Health is Wealth – Report of the Liverpool City Region Health is Wealth Commission Comments by Alan Cunningham*

I am writing to you as someone trained in Public Administration, who developed an interest in public health issues from 1999 as a result of the work of the Duncan Society and the former Health for All Network. Following a presentation by Dr Eric Ziglio of the World Health Organisation (WHO), I subsequently joined the United Kingdom Public Health Association and the International Union of Health Promotion and Education in order to better inform myself. I became convinced that ordinary people and community groups including anti –poverty, environmental, faith and cultural groups could learn more from the Policy Framework of the WHO, as could other Non-Governmental Organisations. The WHO Policy Framework seeks to address anyone who works for health improvement; it is not just for senior policy makers.

Some Comments on the Interim Report of the Health is Wealth Commission Report

1) The health inequalities and the health deficit described in the Report was also visible at each stage of the publication of the Multiple Deprivation Indicators (MDI) since 2000 and from earlier research, including research which was commissioned by the North West Regional Assembly and by the former Mersey Regional Health Authority, reports dating back to 1994.

2) The World Health Organisation has established a Commission on the Social Determinants of Health, under the chairmanship of Sir Michael Marmot. This is expected to publish its initial report in 2008. The Report will supplement earlier research on the social determinants of health, which identified such factors as nutrition, transport, poverty, stress, social support, conditions of employment, unemployment, care for mothers and children, support at key stages in the life course and addiction. This Report and the earlier research are important for Merseyside, which has a poor health record in European terms. Merseyside residents have a right to expect that this Report and the earlier research is taken into account on any strategy for health improvement within the City Region

3) The Liverpool Partnership has inherited a commitment to adopt a 'Healthy Cities' approach to the City's administration*, but it has not recently reported on this and is believed to have difficulty reconciling this approach with the terms of the Partnership Agreement.*

The Healthy Cities approach is rooted in the WHO Policy Framework and includes a model Health Development Plan as well as measures to secure the widest possible understanding of Public Health and of the Determinants of Health by local actors.

The WHO Policy Framework is a conceptual system not a resourcing system, some aspects of it could be implemented by a low cost or a marginal cost basis, for instance by using internet based resources already in the public domain, such as WHO Websites.

4) Manchester City Council is known to operate a Joint Health Unit in conjunction with Manchester Primary Care Trust. The Joint Health Unit is a key part of the public health system in Manchester. It is a team that focuses on strategic planning and partnership working for health improvement and tackling health inequalities. It is based with the Council, but jointly funded by the Council and Manchester Primary Care Trust (PCT).

* Alan is a PoHG member and independent researcher based in Liverpool. This response does not represent the official position of PoHG but we thought it was well worthwhile making it available to our supporters, as a thought provoking commentary.

The Joint Health Unit is believed to be successful in some of its operations, whilst Merseyside residents can track progress in the Manchester Unit via the internet, they cannot do the same in the Merseyside Authority Areas. It is by no means certain that all the health improvement strategies adopted in Manchester are also being followed in Merseyside.

5) Although Liverpool contains three public health institutions, which are of international importance, there has been little attempt by these institutions to engage local populations in their work prior to the establishment of the present Commission, apart for some support by the University of Liverpool for the Duncan Society. More information about the work of local Universities and the School of Tropical Medicine would inform local debate

6) Internal institutional factors can influence the process of wealth creation and probably, indirectly the pattern of health inequalities. Whilst local Universities offer some excellent continuing education courses, which have the potential to address local inequalities, it is not clear that they are well marketed. Staff availability can militate against individuals completing a programme of courses. Continuing education students have to accept non- assessed Information Technology courses, whereas other students are encouraged to take assessed training courses in IT

The impact of local Universities and Colleges of Further Education, on local inequalities, could be better assessed if they were to publish details of recruitment and educational outcomes by Super Output Area.

7) Health and wealth creation processes within Merseyside are linked to the attainment of standards of governance. Certain standards of governance are recommended by the United Nations, particularly the principle of subsidiarity, (decisions affecting populations being taken at the most appropriate level (normally the lowest level)). If decisions are not appropriate for the characteristics of the target population, they will not be effective.

Standards of governance also require that pressure and interest group activity be appropriate and responsible having regard to the characteristics of the local population. Local populations should not be asked to sacrifice their essential interests just to help meet the national aims of pressure or interest groups.

Local MDI suggests that Merseyside Authorities differ in their ability to address the needs of localities suffering extreme deprivation.

8) The Report (Health is Wealth) does not identify climate change or resource depletion as factors bearing upon present or future health inequalities. However there are credible sources suggesting that these could be factors. Apart from direct effects there is the likelihood of a new consensus emerging about the need to reduce the carbon economy. This would reduce the healthcare budget and would have a disproportionate effect on the most deprived populations. Choices in favour of more sustainable lifestyles now would affect the health care budget both now and in the future.

9) The concept of ‘quality’ (fitness of purpose for the user) in council and PCT services may well have a role to play in ensuring that such services contribute to the full realisation of their health potential by local people and that local people make good sustainable choices. Although concepts of quality are sometimes used within the public sector locally, they are often subject to varying or narrow definition and not externally validated. Local people have a right to expect quality public services and that any definition of quality used

takes full account of health effects and sustainability effects. Health Impacts can be assessed by the use of Health Impact Assessments.

We know that the Liverpool Partnership has made a commitment to use Health Impact Assessments but it is not clear how often it does use this technique.

