poverty in Lancashire*" provides an overview of food poverty in Lancashire and the implementation of a small grants system (through non-recurrent funding from the public health budget of £150,000) to enable the infrastructure which addresses food poverty and access to nutritious food to be strengthened in order to support clients with their social, economic and health needs.

It highlights the rising demand on Lancashire food banks having seen a dramatic increase over the last year with the situation being regularly highlighted by the local media. Three food bank summits were held during December 2013 to assess the impact of food poverty in Lancashire and opportunities to tackle it. The Equality Impact of Food Poverty in Lancashire report is also provided for further information.

Current activity:
The County Council currently supports local food banks to provide a food parcel to those deemed to be in need. The paper reports that that through the release of non-recurrent funding of £150,000 from the public health grant, pump priming will be available, via a small grants system, to build on the partnership support to address wider food poverty issues. This may include developing the infrastructure, for example shared sourcing of food, integrated IT systems/databases, offer healthier provision of food parcels including recipes, and support for individuals, for example equipment, training around cooking skills, strengthen and improve access to advocacy services such as Citizens Advice Bureaux, volunteering. This will enable the 'hand-up' aspect of food banks, rather than just the 'hand out', by improving both the pathway through to support and the amount of support available.

Lancashire County Council recognises the health inequalities, issues and impacts that food poverty and the food environment has on the quality of life for Lancashire residents. In order to tackle the multi-factorial nature of the wider food environment at a local level, evidence shows that integrated programmes of activity are required, combined under one overarching approach. In Lancashire this is being approached via the Sustainable Food Lancashire movement.

Lancashire County Council is working towards achieving three Goals:

Goal 1: to call to action all key partners to tackle the root cause of food poverty and strengthen the supporting infrastructure that addresses food poverty and access to nutritious food

Goal 2: to play a key role in the movement to achieve the aims and 2014/15 priorities of Sustainable Food Lancashire

Goal 3: to mobilise levers within the gift of Lancashire County Council, specifically in planning, procurement and partnerships

The workplace as a healthy setting

The rate of growth of the Lancashire economy has for a number of years lagged behind the national rate of change. The longer-term implication of this differential growth rate is quite substantial as the gap between the rate of change at the county and national levels continues to widen. The differential is accentuated by the dramatic growth of the financial services sector in the city of London, but there is also the fact that in times of economic growth the Lancashire economy has under-performed in comparison to many other areas of the UK. The county is under-represented in the higher value service sector employment categories.

Within Lancashire, there are pockets of severe social and economic deprivation, including a high proportion of "hidden" and long-term unemployed with low levels of basic skills. Four authorities, Burnley, Hyndburn, Pendle and Preston, are in the "top 50" most deprived in England according to the Index of Multiple Deprivation 2010 (IMD 2010 rank of average rank). In addition to this there are long-term problems in the county regarding working-age benefit dependency with some Lancashire authorities having percentages of working-age people reliant on benefits that are well in excess of the national average.

Fair and good employment is essential for health and wellbeing. Not only does is provide us with financial reward, it provides a social and learning environment.
Supporting "Good work for all" (Marmot, 2010) by providing good quality jobs which allow employees more control, autonomy and involvement in the way their work is done (Coats and Lekhi, 2008) and within the work environment is essential.

The development of healthy working practices such as the culture of an organisation, the type of business and the personality and management style of those in positions of authority are all factors that can influence the health of Lancashire employees in the workplace. Others influences can be the individual's own experiences such as growing levels of workplace ‘stress’, personal debt and family breakdown and their links to poor mental health alongside general health problems which can be attributed to diets, growing obesity, smoking, drinking and more sedentary jobs and lifestyles all playing their part.

Current activity includes the promotion and delivery of NHS Health Checks in local workplaces and training of health advocates in the workplace to Royal Society for Public Health (RSPH) level 2 standard is available.

Lancashire County Council is addressing and supporting the needs of its own workforce as it embarks on transformational change and the restructure of its workforce. It is developing an overall package of workplace support for employees and managers to support positive mental health and build resilience.

Further statistics on Lancashire's economy are contained in the link here

Mental health

Evidence from previous economic downturns suggests that population health is affected by an increase in mental health problems, including depression, anxiety and lower levels of wellbeing[1]

A Public Mental Health Strategic group has been established to steer and focus on strategy development and oversight of a series of sub-groups which undertake operational responsibility. The sub-groups include training; children and young people's emotional health; suicide prevention; resilient communities; dementia; anti-stigma and the physical health of people with mental health conditions.

