

Health determinants and inclusion for West Yorkshire – a partnership approach

1 Introduction

- 1.1 Tackling inequity and injustice, including health inequalities and socio-economic disparities, are priority areas of focus for the West Yorkshire Mayor, the West Yorkshire Combined Authority, the West Yorkshire Health and Care Partnership and the West Yorkshire ICB Chair and Chief Executive.
- 1.2 West Yorkshire's leaders have come together recognising the value of collaborative, partnership working around inclusivity and health determinants. There has been a commitment to work together on these issues and jointly resource a small team to catalyse system change. There is strong base and potential to grow the national recognition for the leadership role that West Yorkshire plays in this area of work.
- 1.3 West Yorkshire recognises the two-way nature of the relationship between health and the economy and the need to move towards an inclusive wellbeing economic approach to benefit our population.
- 1.4 This paper sets out the approach and work plan for partners across West Yorkshire, in addressing the social determinants of health and inclusivity through partnership arrangements.
- 1.5 This work set out in this paper will contribute to supporting the delivery of:
 - West Yorkshire Integrated Care Partnership strategy
 - West Yorkshire Combined Authority corporate plan
 - West Yorkshire Mayoral Pledges

2 Context

- 2.1 Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. They are rooted deep within our society, and they are widening, leading to disparate outcomes, varied access to services, and poor experiences of care. This results in earlier deaths, lost years of healthy life, intergenerational effects from traumatic experiences, and has significant economic costs for society. Yet, health inequalities are mostly preventable.
- 2.2 We know that around 80% of the things that generate and sustain good health, are things outside of healthcare. As well as individual factors, social determinants have a strong influence on the health of the population. This includes the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.
- 2.3 Good health is vital to an enjoyable and meaningful life, free from avoidable pain, anxiety and, in the worst cases, premature death. But it is also a crucial determinant of our economic prospects, both at an individual, local, regional and a national level.
- 2.4 A recent report from the IPPR demonstrated that experiencing a physical health condition was associated with a drop in annual earnings of £1,800 (in 2014–19) and

£1,700 (in 2020–21), and that mental illness was associated with a drop in annual earnings of £2200 (in 2014–19) and £1,700 (in 2020–2021) fall in earnings. We also found, between 2020–21, that the long-term physical illness of another household member was associated with a fall in annual earnings of £1,224.

- 2.5 Lost earnings have a significant impact on Gross Domestic Product (GDP). The IPPR estimate that long-term-sickness-determined loss of earnings cost the UK economy £43 billion in 2021, equivalent to around two per cent of GDP. This is just one route by which health impacts on the economy. Lower business spend on overheads, business costs from sick days, lower production and the impact of short-term illness could be significant additions to this figure.
- 2.6 Additionally, when the economy doesn't work for people, harm is caused to both people and the planet. This harm may be in the form of ill health, climate breakdown or economic inequalities and insecurity. The response is usually to spend money to respond to these harms, and so we become trapped in an expensive cycle of spending money to fix what was broken.
- 2.7 Most of health spending goes on treating people when they get ill. The later we treat people, the more advanced and complex their health issues are, and the more expensive they are to treat. Investing in the interventions and policies that create health and wellbeing, preventing ill health at its earliest stage are much better value for money than the treatment of ill health. A failure to invest properly in prevention leads to greater long-term costs for the NHS and the public purse.
- 2.8 An inclusive wellbeing economy which focuses on prevention, people, and the planet, saves money by reducing avoidable reactive spending to preventable harm.
- 2.9 There are some groups who are at increased risk of not being served equally by the economy and this impacts negatively on their physical and mental health. For example, throughout their lives women are more likely to be excluded from work due to pregnancy and childcare responsibilities, caring responsibilities, and menopause. There are also groups for whom work can transform their lives and their health, but who are excluded from work, for example ex-offenders, people recovering from drug and alcohol addiction and refugees and asylum seekers.
- 2.10 Mitigating against the structural obstacles to good health through civic action is a key to reducing health inequalities. This includes use of legislation, regulation, taxation and licensing within devolved local powers to help make healthy choices easier for people. Local government focus on improving this level of intervention needs to be targeted appropriately to reach all relevant parts of the population.
- 2.11 It is clear, therefore, that the contribution of combined authorities, and local authorities are hugely influential in the health of the population, and any powers and resources that are within the control of these institutions should be looking at ways of positively maximising their impact on the population's health.
- 2.12 Local authorities in West Yorkshire are supported to deliver this impact through their Director of Public Health and team. The West Yorkshire ICB are supported through the Improving Population Health Team, and the West Yorkshire Combined Authority is now

supported through the recent appointments of Inclusivity Champion and Associate Director for Improving Population Health (joint appointments with the ICB).

