

# Thriving in Gateshead

– rethinking Health and Wellbeing



# Welcome

**Councillor Lynne Caffrey**

Chair of the Gateshead Health and Wellbeing Board



# Programme & Housekeeping

**Alison Dunn**

Strategic Lead for Poverty and Inequality, Gateshead Council  
& Chief Executive, Citizens Advice Gateshead



# Making Gateshead a place where everyone thrives

**Councillor Mary Foy**

Cabinet Member for Health and Wellbeing  
&

**Sheena Ramsey**

Chief Executive



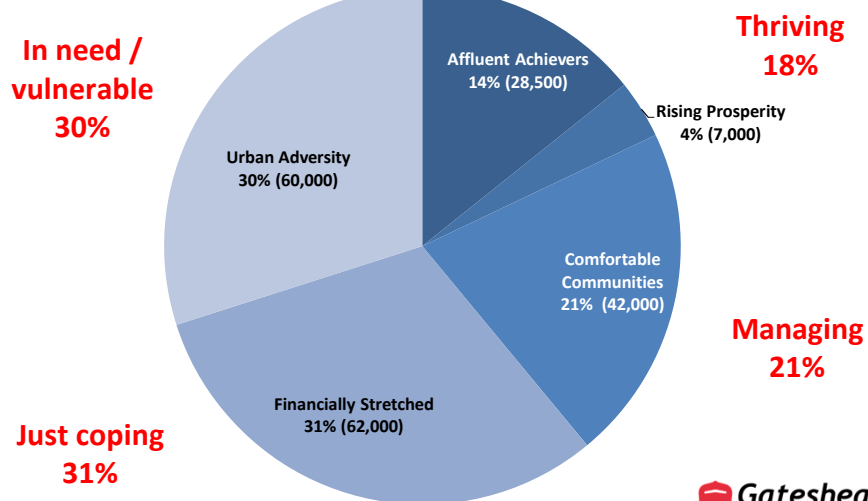
## Developing a new Policy driven approach

This work was guided and shaped by: -

- Changes in organisational leadership
- Chief Executive review
- Peer challenge
- Work with our Cabinet
- Councillor engagement
- Evidence led



**Evidence Base**  
Gateshead Acorn 2016 Categories  
% of population



**Thriving                    32,500 (18%)**

Financially comfortable, home owning, good life expectations

**Managing                42,000 (21%)**

Stable families, average income, mainly owner occupier

**Just coping              62,000 (31%)**

Low income, potentially some benefits, some health issues, lower price housing

**In need                    60,000 (30%)**

Social rent, low cost private rent, low income/benefits, poor health



## Making Gateshead a place where everyone thrives





## We want Gateshead to be a place where everyone thrives



We know that over 50% of people and families in Gateshead are either managing or just coping and over 30% are in need or in vulnerable situations. We want to change those statistics and aim to make Gateshead a place where everyone thrives.



We know that the vast majority of people in Gateshead care about the community they live in. They don't want to live in a community along side people who are struggling and they want to help and support and do something about that!



# Council pledges

**We have developed five pledges to help guide our decision making:**

- Put people and families at the heart of everything we do
- Tackle inequality so people have a fair chance
- Support our communities to support themselves and each other
- Invest in our economy to provide sustainable opportunities for employment, innovation and growth across the borough
- Work together and fight for a better future for Gateshead



# A call to action

**How you (partners) can get involved...**

**Examples include:**

- Recognise that issues cross different organisations
- Share expertise, information and knowledge
- Integrate service into co-ordinated packages and focus on those most in need
- Champion Gateshead and put people at the heart of all we do



# It's your Gateshead Get involved



## Health Inequalities

**Professor Sir Michael G Marmot**

Director of the Institute of Health Equity  
(UCL Department of Epidemiology & Public Health)



# Gateshead a Marmot City?

**Michael Marmot**

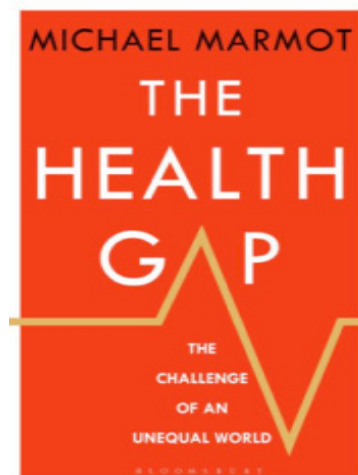
@MichaelMarmot

[www.instituteofhealthequity.org](http://www.instituteofhealthequity.org)

Gateshead

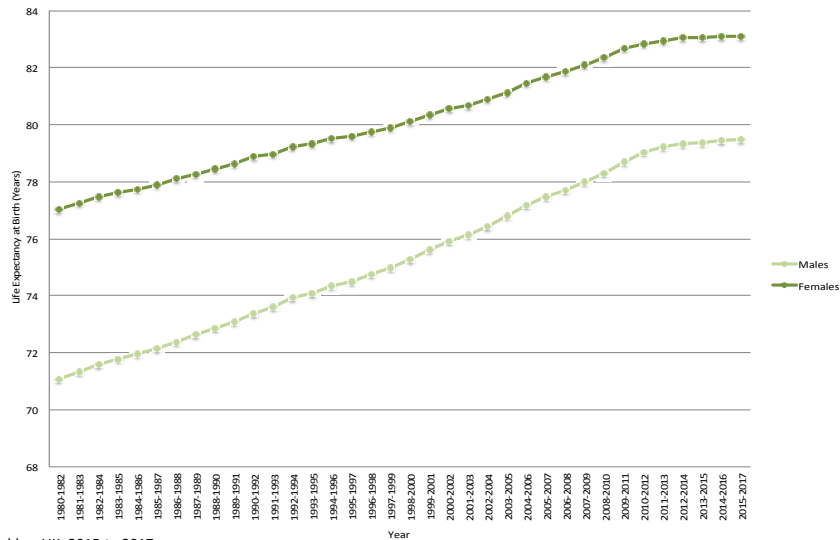
23 January 2019

Why treat people and send them back  
to the conditions that made them sick?



