

**SPEAKER NOTES FOR CLLR JACQUI TAYLOR**  
**East of England All Party Parliamentary Group Meeting**  
**Levelling Up Health Inequalities**  
**Tuesday 23 January 2024 at 3.00 – 4.30pm on Zoom**

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**INTRODUCTION**

I am speaking in my role as Chair of the East of England Local Government Association’s People and Communities Panel. EELGA is a cross-party politically led membership body of all the fifty local councils in the East of England, of which there are 11 county and unitary councils and 39 district councils. I am also the lead member for housing at St Alban’s District Council in Hertfordshire.

**I would like to cover three main points:**

- 1) Firstly**, the role of local government in improving the health and wellbeing of communities.
- 2) Secondly**, the opportunities and challenges that Integrated Care Systems bring for reducing health inequalities and improving healthy life expectancy in the East of England including some examples of success.
- 3) Thirdly**, our key messages to Government, as the local government sector, to support the region in moving forward with this agenda.

**1. THE ROLE OF LOCAL GOVERNMENT IN IMPROVING THE HEALTH AND WELLBEING OF COMMUNITIES**

- 1.1 As we have heard from the previous speakers and read in the background paper, although overall healthy life expectancy in the East of England is better than the national average, there are stark disparities between and within local areas in the region. For example, people die 18 years younger in Clacton than in Saffron Walden in the same county of Essex.<sup>1</sup>
- 1.2 Coastal communities like Clacton and Great Yarmouth have higher rates of medical conditions including heart disease, cancer, respiratory conditions and mental health conditions.
- 1.3 Some groups of people are more likely to be affected by health inequalities including people living in deprived neighbourhoods, ethnic minorities, LGBT+ people, Gypsy, Roma and

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<sup>1</sup> [Clacton life expectancy 18 years lower than wealthier Essex areas - council chief - BBC News](#)

Traveller people, people with physical or learning disabilities and people who have experienced homelessness.<sup>2</sup>

- 1.4 The evidence shows that some people are dying younger than they should.<sup>3</sup> Health inequalities are systematic, unfair and avoidable. **Healthy life expectancy is a key measure for assessing whether health is improving, and disparities are narrowing.**<sup>4</sup>
- 1.5 **Much of what drives healthy life expectancy is caused by differences in the ‘wider determinants’ of health.** Wider determinants of health are a range of social, economic and environmental factors which impact on people’s health, for example people’s employment status and their housing environment.<sup>5</sup> Access to things like early years support, quality and affordable homes, green spaces, leisure, reliable transport, employment and a good education have a significant influence on whether people will live a long and healthy life.
- 1.6 **Local councils play a crucial role in delivering and supporting these wider determinants of health as part of a wider system** with Government, the NHS, the voluntary and community sector, and the private sector. District councils play a significant role.
- 1.7 For example, access to a decent, secure, and affordable home has a significant influence on physical and mental health. Initiatives led by district councils to improve the decency of homes, reduce overcrowding and address issues such as damp and mould are fundamental to reducing health inequalities and improving healthy life expectancy.
- 1.8 **All tiers of local government including county, unitary, and district councils are integral to supporting the strategic objective of Integrated Care Systems to shift to a more preventative model of health and care.** Preventing people from getting ill in the first place is at the core of what local government does.
- 1.9 **Local councils have a good understanding of the needs of their local communities and deliver impactful prevention programmes.** The close links that Districts councils have with their residents and the local voluntary and community sector is an essential element of a place-based approach to improving health outcomes.
- 1.10 And importantly, public health sits in upper tier councils. A report ‘Potential of Prevention’ from Directors of Adults Social Care, (the ADASS Eastern branch) provides case studies from the region that demonstrate the importance of minimising the chances of people needing services in the first place.<sup>6</sup>

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<sup>2</sup> [The Denny Review A review of health inequalities in Bedfordshire, Luton and Milton Keynes \(healthwatchbedfordborough.co.uk\)](https://healthwatchbedfordborough.co.uk) (September 2023)

<sup>3</sup> [A matter of life and death March 2022.pdf \(health.org.uk\)](https://health.org.uk)

<sup>4</sup> [What are health inequalities? | The King's Fund \(kingsfund.org.uk\)](https://kingsfund.org.uk)

<sup>5</sup> [Wider Determinants of Health: April 2023 update - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

<sup>6</sup> [EoE Potential of Prevention Report - June 2023](https://www.eoe.org.uk)

- 1.11 **Local councils are responsible for building healthy places that generate inclusive growth which benefits all residents.**
- 1.12 **And furthermore, councillors are democratically accountable to their residents.** Elected members have a vital role to play in representing the health and care needs of their residents within Integrated Care Systems.
- 1.13 Local government is therefore a deliverer, facilitator and influencer of change. Driving change can only be achieved through a shared understanding and ownership that long term health is not addressed by health care solutions alone.

