Healthier Futures Academy
Black Country and West Birmingham

Working Together for a Healthier Post-COVID Future

Executive Summary

Black Country Consortium

Economic Intelligence Unit

The Strategy Unit.

Executive Summary

In line with wider national drives towards inclusive growth and the extension of the role of 'anchor institutions', the Healthier Futures Academy has initiated the Wider Determinants of Healthy Life Expectancy (WHoLE) Programme. The purpose of the programme is to help local partner organisations:

- Better understand their local populations in terms of the interactions between the wider context of their lives and their health;
- Develop a set of priorities for action;
- Engage relevant stakeholder and community groups; and
- Co-design, and collaboratively implement and evaluate, projects relating to the social, economic and environmental circumstances in which people live to facilitate improved population health.

This discussion document and the accompanying resources represent the initial outputs of the WHoLE programme, developed for the Academy by The Strategy Unit and with additional analysis by the Black Country Consortium's Economic Intelligence Unit.

Explicitly intended to facilitate discussion with system partners and co-production with local communities, this work does not purport to offer off-the-shelf solutions to intractable social, economic and health challenges, neither does it represent the formal policy position of the Healthier Futures Partnership or any of its constituent organisations. Instead, it is an independent overview of local experience, international evidence and bespoke, high-level analysis to generate debate and decision about what an increased local focus on improving population health and wellbeing in the Black Country and West Birmingham (BCWB) should look like.

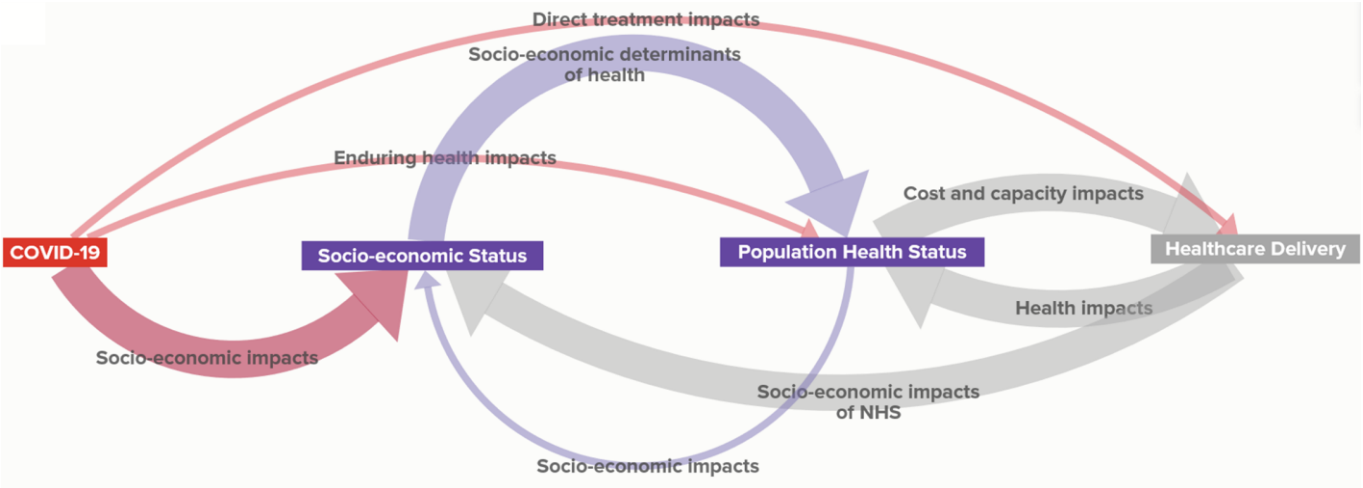

Figure 1 - Causal map

when the British economy sneezes, the NHS catches a cold[1]

What follows is no more and no less than the launchpad for a programme of targeted and collaborative engagement and action on the economic, social and environmental forces that shape our health, even more than do the lifestyle choices we make or the healthcare services available to us. The core logic of the WHoLE programme is represented in the causal map above (Figure 1) and summarised thus:

- Population health is determined by a wide range of factors including healthcare interventions and lifestyle choices. But we know that there are wider, socio-economic determinants of health that have a greater impact on the health of the population and the resulting demand for healthcare services. BCWB has existing challenges in relation to these determinants.
- There is evidence that COVID-19 is affecting the wider determinants of health and the consequent demand for services in an adverse manner and to a significant degree. This is in addition to the direct treatment and enduring health impacts of the disease.
- The NHS impacts population health status both directly through the care, treatment and medication it provides and indirectly through the way in which healthcare services are organised and healthcare resources invested.
- There are opportunities for the NHS, with local partners, to increase its impact as an anchor institution on the determinants of health, bringing greater benefits to local communities and limiting the adverse impacts of COVID-19.

