



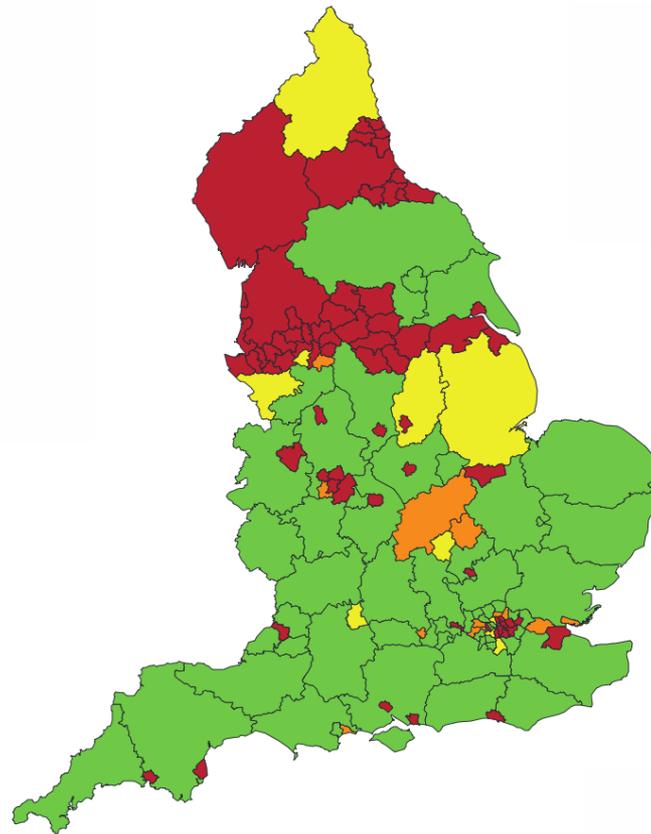
Public Health  
England

# Will devolution work and reduce inequalities in health?

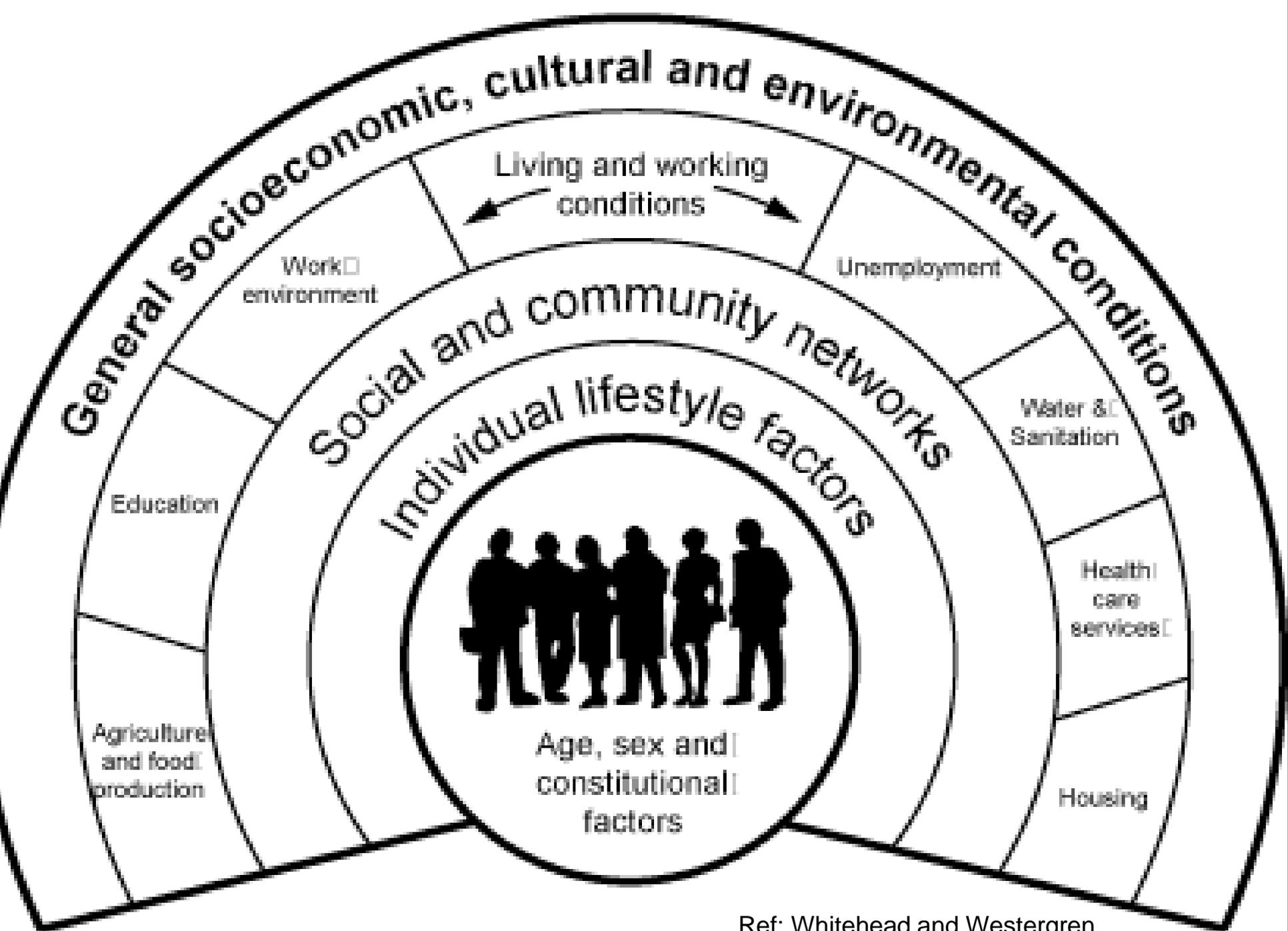
Paul Johnstone  
Director PHE North of England

