BRIEFING NOTE: BUILDING BACK FAIRER IN CHESHIRE AND MERSEYSIDE

Cheshire and Merseyside Health and Care Partnership, in partnership with the Directors of Public Health, have commissioned the University College London Institute of Health Equity (IHE), led by Professor Sir Michael Marmot, to provide advice and support to reduce health inequalities in the Region and to Build Back Fairer from COVID-19. IHE will provide analysis, develop momentum, and make recommendations for effective action on health inequalities in the context of the COVID-19 pandemic.

INTERIM REPORT: KEY MESSAGES

The interim report prepared by IHE, with input from local stakeholders, shows:

- Life expectancy in Cheshire and Merseyside is lower than the average for England.
- Health inequalities in the Region are wider than for the rest of England.
- COVID-19 has exposed and amplified health inequalities in England and in the Region, life expectancy is declining, and health inequalities are widening.
- To reduce health inequalities action is needed on the social and economic factors which drive health – the social determinants of health.
- Inequalities in the social determinants of health are high in the Region and have increased during the pandemic.
- Action to reduce health inequalities must involve partnerships and collaborations between local government, the voluntary and community sector, public services, the health and care sector and businesses.
- These collaborations could be geared towards building community resourcefulness in the area, supporting better health.

SECTORS AND ORGANISATIONS INVOLVED IN THE WORK

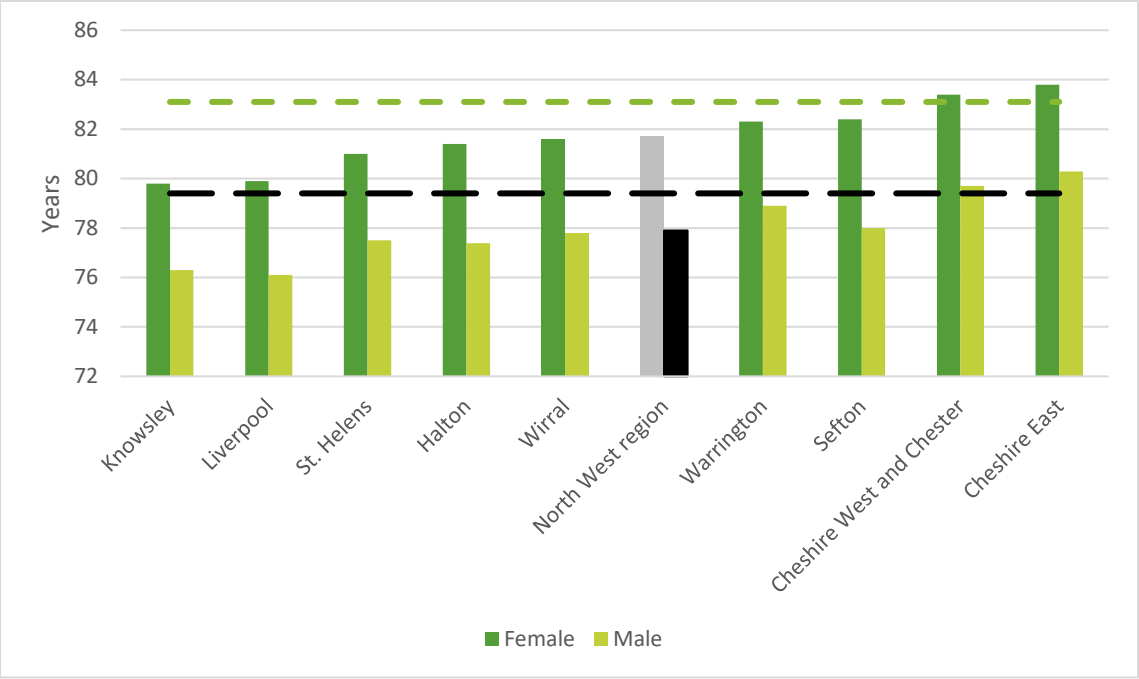
IHE's work in Cheshire and Merseyside involves organisations outside the health care system which have an impact on health – including local government, public services, business, the voluntary and community sector, and the public. These partnerships are vital for reducing health inequalities but are often difficult to establish and sustain, due to different priorities, lack of resources, and different ways of working. Aligning different sectors and organisations' priorities, budgets, levers, and incentives is an essential next step for Cheshire and Merseyside's HCP and there is great ambition to achieve this. The development of the Integrated Care System in Cheshire and Merseyside provides an opportunity to forge a system which generates greater health equity in the Region based on partnerships with other sectors.