## 1. Stalling Life Expectancy

### Life Expectancy at Birth, England, 1980-92 – 2015-17

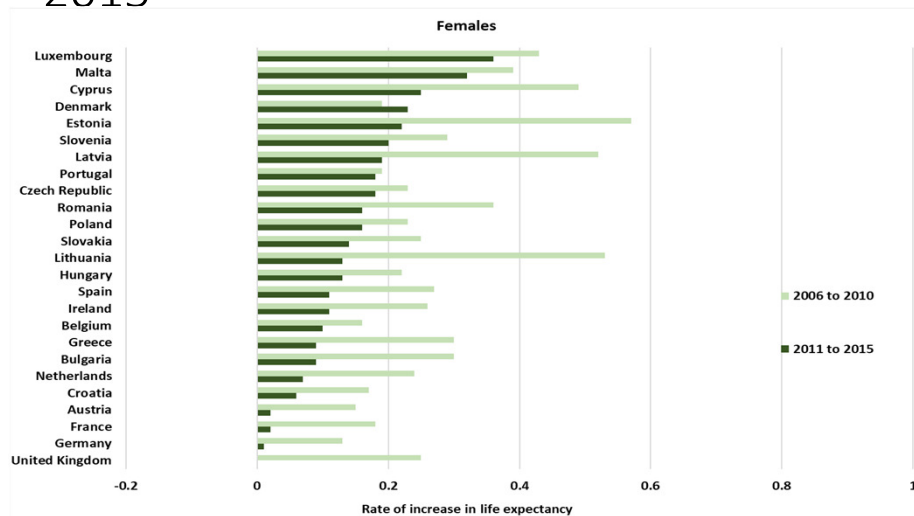


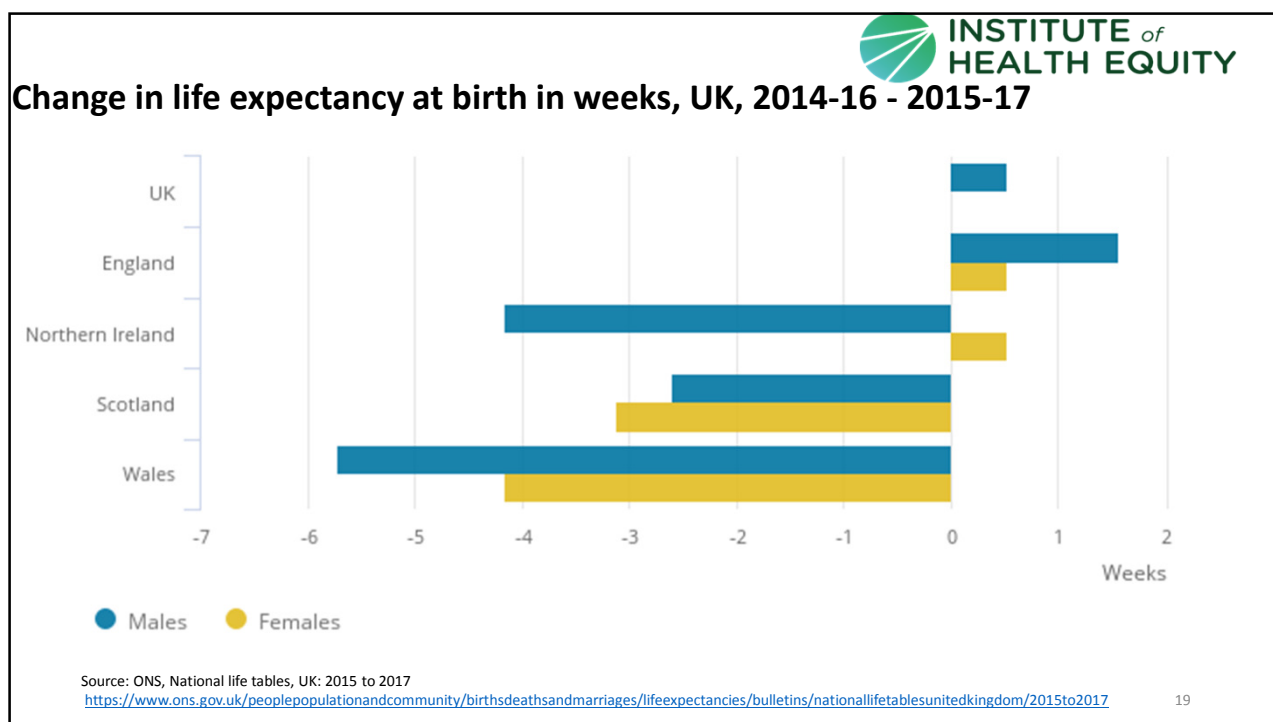
Source: ONS, National life tables, UK: 2015 to 2017

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/bulletins/nationallifetablesunitedkingdom/2015to2017>