Manchester Business School  
7<sup>th</sup> July 2015

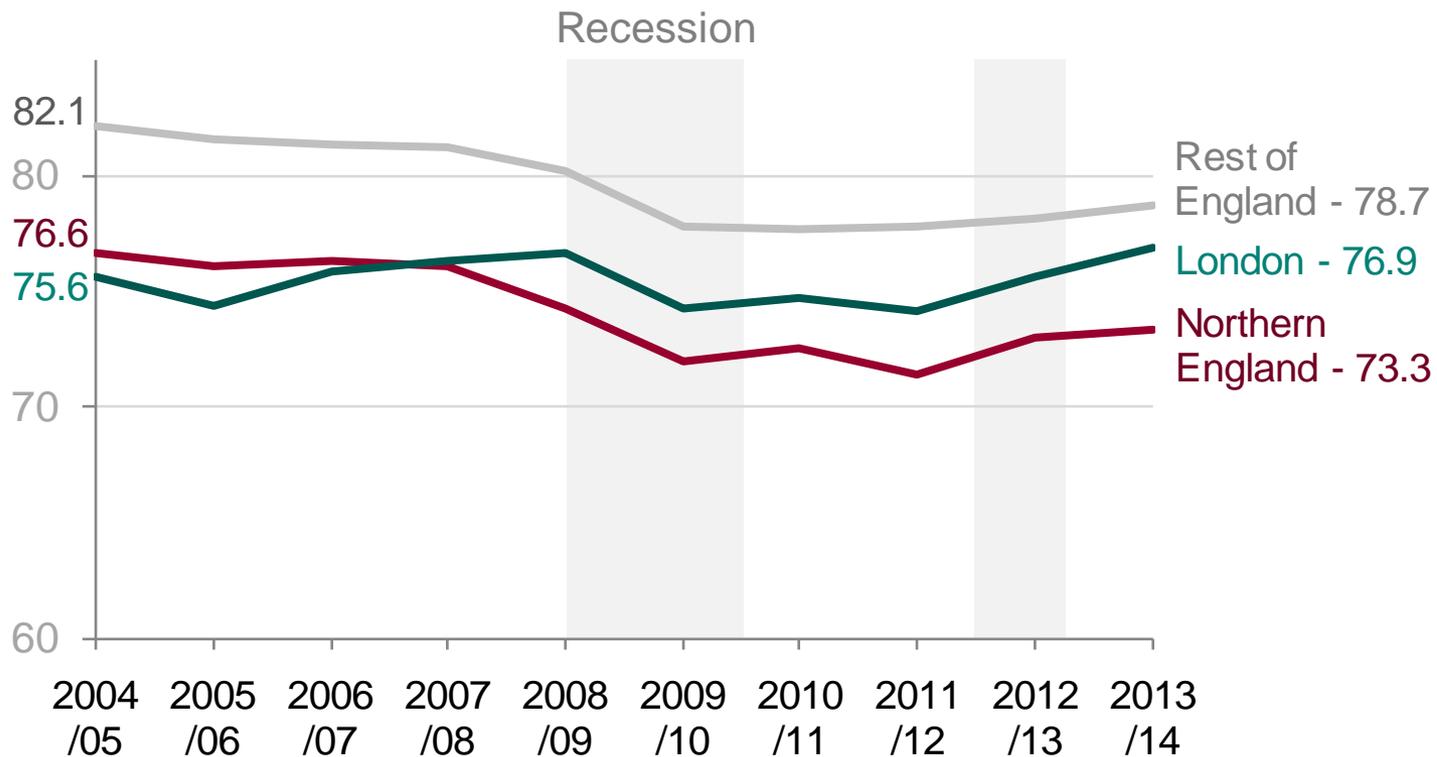
# Health inequality: eg premature mortality