HEALTH INEQUALITIES IN CHESHIRE AND MERSEYSIDE

There are longstanding inequalities in health in Cheshire and Merseyside, as in the rest of England, although health outcomes are lower in this Region than the national average and health inequalities are wider. Within each of the nine boroughs of Cheshire and Merseyside, there are pockets of deprivation.

Life expectancy for women in Cheshire and Merseyside was 81.7 years in 2018-20, lower than the average for England, which is 83.1 years. For men in Cheshire and Merseyside, the average life expectancy of 78 years was also lower than the England average 79.4 years.

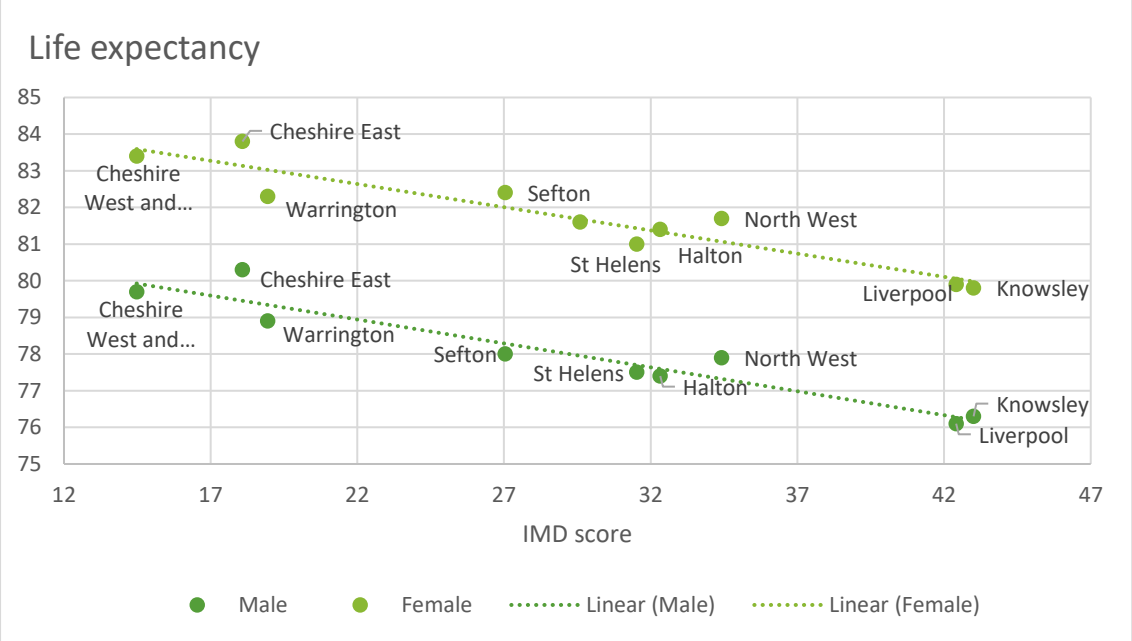
Figure 1. Estimated male and female life expectancy at birth for Cheshire and Merseyside boroughs, the North West region and England, 2018–2020



Source: Office for National Statistics (ONS). Life expectancy estimates by sex, age, and area, 2018-20

In Cheshire and Merseyside, as elsewhere, average life expectancy is related to level of deprivation, as shown in Figure 2. The graded relationship with deprivation is remarkably similar to that seen in England as a whole, the higher the level of deprivation the lower life expectancy is.