Any adverse socio-economic impacts relating to COVID-19 will affect a context in the Black Country and West Birmingham that already has structural weaknesses including:

- The relatively low average income levels across BCWB (£4k below the national average) and the constrained ability to weather an economic crisis that accompanies this.
- The high numbers of children living in poverty (17.7% live in workless households and 28% in relative low income families).
- The already high rates of unemployment especially amongst
    - mixed ethnic groups (19.3% BCWB compared to 6.2% nationally) and the Pakistani/Bangladeshi population (12.9% BCWB compared to 8.9% nationally) and

[1] Sir Simon Stevens, Chief Executive, NHS England and NHS Improvement, speaking in 2016

  - 16-24 year-olds (males 15.6% compared to England 13.7%; females 13.0% compared to England 9.6%);
- The relatively low skills levels, especially in the White population.
- The relatively large proportion of 0-15 year-olds (21.5% BCWB, compared to 19.2% nationally) especially males - an age-group that will be seeking to enter the jobs market for the first time in the economic and social shadow of the COVID-19 pandemic.
- The relatively high proportion of the population that is economically inactive (i.e. neither in work nor seeking work), especially females aged 16-49 and across all ethnic groups except those of Indian ethnicity.
- The high levels of air pollution, with 32% of neighbourhoods (LSOAs) in the 'worst' category nationally.

Illustrative, evidence-based modelling of three post-COVID scenarios undertaken by The Strategy Unit, using conservative assumptions, suggests that the unemployment rates in a COVID-related recession could lead to significant increases in healthcare activity levels during 2020-24.

- For physical health services relating to cardiovascular, musculoskeletal and respiratory conditions alone, activity levels are projected to remain above the 2019 baseline for the whole period. In the upside scenario, activity increases by 7% in 2020 before reducing to 5% then close to 2019 levels. In central and downside scenarios, the peak is in 2021 with 13% and 16% increases, respectively.

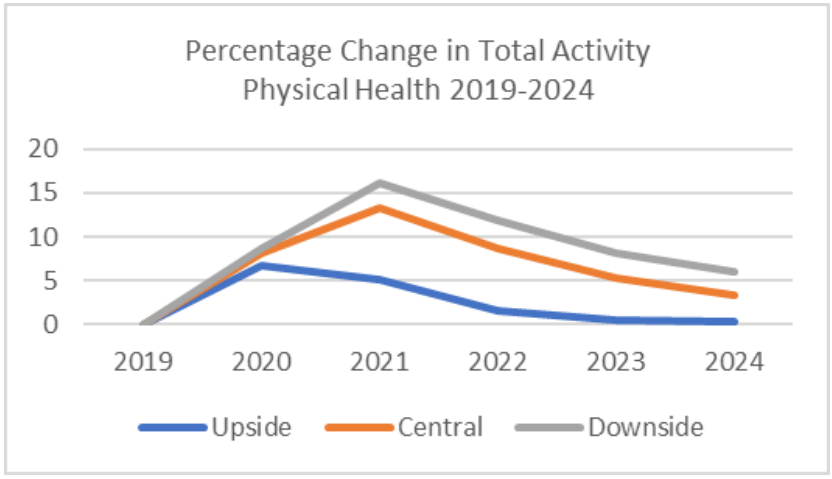

Figure 2 - Percentage change in total physical healthcare activity by scenario

The equity of access for different ethnic groups is hard to assess because of weaknesses in recording ethnicity in the activity data; there are some variations in activity level by place; and there are elevated activity levels amongst those in the lowest deprivation deciles (c.3% above the working age population proportion for those deciles).

