

## National Policy Forum Health and Social Care: Tackling health inequalities

### Preamble

This long list of responses draws on research into public health and 'upstream' interventions, as the consultation requests. All CLP members were invited to participate, many attended a dedicated extraordinary meeting and altogether around fifteen made personal contributions. Others are understandably more interested in addressing more visible ('downstream') manifestations of health and care policy, such as longer waits for GP appointments, the rise in rough sleeper numbers, and an increasing suicide rate.

We have therefore determined, as a CLP health and care interest group, to develop a deeper understanding and make more explicit the connections between the political-economic conditions and social determinants that influence health and wellbeing, the particular health needs of individuals, and the demands those health and care needs place on services. Not only is this more productive in terms of learning, it leads us towards longer-term, solution-focused approaches. It enables us to critique the current government's crisis-led approach that many fear is part of a broader agenda to underfund and mismanage the NHS, in order to justify privatisation.

Locally we are aware of a proliferation of new, small charitable ventures, taking place at the same time as more established, non-statutory voluntary agencies, some with a powerful evidence base, are suffering severe reductions in funding due to cutbacks in funding from central to local government. We worry that if this trend is to continue, the delicately woven local safety net of community, voluntary, independent and statutory social care provision – often 'upstream' – that enables people to remain safely at home and to thrive, will be completely eroded, while attention is focussed on the more immediate and visible effects of government's austerity policy. Such charities have undoubtedly saved lives this past winter in West Berkshire, and dramatically raised public awareness: not only of the needs of our most vulnerable and excluded citizens, but also of local and national political failings. However there are real risks in moving vital services from an

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adequately funded welfare sector to a patchy, precarious and contingent charitable sector, that relies on the generosity of individuals. One risk is that the preventative agenda is entirely lost and those same individuals who might have been supported to remain in work and in good housing rise to the top of the political agenda only when they have been completely failed and become homeless. Another is that support becomes conditional not universal, and still more include the replacement of regulated professional work by unpaid volunteering, variations in the urge to donate, cynicism or loss of trust in charities and so on.

It is with these local concerns in mind that we addressed collectively the consultation, taking each question at a time.

## Addressing the impact of health inequalities in all parts of our society

We are pleased Labour is consulting on how inequality leads to shorter and poorer quality lives across **all of society**. Eliminating poverty – through a living wage that includes carers, and fair systems of taxation and benefits - is pivotal to health gains. Sequelae of harms flow from debt, housing insecurity, family breakup and insecure childhoods.

Physical and mental health is promoted by practices that place a duty of care centrally, in workplaces and public-facing services, e.g. welfare, criminal justice and education. Flexible, secure work is a priority that employers and Trade Unions can work together to ensure. Harmful detention practices need to be stopped urgently and Human Rights law respected. Some industries (e.g. Betting, Tobacco) need tougher regulation. Agencies offering debt advice (eg CAB) need adequate resourcing.

A long-term funding settlement for health and social care based on need is overdue, to eliminate precarity and to prioritise well-regulated community services. All lives must be valued: the insidious language of 'burden' is a direct harm that affects all our wellbeing. Currently, it is known that people who are disabled, older or ill are unfairly treated. Free access to basic dental and optical care, and free prescriptions in particular to those with long-term health conditions, would reduce inequalities. Schemes such as

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Scotland's regulation of alcohol pricing, UK-wide trials of 20mph speed limits in urban areas, and air quality improvement schemes benefit all and should be emulated where evidence shows success. Funding to local authorities needs to enable safety standards to be enforced; short-term out-sourcing via charities and private providers perpetuates ambiguous lines of responsibility, unequal access and risk.

The following are members' edited responses to specific questions.

*What measures should a future Labour government put in place to help reduce health inequalities across **all parts** of society?*

- Living wage
- Debt reduction schemes
- Getting tough with gambling/betting industry (The Tories gave in on FBO machines)
- Reduce income inequality – taxation/allowances, welfare/benefits including in work benefits
- Reduce unemployment especially in vulnerable groups, eg disabled, young people, carers; increase and protect employment rights especially of those in precarious work
- Promote physical and mental health through positive practices, management regimes and with Trade Unions in the work place, including schemes such as worker representation on boards that empower and include
- Promote physical and mental health through positive practices, management regimes and with Trade Unions in public institutions and organisations/organisations that work with the public including the welfare/benefits system, prisons and criminal justice system e.g. books for prisoners and other literacy/education schemes
- Universal, free and freshly cooked school breakfast and lunch schemes
- Bring back Sure Start
- Literacy and health literacy standards requiring health information to be inclusive and accessible especially in areas of greatest diversity and targeted to groups least able to access services
- Regulation of alcohol and cigarettes (age, cost)