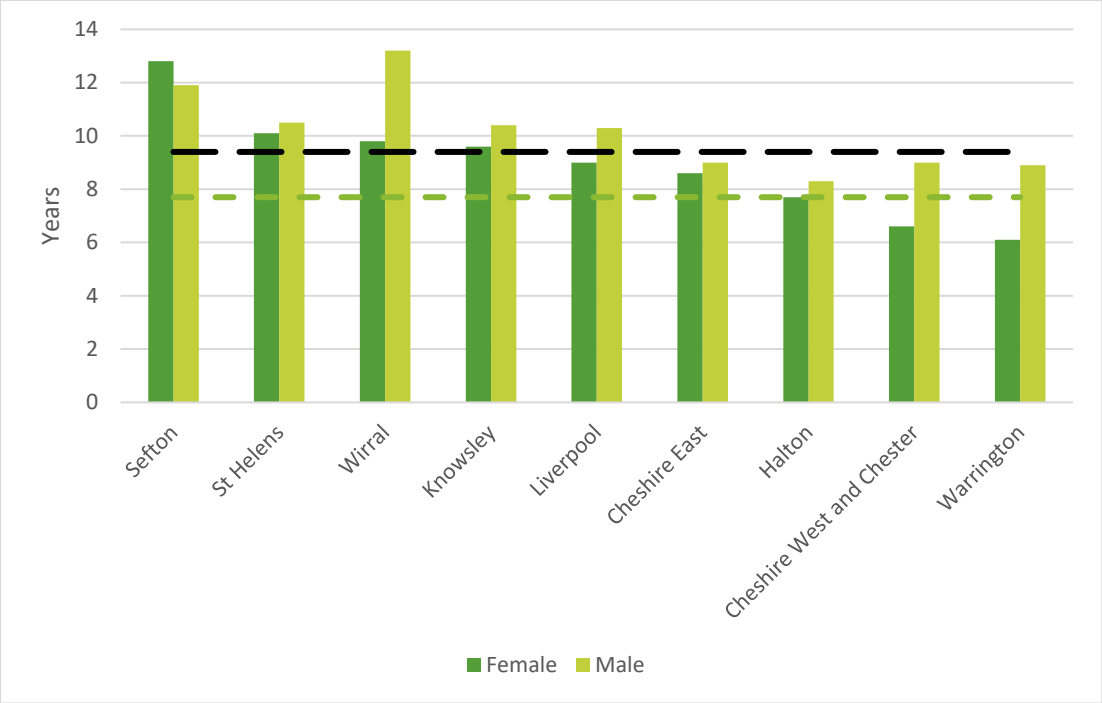
Figure 2. Male and female life expectancy at birth (2018–20) and average score in the Index for Multiple Deprivation (IMD) (2019), Cheshire and Merseyside boroughs



Source: ONS. Life expectancy estimates by sex, age, and area, 2018-20

Health and life expectancy is also unequal within local authorities, with over 10 years differences in some local authorities. Figure 3 shows that six boroughs in Cheshire and Merseyside have larger inequalities in life expectancy than the average in England for women and five boroughs for men.

Figure 3. Gap in life expectancy between most and least deprived quintile (years), Cheshire and Merseyside and England 2017-19



Source: ONS

INEQUALITIES IN COVID-19 MORTALITY

Austerity policies during the decade 2010-2020 in England are associated with worse health and widening health inequalities. Life expectancy stopped rising and for those outside London and in more deprived areas, life expectancy actually declined and regional inequalities widened. These deteriorations in health were on a scale and severity not seen during the twentieth century. This was the context in which the COVID-19 pandemic arrived which further damaged health and has led to declining life expectancy across England.

Across the world, COVID-19 has revealed and amplified inequalities in society and in health. Rates of infection and mortality are higher for those with some pre-existing health conditions, more deprived communities, key workers, those living in crowded housing and using public transport and for certain ethnic communities.

Overall, COVID-19 mortality in Cheshire and Merseyside was 5 percent higher than the England and Wales average between March 2020 and April 2021, with wide inequalities in mortality. In the *four least deprived areas* (measured by the Index of multiple deprivation), mortality from COVID-19 *was lower* than the England and Wales average over the same period, but in the other six deciles COVID-19 mortality in Cheshire and Merseyside *was greater* than the England and Wales average. For the most deprived decile in Cheshire and Merseyside, the mortality ratio was 2.23 times higher than that of the least deprived decile.

THE SOCIAL DETERMINANTS OF HEALTH

Health inequalities are largely the result of inequalities in the social determinants of health; the social, economic, and environmental conditions which shape everyone's health. There is global evidence showing that the social determinants have more of a bearing on our health than health care; and that is certainly the case in England. There remain some inequalities in access to healthcare services and in outcomes from treatment, but these are not the focus of this report, because *they do not drive the wide health inequalities we see in England and across Cheshire and Merseyside*. The following Box 1 shows the social determinants of health domains which drive health and are the areas in which we call for interventions.