- For mental health services, activity levels are also projected to remain above the 2019 baseline for the whole period but to a greater extent than physical health activity. In the upside scenario, activity increases by 10% in 2020 and 2021 before reducing to 3% for the remainder of the period. In central and downside scenarios, the peak is in 2021 with 22% and 27% increases, respectively.

  The equity of access for different ethnic groups is again hard to assess because of weaknesses in recording ethnicity in the activity data; there are some variations in activity level by place; and there are elevated activity levels amongst those in the lowest deprivation deciles. At 10% above the working age population proportion for those deciles, this deprivation impact is three times the level in mental healthcare activity than it is in physical healthcare activity.

  In addition, a 4.45% increase would be expected in the suicide rate (4 additional deaths) along with an additional 160 suicide attempts.

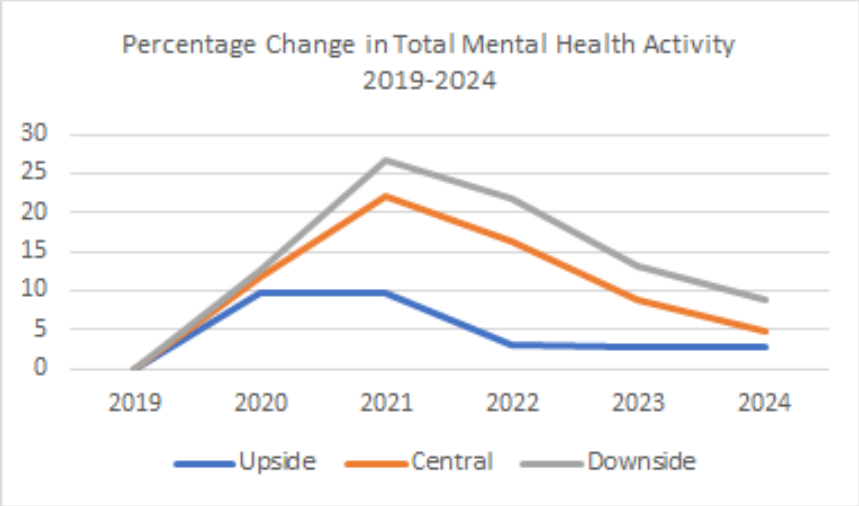

Figure 3 - Percentage change in total mental healthcare activity by scenario

Whatever the nature and extent of the additional healthcare demand created by the socio-economic fallout from COVID-19, one aspect of the NHS response alongside local partners will necessarily be to make changes to the capacity of services and to the models of care that shape those services (including the skill-mix of staff). Such supply-side actions are outside the scope of this report, as are demand-side responses linked directly to lifestyle choices, and the associated prevention activities. The findings reported here may, however, additionally be used to inform supply-side planning across the system. The focus of the WHoLE programme, by contrast, is on understanding and addressing the social, economic and environmental drivers of population health that may account for 50% of the determinants of health.

> *Health is often thought of as more of a concern for the NHS than for local government, but in reality, local government has an even greater potential to influence health improvement than does the NHS. As was quoted in the recent All Parliamentary Report on longevity: "We have been caught in a false view that our national health means the NHS."*[2]

[2] https://www.local.gov.uk/sites/default/files/documents/22.52%20Social%20Determinants%20of%20Health_05_0.pdf

What can the NHS, in a genuine and close collaboration with local government and other partners, actually do to impact these indirect drivers of population health? In fact, local NHS and other partner organisations are already acting to impact the wider determinants of health in a wide variety of ways which the Health Foundation categorises as five areas for potential action (Figure 4).