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- 20 mph limits in all city centres and around schools, parks, leisure centres and other areas frequented by children
- Close immigration detention centres
- Adequate funding for community based health provision eg health visitors, community mental health roles
- Health and safety eg/esp food safety and air quality
- Restore funding to local councils to provide adequate service to monitor and enforce trading standards. Tories have decimated regulatory/inspection frameworks/ brexit adds to problems
- Tax breaks and other financial incentives for organic farming and alternative energy production

*What specific areas of policy (eg housing, criminal justice) do you believe we should focus on in order to reduce health inequalities in **all parts** of society?*

- Housing: A national housing strategy  
Affordable purchase schemes and builds, affordable rents and longer contracts, key worker housing schemes
- Reverse cuts to LAs that resulted in people with learning difficulties having less/no support for daily living eg cooking, shopping
- Criminal justice in particular young people/men, invest in probation services, training for prison staff, invest in mental health services in prisons and bail hostels
- Social services, children's services, schools and early years
- The NHS, social care system and voluntary sector/agencies – especially discharge and admission avoidance with health services, GP practices, Emergency departments and carers/families
- Further and Higher education especially bringing back the EMA and maintenance grants for poorer students, in house counselling services, debt management support, widening participation schemes in schools and colleges that include financial and career advice
- Environment eg/esp AIR QUALITY in cities

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*What plans could a future Labour government put in place to address health inequalities faced by **particular groups** in our society?*

**Particular groups** need protection and better-connected services. Timely access – through A&E, GPs, admission avoidance and safe discharge schemes, step-down community beds - saves money. People with precarious lifestyles require fair treatment that focuses on keeping families together. People with disabilities and in particular learning disabilities, mental health conditions and those at risk of homelessness have specific needs for swift access to skilled assessment and long-term support in their communities.

- The most poor and disadvantaged groups – reduce precarity in employment, improve in work benefits, remove benefits suspension (universal credit), debt avoidance/support schemes, housing and rent support
- Benefits system overhaul to ensure care is at the centre especially for people with disabilities, long term conditions, life limiting illnesses, carers, child/young carers.
- Revise prescription charges and update conditions included (see Prescription Charges Coalition recommendations), ideally remove prescription charges universally
- Families, including single parent families and family units living in non-traditional ways eg travellers: support for childcare and for education that places child at centre, focuses on keeping families together, in own home to avoid further family breakdown
- Address health inequalities for people with learning difficulties

## Public health funding

In terms of **public health funding**, West Berkshire has small areas of very high deprivation among affluent areas, so improvements need to be benchmarked against full postcodes. State education under local authority jurisdiction needs reinvestment, especially a reinvigoration of Sure Start, breakfast/lunch clubs and the reintroduction of EMA. Research into the ways attributes intersect in Conservative-dominated local authorities would reveal groups experiencing hitherto invisible barriers and disadvantages. Investment ought to follow evidence and focus on mechanisms that

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reduce domestic violence, teenage pregnancy and sexually-transmitted diseases among minority groups including women and LGBTQI+ communities.

In its first term Labour needs to:

- Re-invest in CAMHS, A&E, Paramedicine and Police including specialist training in mental health, frailty, and safeguarding
- Use evidence based approaches to connect health and social care
- Investigate the rise in infant deaths
- Repeal 2012 NHS Act: de-bureaucratise the NHS, end competitive tendering and privatisation
- Re-invest in clinical leadership and CPD for health and social work professionals

The following are members' edited responses to specific questions.

*How best can a future Labour government ensure that funding to reduce health inequalities in our society reaches those who are **most in need**?*

- Focus resources on geographical areas known to have highest deprivation even small patches within very wealthy areas: West Berkshire has areas of outstandingly poor social mobility
- Priority given to parents and children within those areas eg Sure Start schemes prioritised for those areas, CAB (debt support) outreach to most deprived areas
- School before and after school clubs, breakfast/lunch in deprived areas and among deprived families/individuals in all areas
- Work with schools, Colleges and Universities to know and support children/young people at risk of family breakdown, attrition etc – schemes to support to stay in education
- Education – bring back the EMA for young people, access schemes with financial advice in most deprived schools
- Local research/cross agency work that requires local councils to know intersectional disadvantage of individuals and groups within areas, e.g. young people with mental health problems within care system, older people living alone in rural poverty