2.13 The work programme of this new team needs to be complementary, but discrete and add value to the existing work of the West Yorkshire Directors of Public Health, Improving Population Health team and the regional Office of Health Improvement and Disparities (OHID), to demonstrate the population health system working that is necessary to address the challenges outlined.

2.14 Since the first devolution deal in 2014, there has been ongoing debate, and review of the deals between national government and combined authorities, which continues to look at what level of delegation of both power and resource should be transferred to a combined authority and how should that be overseen and scrutinised.

2.15 Concurrently, changes in the NHS structural arrangements and articulation of purpose have put greater emphasis on the role of the NHS as contributor to social and economic development and have created a new geographical footprint for NHS management responsibilities – removing Clinical Commissioning Groups (which tended to be broadly similar to local authority footprints) and creating Integrated Care Systems and Board (closer to combined authority footprints, some better aligned than others).

2.16 “The purpose of ICSs is to bring partner organisations together to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.”

This ‘fourth purpose’ of the ICSs particular purpose is perhaps the least well defined and understood in NHS clinical, management and strategy terms, social and economic development has long been, and will continue to be, a permanent if permeable part of our place.

2.17 It is particularly important to acknowledge and strengthen this link, given the wider ongoing changes in the economic geography of our places and the way we live. There is an inextricable relationship between health and socioeconomic outcomes, as witnessed in the current situation around the cost of living and the impact of ill-health on labour markets. West Yorkshire leaders are committed to delivering the best possible outcomes for their population through addressing the drivers that affect this relationship.

3 Areas of work

3.1 Broadly, this work will be driven by working on three main areas:

- Health and inclusivity in all policies
- Programme delivery
- Development of future ambition for the region.

4 Health and inclusivity in all policies

4.1 Health in All Policies (HiAP) is an approach to policies that systematically and explicitly takes into account the health and inclusivity implications of the decisions we make; targets the key social determinants of health; looks for synergies between health and other core objectives and the work we do with partners; and tries to avoid causing harm with the aim of improving the health of the population and reducing inequity.

4.2 Taking this approach through the work of the West Yorkshire Combined Authority will enable the maximisation of opportunities to create the conditions for good, healthy, fairer lives for the population of West Yorkshire.

4.3 Within this approach we will also go further on internal policy approaches to address inequalities and strengthening diversity of process around recruitment and selection within West Yorkshire Combined Authority and partners. Additionally, we will explore the consistency of, and strengthen where necessary, mentorship and/or sponsorship programmes to support a diversity of talent development within the organisation.

4.4 This approach will also include the production of a narrative about the approach and how we are addressing inequalities across West Yorkshire. This will build on the excellent existing work in local authorities, including as examples Leeds Marmot City; Bradford's Health Research Collaboration; Calderdale's anti-poverty strategy; Kirklees' inclusion and diversity strategy; and Wakefield's Health and Wellbeing strategy. It will also build on the strength of work that has been developed through the Integrated Care Partnership including the health equity fellows and health inequalities academy.

4.5 This also builds on a growing body of joint working between the Integrated Care Partnership and the Combined Authority, as exemplified by the Violence Reduction Unit and the System of Sanctuary.

4.6 The routes for delivery of this approach will be:

- involvement in policy development through WYCA policy review group;
- development of an integrated impact assessment;
- implementation of the recommendations from the Dame Donna Kinnear review;
- developing a consistency of approach to community representation in planning and delivery of programmes;
- ensuring an inclusivity lens on economic development and recovery
- continued review of the use of data in strategy, policy and programme design and promotion of improvements in data quality and recording of protected characteristics.

4.7 It is also important to note that the approach requires strength of relationship building, networking, and communication between partners, that will be driven by the team referenced in 2.5, but will need to extend well beyond this team and be a system responsibility. This is further articulated in the attached partnership agreement.

4.8 Notable forthcoming strategies where input has already commenced or been requested include:

- West Yorkshire Investment Strategy
- West Yorkshire Plan
- West Yorkshire Economic Plan
- West Yorkshire Housing Strategy
- Local Nature Recovery strategy
- West Yorkshire Transport Strategy

5 Programme delivery

5.1 To demonstrate good practice ways of working to deliver the Health in all Policies approach, there will be some discrete areas of programme delivery. Whilst recognising

that when it comes to addressing population health and inequality challenges, the single biggest intervention is knowing that there is no single biggest intervention, it is important that we take every opportunity to demonstrate and improve the way services and programmes are delivered to maximise health and equity.