Saving Lives  
2013  
Public Health England

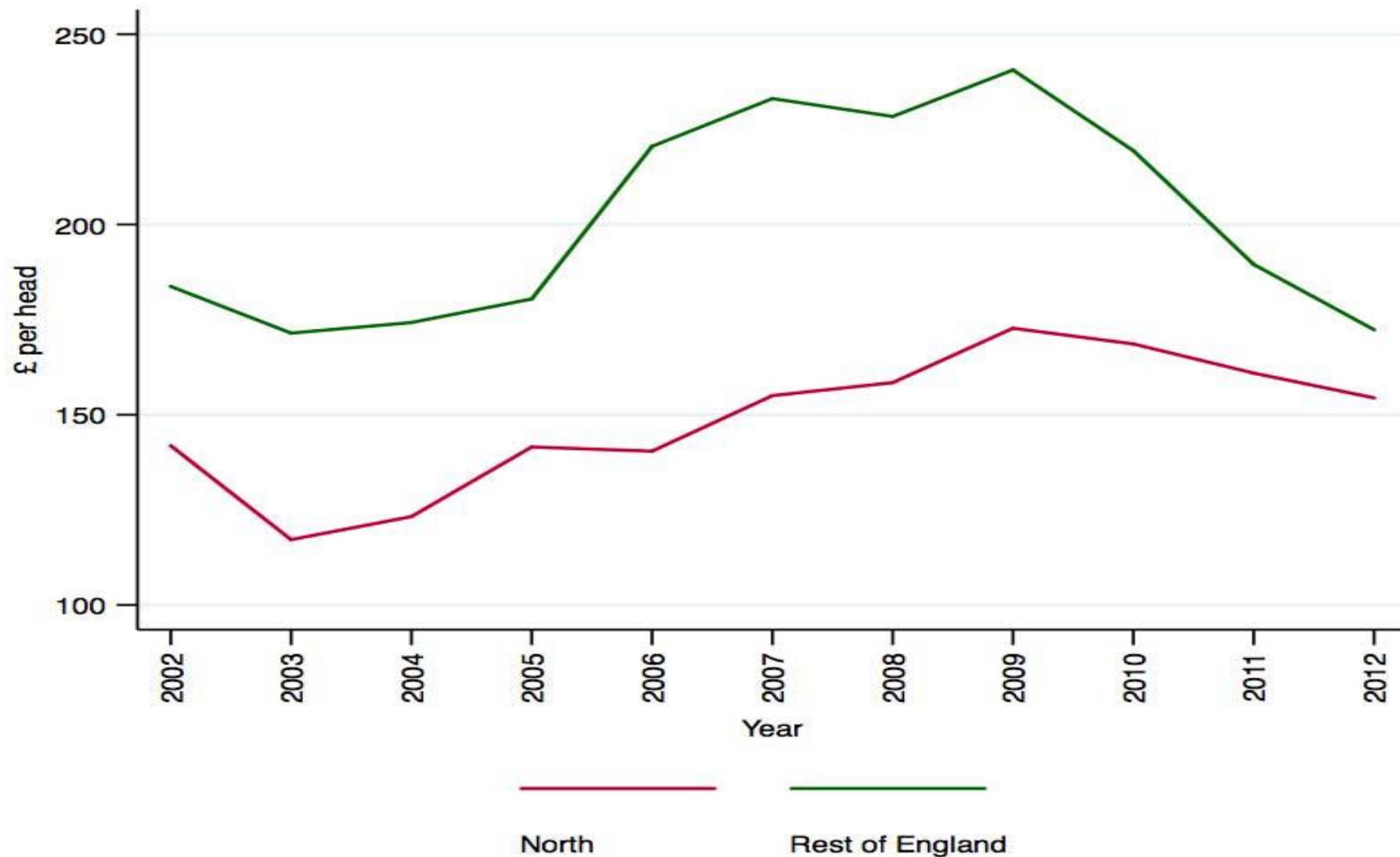


## Proportion of men in employment, aged 16-64



Source: NOMIS (Mar-Apr)

Graph showing lower levels of investment in transport infrastructure in the North of England.



Source: PESA



# DUE NORTH

**Report of the Inquiry on  
Health Equity for the North**

Chair: **Professor Margaret Whitehead**  
W.H. Duncan Chair of Public Health,

Professor **Clare Bamba**, Professor of  
Public Health

**Ben Barr**, Senior Lecturer, Department of  
Public Health and Policy, University of  
Liverpool

**Jessica Bowles**, Head of Policy,  
Manchester City Council

**Richard Caulfield**, Chief Executive,  
Voluntary Sector North West

**Professor Tim Doran**, Professor of Health  
Policy, Department of Health Sciences,  
University of York

**Dominic Harrison**, Director of Public  
Health, Blackburn with Darwen Council

**Anna Lynch**, Director of Public Health,  
Durham County Council

**Neil McInroy**, Chief Executive, Centre for  
Local Economic Strategies

**Steven Pleasant**, Chief Executive,  
Tameside Metropolitan Borough Council

**Julia Weldon**, Director of Public Health,  
Hull City Council

Supported by Centre for Local Economic  
Strategies (CLES)

[www.cles.org.uk](http://www.cles.org.uk)

# Four recommendations

1. Tackle economic inequality and poverty within the North and between the North and the South
2. Promote healthy development in early childhood
3. Share power over resources and increase the influence that the public has on how resources are used to improve the determinants of health
4. Strengthen the role of the health sector in promoting health equity

# Four recommendations

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4. Strengthen the role of the health sector in promoting health equity

strategies to reduce health inequalities should ...  
'create the conditions for people to take control  
over their lives...the review puts empowerment  
of individuals and communities at the centre of  
actions to reduce health inequalities.'

Michael Marmot

Review of health inequalities in England (10)

Addressing the inequalities in power and resources that underlie health inequalities involves influencing those who have the power to make a difference and increasing the power of those who are powerless.