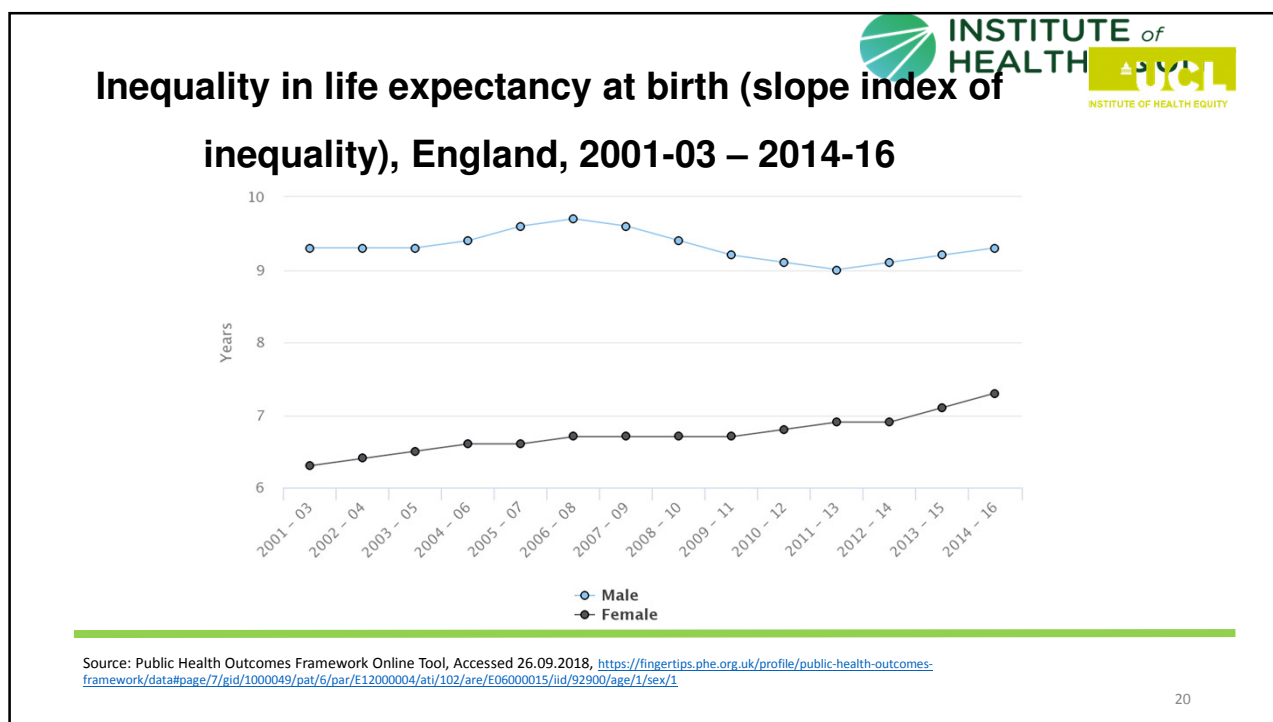
17

### Life expectancy increase 2006-, 2011-2015





19



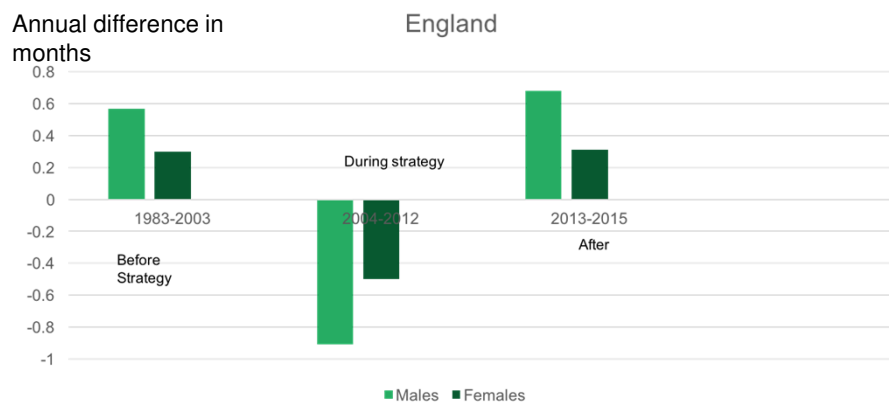
20

## Can strategies to reduce health inequalities work?

New Labour did have a strategy

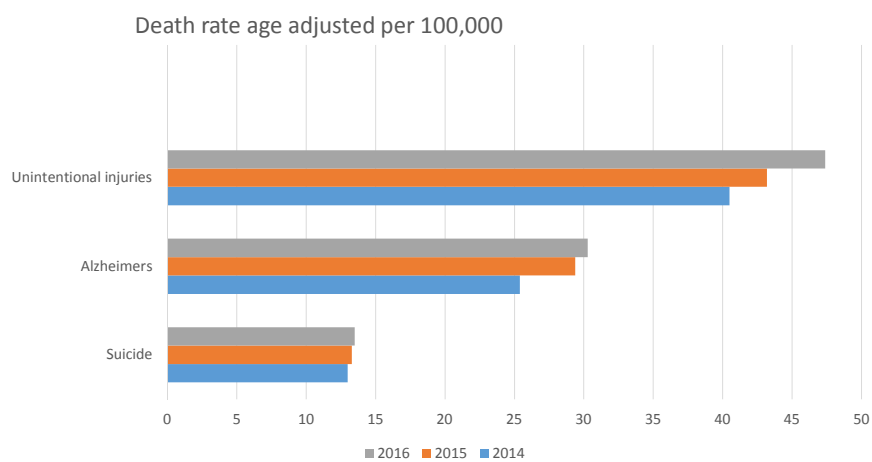
Any evidence?

## Trends in life expectancy gap between most deprived areas and the average



## Does the USA represent the future?

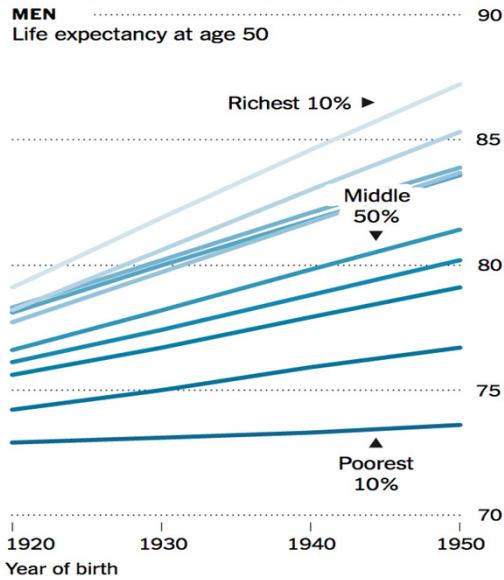
## US Life expectancy declined 2 years in a row



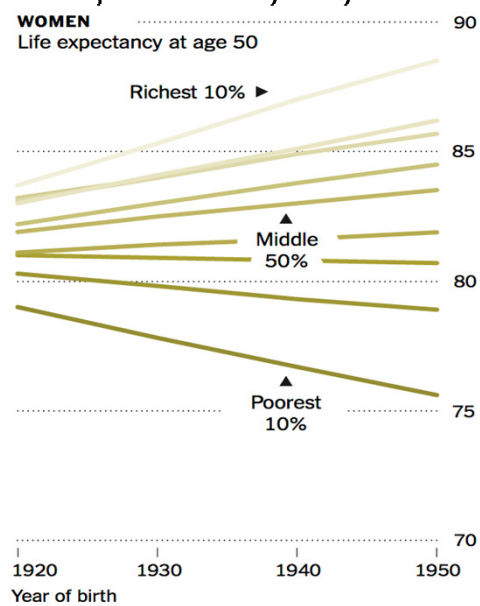
Unintentional injuries include accidental drug overdose 63,600 deaths last year



## US Life Expectancy – year of birth



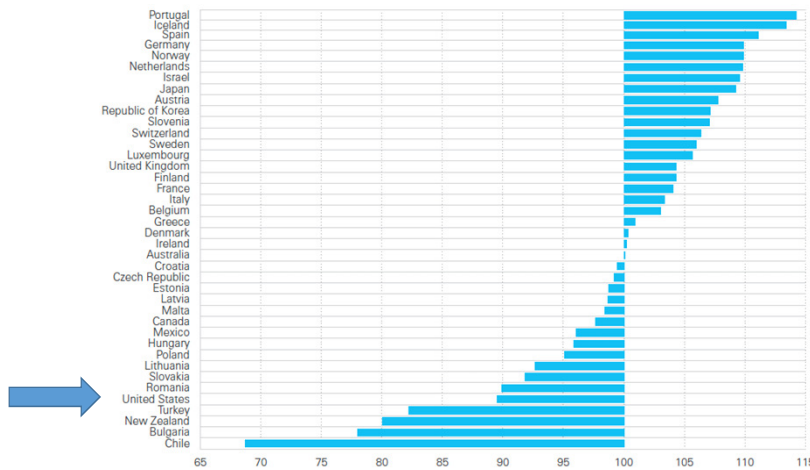
## US Life Expectancy – year of birth



neonatal mortality, suicide 0-19, mental health 11-15, drunkenness 11-15, fertility 15-19



Average country performance across five indicators: neonatal mortality (< 4 weeks of age), suicide rates (0-19 years), mental health symptoms (11-15 years), drunkenness (11-15 years) and teenage fertility rates (15-19 years)



UNICEF Report Card 14

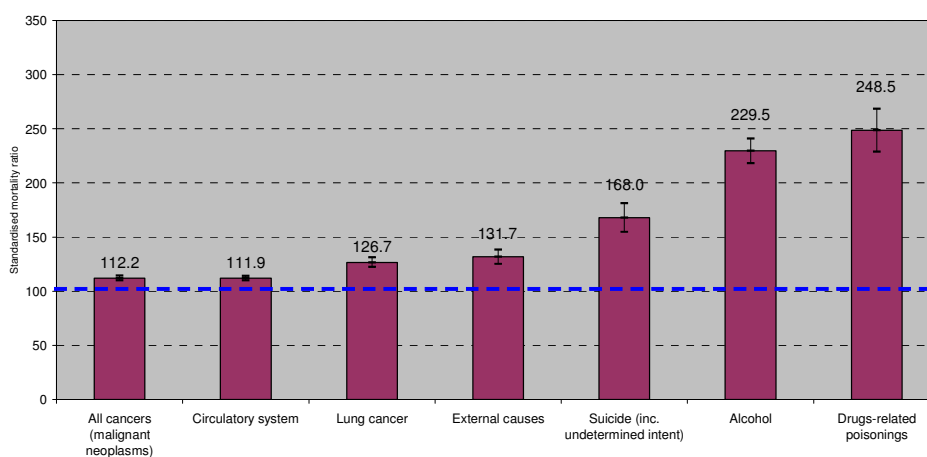


The mind is gateway by which social determinants affect ill-health.

- Mental illness and well-being.
- Psychosocial pathways to physical illness
  - Behaviours
  - Stress pathways

## SMRs by cause, all ages: Glasgow relative to Liverpool & Manchester

All ages, both sexes: cause-specific standardised mortality ratios 2003-07, Glasgow relative to Liverpool & Manchester, standardised by age, sex and deprivation decile  
Calculated from various sources