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- Invest in BME groups and women's health including domestic violence prevention/support, teenage pregnancy reduction, sexually transmitted disease prevention/support
- Extend prescription exemptions to people with long term health problems and co-morbidities
- Homelessness prevention, high quality hostels and rental accommodation to prevent people becoming rough sleepers, extend family living schemes, care leavers to avoid sofa surfing becoming rough sleeping

*What does Labour need to do in its **first term** in government regarding **access** to services, health **outcomes** and service **quality** in order to reduce health inequalities?*

- Focus on Children's and Adolescent Mental Health services: investment
- More/better GP services – listen to GPs and end competitive tendering, privatisation, actively support and retain GPs who prioritise clinical work not business management
- Invest in Emergency Department, Paramedicine and Police including specialist training in mental health, frailty, and safeguarding
- Use evidence based approaches to joint health and social care, family/person centred approaches to admission prevention, and successful discharge that ensure people/professionals work together (as/more important as shared budgets/structural change which is slow and difficult)
- Investigate why infant mortality rising after decades of reduction – linked to poverty/maternal health
- Repeal 2012 NHS Act and delayer/be-bureaucratise NHS, end the contracts to private providers and invest in NHS management and clinical leadership
- Invest in education and in work CPD/training for all health and social work professionals to enable extended roles, evidence based interventions

Workforce

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The **health and care workforce** needs investment by: removing the salary cap, legislating for safe staffing levels, provision of incentives, and key-worker housing schemes. Tuition fees need to be removed, bursaries reintroduced, widening participation and progression schemes revitalised to attract a diversity of students, and debt-forgiveness schemes developed. Training must ensure commitment to cross-agency/interprofessional working that prioritises patients, carers and promotes safe and respectful practices by focusing on:

- The social determinants of health
- Co-production
- The importance of home, community, inclusion and a sense of belonging
- Timely access
- The needs of the most vulnerable including those in the criminal justice system and at risk of loss of liberty and autonomy

The following are members' edited responses to specific questions.

*How can we ensure that all parts of the health and social care workforce are working together to reduce health inequalities?*

- Focus on cross agency working
- Include cross agency working in education and training, and in work training and CPD
- Legislate and produce guidance for cross agency working for admission prevention and safe early discharge (as in safeguarding, CPA etc)
- Focus on avoiding admission by investment in general practice, taking away competitive processes between practices and services.
- Where combined budgets and structures are needed use best practice (Manchester pilot)

*Which other parts of society should health and social care professionals be working with to address issues of inequality in our society?*

- Education – early years to HE to public education

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- Criminal justice/prison system
- Local authorities/councils/social services
- Housing
- Agencies/voluntary and private sector
- Employers
- Trade Unions
- Ensuring education and training is accessible to minority groups to develop a diverse workforce

*What steps does the labour party need to take in order to create a sustainable health and social care workforce strategy that will truly assist in addressing health inequalities?*

- Scrap NHS pay cap
- Make safe staffing levels law
- High quality education and training with bursaries and no tuition fees or hidden costs
- Reintroduce full bursaries for health professional education, EMA for FE/vocational and access courses, maintenance grant for poorer students, regain mature student entry, protect EU staff post-brexit
- Link existing debt to period working in NHS
- Restore progression from NVQ to degrees in healthcare
- Living wage for carers
- Institute co-production with people using services/active in user movement as standard

*What steps can we take to improve staff retention in the NHS, particularly in areas of the country with high cost of living?*

- Key worker housing schemes
- Debts 'forgiven' for work in NHS/areas most in need of staff
- Take on board work by whistleblowers and safety reports that show how poor culture is driving staff away
- Re-introduce year zero courses, widening participation schemes, Foundation degrees and ensure progression from apprenticeships is guaranteed for successful students/apprentices
- Restore funding to local authorities to provide a decent level of provision so that Social Work/Care staff wish to work and develop their careers in the statutory sector

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- Honour the 'spirit' of the Care Act to focus on prevention eg maintaining/promoting independence by, for example, timely assessments and lowering the eligibility criteria to at least pre-cuts level, again to make sure work is satisfying and attracts people who care and want to do good work
- Reverse structural changes e.g. get rid of CCGs and Health and Wellbeing Boards and make Healthwatch accountable to central government and not local authority, to reduce the plethora of unpaid and unelected roles that either replace paid work or are not necessary. Ensure necessary work is made accountable through proper jobs, regulated and monitored by council officers and specifically not influenced by elected councillors of any political parties
- Protect council employees and regulated professionals in risky work by creating learning cultures and safe practices