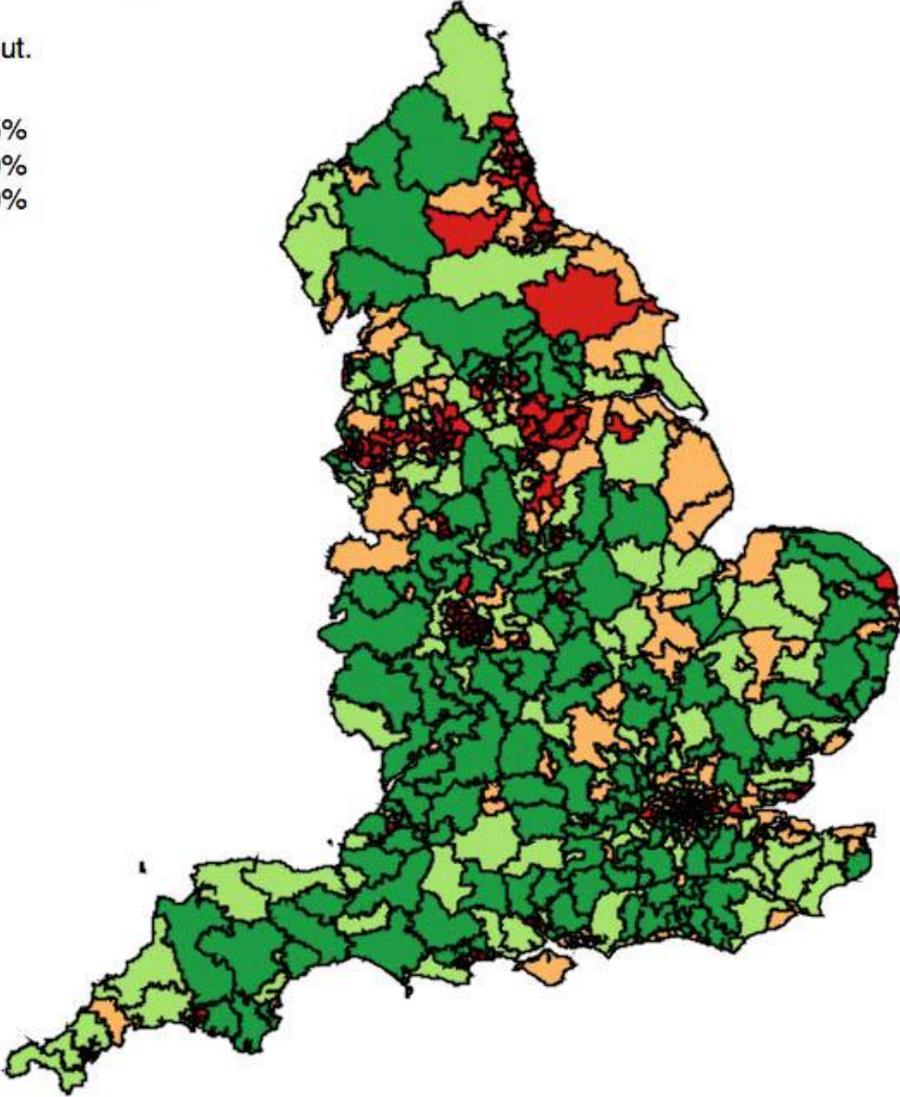
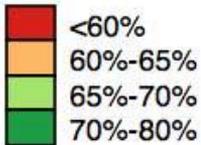
Margaret Whitehead