Source: Walsh D, Bendel N., Jones R, Hanlon P. It's not 'just deprivation': why do equally deprived UK cities experience different health outcomes? Public Health, 2010

from H. Burns, CMO Scotland

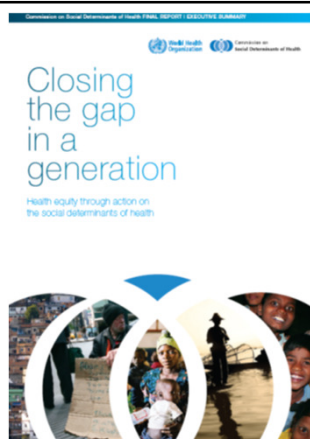
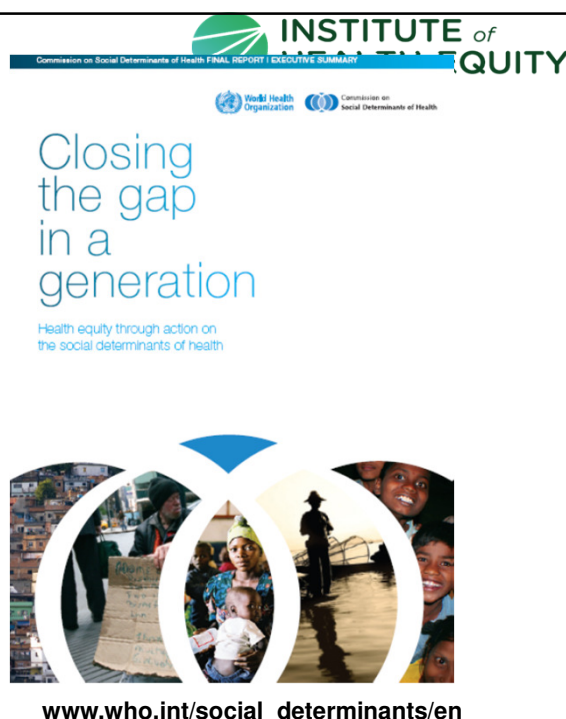


## Health improvement in difficult times

- A major element of the excess risk of premature death seen in Scotland is psychosocially determined
- Study evidence of low sense of control, self efficacy and self esteem in population in these areas

H. Burns, CMO Scotland

- Social justice
- Empowerment – material, psychosocial, political
- Improving the conditions in which people are born, grow, live, work and age
- Shaped by distribution of power, money and resources



The Commission on Social Determinants of Health (CSDH) – Closing the gap in a generation

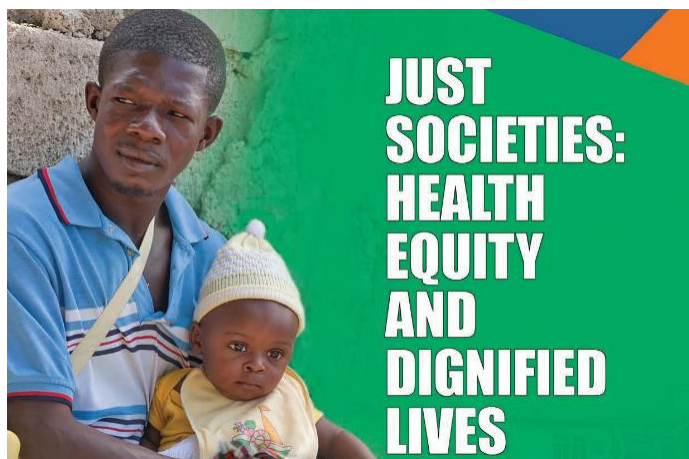


Strategic Review of Health Inequalities in England: The Marmot Review – Fair Society Healthy Lives



Review of Social Determinants of Health and the Health Divide in the WHO European Region

Commission of the Pan American Health Organization on  
Equity and Health Inequalities in the Americas



56th Directing Council Washington, D.C., 23 – 27 September 2018



*Fair Society, Healthy Lives:*  
6 Policy Objectives

- A. Give every child the best start in life**
- B. Enable all children, young people and adults to maximise their capabilities and have control over their lives**
- C. Create fair employment and good work for all**
- D. Ensure healthy standard of living for all**
- E. Create and develop healthy and sustainable places and communities**



**Strengthen the role and impact of ill health prevention**



## Lifecourse

*So we beat on, boats against the current, borne back ceaselessly into the past.*

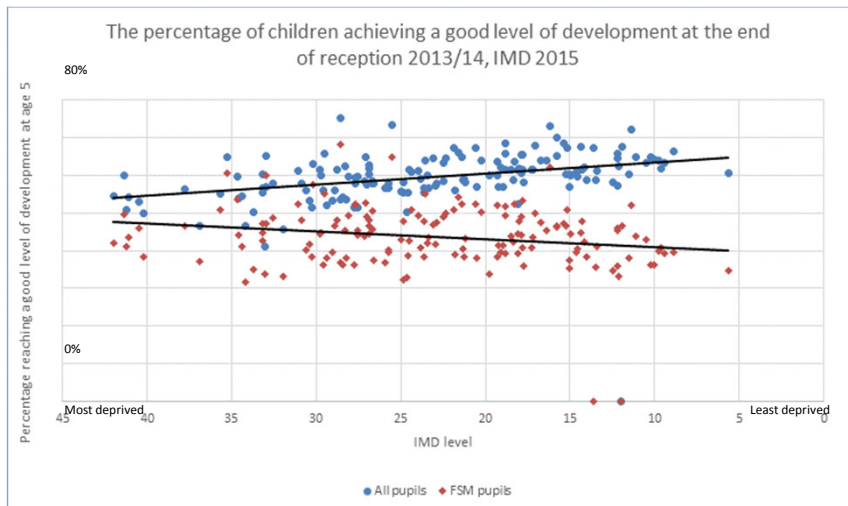
-F. Scott Fitzgerald, The Great Gatsby



## Give Every Child the Best Start



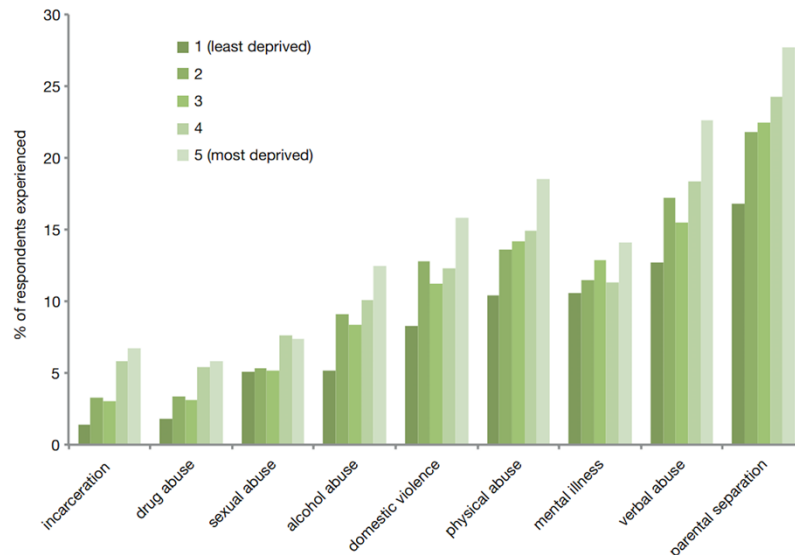
## Level of development at end of reception



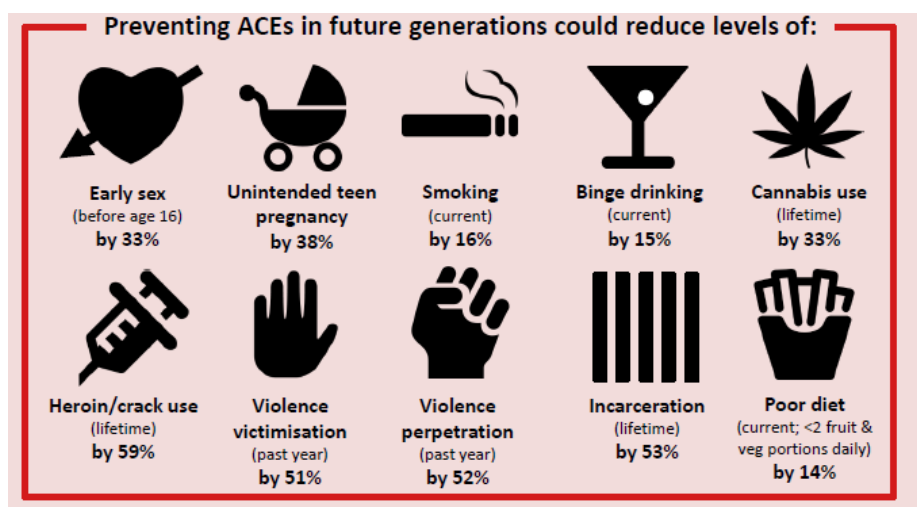
## Level of development at end of reception