## **2. THE OPPORTUNITIES AND CHALLENGES THAT INTEGRATED CARE SYSTEMS BRING FOR REDUCING HEALTH INEQUALITIES AND IMPROVING HEALTHY LIFE EXPECTANCY IN THE EAST OF ENGLAND INCLUDING SOME EXAMPLES OF SUCCESS.**

- 2.1 The benefits of a system wide approach achieved through Integrated Care Systems are clear. The Integrated Care Systems, referred to as ICSs, have real potential to actively address health inequalities and improve healthy life expectancy across the region.
- 2.2 With six ICSs and 50 local councils in the region, there are many examples that demonstrate the impact of partners working together to prevent ill health and promote wellbeing in places and neighbourhoods.
- 2.3 The Kings Fund, commissioned by the District Councils Network, have produced a report on the role of district councils in improving health outcomes which references five principles for success. It's based on research in four case study areas of which two are in our region: Norfolk and Waveney; Suffolk and North East Essex. <sup>7</sup>
- 2.4 The report shows that in Suffolk and North-East Essex, joint roles have helped bring together partners within the ICS. Key people have jobs split between district councils, the county and the Integrated Care Board. There are local council officers who have roles split between different district councils and one of the two county councils involved. This has helped break down barriers between these organisations.
- 2.5 In South Cambridgeshire, the ICS has funded Cambridgeshire ACRE, a voluntary organisation, for the next two years to help sustain its warm hubs which have transitioned into all year community hubs. As fuel and food costs rise, we are likely to see worsening health outcomes for people living in areas with the highest levels of deprivation. The community volunteer led hubs to help with cost-of living support and early intervention to support health and wellbeing.<sup>8</sup>

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<sup>7</sup> [Driving better health outcomes through integrated care systems | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/reports/2022/driving-better-health-outcomes-through-integrated-care-systems)

<sup>8</sup> [EELGA Roundtable Discussion: Cost of Living, Fuel and Food Insecurity - EELGA](#)

- 2.6 Grove View Integrated Health and Care Hub completed in March 2023, is the first health and care hub in Central Bedfordshire and the realisation of a vision between the council and NHS partners to provide better joined up care locally. At this ‘one stop’ hub, people can access high-quality care and services seven days a week close to where they live making it more accessible. The hub sits alongside 98 Apartments for those over 55, of which 88 are for affordable rent and 10 are for shared ownership. Quality homes contribute to ageing well and these apartments offer a home for life due to their accessibility standards.<sup>9</sup> Central Bedfordshire Council is working with the Bedfordshire, Luton and Milton Keynes Integrated Care Partnership to achieve this vision.
- 2.7 Tendring District Council work with their Health Alliance on a range of initiatives and have seen for the first time ever the Health Index for Tendring improve by 4.7% whereas the all-England figure is only 0.8%. Since 2021 a project, through Levelling Up funding, has been in place to improve health deprivation through employment, resulting in the change.<sup>10</sup>
- 2.8 We are still in the early days of the development of Integrated Care Systems and our local council leaders and chief executives from across the East of England tell us that there remains a need for greater trust and understanding to enable the active engagement of all partners and reduce barriers to integration.
- 2.9 Local councils in the region welcome that there is a duty on ICSs to help the NHS support broader and social economic development. However, there remains some duplication as to who is responsible for what. It would be helpful to take a regional approach to clarify the different roles of strategic responsibilities of NHS led Integrated Care Boards and partnership led Integrated Care Partnerships.
- 2.10 Collectively there is more we can do to make a case for greater investment in prevention.

### **3. OUR KEY MESSAGES TO GOVERNMENT, AS A LOCAL GOVERNMENT SECTOR, TO SUPPORT THE REGION IN MOVING FORWARD THIS AGENDA.**

- 3.1 Our ‘Levelling Up the East of England’ report authored in partnership with this APPG published in December last year, shows that long-term debt, homelessness, evictions, rent and mortgage arrears, due to rising cost of living, **present a significant challenge for achieving the Government’s healthy life expectancy mission.**<sup>11</sup> As mentioned the quality and supply of affordable homes is a key issue.

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<sup>9</sup> [Grove View Integrated Health and Care Hub and Grove View Apartments | Central Bedfordshire Council](#)

<sup>10</sup> [Clacton life expectancy 18 years lower than wealthier Essex areas - council chief - BBC News](#)

<sup>11</sup> [Levelling up has long way to go in East of England reveals report \(eelga.gov.uk\)](#)

- 3.2 The differing levels of deprivation must be considered to achieve gains in healthy life expectancy for all people across the region and to close the inequality gap. There are huge economic costs of failing to act on the wider determinants of health.<sup>12</sup>
- 3.3 With the appropriate levels of funding, autonomy and flexibility, Integrated Care Systems in the East of England can achieve a collective focus on health equity in the region.
- 3.4 As the local government sector in the region, we call on Government to:
- 1) Recognise the central role of all tiers of local government in delivering Integrated Care System ambitions to improve the living conditions and life chances in our communities, by providing a cross-sector funding framework that ensures essential services are maintained and enables increased investment in prevention.
  - 2) Commit to the share of total NHS budgets at ICS level going towards prevention being increased by at least 1% over the next 5 years, as recommended in the Hewitt Review of ICSs.<sup>13</sup>
  - 3) Support Integrated Care System to become self-improving systems and give local health and care leaders the space and time to develop local solutions.
  - 4) Recognise the significant population growth in the East of England to ensure the region receives a fair share of funding overall for its demography, and that its most deprived areas are recognised within this. The delivery of inclusive recovery and inclusive growth will ensure the gap in Healthy Life Expectancy is not widened further.
  - 5) Focus on health outcomes and the levers that the Major Conditions Strategy can use to enable it to succeed in its aims to shift to integrated and preventative care, and to narrow the healthy life expectancy gap.

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<sup>12</sup> [Alongside the Marmot review, the Dame Carol Black review also highlighted the huge economic costs of failing to act on the wider determinants of health.](#)

<sup>13</sup> [The Hewitt Review: an independent review of integrated care systems - GOV.UK \(www.gov.uk\)](#)