The Suicide Prevention work-stream undertakes a regular audit which informs strategy development. This includes recording the postcodes of those audited and an analysis of prevalence of deprivation, highlighting the location in relation to deprivation. The association between the economic disadvantage and experience of poorer mental health and well-being can be identified in relation to the prevalence of suicide in the following areas:

- Exclusion and discrimination;
- Educational attainment;
- Employment - not only un/employment rates themselves, but also security of employment and quality of working experience;
- Environmental/ecological factors: for example, quality of living and working environment, safety;
- Adverse life events, for example relationship breakdown, financial crisis.

This indicates targeting suicide prevention interventions at those at risk and by up skilling agencies working with this sector through provision of Applied Suicide Intervention Skills Training, to for example, debt and employment advice services.

Improving the mental wellbeing of the population through promotion, prevention and early intervention has the potential to contribute to far-reaching improvements in physical health and wellbeing, a better quality of life, higher educational attainment, economic wellbeing and reduction in crime and anti-social behaviour. Investing time and resources now in improving mental wellbeing has the potential to achieve these outcomes and rebalance investment.

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[1] www.instituteofhealthequity.org/projects/indicator-set-the-impact-of-the-economic-downturn-and-policy-changes-on-health-inequalities-in-london

The economic impact of mental illness is both serious and substantial. Preventive strategies not only promote population mental wellbeing, reduce levels of mental distress (depression especially) in the general population, but also reduce significantly the most damaging consequences of mental disorder for the individual.

Action to improve mental wellbeing can be undertaken separately by local organisations, but better cost effectiveness can be achieved by strategically integrated action by partner organisations. Working together they can better build individual and community resilience by:

- Improving the housing, income, neighbourhoods and communities that people live in.
- Focusing on opportunities for learning and work, including maintaining a healthy work-life balance.
- Improving people's material circumstances.
- Extending opportunities for leisure, culture and sociable lives.
- Building the foundations for child development.

This is supported by a rapidly developing evidence base on the protective, risk and environmental factors associated with mental health and of the interventions that can promote mental wellbeing at an individual and social level. To achieve this, models of social prescribing have been commissioned across the county, which will merge into the future Integrated Well-being Service. These models offer an infra-structure in which to embed the following principles:

Using a life course approach to ensure a positive start in life and healthy adult and older years: With such an approach, people develop and share skills to continue learning and have positive social relationships throughout life.

- Build strength, safety and resilience: address inequalities and ensure safety and security at individual, relationship, community and environmental levels.
- Develop sustainable, connected communities: create socially inclusive communities that promote social networks and environmental engagement.
- Integrate physical and mental health: develop a holistic view of well-being that encompasses both physical and mental health, reduce health-risk behaviour and promote physical activity.
- Promote purpose and participation to enhance positive well-being through a balance of physical and mental activity, relaxation, generating a positive outlook, creativity and purposeful community activity.

Current public health activity includes:

- Social prescribing services have been commissioned across the county.
- Mental Health First Aid and Applied Suicide Intervention Skills Training, focusing on targeted groups who are most at risk, has been rolled out.
- 'Bring yourself sunshine' social marketing campaign, introducing the Lancashire Wellbeing website – www.lancashirewellbeing.co.uk
- 5 ways to wellbeing tour at Museum of Lancashire.
- Transition protocols into mental health services from social prescribing have been developed.
- Dementia Friendly activity – dementia information; memory boxes; BME dementia project.

- Building mental health and a psycho-social determinant approach into the new Integrated Wellbeing Service.
- Books on prescription – rolled out in every Lancashire Library and this will include a dementia offer from January 2015.
- Building capacity in schools and colleges around emotional wellbeing supported by child psychology services.
- Instigation of a 'resilience movement' that is promoting a salutogenic*, assets approach to wellbeing across multiple partners in the county. (*salutagenesis is an approach that focuses on factors that support human health and well-being, rather than on factors that cause disease).
- Anti-stigma activity – including a Time to Change pop up village to promote wellness and challenge mental illness related stigma, and world mental health day campaigns.
- Suicide prevention strategy and multi-agency network to roll out actions.

Consultations

N/A

Implications:

N/A

Risk management

There are no risk management implications arising from this report.

Local Government (Access to Information) Act 1985
List of Background Papers

Paper	Date	Contact/Directorate/Tel