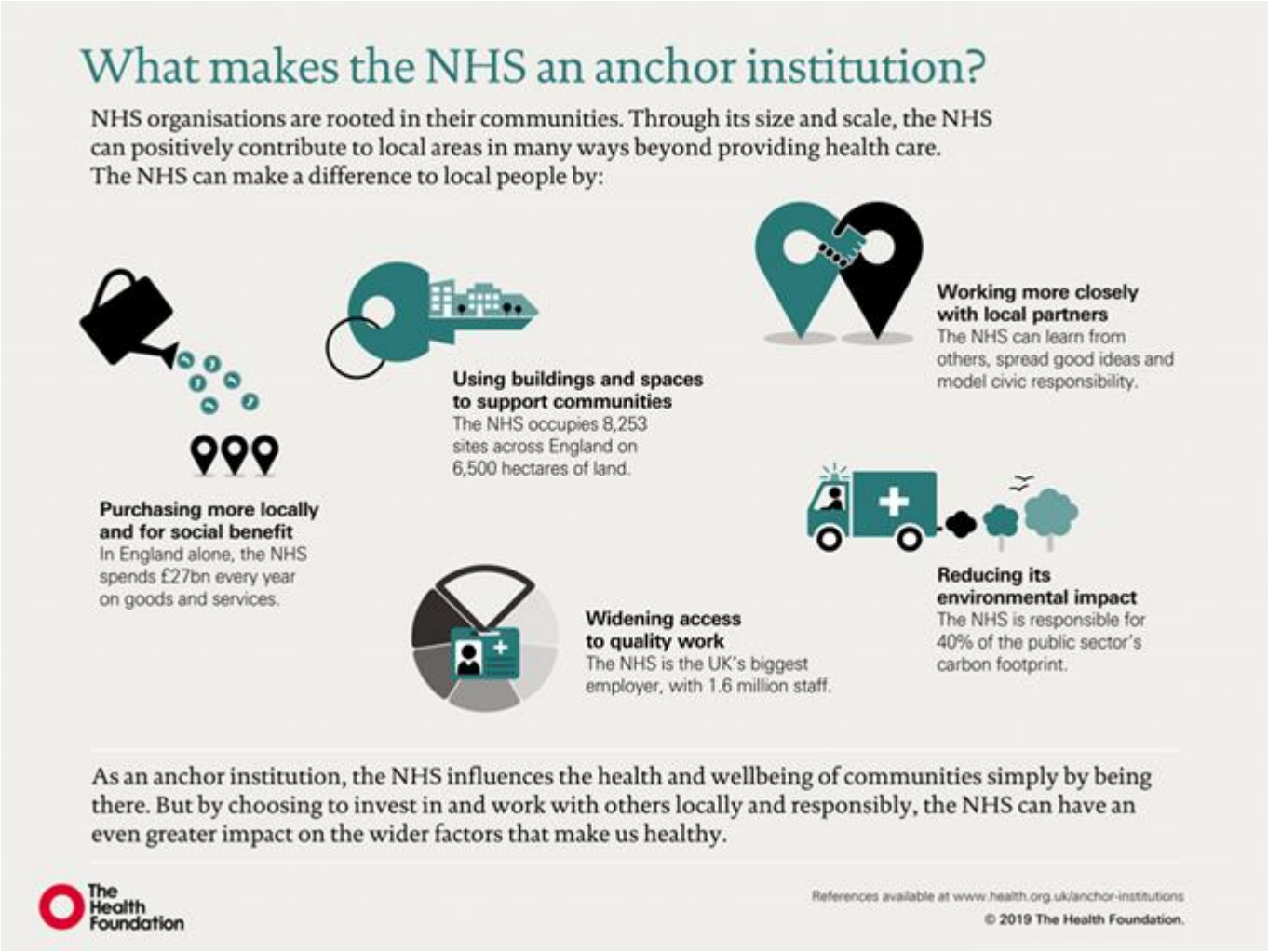

Figure 4 - What makes the NHS and anchor institution?

The challenge now is to redouble collaborative efforts to identify and act on opportunities to improve the circumstances that influence the health of our populations more materially than the healthcare we provide. Prior to COVID-19, the evidence and the need were already clear. In the shadow of COVID, the evidence suggests that healthcare needs will materially increase, bringing further challenge to the lives of our citizens and significant additional demand pressures on already stretched healthcare services.

Although these dynamics have long been known within the NHS, at least at a superficial level, the NHS has not yet played as full a part as it might in impacting the factors that shape population health, given its social and economic impact in the local economy. The lead role that other bodies play in relation to this agenda, especially Local Authorities, is well recognised, as is the significance of other local anchors

such as educational institutions, emergency services and other public bodies. The challenge for local NHS organisations is to better understand the socio-economic impact of their decisions (past and present) and then to use that understanding to energise and inform collaborative working with local partners. The challenge for those partners is to be open to that collaboration and to help NHS organisations discover how they can realise their potential as economic actors and become fuller partners in all aspects of inclusive local growth, thereby improving the healthy life expectancy of local populations through impacting the socioeconomic determinants of health as well as through healthcare delivery. Collaborative action at scale will have greater impact than isolated initiatives at the margins.

