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| **Minding the Gap - News Brief: No. 139** |
| **Welcome to the One Hundred and Thirty Ninth edition of the ADPH Minding the Gap News Brief, the Yorkshire and Humber Health inequalities Programme.**  **To keep updated follow us on** [**https://twitter.com/mindingthegapyh**](https://twitter.com/mindingthegapyh)  **For past editions and information click here:** [**https://yhphnetwork.co.uk/links-and-resources/minding-the-gap/**](https://yhphnetwork.co.uk/links-and-resources/minding-the-gap/) |
| **Participation (Nothing about me, without me, is for me!)**  Participation means people playing an active part, having greater choice, exercising more power and contributing significantly to decision making and management. It involves the provision of evidence-based information about options, outcomes and uncertainties, together with decision support counselling and a system for recording and implementing patients’ informed preferences. Embedding shared decision-making into systems, processes and workforce attitudes, skills and behaviours is a challenge. Organisations that recognise the importance of participation and actively engage people who use their services in planning and improvement will be well prepared for the transformed health and social care environment.  Check how you can increase participation within your organisation by following the links below.  [Link](https://www.scie.org.uk/workforce/peoplemanagement/participation/) |
| **The Independent SAGE Report: Covid-19: What are the Options for the UK?**  This report focuses on the priorities for measures to be taken to support a gradual release from social distancing measures through a sustainable public health response to COVID-19. This will be essential in suppressing the virus until the delivery of an effective vaccine with universal uptake. The report does not address, except as it is directly relevant, the clear structural and procedural weaknesses that contributed to the current situation as the authors expect these will be addressed in a future inquiry. The report will draw extensively on the policy considerations proposed by the World Health Organization, which provide a clear structure on which an effective policy should be based given the inevitability that the virus will continue to cross borders.  [Report](http://www.independentsage.org/wp-content/uploads/2020/05/The-Independent-SAGE-Report.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=11536489_NEWSL_HMP%202020-05-15&dm_i=21A8,6V9M1,FLWQCU,RKL47,1) |
| **Deaths from Covid-19 (coronavirus): How are they Counted and what do they Show?**  This article examines the methods being used to count deaths from Covid-19 and what the numbers show to date. Whilst the numbers of deaths from Covid-19 and deaths overall reported here are up to date as of 12 May 2020, they are changing rapidly, and patterns could change as new data becomes available. Covid-19 deaths are having a significant impact on overall mortality. From late March caused a sharp spike in overall deaths, resulting in almost 46,000 excess registered deaths to 1 May 2020 compared with the average for 2015–19. From week ending 24 April total deaths have started to decline, reflecting falling numbers of Covid-19 deaths.  Socio-economic inequalities in health and mortality in England and Wales have been reported for decades and they are widening. The direct and indirect impacts of the Covid-19 pandemic can exacerbate this inequality for several reasons, e.g., because of differences in occupational exposure to infection and higher levels of pre-existing disease and household density among more deprived groups. The excess mortality in BAME groups is only partially attributable to clinical factors and deprivation. Such findings have led to calls for an inquiry.  While some mortality patterns are detectable from the data available to date, much will depend on the future trajectory of the pandemic. Further analyses of overall, cause-specific and excess mortality are needed to better understand mortality trends and differentials, within and across countries, and require longer time series of data. Moreover, as mortality patterns suggest Covid-19 is under-recorded in death certification, as with influenza, alternative methods of estimating these deaths may also be required.  [Report](https://www.kingsfund.org.uk/publications/deaths-covid-19?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=11547104_NEWSL_The%20Weekly%20Update%202020-05-15&utm_content=deaths_covid_19_explainer_button&dm_i=21A8,6VHSW,FLWQCU,RLDYB,1) |
| **The Effects of the Coronavirus Crisis on Workers**  This report illustrates that the coronavirus crisis is having a disproportionate impact on lowest earners, as well as those in atypical forms of work. These workers are more likely to have lost work or been furloughed due to the crisis. And while government support, such as the Coronavirus Job Retention Scheme and (in coming weeks) the Self-Employed Income Support Scheme, will play a vital role in helping workers get through the crisis, there is significant anxiety about the near future. As the crisis continues to unfold, a comprehensive support package will be essential to minimise the long-term effects on the labour market.  [Report](https://www.resolutionfoundation.org/app/uploads/2020/05/The-effect-of-the-coronavirus-crisis-on-workers.pdf) |
