Report title: Wider determinants of health: to consider priorities in population

health

Report to: Essex Health and Wellbeing Board

Report author: Dr Mike Gogarty, Director of Wellbeing, Public Health and

Communities

Date: 15 July 2020 | **For:** Discussion

Enquiries to: Mike Gogarty, Director Wellbeing, Public Health and Communities,

Essex County Council. Mike.gogarty@essex.gov.uk

1. Purpose of Report

1.1 To support discussion among Board members of the key issues that will impact on health over the next few years, and, from that, consideration and agreement of priorities for population health. Board members are referred to the more detailed report in the appendix to help their considerations.

2. Recommendations

- 2.1 That the Board note the wider impacts of Covid on Essex and its implications for public health and the wider determinants – as outlined below and in appendix A
- 2.2 That the Board agree a set of priorities for the Essex system
- 2.3 That the Board consider its role in both the short and medium term in ensuring the key agreed priorities can be tackled by the wider system.
- 2.4 That, on the basis of the above recommendations, the Board reflect on whether the existing Joint Health and Wellbeing Strategy remains fit for purpose.
- 2.5 That the Board note that we are likely to suffer a recurrence of Covid with a need for further preventative measures at the end of this calendar year.
- 2.6 The Board note that greater insight is required to understand Covid-19's impact on health inequalities and support a partnership approach to developing this work.

3. Background

3.1 The Board are very aware there is a social gradient to life expectancy and people's health is adversely impacted by a range of wider determinants There is a large and growing gap between the most and least deprived districts in Essex; more

- than 123,000 people in areas which are amongst England most deprived, which has more than doubled over the last ten years.
- 3.2 The Board are well versed in the importance of wider determinants of health. These include socioeconomic factors including material wealth, education, employment and loneliness which account for around 40% of health impacts. Another 30% are driven by lifestyle choices including diet, exercise, tobacco, alcohol and substance misuse. The next 20% relates to access to healthcare and services.
- 3.3 Covid is likely to have a profound and long-lasting impact on the health and wellbeing of the people of Essex. The Board have clear existing priorities and strategy with focus on mental health, wider determinates, lifestyles and older people and people with disabilities underlined by and all age approach. It is suggested that these priorities remain apposite, but the range of actions requires under the Board to deliver agreed improvements may need to be revised, and as we move through the different stages of recovery, a greater commitment and oversight by the Board to collectively shape and measure the impact of these actions on health and life expectancy.
- 3.4 While the impacts of the virus on communities has been profound everywhere, the impacts in terms of wider determinants are likely to be worst felt in areas of existing deprivation with loss of work and less access to useful home education. There will also be high levels of poor mental health following the outbreak as a result of the socioeconomic impacts of the disease.
- 3.5 In addition to historical areas of need we must also be aware of areas dependant on industries hit hard by the outbreak. These will include the airline industry around Stansted.
- 3.6 The coronavirus outbreak has had unprecedented impacts on health and society. The impact on health across the population, and in local systems is complex and not yet fully clear. It is important to note we remain in the grip of the virus and a future scenario with a return to higher levels of infection with rigorous lockdown remains.
- 3.7 The likely proportion of people who have had the virus nationally has been between 3 and 15% by region. In Essex the figure would be between 5 and 10% likely increasing from north to south.
- 3.8 Whilst the future disruptions from COVID-19 are still unknown, the likelihood is that the pandemic will continue to have a devastating impact on the lives of many. The likely impact on deaths is complex, but could include:
 - i) Increase in deaths as a direct result virus infection in short term which could increase again
 - ii) Increase in deaths in short to medium term through people presenting late to services or not undergoing required interventions.

- iii) Long term increase in deaths through negative impact of wider determinates of health. These will tend to fall most heavily on already deprived populations.
- iv) There may also be a short-term reduction in deaths in frail older people as a result of coronavirus infection having hastened demise in this group.
- 3.9 Key areas where indirect coronavirus impacts need to be considered therefore include:
 - a. Material wealth and employment
 - b. Best start in life and education
 - c. Mental health and isolation
 - d. Lifestyle choices

These are detailed in the Appendix

4. Issues for consideration

a. Financial implications

As this is a discussion piece there are no direct financial implications arising from this report.

b. Legal implications

There are no known legal implications arising from this report

5. Equality and Diversity implications

- 5.1 The Public Sector Equality Duty applies to the Council when it makes decisions. The duty requires us to have regard to the need to:
 - (a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act. In summary, the Act makes discrimination etc. on the grounds of a protected characteristic unlawful
 - (b) Advance equality of opportunity between people who share a protected characteristic and those who do not.
 - (c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.
- 5.2 The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, gender, and sexual orientation. The Act states that 'marriage and civil partnership' is not a relevant protected characteristic for (b) or (c) although it is relevant for (a).
- 5.3 The report is an update of current planning arrangements; each planning group will be responsible for equality impact assessment of any intended plans.