Institute of Health Equity - Equity and the Social Determinants of Health in Lancashire

Recommendations:

==**1. GIVE EVERY CHILD THE BEST START IN LIFE.**==
a) Reduce the gap in level of development in reception age children and set a target that every child achieve above the national average at readiness for school at reception.
b) Increase access and provision of early years services in areas with higher levels of deprivation, and ensure allocation of funding is proportionately higher in areas of higher deprivation
c) ICS and local authorities equip all those working with young children to support parents in developing their children's early learning, especially with regard to speech and language skills.
d) Develop and adopt a region-wide childcare workforce standard that includes training and qualifications on the job, including access to NHS training and offer, as a minimum, the real living wage to all early years staff.

==**2. ENABLE ALL CHILDREN, YOUNG PEOPLE AND ADULTS TO MAXIMISE THEIR CAPABILITIES AND**==
a) Reduce the gap in Attainment 8 progress scores between pupils eligible for free school meals and other pupils in every school and create the culture for every pupil to thrive with skills for life.
• Poverty proof all schools and define a whole-school approach for Lancashire and Cumbria.
• NHS and education review the circumstances in which data sharing is permitted.
• All schools to adopt a wellbeing survey among school children.
• Extend free school meal provision to all pupils living in households in receipt of Universal Credit and adequately resource holiday hunger initiatives for secondary school students.
• Jointly commission universal programmes to build resilience and support young people's mental health, and to support their families with additional resources in more deprived areas.
b) Anchor organisations and local economic partnerships to work closely with schools and colleges in areas with higher levels of deprivation to provide apprentices, job training and employment shadowing with a guaranteed employment, apprenticeship or training offer for 18-25 year olds.
c) Increase levels of funding for youth services, focusing on areas with higher levels of deprivation.

==**3. CREATE FAIR EMPLOYMENT AND GOOD WORK FOR ALL**==
a) Local economic partnerships, NHS, local authorities and all public services to develop a regional good work charter and apply these obligations on public sector contracts. The charter should include:
• Wages to meet the minimum income standard for healthy living.
• Provision of in-work benefits including sick pay, holiday and maternity/paternity pay.
• Provision of advice and support at work, e.g. on debt, financial management and housing.
• Provision of education and training on the job for all ages.
• Strengthened equitable recruitment practices, including provision of apprenticeships and in-work training, and recruitment from local communities and those underrepresented in the workforce.
• No gender pay gap
b) Increase funding for adult education in areas of higher deprivation. Offer training and support to older unemployed adults, ensuring that the private sector participates
c) ICSs, local economic partnerships and chambers of commerce to encourage and incentivise employers to recruit lone parents, carers and people with mental and physical health disabilities and long-term conditions.

==**4. ENSURE A HEALTHY STANDARD OF LIVING FOR ALL**==
a) Adopt the minimum income standard as a basis for minimum wage and assess if adapting for regional
b) Create and support community and employer finance institutions to supply credit, reduce levels of debt and provide financial management advice.
c) The NHS, local authorities, schools and employers to commission the VCFSE sector to provide of social welfare legal and debt advice, including fuel and food poverty support

5. CREATE AND DEVELOP HEALTHY AND SUSTAINABLE PLACES AND COMMUNITIES

a)) In partnership between local authority, NHS and VCFSE sector, develop a regional decent homes standard by 2025.

• Strengthen local enforcement powers and capacity across planning and housing and ensure decent homes standards in the private rented sector.

• Develop and support regional housing forums in Lancashire and Cumbria with members from housing

b) Place reducing inequalities at the centre of local and regeneration plans including fit for purpose, affordable housing.

• Identify pilot neighbourhoods in areas of high deprivation and work with communities to create and sustain high-quality and connected neighbourhoods.

• Work in partnership (with local residents, NHS, chambers of commerce, local economic partnerships and

c) Assess provision of public transport and address limitations in access. Resource VCFSE sector to provide adequate transport services in remote and rural communities.

6. STRENGTHEN THE ROLE AND IMPACT OF ILL HEALTH PREVENTION

a) HCP and ICS review social prescribing offer to ensure it is addressing the social determinants of health.

b) Adopt the Fleetwood and Deep End models to address the social determinants of health in primary care

c) Include digital inclusion as an essential health equity requirement, and ensure that healthcare, local authorities, education and businesses work in partnership with local residents to invest in digital skills, including provision of funding to the VCFSE sector to support this.

