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| **Minding the Gap - News Brief: No. 140** |
| **Welcome to the One Hundred and Fourteth 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/) |
| **Monitoring Social Mobility 2013–2020: Is the Government Delivering on our Recommendations?**Social mobility has never been more important. According to this report, progress on social mobility in the UK has been “disappointing” with the Social Mobility Commission suggesting that only one in four of its recommendations have been delivered, despite successive prime ministers pledging to address inequality as a priority. Children from black and minority ethnic groups are also more likely to be poor, with the rate standing at 45 per cent compared with 26 per cent of children in white British families. Half of all adults from the poorest backgrounds receive no training at all after leaving school.The report notes that prior to the pandemic there had been some evidence of progress in increasing the life chances for poorer groups, including more disadvantaged pupils staying in education for longer and more poorer students going into higher education and employment. But the report also identifies that there are several areas of major concern, where the government have failed to deliver, and that a lack of joined-up thinking and activity across Whitehall exists which is impeding progress. With the coronavirus crisis already hitting poorer people harder, the report suggests that it is imperative to tackle social inequality more effectively, and called for a dedicated unit in government to coordinate action and ensure its recommendations were delivered.[Report](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/891155/Monitoring_report_2013-2020_-Web_version.pdf) |
| **Covid-19 and Inequalities**This report aims to bring together what has emerged so far about the impacts of the Covid-19 crisis on inequalities across several key domains of life. It argues that the years leading up to the Covid-19 crisis, and in particular the hangover from the last economic crisis of the late 2000s, had already left households in a precarious position. Between the start of March and the middle of April, age-adjusted death rates in the most deprived tenth of areas in the UK were more than double those in the least deprived tenth of areas. Those on lower incomes are the most likely to have underlying medical conditions that make them vulnerable to COVID-19. And some ethnic minority groups have had far higher death rates than the white British population. Whilst some people and families were simply better placed to be resilient to the pandemic that others, the crisis is likely to leave many challenging legacies for inequality. The government’s capacity will be constrained by record peacetime levels of debt. Remote working tends to be easiest for those on higher incomes. And the power of the biggest firms is at risk of further increasing.[Report](https://www.ifs.org.uk/inequality/wp-content/uploads/2020/06/Covid-19-and-inequalities-IFS-1.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=11607853_NEWSL_HMP%202020-06-17&dm_i=21A8,6WSOD,FLWQCU,RRSW2,1) |
| **The Geography of the Covid-19 Crisis in England**This report analyses how the health, economic and social impacts of Covid-19 vary around England. It explores which local authorities (LAs) have residents who are more vulnerable to severe Covid-19 symptoms because of their age or pre-existing conditions; which LAs have a greater share of workers in shut-down sectors such as retail or hospitality; and which LAs have a greater share of children either eligible for free school meals or receiving children’s social services, who might be at particular educational or social risk from the crisis.[Report](https://www.ifs.org.uk/uploads/The%20Geography%20of%20the%20COVID%2019%20Crisis%20in%20England.pdf?utm_source=The%20King%27s%20Fund%20newsletters%20%28main%20account%29&utm_medium=email&utm_campaign=11607853_NEWSL_HMP%202020-06-17&dm_i=21A8,6WSOD,FLWQCU,RRSW2,1) |
| **ADASS Coronavirus Survey**Years of cuts to council budgets, increasing needs of older and disabled people and their families and increasing cost pressures had created a perfect storm and has been a central issue relating to the level of readiness and the speed of response that local authorities were able to react to the pandemic. The impact of COVID 19 has been particularly significant for those of us with care and support needs, our families, carers and for those who commission and provide advice, care and support in our own homes, care homes and within our communities. To help describe and understand the issues that local authorities are addressing, the annual ADASS budget survey has been split into two reports this year. This is the first and it focuses specifically on the response to the Covid-19 pandemic. The second report will be published shortly and will set out and explore the wider financial impact of Covid-19 on adult social care in England.[Report](https://www.adass.org.uk/media/7967/adass-coronavirus-survey-report-2020-no-embargo.pdf) |
