“If you could do one thing...” Nine local actions to reduce health inequalities

Hilton Hotel, Neville Street, Leeds
Friday, 27th June 2014
9:30am - 4:00pm

This publication is aimed at local government. Action on social determinants of health can, and should, happen at global, national and local level. While it is desirable to have action at all three levels, there is much that needs to be done at local level, as illustrated here.

Michael Marmot

In January 2014, the British Academy, the UK’s national academy for the humanities and social sciences, published a collection of opinion pieces on health inequalities from leading social scientists.

The British Academy brought together a group of respected experts from across the social sciences. Each author was asked to write a proposal focusing on one issue and one intervention that would reduce health inequalities, which could be adopted by local authorities and health and wellbeing boards. A tough ask to concentrate minds on the translation of academic understanding into local implementation.

The expert authors – Kate Pickett, Edward Melhuish, Danny Dorling, Clare Bambra, Kwame McKenzie, Tarani Chandola, Andrew Jenkins, James Nazroo, Hal Kendig, Chris Phillipson and Alan Maynard – represent a variety of academic disciplines and areas of expertise.

Minding the Gap hopes that the collection of papers and this conference will fire the imagination of local authorities and energise their interest and enthusiasm in how they can most effectively improve local health. The report suggests that Elected Members need to understand and own the fact that what local government does every day profoundly influences the health of their population. They should hold every officer to account for the impact they have on public health, not just the Director of Public Health and her/his team. The report also seeks to help local policymakers improve the health of their communities by presenting evidence from a wide choice of social sciences.

Kate Pickett identifies how implementing a ‘living wage’ policy would have a direct impact on income inequality. She argues that paying a living wage would help to address ‘in-work poverty’, reduce income inequality, provide an incentive to work and enhance health and wellbeing. For employers, she identifies it may benefit productivity, reduce absenteeism and have a positive impact on staff relations.

Hal Kendig and Chris Phillipson argue that place matters, and that older people living in urban areas face specific issues around social integration, access to services, leisure and mobility. They determine that taking action on behalf of (and ideally involving) older people can facilitate social wellbeing, enable them to continue to contribute to the communities in which
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they live and, crucially, influence healthy life expectancy. Their proposal identifies significant opportunities for action on ageing and the built environment that are emerging in the UK, such as the efforts of Manchester and York to become age-friendly cities.

James Nazroo considers that ethnicity and health inequalities has been substantially neglected in policy discussions. He suggests that social and economic inequalities are the driving force for ethnic inequalities in health and that substantial policy development is required in this field. He argues for the improvement in employment conditions of public sector workers as a specific public health intervention.

The proposal to implement ‘20mph speed limits where 30mph ones have usually been’, demonstrates how this could be one of the cheapest and most effective methods for improving public health today. Easily enacted at the local level, this very literal slow-down would reduce the risk of pedestrian – and especially child – fatalities and bring about wider benefits such as less pollution and stronger communities.

Tarani Chandola and Andrew Jenkins consider how further and adult education can reduce social inequalities in health. Identifying that those who leave school without any qualifications are far more likely than their better educated peers to be in poor health – and to have greatly reduced social and employment life chances, they argue that policy should have a focus on acquisition of skills and qualifications by disadvantaged adults.

Who should attend the conference?
The conference has been designed to help support Elected Members, Chief Executives, DsPH, DsASS, DsCS, members of Health and Wellbeing Boards, Members of Scrutiny Commissions and Local Authority Managers and Officers with broad responsibilities (Environmental Health, Housing, Planning, Sports and Culture, Children’s Services, Adult Social Services, Education, Regeneration etc.).
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We anticipate places being in great demand. Therefore, please return as soon as possible.

BOOKING FORM

Please complete one form per delegate.

Please return to: Ian Copley, Minding the Gap, WMDC, Wakefield One, Burton Street, Wakefield, WF1 2EB
Tel: 01924 305632 Email: icopley@wakefield.gov.uk

Title
Name
Position
Local Authority/ Organisation
Postal Address
Email address
Telephone Number

Facilities requested (please tick as appropriate):
Vegetarian diet ☐ Vegan diet ☐ Large print ☐
Wheelchair access ☐ Induction loop ☐ Other (please specify)

This event is free. However, we reserve the right to impose a charge of £30 where delegates do not attend and have not informed us of a cancellation. Delegates are welcome to send a substitute if they find they are unable to attend
For further information contact; Ian Copley (Minding the Gap) icopley@wakefield.gov.uk