Box 1: Taking action on the social determinants of health

A: Give every child the best start in life
B: Enable all children, young people, and adults to maximise their capabilities and have control over their lives
C: Create fair employment and good work for all
D: Ensure healthy standard of living for all
E: Create and develop healthy and sustainable places and communities
F: Strengthen the role and impact of ill health prevention

INEQUALITIES IN SOCIAL DETERMINANTS OF HEALTH IN CHESHIRE AND MERSEYSIDE

EARLY YEARS AND EDUCATION

- Experiences during the early years and in education are particularly important for immediate and longer-term health and outcomes in other social determinants of health such as education and income.
- Cheshire and Merseyside have lower levels of school readiness than the English average and quite marked inequalities between those young children eligible for free school meals and those who are not eligible.
- These inequalities continue into secondary school with inequalities in Attainment 8 which are slightly wider than the English average and with levels below the English average for both pupils eligible for free school meal and all other pupils.
- Inequalities in education have widened as a result of lockdowns and online schooling during the pandemic. On average, disadvantaged pupils in England are 18 months behind their peers in learning by the time they finish their GCSEs – this gap has not changed in the last five years.
- The number of Young People Not in Education, Employment or Training in Cheshire and Merseyside has remained stable since 2016.

POVERTY AND INCOME

- Cheshire and Merseyside contain some of the poorest local authorities in England. Knowsley has the highest proportion of its population living in income deprived households in England - 25.1 percent. Liverpool is fourth, with 23.5 percent of its population living in income deprived households. Only in Cheshire East and Cheshire West & Chester are average earnings above the England average.
- Across Cheshire and Merseyside, the number of children living in absolute and relative poverty households increased between 2015/16 and 2019/20, except Sefton. This will have long term effects on health for those affected.

WORK AND EMPLOYMENT

- Unemployment, particularly long-term unemployment, contributes significantly to poor physical and mental health and early mortality.
- There are high levels of long-term claimants of Jobseeker's Allowance in the Region, notably in Liverpool the rate is more than double the England average.

HOUSING AND THE ENVIRONMENT

- Poor-quality and overcrowded housing is harmful to health, widens health inequalities and inequalities in key social determinants of health.
- Liverpool has the highest levels of households owed a duty by local authorities to prevent homelessness[1] in the Region and a higher average than the North West Region.
- In the Region rough sleeping reached a peak in 2017 and 2018 and since then has fallen significantly.
- Concerningly for health, the number of people living in insanitary, overcrowded, unsatisfactory housing conditions almost doubled between 2013/14 and 2019/20. The highest number are in Liverpool and Warrington.
- Since 2016 levels of fuel poverty in Cheshire and Merseyside have been above the England average, worst in Liverpool and these are likely to increase rapidly in the winter of 2021/22 due to rising fuel costs, higher cost of living and the removal of the £20 uplift in Universal Credit.
- Liverpool, Knowsley, Halton, St Helens, and Warrington have higher rates of mortality attributable to exposure to poor air quality than the North West average and other parts of Cheshire and Merseyside.

COVID-19 AND THE SOCIAL DETERMINANTS

- Our Build Back Fairer analysis in England outlined how the pandemic has widened inequalities in educational attainment, in employment, income, communities and place and in physical and mental health.
- These widening inequalities will affect health and worsen inequalities in the medium and longer term. Action is therefore required now to reduce inequalities in the social determinants of health in the aftermath of the pandemic.

AREAS FOR ACTION

Following an initial assessment of the extent of health inequalities in the Region and the actions and responsibilities of a variety of stakeholders, IHE has proposed areas for consideration across the system. These will be adjusted following input from stakeholders in the Region and are summarised in Box 2.

IHE will the develop a detailed set of draft recommendations which will include immediate and next step actions in order to achieve progress on health inequalities. These will also be provided for each sector - local authorities, HCP and the ICS, public services, businesses, the voluntary and community sector, and communities and include recommendations that the Region must take to national government, including greater resources for levelling up.

In the months after the Interim Report is published IHE will continue to refine the recommendations and develop a detailed action plan for specific sectors and for the system as a whole.

Box 2 Key areas for consideration on health inequalities

1. Embed a systemwide social determinants of health approach
2. Improve leadership for health inequalities
3. Strengthen local partnerships
4. Co-create solutions with communities
5. Develop social value and anchor organisations
6. Develop shared local indicators
7. Strengthen the role and resources of local government and the NHS in reducing health inequalities
8. Strengthen the role of business in reducing health inequalities
9. Implement health equity in all policy approaches
10. Strengthen community resourcefulness

[1] If a local authority is satisfied that an applicant is eligible and threatened with homelessness it will owe them the prevention duty. The local authority must take reasonable steps to help the applicant secure that accommodation, so it is available for their occupation.