England and selected local authority areas	Level of development at age 5, 2013/14		
	All pupils (%)	FSM pupils (%)	Gap between all and FSM pupils (percentage point)
England	60.4	44.8	15.6
Hackney	64.9	60.7	4.2
Bath and North East Somerset	62.5	33	29.5

## ACEs by income England 2013



## Adverse Childhood Experiences: England



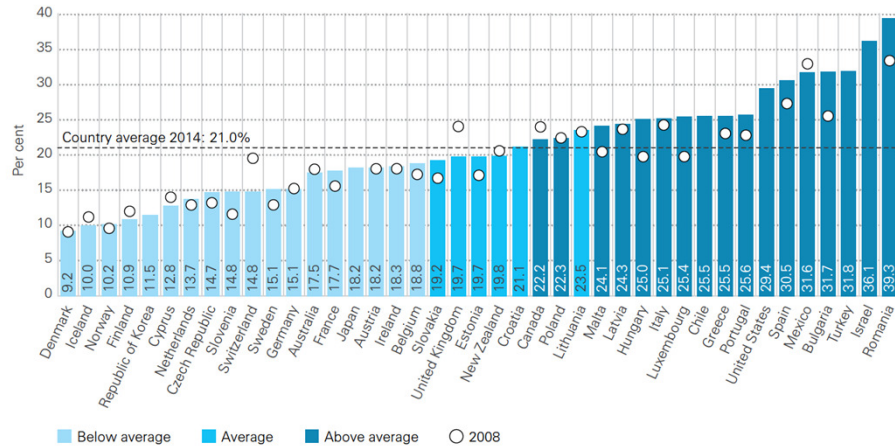
Bellis et al., 2014



## Child poverty (<60% median income)

**Figure 1.1 An average of one in five children in rich countries lives in relative income poverty**

Percentage of children aged 0–17 living in a household with income lower than 60 per cent of the median, 2014 and 2008

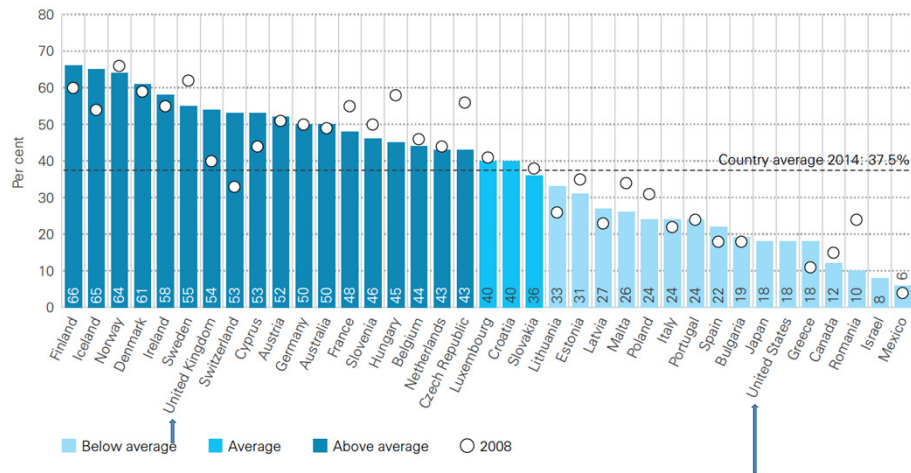


UNICEF Report Card 14

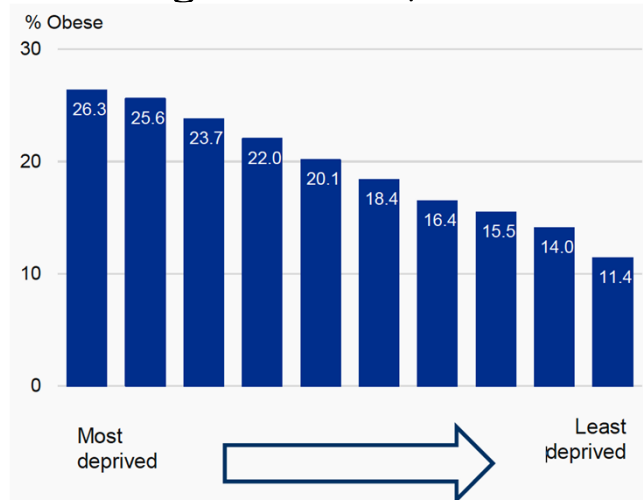
## Reducing child poverty by social transfers

**Figure 1.2 Finland, Iceland and Norway are most effective in reducing child poverty**

Percentage reduction in the rate of child poverty due to social transfers, 2014 and 2008

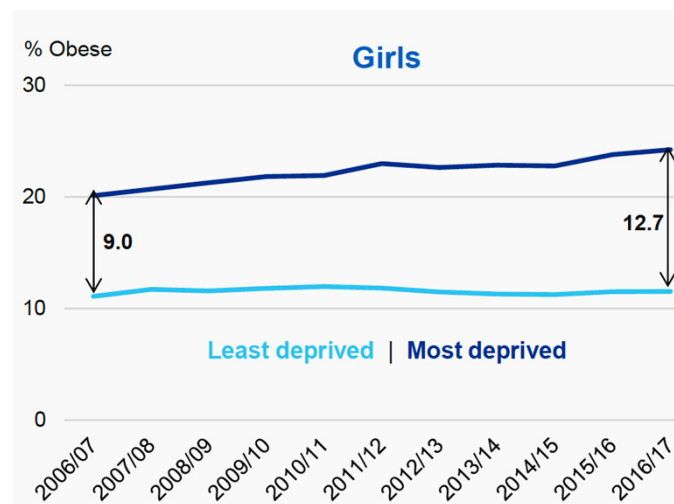


## Obesity Prevalence in Year 6 by Deprivation England 2016/17

Obesity: 95<sup>th</sup> centile of BMI

National Child Measurement Programme

## Deprivation gap in obesity Year 6 Girls England 2006-16/17



## Ensure a healthy Standard of Living



6.7m of the 13 million people in poverty are in working households, UK 2011/12

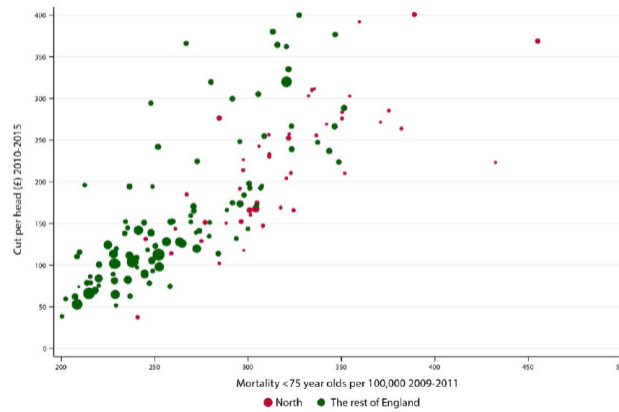


(JRF 2013 using DWP data)

## Council cuts per head and premature mortality

**Figure 2: Council cuts per head correlated against premature mortality rates**

*Cuts in council budgets are greatest in areas in the North of England, with the worst health*