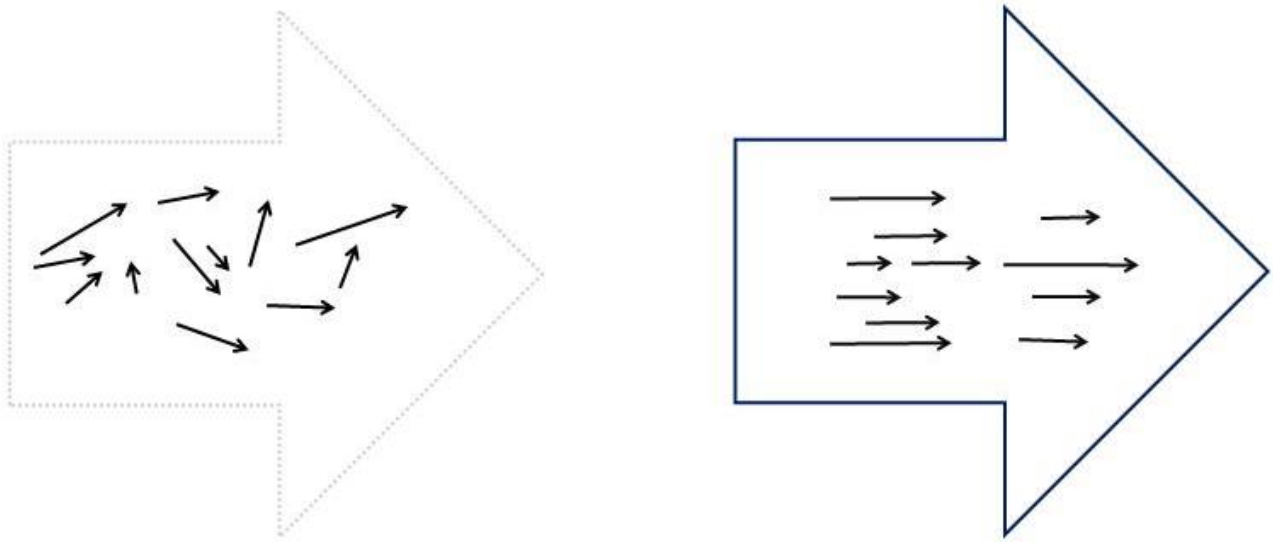

Figure 5 - The benefit of collaborative action

To facilitate this increased collaboration, the publication of this discussion document will be followed by two months of engagement with system partners in Local Authority Health and Wellbeing Boards, Healthier Futures partner organisations in the NHS and local government, and the local voluntary and community sector. Whilst detailed public engagement is largely intended for Phase 2, versions of this report will be made available to the public. Going forward, the governance of the programme is expected to sit with the Health Inequalities Board of the Healthier Futures Partnership. There are two aims of this engagement:

- To increase understanding of the interactions between the contexts in which citizens live (social, economic, environmental) and their health; and
- To inform the recommendation of priority areas for whole-system action in Phase 2 of the programme. These are expected to be determined by the Healthier Futures Partnership Board in January 2021, following the proposed engagement.

There are four key questions to be explored in this initial engagement. These relate to a framework for discussion and action that has been developed on the basis of the evidence and analysis presented in this report (Table 1):