• Prioritise improving skills in older people or alternative accessible services.

• Align local poverty strategies to include commitment to reducing digital exclusion.

7. TACKLE DISCRIMINATION, RACISM AND THEIR OUTCOMES

a) Local economic partnership and chambers of commerce to work with Lancashire and Cumbria businesses, the NHS local authorities and public authorities to gather ethnicity data by pay and grade, and to use this

b) All businesses, public sector and VCFSE sector organisations to ensure equality duties are met in recruitment and employment practices, including pay, progression and terms.

c) Reinforce the efforts of health and social care providers to ensure equitable access to their services.

d) Ensure effective engagement with all ethnic minority populations in the development and delivery of

8. PURSUE ENVIRONMENTAL SUSTAINABILITY AND HEALTH EQUITY TOGETHER

a) Ensure that the health and wellbeing of citizens and environmental sustainability is the basis of all local

b) Deliver a five-year plan to retrofit homes, including private homes, to reduce fuel poverty and improve domestic energy efficiency in homes in areas of high deprivation.

c) Local economic partnerships and anchor organisations to support actions to adopt carbon-neutral modes of transport to work environments including investments in in green bus transport and improved active

SYSTEM-WIDE RECOMMENDATIONS
A. FOCUS ON EQUITY AND THE SOCIAL DETERMINANTS OF HEALTH

a) NHS, local authority, and public sector leaders in Lancashire and in Cumbria to strengthen accountability

b) Develop regional health equity and the social determinants of health action plans involving businesses, public services, local government and communities, prioritising early intervention through long-term

c) Define and implement Marmot NHS Trusts approach across Lancashire and Cumbria

B. INCREASED AND MORE EQUITABLY DISTRIBUTED RESOURCES

a) Benchmark NHS and local authority prevention spend in 2022–23 and increase funding for prevention by 1 percent above inflation each year for the next 10 years to address inequalities in the social determinants.

b) Make resource allocations more equitable and extend the Lancashire and South Cumbria formula across

C. STRENGTHEN PARTNERSHIP WORKING

a) Develop a health equity network in Lancashire and Cumbria to include business and economic sector, public services, VCFSE sector, local government

b) Appoint a Director of Partnerships at Board level within each ICS.

c) As the default, ensure the involvement of the VCFSE sector in the design and delivery of services and support the VCFSE sector to bid for contracts.

D. STRENGTHEN THE ROLE OF THE BUSINESS AND ECONOMIC SECTOR AND EXTEND SOCIAL

a) Coordinate a regional economic partnership to develop a health equity approach for businesses and implement the recommendations in the 'The Business of health equity' report for businesses to make positive contributions to the health of their workforce, ensure goods and services are healthy and to make

b) Build on and extend the anchor institution approach and require that organisations, including businesses commission for social value and employ local and underrepresented groups.

E. INVOLVE COMMUNITIES AND VOLUNTARY, COMMUNITY, FAITH AND SOCIAL ENTERPRISE

a) Commission and ensure long-term funding for the VCFSE sector to enhance support for the social

b) Use community development approaches to have regular conversations with residents to identify the services and support they need to develop strong and resilient communities.

c) Involve local residents in the development of health inequalities assessments and remedies at place levels.

F. STRENGTHEN LEADERSHIP AND WORKFORCE ROLES FOR HEALTH EQUITY

a) Develop the workforce and provide training within each ICS, working alongside the VCFSE sector and local authorities, to identify and deliver local approaches to address the social determinants of health.

b) Appoint a public health consultant to the ICB to work with the Medical Director and Chief Nursing Officer, the Population Health Team and the Directors of Public Health to lead on health inequalities.

c) Allocate dedicated resource to the Lancashire and Cumbria Public Health Collaborative, to deliver coordinated public health actions at scale and knowledge and skills development.

G. MONITORING FOR HEALTH EQUITY

a) Develop a set of health equity and social determinants of health indicator set based on reliable, regular data which is disaggregated by key characteristics, including deprivation, ethnicity and gender, to be used by

b) Collate data available in the VCFSE sector relevant to understanding and addressing the social determinants of health. Develop data sharing agreements between NHS and VCFSE sector.