| **Care Homes ‘Left to Fend for Themselves’ Against Coronavirus**  This article warns the ‘lives of people with dementia continue to be put in danger’ and calls for weekly testing of all care home staff and residents, after finding over half of care homes can’t isolate residents, and 43% are still not confident of their PPE supply, despite nearly a third taking Covid-19 positive patients from hospital.  [Article](https://www.alzheimers.org.uk/news/2020-05-13/care-homes-left-fend-themselves-against-coronavirus) |
| **New: Dementia in care Homes and COVID-19**  This quick guide aims to help carer’s better support those living with dementia during the coronavirus (COVID-19) pandemic. The guide covers clinical situations to illustrate some challenges, including understanding signs of COVID-19, helping residents with confusion, managing behavioural challenges as well as end-of-life care. It discusses four clinical situations that may help to illustrate some challenges, including understanding signs of COVID-19, helping residents with confusion. managing behavioural challenges and supporting residents with end-of-life care/  [Guide](https://www.scie.org.uk/care-providers/coronavirus-covid-19/dementia/care-homes?utm_campaign=11544303_SCIELine%2014%20May&utm_medium=email&utm_source=SOCIAL%20CARE%20INSTITUTE%20FOR%20EXCELLENCE%20&utm_sfid=0030f00002sMD4JAAW&utm_role=Policy%2Fpublic%20affairs&dm_i=4O5,6VFN3,RO4ANM,RL3DJ,1) |
| **Proportionate Universalism can be our “New Normal”**  This paper discusses the social, economic and political impact of the coronavirus crisis and whether any attempt to simply repair the existing sport and physical activity system is doomed to fail, or whether the only sustainable way forward is a radical rethink. Whilst governmental and public attitudes towards the value of physical activity may be changing there can be no guarantee that this will translate into a simple expansion of existing patterns of behaviour and therefore a growth in the current market. In fact, in the medium to long term the current business models will not recover sufficiently to maintain even the current infrastructure.  The only way the system will be sustained will be complete overall of public funding whilst the scale and nature of this funding will be significantly limited. This will mean a reprioritisation of the sector and also the way it provides it. The paper also suggests that the whole physical activity system will need a different approach to the way the sector behaves, operates and performs. In order to justify any additional public investment, the sector will need to better demonstrate its contribution to addressing the real and increasing social and health inequalities. To do this it will have to address its current and increasing bias towards meeting the needs of those most able to pay by working to improve the health and wellbeing of everyone but giving a greater priority to those in greatest need. To do this it will have to fully embrace the principle of “Proportionate Universalism”.  [Paper](https://yhphnetwork.co.uk/media/58574/proportionate-universalism-can-be-our-new-normal-martyn-allison-2020.pdf) |
| **Are some Ethnic Groups more Vulnerable To Covid-19 than Others?**  The COVID-19 pandemic has affected some sections of the population more than others, and there are growing concerns that the UK’s minority ethnic groups are being disproportionately affected. Following evidence that minority groups are overrepresented in hospitalisations and deaths from the virus.  This report brings together evidence on the unequal health and economic impacts of Covid-19 on the UK’s minority ethnic groups, presenting information on risk factors for each of the largest minority groups in England and Wales: White other, Indian, Pakistani, Bangladeshi, Black African and Black Caribbean.  [Report](https://www.ifs.org.uk/inequality/wp-content/uploads/2020/04/Are-some-ethnic-groups-more-vulnerable-to-COVID-19-than-others-V2-IFS-Briefing-Note.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=11506485_NEWSL_HWB_2020-05-11&dm_i=21A8,6UMGL,FLWQCU,RIGXY,1) |