| **Help us Stop the #DebtThreats** With many more people at risk of falling into debt because of the pandemic, it's vital that the government urgently puts an end to intimidating debt letters. You can help by signing this petition calling on the government to act now. [Petition](https://www.moneyandmentalhealth.org/debt-threats/) |
| **More that Unites us than Divides us? A Qualitative Study of Integration of Community Health and Social Care Services**The integration of community health and social care services has been widely promoted nationally as a vital step to improve patient centred care, reduce costs, reduce admissions to hospital and facilitate timely and effective discharge from hospital. The complexities of integration raise questions about the practical challenges of integrating health and care given embedded professional and organisational boundaries in both sectors. This research describes how an English city created a single, integrated care partnership, to integrate community health and social care services. The aim of this research is to identify the context and the factors enabling and hindering integration from a qualitative process evaluation.The research found that given the long-term national policy focus on integration this ambitious approach to integrate community health and social care has highlighted implications for leadership, organisational design and inter-professional working. The integrated neighbourhood teams could all learn from each other. Many of the challenges of integration could benefit from embracing the inherent capabilities across the integrated neighbourhood teams and localities.[Research](https://bmcfampract.biomedcentral.com/articles/10.1186/s12875-020-01168-z) |
| **Deaths Involving COVID-19 by Local Area and Socioeconomic Deprivation: Deaths Occurring between 1 March and 31 May 2020**Tis bulletin contains analysis of all deaths that occurred in England and Wales where the coronavirus (COVID-19) was involved, focusing on differences between local areas. People living in more deprived areas have continued to experience COVID-19 mortality rates more than double those living in less deprived areas. General mortality rates are normally higher in more deprived areas, but COVID-19 appears to be increasing this effectDeaths involving the coronavirus (COVID-19), in England for the least deprived area (Decile 10) was 58.8 deaths per 100,000 population and the rate in the most deprived area (Decile 1) was 128.3 deaths per 100,000 population; this is 118% higher than the least deprived area. In the least deprived area, the age-standardised mortality rate for all deaths was 242.6 deaths per 100,000 population. In the most deprived area, the age-standardised mortality rate for all deaths was 92.2% higher than that of the least deprived, at 466.2 deaths per 100,000 population.[Bulletin](https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvingcovid19bylocalareasanddeprivation/deathsoccurringbetween1marchand31may2020?hootPostID=99da561a8f846d840579c3aa49ad15fa) |
| **Standing Together? COVID-19 and Worker Insecurity in 2020 and Beyond**Many businesses are unable to plan effectively for how they will trade through the months ahead; a substantial number of workers are unclear how their role might change or whether they will even have a job in the near future; and policymakers are still establishing exactly what kind of support will be needed for employers and employees over the months ahead. Within this context, many workers are facing acute insecurity. Lay-offs, reductions in pay and changes in working patterns can have a significant impact on financial and personal wellbeing. For some, this insecurity will be a new experience triggered by the crisis and surrounding social distancing measures, while for others it will be exacerbating already precarious working lives.This paper marks the launch of a new research programme which aims to understand how the COVID-19 crisis is impacting job security, and what businesses, policymakers and workers can do to protect and enhance job quality during and after the crisis. This ambitious research programme intends to develop a new evidence base to shape practical recommendations capable of protecting and improving security in the labour market following COVID-19. [Paper](https://www.lancaster.ac.uk/media/lancaster-university/content-assets/documents/lums/work-foundation/InsecurityBriefing-June20final.pdf) |
| **Good Work and Worker Voice**This paper provides a range of invaluable perspectives on the challenges facing workers, businesses and policymakers in the UK at the end of the second decade of the 21st Century. Good Work becoming increasingly recognized as a key part of the national, public policy agenda and discourse, there is an opportunity to shift these trends. As the pace of social and economic change continues to increase, Coats’ paper outlines a series of proposals for public policy, employer practice and trade union strategy in an attempt to offer some concrete steps to ensure workers actually do have a voice in the future.The paper highlights that on the one hand, the government is committed to Good Work and the levelling up of economic opportunities in less prosperous parts of the economy. On the other, there remains an ideological commitment to deregulation (yet another red tape challenge has been announced) and a desire to secure a high level of divergence from the European Union (EU) post-Brexit.[Paper](https://www.lancaster.ac.uk/media/lancaster-university/content-assets/documents/lums/work-foundation/DCoatsfinalpaperspring2020forpublication.pdf) |