Due North

*The North South Democratic Divide.*

**Map showing the lower levels of voter turnout in poorer areas in the North of England.**

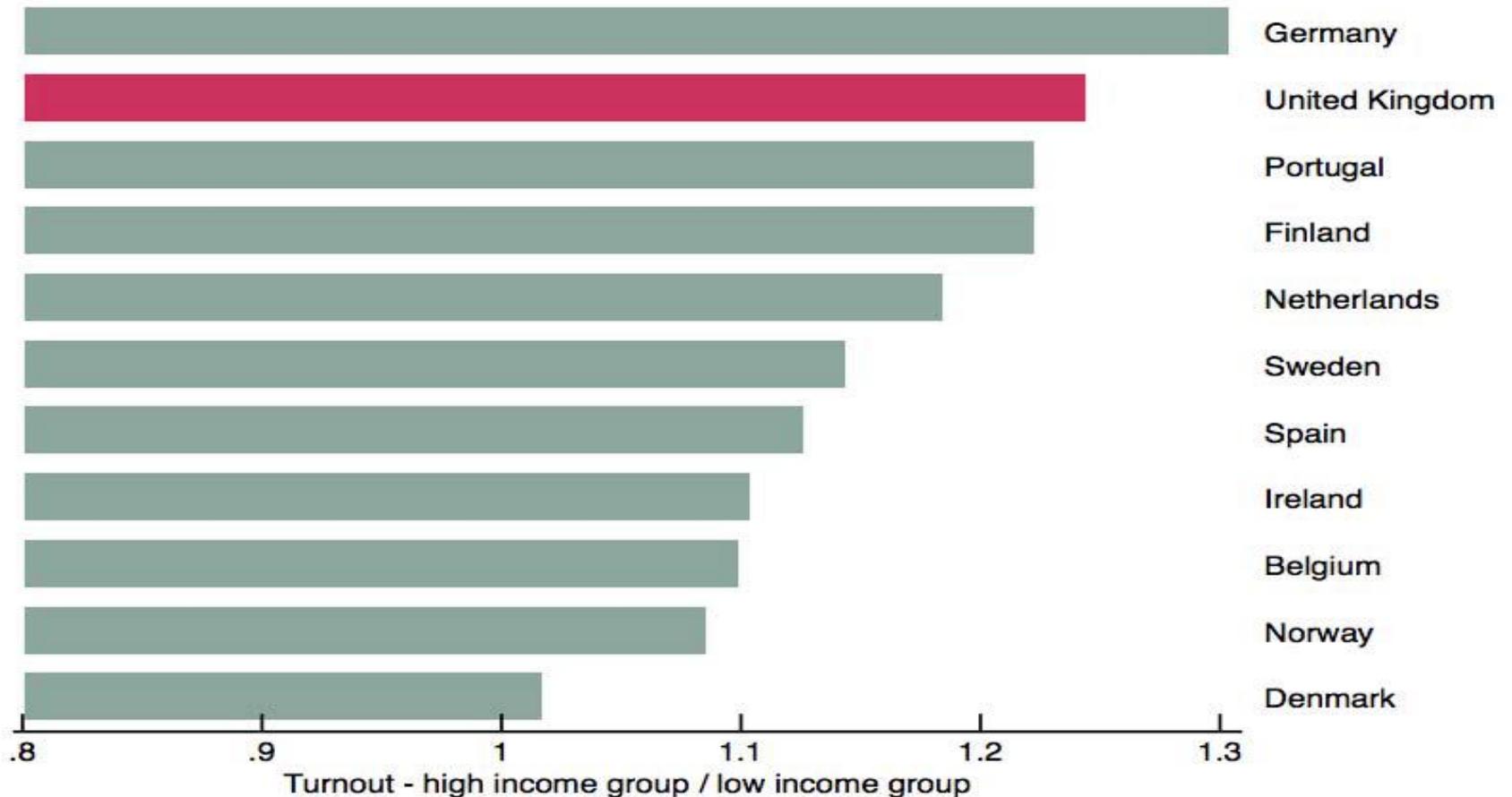
% voter turnout.



Source: Electoral Commission

## Graph showing high inequalities in voter turnout in the UK

*Ratio of the voter turnout in high income group relative to low income group*