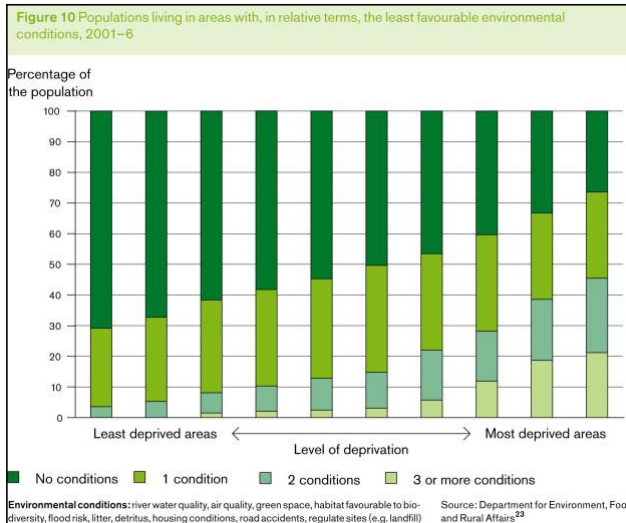


Sources: 1. DCLG - Local government financial settlement, 2. Public Health England - Longer Lives

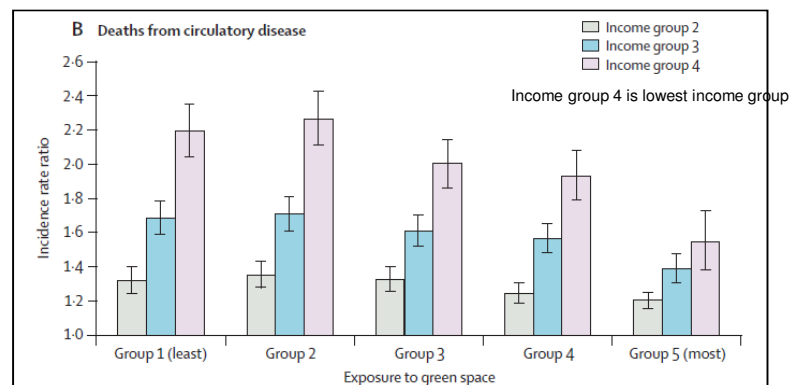
Source: Due North report

## Characteristics of housing and neighbourhood matter for health

## Living in areas with unfavourable environmental conditions in England

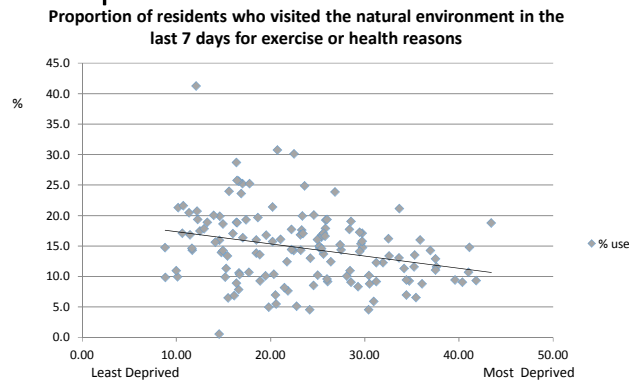


## Health benefits of exposure to green space



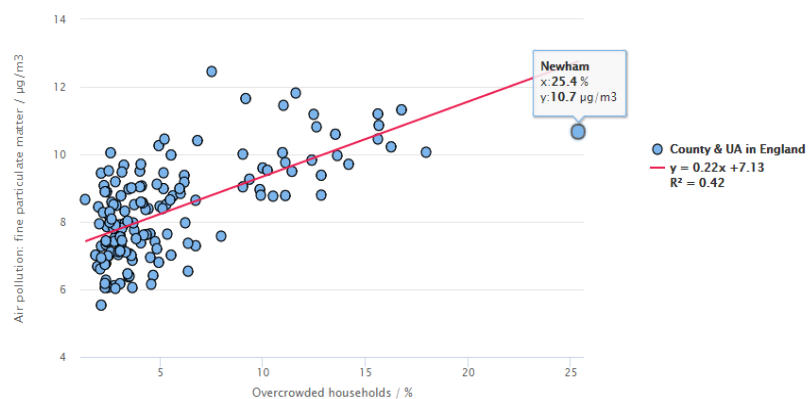
Source: Mitchell & Popham, Lancet 2008

## Use of green space



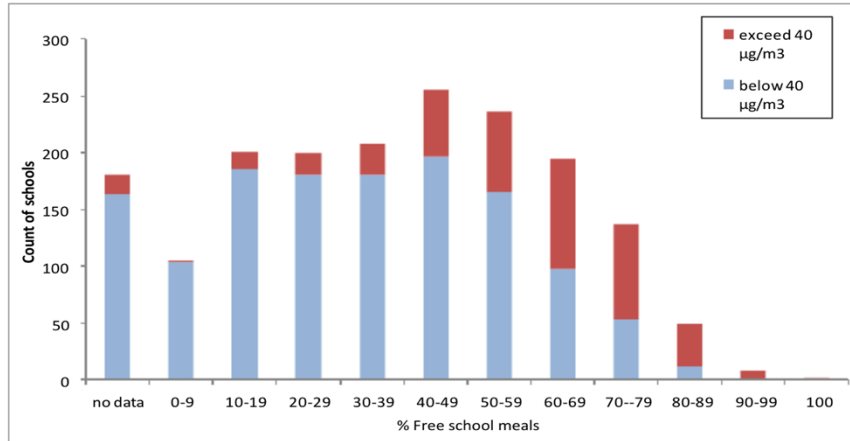
- In England, 15.3% had visited the natural environment from March 2012 to February 2013.
- Green space important for more deprived communities and has impact on CVD.
- However lower usage in more deprived areas.

## Air pollution & deprivation levels



## Deprivation air pollution and schools

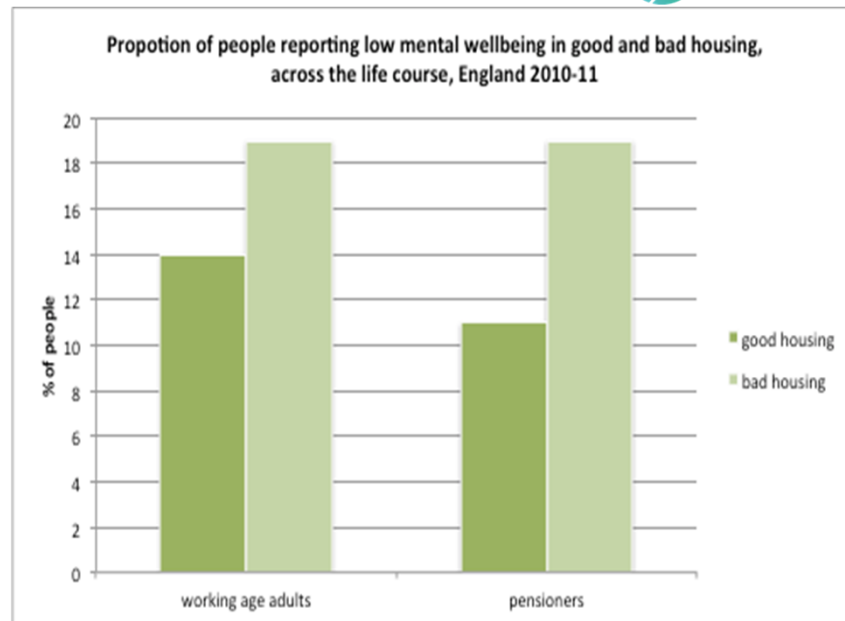
Figure E4 Count of schools grouped by the proportion of pupils eligible for Free School Meals and an NO<sub>2</sub> exceedance