10) The NHS North West Board has launched a major initiative to tackle health inequalities in the North West. The Region contains the most extreme health inequalities in England, inequalities, which are at their worst in Merseyside. 'Our Life' is designed to secure the wider engagement of people and organisations in the public health agenda. The Commission is asked to support such engagement.

11) Anyone familiar with conditions within Merseyside would suspect that age discrimination is present and that it is likely to impact upon health inequalities. However this possibility is not discussed within the Report. The Commission is asked to consider whether age discrimination contributes to health inequalities.

Conclusion

1) The Commission is requested to support a strategy for health improvement for the City Region, which is fully compatible with the Health Policy Framework of the WHO and the Report of the WHO Commission on Social Determinants of Health.

2) The Commission is requested to support the maintenance of appropriate standards of governance as recommended by the United Nations within all public and private sector organisations, whose work impacts upon public health.

3) The Commission is requested to consider Climate Change and resource depletion as factors likely to impact on the future pattern of health inequalities.

4) The Commission is requested to recommend the introduction of quality standards for public sector organisations, which impact upon public health. Such standards should take account of health and sustainability effects.

5) The Commission is requested to recommend that the health improvement strategy for the City Region takes account of the experiences of other British and European cities.

6) The Commission is requested to support the widest possible engagement of local people and organisations in the public health agenda.

7) The Commission is asked to investigate whether age discrimination contributes to local health inequalities.

Bibliography

Health

City planning for health and sustainable development -WHO Regional Office for Europe, European Commission, Healthy Cities Network, European Sustainable Cities & Towns Campaign (1997) ISBN 92 890 12846.

The Social Determinants of Health, the Solid Facts – (WHO Europe) (www.euro.who/document/e81384int.pdf)

Social Determinants of Health, Edited by Richard Wilkinson & Michael Marmot - (Oxford) (1999) ISBN 0 19 263069 5

Health21 – health for all in the 21st Century European Health for All Series No 6 - The health for all policy frameworks for the WHO European Region (1999) ISBN 92 890 1349 4
(www.euro.who.int/InformationSources/Publications/Catalogue/20010911_38)

Where Health means Wealth Illustrating Inequalities in the North West Department of Health/JMU/North West Public Health Observatory

Ottawa Charter For Health Promotion – WHO 1986 (www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf)

Indices of Deprivation 2004 summary (revised) Department of Communities and Local Government.

Independent Inquiry into Inequalities in Health – Report – Chair Sir Donald Acheson (1998) HMSO ISBN 0 11 322173 8

Tackling Health Inequalities: - A Programme for Action. - Sir Michael Marmot, Department of Health (2003)

Status Report on the Programme for Action – Sir Michael Marmot, Department of Health (2005)

WHO International Commission on Social Determinants of Health (due to report in 2008) Chair: Sir Michael Marmot (www.who.int/social_determinants)

Securing Our Future Health: Taking A Long Term View -Report -Chair Sir. Derek Wanless. HM Treasury (2002)

Securing Good Health for the Whole Population-Final Report (2004)-Chair Sir Derek Wanless. HM Treasury

Promoting Health Knowledge and Practice –Edited by Jeanne Katz, Alyson Peberdy & Jenny Douglas-Palgrave (Second Edition) (2000) ISBN I 0-333-94930-7

Settings for Health Promotion – Linking Theory and Practice - Poland, Green& Rootman Sage Publications (2000) ISBN 99-050471

The New Public Health – John Ashton, Howard Seymour Open University Press (Reprinted 1996) ISBN 0-335-15555-3

Status Syndrome - Sir Michael Marmot Bloomsbury (2004) ISBN 0 7475 7408 1

Unhealthy Societies –The Afflictions of Inequality Richard G. Wilkinson Routledge (1996)

The Impact of Inequality -How to make sick societies healthier Richard G. Wilkinson, Routledge (2005)
ISBN 0-415-37269

Labour Market Shocks, Psychosocial Stress and the Transition's Mortality Crisis – Giovanni Andrea Cornia – The Verona Initiative –WHO Europe (1998)

Resource Pack: Supporting Partnerships for Health –Lucy Hamer and Andrew Ross- Health for All Network UK.
Unlocking the Extent of Local Inequalities in Health – Dr Sohail S Bhatti Director of Public Health, Kirklees Primary Care Trust

In Sickness and in Health - Health Survey for Greater Merseyside Professor Simon Capewell, Dr Ffion Lloyd-Williams and Robin Ireland. University of Liverpool – Heart of Jersey (2003)

Sustainability

The United Nations Agreement on the Environment (Agenda21) - The United Nations Department of Economic & Social Affairs, Division for Sustainable Development. (www.un.org/esa/sustdev/documents/agenda21/index.htm)

Reports of the Inter Governmental Panel on Climate Change (www.ipcc.ch/reports)

Small is Beautiful - E.F. Schumacher – Abacus Books (1973) ISBN 0 349 13132 5

Short Circuit - Strengthening Local Economics for Security in an Unstable World Richard - Douthwaite Resurgence Books (1996) ISBN 1 870098 64 1

The Transition Handbook - From oil dependency to local resilience - Rob Hopkins - Green Books
ISBN 978-1-900322-18-8

Decarbonising the UK - Energy for a Climate Conscious Future - Tyndall Centre for Climate Change Research (2005)
ISBN 0-9551418-0-X