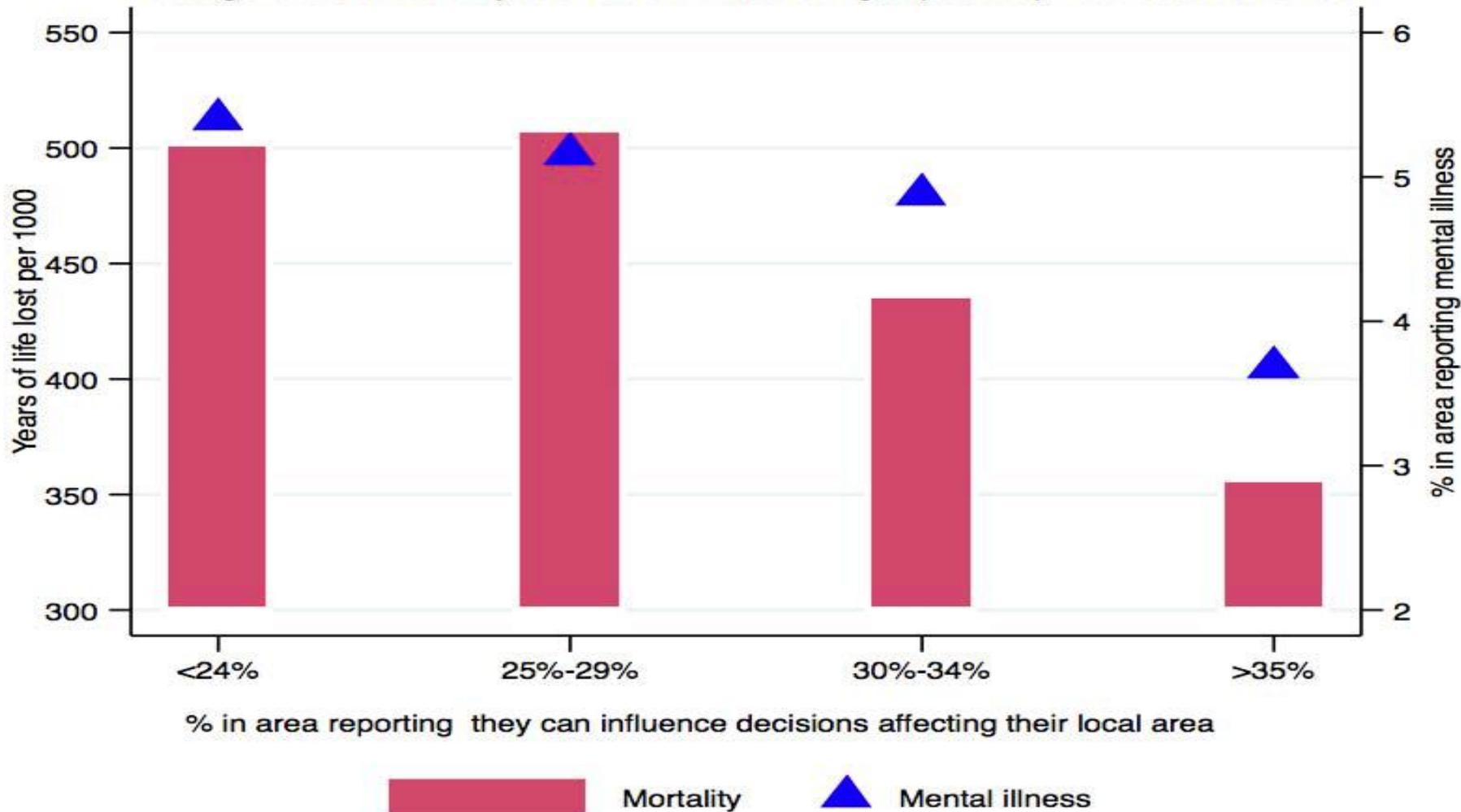
Source: European Social Survey, 2012 – Wave 6. Includes all EU15 countries participating in the Survey  
Low income-bottom quintile, high income - top quintile  
Question: 'Did you vote at the last national election?'  
Does not include those who were ineligible to vote at last election.