	Education and Skills	Employment and Income	Community and Environment
County Health Ranking Weightings *(as % of the determinants of health)*	• 5% high school graduation (~5 GCSEs at C or above) • 5% some college education	• 10% unemployment • 10% children in poverty	• 2.5% air pollution – particulate matter • 2.5% inadequate social support
Marmot Recommendations	• Giving Every Child the Best Start in Life • Enabling all Children, Young People and Adults to Maximise their Capabilities and Have Control over their Lives	• Creating Fair Employment and Good Work for All • Ensuring a Healthy Standard of Living for All	• Create Healthy and Sustainable Places and Communities
Target Socio-economic Outcomes	• Greater school readiness • Better skills and qualifications	• Fuller employment in better jobs • Higher incomes	• Better environments (social, economic, physical and natural)
Potential Intervention Mechanisms	• Increasing early years access and support • Reducing child poverty • Increasing pay and qualification requirements for the childcare workforce • Improving pupils' physical and mental wellbeing	• Becoming living wage employers • Investing more in local procurement (including local employment and living wage jobs) under the 2012 Social Value Act • Increasing higher value apprenticeships and in-work training • Developing new roles and training paths in public sector professions	• Increasing the resilience of local communities and their economic, social and cultural assets • Improving air quality in line with national and local net zero targets • Increasing the quality and affordability of stable housing • Ensuring best value is being realised from public sector land and buildings
Available Public Sector Tools	• Adjusting public sector service models to increase wider socio-economic benefits and to reduce inequalities • Enhancing how potential and existing public sector staff (and the employees of public sector contract holders) are nurtured, recruited, trained and supported • Deriving greater socio-economic benefit from public sector financial and physical resources (including in the supply chain)		
Candidate Interventions	• *To be co-produced in Phase 2*		