| **Preparing for the Return to Work Outside the Home: A Trade Union Approach**  The coronavirus outbreak has led to a dramatic change in working practices across Britain. Millions of frontline staff, in care homes, shops, and transport and across our public services are keeping the country running while facing risks to their own and their families’ health. Nearly half of businesses have people working from home, and over a quarter of the workforce have been furloughed, using the newly introduced job retention scheme.  It is vital that workers’ health, safety and livelihoods are protected as we continue to work or return to work outside the home. During this pandemic, unions across the UK in multiple sectors have negotiated agreements with employers to protect workers’ safety. As the return to work begins, unions will seek to negotiate safe return to work policies. But too many employers (especially those where there is as yet no recognised union) have undermined the safety and wellbeing of staff by their actions.  This report sets out what we believe the government must do now to ensure a safe transition from lockdown, looking at how to safely return to work outside the home, the enforcement measures needed to protect workers, and how best to protect workers’ livelihoods.  [Report](https://www.tuc.org.uk/sites/default/files/2020-04/Preparing%20for%20the%20return%20to%20work.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=11506485_NEWSL_HWB_2020-05-11&dm_i=21A8,6UMGL,FLWQCU,RGZCF,1) |
| **Statutory Homelessness in England**  This briefing paper provides statistics on statutory homelessness in England and explains local authorities' duties to assist homeless households. The paper includes an overview of, and comment on, government policy in this area. The Government has referred to putting tackling homelessness and rough sleeping “firmly at the heart” of its agenda. There is a commitment to end rough sleeping by the end of the Parliament in 2024 – 3 years earlier that the commitment by the previous Government. However, the report suggests that this will not be successful unless it is matched by a renewed focus across government on tackling the twin issues of both the supply and affordability of decent housing, which underlie the causes of homelessness.  [Report](https://researchbriefings.files.parliament.uk/documents/SN01164/SN01164.pdf?utm_source=The+King%27s+Fund+newsletters+%28main+account%29&utm_medium=email&utm_campaign=11536489_NEWSL_HMP+2020-05-15&dm_i=21A8%2C6V9M1%2CFLWQCU%2CRKRUT%2C1) |
| **The Great Asthma Divide**  Asthma affects the lives of 5.4 million people across the UK. This report highlights the experiences of people living with asthma and what care they receive. The Survey found that health inequalities has an impact on asthma control and the number of asthma attacks and that 47.3% those living in the most deprived communities had suffered more than two asthma attacks in the past 12 months, comparing to 26.9% in the least deprived – almost double the proportion.  In addition, The number receiving basic care for asthma has doubled since 2013, but still three out of five are not receiving the basic asthma care they need to stay out of hospital and get on with their lives. This equates to an estimated 3.27m people with asthma are not getting the asthma care they need.  [Report](https://www.asthma.org.uk/58a0ecb9/globalassets/campaigns/publications/The-Great-Asthma-Divide.pdf) |
| **Marmot Review 10 Years On**  It has been ten years since the publication of The Marmot Review, for the first time in more than 100 years life expectancy has failed to increase across the country, and for the poorest 10% of women it has actually declined. Over the last decade health inequalities have widened overall, and the amount of time people spend in poor health has increased since 2010.    #Marmot2020 confirms an increase in the north/south health gap, where the largest decreases were seen in the most deprived 10% of neighbourhoods in the North East, and the largest increases in the least deprived 10% of neighbourhoods in London.  There are a number of key points made within the report, but the principle point I would like to make is that, the more deprived the area, the shorter the life expectancy. This social gradient has become steeper over the last decade, and women in the most deprived 10% of areas for whom life expectancy fell from 2010-12 and 2016-18. There are marked regional differences in life expectancy, particularly among people living in more deprived areas, a general point is that the North is doing worse than the South.  Mortality rates are increasing for men and women aged 45-49 – perhaps related to so-called ‘deaths of despair’ (suicide, drugs and alcohol abuse) as seen in the USA. Child poverty has increased with children’s and youth centres have closing and the reduction in funding for education. There is a housing crisis and a rise in homelessness, people have insufficient income to lead a healthy life and there are more ignored communities with poor conditions leaving people with little reason for hope, aspiration and tangible possibility to improve their lot!  Marmot Review 2020i  [Executive Summary](https://www.health.org.uk/sites/default/files/2020-03/Health%20Equity%20in%20England_The%20Marmot%20Review%2010%20Years%20On_executive%20summary_web.pdf)  [Full Report](https://www.health.org.uk/sites/default/files/upload/publications/2020/Health%20Equity%20in%20England_The%20Marmot%20Review%2010%20Years%20On_full%20report.pdf) |
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