# Evidence: powerlessness and health

- disempowered  Poorer health/deprived
- less likely to report that they can influence decisions affecting their local area.
- But where communities report they can influence decisions about their services and environment – better health. (36,135)

# Graph showing that health is better in poor areas where people have more control.

Average levels of mortality and mental illness for 4 groups of deprived local Authorities



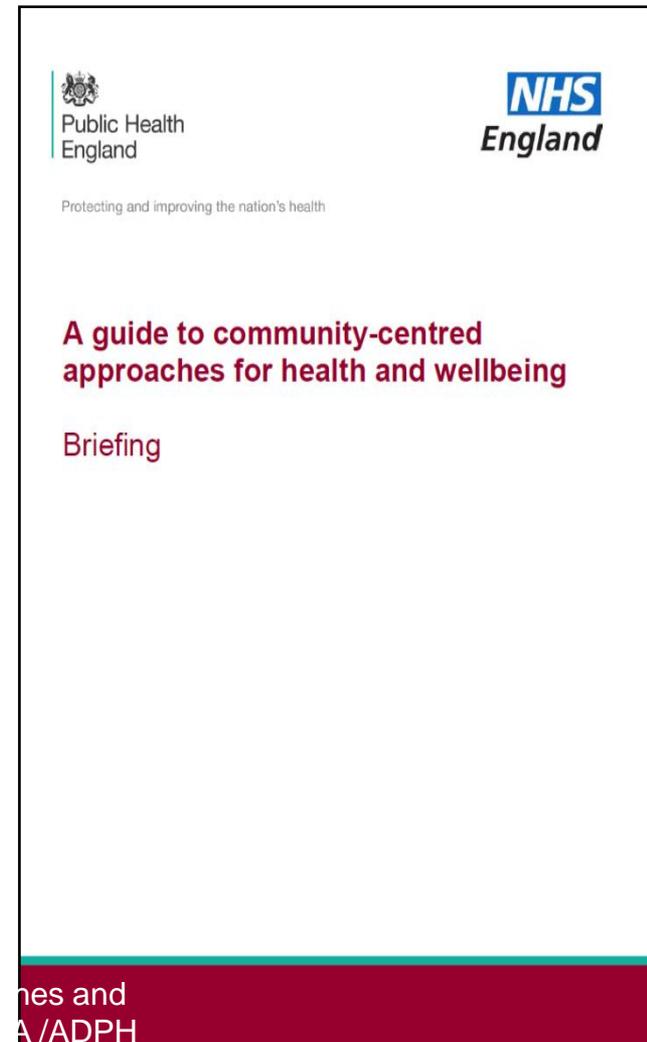
20% most deprived local authorities. Source: 2008 Place Survey Annual population survey 2007-2009, NHSIC