| **Beyond the Data: Understanding the Impact of Covid-19 on BAME Groups**This report is a descriptive summary of stakeholder insights into the factors that may be influencing the impact of Covid-19 on BAME communities and strategies for addressing inequalities. The report summarises requests for action, which have been used to inform a number of recommendations. It also includes a rapid literature review. These insights will form the basis of the next steps being taken forward by the Equalities Minister.[Report](https://bmcfampract.biomedcentral.com/articles/10.1186/s12875-020-01168-z) |
| **The Health Foundation Covid-19 Survey**The report topics cover the experience of using NHS services during the pandemic and perceptions as to how services are managing, the impact of Covid-19 on people’s health and wellbeing, including mental health; levels of support or opposition to the government’s handling of the Covid-19 pandemic. The report also looks into the attitudes towards a potential smartphone app to track and trace Covid-19 outbreaks; and trust towards certain professional groups, including those working in health and social care.The report findings highlight and make reference to the different sub-groups based on responses to certain questions. When interpreting the survey findings, it is important to remember that the results are based on a sample of the population, not the entire population. [PPT](https://www.adass.org.uk/media/7967/adass-coronavirus-survey-report-2020-no-embargo.pdf) |
| **Carers’ Breaks for Young Carers and Young Adult Carers Guidance for Commissioners and Providers**This new guidance is for commissioners, providers and others involved in the planning, shaping and delivery of support for young carers and young adult carers in transition, primarily in England. It will be of interest to commissioners within local authorities (including public health), and may be of interest to clinical commissioning groups (CCGs) and partners within both health and education such as GPs and schools. It will also be of interest to a wide range of providers – including those from the voluntary, community, private and public sectors, and not just those already providing young carers’ breaks and support.[Guidance](https://www.scie.org.uk/carers/breaks/young-carers?utm_campaign=11604700_SCIELine%2011%20June&utm_medium=email&utm_source=SOCIAL%20CARE%20INSTITUTE%20FOR%20EXCELLENCE%20&utm_sfid=0030f00002sMD4JAAW&utm_role=Policy%2Fpublic%20affairs&dm_i=4O5,6WQ8S,RO4ANM,RRFPQ,1) |
| **Guiding Principles for Effective Management of COVID-19 at a Local Level**This document is intended to outline principles for the design of COVID-19 Local Outbreak Plans led by the Director of Public Health at Upper Tier Local Authority level, working with all key professions and sectors, with outline responsibilities for each defined. The COVID-19 Local Outbreak Plans are intended to: build on existing plans to manage outbreaks in specific settings, ensure the challenges of COVID-19 are understood, consider the impact on local communities and ensure the wider system capacity supports Directors of Public Health.[Document](https://www.adph.org.uk/wp-content/uploads/2020/06/Guiding-Principles-for-Making-Outbreak-Management-Work-Final.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) |
| **Using Marmot Principles to Tackle Health Inequalities and COVID-19****Venue:** Virtual Zoom Webinar**Date:** Tuesday 23 June**Time;** 12.00-1.20pmThe Covid-19 pandemic, and the wider governmental and societal response, have brought health inequalities into sharp focus. There is early evidence which suggests that some of the social determinants of health, including obesity, ethnicity, deprivation, poor mental health, and socio-economic status are contributing to higher levels of Covid-19 related deaths. How do we mitigate the impact of the virus on more deprived and excluded groups? In this webinar, Professor Sir Michael Marmot, Director, UCL Institute of Health Equity will discuss Health Equity in England: Marmot Review,10 years on and we will also hear from local case study areas on how they and their Health and Wellbeing Boards are leading on the wider determinants of health and tackling health inequalities.Speakers include:**Professor Sir Michael Marmot**, Director, UCL Institute of Health Equity**Councillor Kamran Caan**, Cabinet Member for Public Health and Sport, Coventry City Council**Liz Gaulton**, Director of Public Health and Wellbeing, Coventry City Council**Councillor Asher Craig,** Deputy Mayor (Communities, Equalities & Public Health), Bristol City Council **Councillor Sue Woolley,** LGA Community Wellbeing Board Member and Chair, Lincolnshire Health and Wellbeing Board (Chair)[Click Here](https://lgaevents.local.gov.uk/lga/frontend/reg/thome.csp?pageID=309441&eventID=907&traceRedir=2) to book a place |
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