

<b>Report title: System Opportunities to Tackle Deprivation through addressing the Broader determinates</b>	
<b>Report to:</b> Essex Health and Wellbeing Board	
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<b>County Divisions affected:</b> All	

## 1 Purpose of Report

This paper outlines how using an anchor institution approach can support the ambitions of partners to address the wider social determinants of health and health inequalities through targeting socio-economic influences. It is proposed that HWB members consider within their organisations how they wish to and can best contribute to this endeavour as well as how we might best work together within the wider system including with other potential anchors such as large private sector organisations and universities.

While this paper outlines the opportunities from the anchor approach focused on socio economic growth, anchors can also contribute to the environmental sustainability of place and land asset use which may be important for supporting communities and could support housing delivery targets.

## 2 Recommendations

The thoughts of the HWB are sought around adopting an “anchor” approach as a key direct way of improving health and reducing health inequalities through upstream action aimed at wider determinants.

HWB partners are asked to consider developing a ‘network’ for local anchors in Essex. This would include academic organisations, NHS partners, other local government stakeholders and large commercial organisations such as Harwich Port, Stansted Airport and Ford Motors. This could be achieved through each partner working closely with a small number of “buddies” from the wider including private system.

## 3 Background

The Board will be aware of the impacts that different determinants have on health and wellbeing (see diagram below). The greatest influencer of good health has consistently been shown to derive from socio-economic factors with the key driver of health being material wealth which is associated with higher levels of educational attainment and ‘good’ employment opportunities.

We know, in many areas in Essex, we are seeing increasing levels of relative and absolute deprivation and this is associated with increases in all physical and mental health conditions and subsequently increased demand for health and social care services across all life stages. If we are to optimally positively impact on population

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health and ensure the long-term sustainability of the health and care system, we need to use the widest range of opportunities available to us to tackle these issues.

### Relative contribution of the determinants of health

Health Behaviours 30%	Socio-economic Factors 40%	Clinical Care 20%	Built environment 10%
Smoking 10%	Education 10%	Access to Care 10%	Environmental Quality 5%
Diet/Exercise 10%	Employment 10%	Quality of care 10%	Built Environment 5%
Alcohol use 5%	Income 10%		
Poor sexual health 5%	Family/Social Support 5%		
	Community Safety 5%		

Source: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute. Used in US to rank counties by health status

A demonstrated means of addressing these issues is via anchor institutions. Anchors can be defined as large, stable organisations that have solid foundations and links within a community and provide long-term stability to the economic wellbeing of a place. Examples include hospitals, councils and universities. They are often large employers (directly and indirectly through supply chains), have large spend/purchase powers and procurement opportunities and have land assets; they are a major influencer on the social determinants of a place and population.

Following presentations by the DPH to STP/ICS Boards, NHS partners are considering how to use this approach as a means of addressing health inequalities as required in the NHS Long Term Plan with Basildon Hospital leading in this area with some support from the PH grant. We are aware that academic organisations are interested in this too.

However, UK successes have been shown when a network of partners work together across a geography rather than individual organisations so agreement from the Board to establish a systematic Essex wide approach is sought. This might include individual organisations deciding the extent to which they wish to pursue this approach as well as developing an Essex Anchor network so that opportunities from this approach can be maximised and learning shared.

#### 4. Opportunities

There is a long history of targeted services in health, public health, district, county and third sector to address the “downstream” impacts of increasing deprivation which must continue. However, without addressing the ‘causes of the causes’, demand on all system partners will increase and we are likely to see the health inequalities gap increasing. We need to work as a system to tackle the upstream issues associated with socio-economic factors.

Key actions include~

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**Targeting employment positions for local people** ~ensuring recruitment and HR policies that optimise the opportunities for local people and those in groups likely to suffer health inequalities including those with protected characteristics and those impacted by socio-economic status or deprivation to access employment within partner and contracted services. This might include specific recruitment targets and activity from specific localities and might include consideration of transport options where this is a barrier. The system will also want to consider how we might use the anchor concept to deliver the Joint Health and Wellbeing strategy ambitions around employment in people with a mental health issue or with a learning of physical disability as well as those leaving care with actions and targets in these areas.

**Creating pre-employment programmes, work placements and volunteer work experience** ~ this has included bespoke development programmes with placements and mentoring. Partnerships with Job Centre Plus and adult community learning and further and higher education are important and might be further developed.