# Other evidence

- Process of getting involved /influencing decisions, builds social capital that leads to health benefits.
- Where people feel they can influence and control their living environment has psychological benefits and reduce the adverse health effects of stress.36
- Democratic participation of women is particularly important for the health of the whole population.48–53

# Evidence to action.. What works

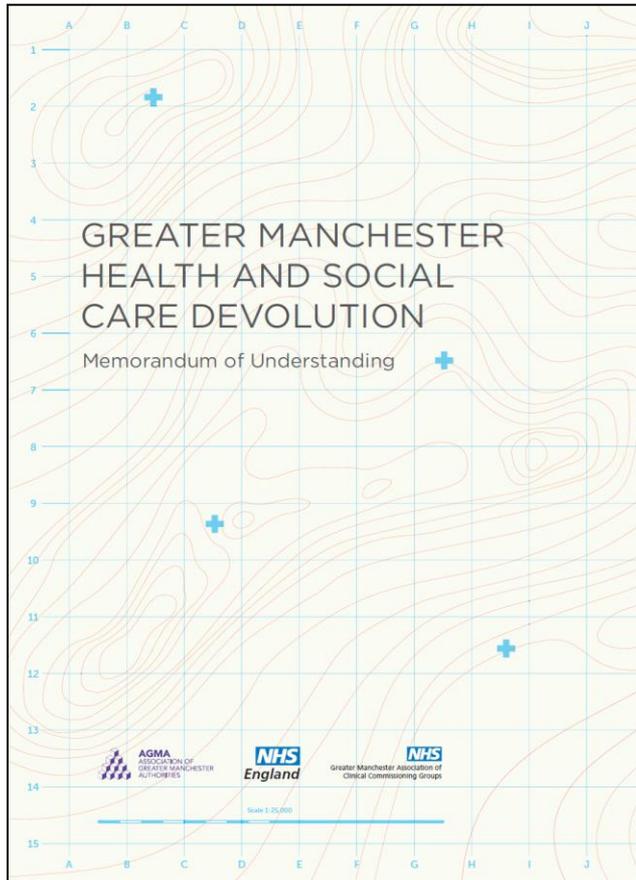
- Setting out an evidence-based case for greater community empowerment
- practical options
- Asset approach and with VCS
- Also NICE guidance on community engagement
- WELL NORTH Pilots
- Participatory Budgeting (Durham)
- [www.phe.gov.uk](http://www.phe.gov.uk)



# Participatory budgeting Durham County Council It's Up 2 U

- Since 2009 35 PB events 24,000 residents have voted on a total grant allocation of £1,445,587.
- Pilots in UK- showed increase election turnout, social cohesion, attracted additional funds improved self confidence in individuals and communities
- International evidence: 43% Brazilian pop live in an area where they control local govt spend by participatory budgeting

# GM Devolution – the background



## Greater Manchester Devolution Agreement November 2014

- Northern Powerhouse
- £22bn public money to GM

## MOU Health and Social Care devolution

- February 2015:
- NHS England and 10 GM councils, 12 Clinical Commissioning Groups and hospital Trusts
- Takes control of NHS budget of £6 billion p.a. from April 2016.

## Place based Agreement

- July 2015
- AGMA, PHE and NHSE,
- putting public health and preventing ill health and inequalities at the heart of the agreement.

# Recommendations for English devolution.

- Whitehall to town halls **and** to local communities
- Build on learning eg Participatory Budgeting
- Build on assets with
  - local community leaders
  - VCS
  - front line
- Central government role to clarify its role
- Independent evaluation
- Energise!

‘fundamental cause of inequalities in health is the relative lack of control and powerlessness of less privileged groups’ .

Amartya Sen, the Nobel prize winner