% homes not meeting decent homes standard, by region and tenure, 2012

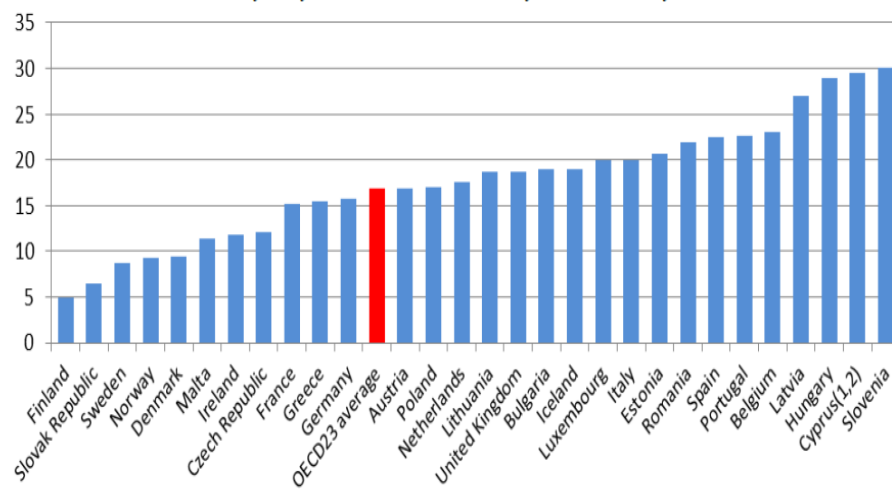
Source: Due North Report





**Chart SF1.5.B. Condition of household dwellings, 2011**

*Panel A. Proportion of children living in a household with one of: leaking roof, damp walls/floor/foundation, rot in window frames, door or floor*





## Ensure a healthy Standard of Living



### Tax havens increase inequality

- 50% of wealth in tax havens belongs to top 0.01% of people in advanced economies
- That wealth is equivalent to 5% global GDP
- Tax avoidance on massive scale
- Added to that is avoidance of tax by multinationals

Zucman, G. Guardian 8 Nov 2017

## Multinationals' tax avoidance

- €600bn a year shifted to world's tax havens
- €350bn into European tax havens – mainly profits from EU countries. Taxed at 0 to 5%
- Deprives the EU of a fifth of corporate tax revenue: **€60bn a year**
- For the UK **€12.7bn a year**
- Cf £350m a week is £18.2bn a year

Zucman, G. Guardian 8 Nov 2017

## COVENTRY: A MARMOT CITY

Some key achievements

### COVENTRY JOB SHOP

Operating since 2012, served 40,000 residents  
Youth unemployment reduced from 27% to 12.3%  
(above national average to below)  
Average weekly earnings increased from £45 less than  
national average to £17 less  
There are 16.5% more residents in work since 2014



### AMBITION COVENTRY

Employment support programme  
engaged with 1,700 young  
people at risk of not being in  
employment, education or  
training



## Trieste: An Italian Marmot City



61

## Health Equity Network in the Americas HENA

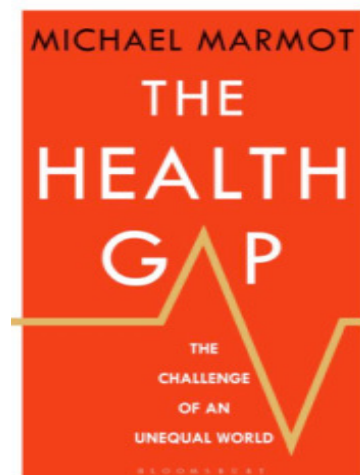


# Report from the President

I spent the year as:

WMA President 2015-16

Why treat people and send them back  
to the conditions that made them sick?



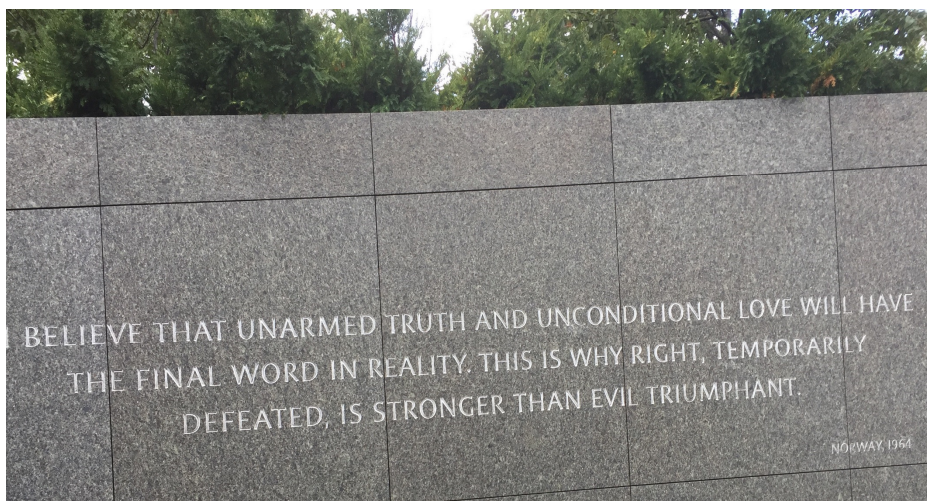
## My two messages in a world of post-fact politics

- Evidence-based policy
- Spirit of social justice

Remember: We said that

“Social injustice is killing on a grand scale”

## Martin Luther King



# A Marmot City - What's Coventry done and how, what difference has it made?

**Sue Frossell**

Public Health Consultant, Coventry City Council



## Coventry – a Marmot City

Sue Frossell  
Consultant in Public Health  
Coventry City Council  
23rd January 2019



## My story

Personal experience of poverty

Injustice button

The 2010 experience

Exploring in MK and then to Coventry

The broken record technique

## Coventry's Story



- **2013** Coventry identified as one of seven pilot areas
- The **Marmot steering group** - broad range of partners
- Three-year action plan around the **six policy objectives**
- **Ethos** of system wide thinking has embedded **Marmot principles** around “tackling inequalities” - **Marmot brand** well recognised across the system.
- **2016** Winner of the Public Health **LGC award**
- **2016** CCC, UCL and PHE Committed to working together for a further three years with two key priorities – Action Plan 2016-19
- **2018** Agreement across Marmot partners to steer the work around Poverty prevention and mitigation





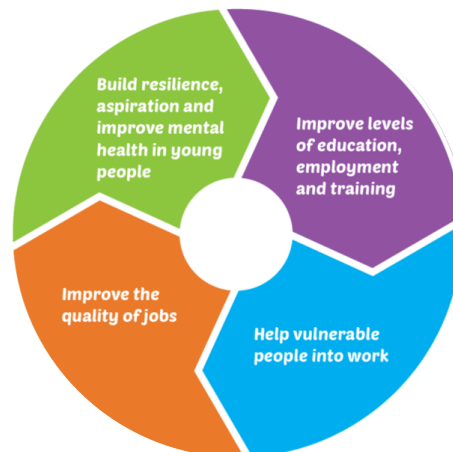
## Marmot Strategy 2016-2019



One of three priorities in **Coventry's Health and Wellbeing Strategy 2016-2019** is to work together as a Marmot City to reduce health inequalities

Coventry City Council's Public Health team have **worked with stakeholders and national experts**, including PHE, IHE, WM Police, and WMFS, and to consider where partners should focus to have the biggest impact on inequalities

Priorities were identified as tackling inequalities disproportionately affecting **young people** and ensuring economic growth in Coventry is '**good growth**' which benefits the more disadvantaged residents.