**Engaging young people and supporting career development** ~there are low levels of aspiration and expectation in many young people and direct links between key anchors and schools will help young people make positive choices around opportunities available to them. Staff can act as “health and social care career ambassadors”. Consideration should be given to school engagement/skills pipeline work and healthcare specific careers advice. Basildon Hospital is working well in this area in Partnership with ECC, BDC and the CCG. They are looking particularly at local recruitment and have funding from the ECC public health grant to deliver advice and support within schools to raise ambition and desire in young people to work in health. The Essex Children’s Partnership Board has considered and is supportive of such approaches.

**New career opportunities**~ Some posts seem unattractive and do not offer a good career opportunity and this is often the case with caring roles. Thurrock Unitary have worked with NELFT (North East London Foundation Trust) to develop new “wellbeing workers” who are jointly employed and undertake both traditional carer and lower level health care roles. They have a career structure and further opportunities. Partners found the posts very popular at recruitment. NHS partners are interested as the posts offer an integrated approach to health and social care as well as the positive career opportunity discussed here.

**Supporting health and wellbeing of staff** ~ much has already happened in this area within partners and the area has been discussed by the Board. Best practice in the workplace includes supporting people with mental health and musculoskeletal conditions to remain in the workplace. This will include support from NHS services to help people with mental health issues to enter and /or remain in the workplace. It is important workplace health strategies target all workers as some projects preferentially engage those in better paid positions. Wellbeing schemes could consider financial planning advice and support including debt management.

**Shifting more spend locally:** Building local capacity and supporting local supply chains through commissioning arrangements that favour those with positive recruitment processes as above as well as ensuring local supply chains and provision. This would work with “roll out” to local businesses to in turn embrace this approach.

As an example, ECC perform well in this area. Levels of local spend are actively monitored and shared internally and performance is very high with respect to local procurement with 65% of spend within the County c/w 40% in Kent and 33% in Herts. Additionally ECC spend a third of resources through SMEs.

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In contrast where the data is known most NHS trusts spend around 25% through local providers. While procurement rules can be a barrier it can be specified that potential suppliers must help advance local community development.

This has been successfully achieved in some areas eg Preston City Council have led work as an anchor and public services now spend £74 million more in Preston than they did in 2013; and £200 million more is spent in wider Lancashire.

**Embedding social value into purchasing decisions** ~Partners are increasingly embedding social value into procurement processes, either by introducing explicit weightings or designing core contract specifications so that suppliers must meet specific conditions – for example, creating local jobs and training opportunities, paying a living wage and adopting best workplace health practices

**Workforce as part of the community**~ Our workforces are members of their local communities and often have influence in this arena. Many may, for example, be school governors who can influence healthy practice and approaches to educational attainment within local schools.

**Public sector opportunities**~ Regeneration is urgently required in several areas and notably in Clacton. It is likely that in Clacton the public sector will be a crucial employer and means to drive regeneration. A potential game changer would be the shift of a government department to Clacton or Harwich. While chance of success may be low some degree of pursuit is reasonable. The Suffolk and North East Essex ICS is recognised as a national leader and the opportunities to move a government department to the area include low overhead costs and access to London.

**Use of estate and infrastructure development**~ Partners can make decisions around siting, development and rationalisation of estate that could have a major positive effect on the economy in parts of Essex. Siting services near areas of need (including back office services) could help local access to jobs. Partners might additionally consider how we can use estate to best support community activity and action.

## 5. Issues for consideration

### Financial implications

There are no direct financial implications arising from this report. In considering procurement approaches there may be marginal impact on costs if additional emphasis is on improved local and social value. This will be countered through positive impacts on health and local economic growth although these will not release cash savings.

### Legal implications

There are no known legal implications arising from this report.

## 6. Equality and Diversity implications

The Public Sector Equality Duty applies to the Council when it makes decisions. The duty requires us to have regard to the need to:

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- (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.

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).

The equality impact assessment indicates that the proposals in this report will likely have a positive impact on any people with a particular characteristic.

## **7. Conclusions**

Public sector organisations, their associated supply-chain and the large commercial sector of an area are of vital importance in improving health through addressing the wider social determinants. This paper briefly outlines the opportunities from the anchor approach focused on socio economic growth, however anchors also contribute to the environmental sustainability of place and have influence over land asset use which may be important for supporting communities and via land asset disposal which could support housing delivery targets.

## **8. Recommendations**

The thoughts of the HWB are sought around adopting an "anchor" approach as a key direct way of improving health and reducing health inequalities through upstream action aimed at wider determinants.

HWB partners are asked to consider developing a 'network' for local anchors in Essex. This would include academic organisations, NHS partners, other local government stakeholders and large commercial organisations such as Harwich Port, Stansted Airport and Ford Motors. This could be achieved through each partners working closely with a small number of "buddies" from the wider including private system.