5.2 These are outlined below and will be fully scoped over the coming weeks.

- **Anti-racism campaign.** We will strengthen and broaden the Root Out Racism campaign across West Yorkshire.
- **Development of an Integrated approach to Equality Diversity and Inclusion.** This will be supported by the development of an Equality, Diversity and Inclusion Strategy to build on the implementation of the recommendations of the Dame Donna Kinneer review.
- **Cost of living.** Building on our joint cost of living plan by reviewing citizens advice commissioning and provision across the region for opportunity to align, simplify and maximise uptake of debt advice and benefits claimed. We will continue to connect this work to the wider, long-term issues highlighted by this current crisis, poverty and climate change.
- **Work and health.** Building on the Fair Work Charter, the work of the inclusive growth team and work in local authorities, we will develop a programme to support SMEs with understanding and supporting the health and wellbeing needs of their employees. We will review the opportunities around apprenticeships for diverse groups and will ensure that start up grants are more accessible for a wider range of cohorts. We will also build on the work initiated by the Integrated Care Board, to enable care leavers across West Yorkshire to access career opportunities across the health and care service and harness the talent and potential that lies within this community.
- **Housing and health.** We will build on existing work of the West Yorkshire Housing partnership health and housing group and establish a Housing First workstream looking at existing local provision and exploring linked work and potential funding.
- **Climate action.** Ensure the continuation of the connections between the climate change action between the local authorities, combined authority and ICB to maximise impact strengthen connection with inequalities and health impact.
- **Culture, health and inclusion.** Build explicit connections between the cultural activities and health and inclusion impacts across the region, through local authorities, West Yorkshire Combined Authority culture framework and ICB culture and health work.

These work programmes build on the excellent collaborative approaches already being implemented through activity such as the Violence Reduction Unit and the System of Sanctuary.

6 Development of future ambition for the region

6.1 West Yorkshire has a huge amount to offer national leaders given the ambition, creativity, and direction that has been set out in the West Yorkshire plan. Underpinning all the missions and ambitions that are set out in the West Yorkshire Plan and the Integrated Care Partnership strategy are three core areas of focus: economic opportunity; climate emergency and inclusion.

6.2 The work areas set out above will enable us to go further at a national level and influence thinking and policy making that will have direct impact on our people and

places. This work will give us a stronger platform for highlighting excellence of working in this field, from across the region and opportunities to profile local and regional working.

6.3 There has been excellent leadership in this area already including contribution to the recent NHS Confederation report “Unlocking the NHS’s social and economic potential: creating a productive system”. As part of this work, Cathy Elliott has developed a maturity framework to assess systems progress on this work. A self-assessment of the West Yorkshire system will be made against this framework to help further develop our approaches.

6.4 Additionally, the Leeds Health and Social Care Hub gives us the opportunity to connect directly with the Department of Health and Social Care to innovate and shape policy.

6.5 Further, we have excellent universities across the region, and excellent connections with our business community. The work in this area will be both informed by and will help to shape future research and innovation through the links with Y-PERN, the AHSN and the innovation hub.

6.6 We are already involved in several key national debates and policy shaping discussions. The current areas of involvement and influence are:

- Health and Devo Working Group – a series of roundtables led by NHS Confed and the LGA.
- The Health Devolution Commission – an independent cross-party and cross-sector body working to champion and support the successful implementation of devolved and integrated health and social care services across England.
- Health Foundation – a commission supporting Combined Authorities to be more effective in tackling health inequalities, by providing capacity to ten Combined Authorities (CAs) to enable them to extend their activity to improve health.
- Learning capture project – an NHS England commissioned piece delivered by NHS Confederation, LGA, National Voices and NAVCA, supporting partnerships to explore effective leadership models to deliver social and economic development.

7 Recommendations

7.1 This paper sets out the approach and work plan for partners across West Yorkshire, in addressing the social determinants of health and inclusivity through partnership arrangements.

7.2 It is recommended that the West Yorkshire Integrated Care Partnership and the West Yorkshire Combined Authority:

- endorse this approach and support the work;
- sign the attached partnership agreement to demonstrate commitment and agreement of areas of focus.