Table 1 - Framework for discussion and action

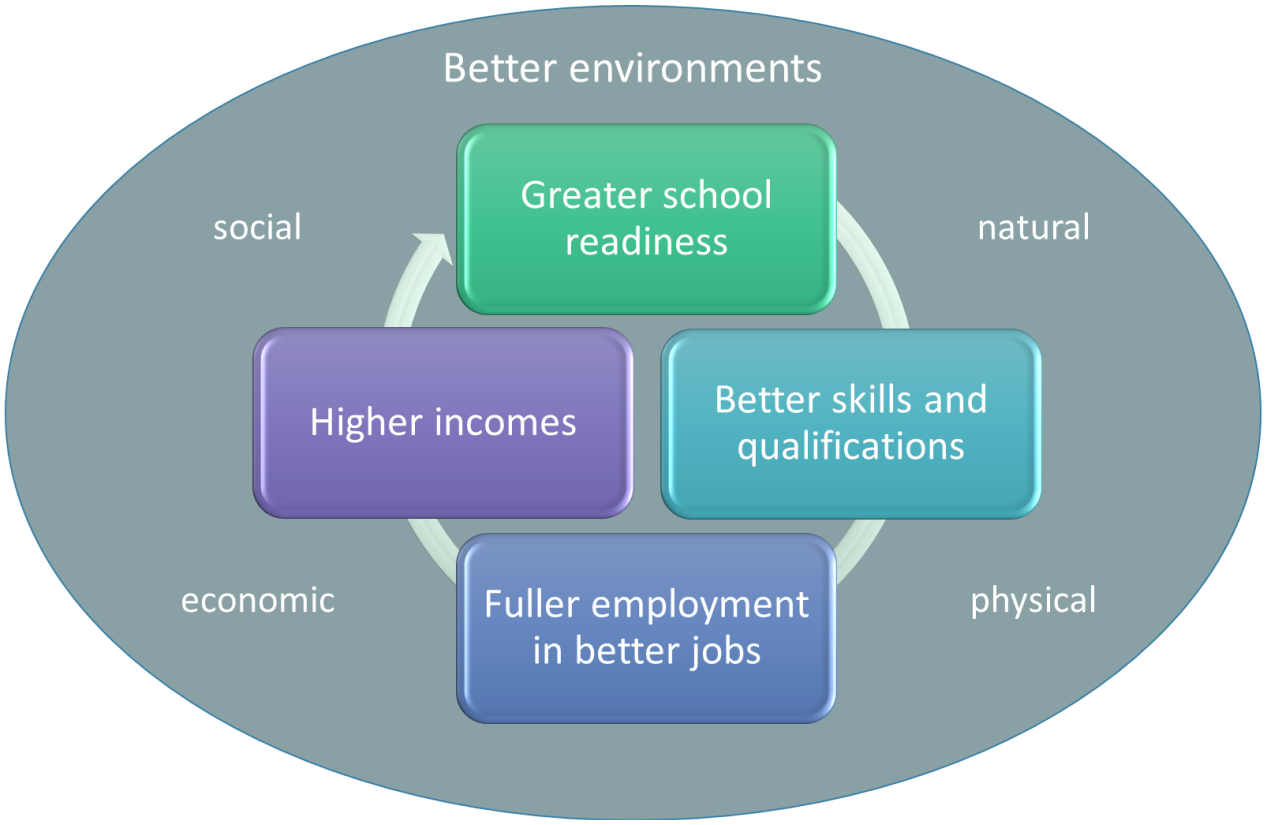

Figure 6 - Illustration of relationship between target outcomes

1. **What priority should be given to each of the target socio-economic outcomes, and why?** Action in relation to any outcome will bring benefits in others, given how closely they are related, but some may have the potential to do this to a greater extent than others. Each also has the potential to improve healthy life expectancy. This is a question about where best to intervene in the cycle (see Figure 6).
2. **Are there additional intervention mechanisms that should be considered for realising the target outcomes?** These must be mechanisms that can be affected by the tools available to public sector organisations.
3. **What specific candidate interventions might be considered?** This is a question about the action local partners could consider taking together.
4. **Are there specific population cohorts (e.g. age groups, genders, ethnicities, deprivation quintiles, other groups) that whole-system action should focus on?** The differential needs and experiences of such groups should be considered equitably in relation to any candidate intervention, but the evidence presented above, and local experience, may suggest a case for an enhanced focus on certain cohorts.

Initial citizen engagement around these themes was conducted through the Healthier Futures Partnership's Citizen Voices Panel in September 2020. Those who responded were largely from the Dudley and Sandwell and West Birmingham CCG areas (84%), of White ethnicity (88%), female (66%) over 40 years of age (59%, 25% were in the 60-74 age group), and from a broad range of geo-

demographic categories. The relatively unrepresentative nature of the self-selected respondents inhibits a demographic analysis of the results.

The survey found that:

- The socio-economic determinants that reportedly affect respondent's **physical health** a lot (pre-COVID) are low income (22%), lack of work (16%) and poor or no housing (15%).
- Similarly, though to a greater degree, the socio-economic determinants that reportedly affect respondent's **mental health** a lot (pre-COVID) are low income (28%), lack of work (21%), crime or experience of the justice system (17%) and poor or no housing (12%).
- The aspects of life that had been significantly affected by the **COVID-19** pandemic and association policy measures were reported to be respondents' mental health (40%), close relationships (23%), education (20%) and income (20%). Only two panel members knew they had had COVID-19.
- Looking to the **future**, albeit through COVID glasses –
    - respondents' main concerns related to not being able to meet people because of COVID (26%), losing and/or not being able to find work (18%), and coping with low pay (14%), and
    - the external factors that respondents felt would most benefit their physical and mental health were income (23%), employment (23%) and skills/qualifications (8%).

These findings broadly align with the target outcomes identified above, and the evidence and analysis presented elsewhere in this report. In particular, there is a recurring focus on the significance of employment and income. The survey data also provides further evidence of the effects of COVID on mental and physical health, both directly through experience of or anxiety around the disease and indirectly through its impact on the key socio-economic determinants of health.

In addition to specific population-focused projects that are expected to emerge in Phase 2, consideration should also be given to the development of a WHoLE appraisal framework and WHoLE dashboard to inform system focus and decision-making. Operating in a manner similar to the New Zealand Treasury's ***Living Standards Framework***[3], it would enable the wider determinants of health and wellbeing to be monitored and to be used alongside other established quality and financial measures in determining courses of action. This would be particularly value in a context where some of the interventions that might be considered may have higher initial costs for one or more partner organisation but which, when seen in wider perspective, offer greater longer term benefits. Effective links should also be made within Healthier Futures structures between interventions to address the wider determinants of health and those focused on carbon reduction since, in many cases, there will be significant complementarity.

[3] https://lsfdashboard.treasury.govt.nz/wellbeing/

Organizational and sectoral boundaries encourage siloed decision-making, and in ways that risk depriving our communities of both socio-economic and health benefits. Developing a whole-system framework, reflecting the evidence summarised in this discussion document, could enable system partners to assess the whole-system impact of their decisions and to consider more holistically what makes for the common good.

Healthier Futures Academy

Black Country and West Birmingham