Health and wellbeing and inequalities embedded in the Council plan



Health Inequalities is now considered alongside the Equalities Act characteristics in all major policy decisions taken by the Council (adopted by West Midlands Fire Service)



Work with WMCA to develop the Thrive (workplace wellbeing) programme (16 organisations in progress)



Cycle Coventry – ensuring cycle infrastructure and training in more deprived parts of the city



NHS Health Checks and health inequality



Joint working between the Police and mental health services – mental health street triage



Safe and well checks

## Progress





Increase in % children with good development by the end of reception year



1700 young people (NEETs) supported by Coventry Ambition programme



Reduction in % 16-18 year olds not in education, employment or training (NEET)



16.5% more Coventry residents in work than 5 years ago when the Job Shop opened



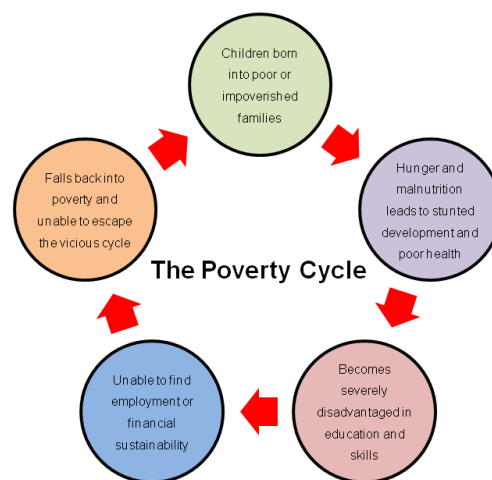
Employers challenged - 5 years ago average weekly wages £45 below the UK average & now are only £17 below (regional average £35)

## Progress

## Exploring Poverty

### Impact of significant life events

- Adverse childhood experiences
- Transition points
- Unplanned parenthood
- Major injury or illness
- Loss of job
- Separation from partner
- Retirement



## Poverty in a Marmot City Summit – new priorities



Summit – 12 November 2018

- Key priorities:
  - Engaging with business
  - Importance of lifelong learning as a route out of poverty
  - Debt collection and the impact on perpetuating poverty
  - Employment and poverty workstream
  - The NHS Role in reducing poverty

## Poverty in a Marmot City Summit – new priorities



- Employment & Poverty working group
  - Multi-agency
  - Identified quick wins
    - More effective partnership working and communication
    - Clarity of offer of support to employers
  - Areas for influence and negotiation
    - Business rates incentives for positive employer practices (real living wage, local employment etc)
    - Flexible council tax debt repayments for low income households willing to work with services

## Poverty in a Marmot City Summit – new priorities



### Further priority areas include:

0-19 year olds:

- Risk of isolation for new parents
- Lifelong learning and skills development

Adults and older people

- Improved awareness of and access to services
- Welfare and entitlements



Housing First initiative being taken forward by DPH

## Other broader opportunities



'Culture underpinning the health of the city'

**COVENTRY**  
EUROPEAN CITY OF SPORT  
2019



## Principles for future

Evaluate and publish

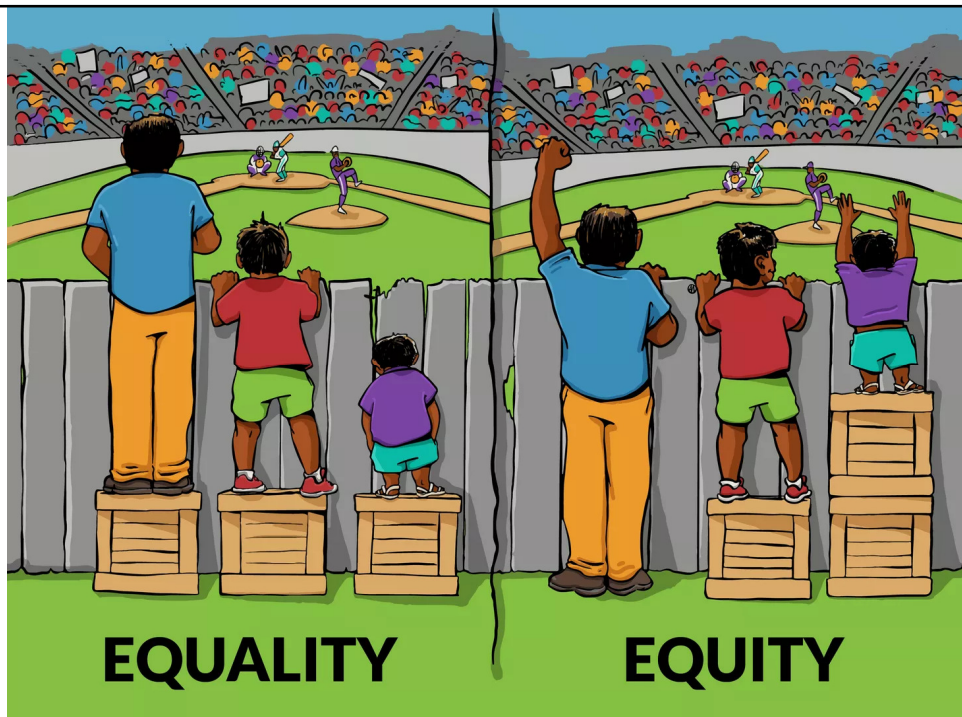
Poverty is one part of health inequalities and the proportionate universalism approach is the right approach

Strategic approach to using existing systems to reduce health inequalities?

Identify and use levers across the system

All partners involved and committed

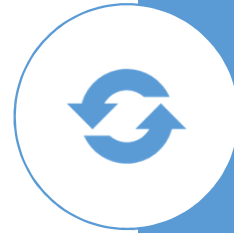
Everything in our power to allocate resources to achieve similar outcomes across our communities



## Our journey continues ...

- Refresh plan with poverty workstream
- Engage more with NHS
- Complete full evaluation
- Keep it fresh and moving

- THANK YOU FOR LISTENING!



## An Integrated Health and Care system - Embedding Prevention

**Warren Heppolette**

Executive Lead – Strategy & System  
Development, Manchester City Council



**GMCA** GREATER MANCHESTER COMBINED AUTHORITY

**NHS** in Greater Manchester

**Greater Manchester Health and Social Care Partnership**

**Lessons on Health & Care Integration**

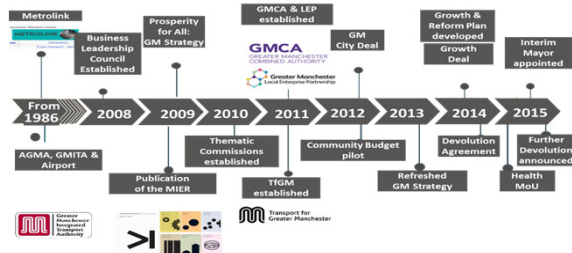
Warren Heppollette, Executive Lead Strategy and System Development

## People & Place as the organising principle



GVA – Gross Value Added  
LEP – Local Enterprise Partnership





The Partnership  
has its own  
stratigraphy



Is the system a  
single managed  
entity, or can it just  
behave as if it is?



We don't have  
the benefit of  
laboratory  
conditions



We're closer to  
an archipelago  
than a single  
landmass





Tribes and  
Tribulations.  
The baggage cannot  
be left at the door



It thrives on a  
blend of  
discipline and  
creativity

**GMCA** GREATER MANCHESTER COMBINED AUTHORITY

**NHS**  
in Greater Manchester



For further detail go to:  
[www.gmhsc.org.uk](http://www.gmhsc.org.uk)  
@GM\_HSC

# Questions



# Reflections

**Alice Wiseman**

Director of Public Health for Gateshead



## Discussion groups

**Group 1:** The wider determinants of health

**Group 2:** Our health behaviours and lifestyles

**Group 3:** The places and communities we live in,  
and with

**Group 4:** An integrated  
health care system



# Next steps

**Alice Wiseman**

Director of Public Health for Gateshead

