

DUE NORTH: REPORT OF THE INDEPENDENT INQUIRY ON HEALTH EQUITY FOR THE NORTH**Report of the Director of Public Health****1. Purpose of the Report**

This paper provides a briefing to the Sunderland Health and Wellbeing Board on *Due North: the Report of the Independent Inquiry on Health Equity for the North* issued on Monday 15th September.

This paper sets out: the background to the inquiry; the headlines for the current state of health inequalities; the inquiry recommendations; the results of a rapid mapping and sense check of action already underway in Sunderland to tackle health inequalities; and an outline of possible next steps.

2. Background

Due North is the report of an independent inquiry, commissioned by Public Health England. Its aim was to provide further evidence on the socio-economic determinants of health and additional insights into health inequalities for the North of England (covering the North East, North West and Yorkshire and the Humber regions). Whilst *Due North* is from and about the North of England, the issues presented and the recommendations made will be of interest to every part of the country and indeed to the country as a whole.

The report builds on the *Marmot Review* focusing on the following three themes:

- a fair start for children
- the economy and welfare
- democratic and community empowerment

The report provides additional evidence on what actions are needed to tackle the underlying determinants of health on the scale needed to make a difference. It also sets out challenges to local areas, communities, businesses, councils, the health sector and national political leaders about potential actions they could deliver which could disrupt these persistent health inequalities.

3. Current state

That health inequalities exist and persist across the North of England is not news; but that does not mean that health inequalities are inevitable. The local illustration of these health inequalities is that:

- a baby boy born in Sunderland can expect to live **12.1 fewer years in good health** than a baby boy born in Richmond on Thames

- a baby girl born in Sunderland can expect to live **12.5 fewer years in good health** than a baby girl born in Richmond on Thames

In general, the causes of health inequalities are the same across the country; it is the severity of these causes that is greater in the North of England, and which contributes to the observed regional pattern in health.

For information, the latest assessment of progress on the Marmot Indicators for Sunderland is included as Appendix 4.

4. Report Recommendations

Due North sets out four high level recommendations, as follows:

- tackle poverty and economic inequality within the North and between the North of England and the rest of England
- promote healthy development in early childhood
- share power over resources across the North and increase the influence that the public has on how resources are used to improve the determinants of health
- strengthen the role of the health sector in promoting health equity

Recommendations and underpinning supporting actions are aimed at two distinct groups:

- first, policy makers and practitioners working within agencies in the North of England, and
- secondly, central government.

A summary of the “grouped” recommendations is set out in Appendix 1.

Public Health England produced an interim response to the report in September 2014, but wishes to reflect more thoroughly on the evidence and recommendations. They will make a full response in spring 2015.

At regional level, the findings from the report were presented at the North East Health Summit on 30th October 2014. It is also likely that further discussion will be sought through the ANEC Leaders / Elected Mayors, Chief Executives’ and Chairs of Health and Wellbeing Boards forums.

5. What are we already doing in Sunderland?

As previously noted, the recommendation themes within *Due North* are not new. It is therefore not surprising that there are already strategies and policies in place and actions being undertaken in Sunderland that are consistent with the recommendations being made.

Appendix 2 sets out the results so far of a rapid “mapping and sense check” exercise against the report recommendations. Additions or changes to these will be made in response to feedback from the Board.

It would also be useful to gain feedback from the Board about which of the recommendations from *Due North* we should prioritise for early action within the delivery plan for the Health and Wellbeing Strategy. We could choose priorities where:

1. We are making progress but do not feel this progress is good enough;
2. Despite the long history, we have not made progress;
3. Current opportunities mean we can tackle issues that might not have been considered before.

6. Next steps

Public Health England is also asking for feedback about the recommendations from the report; specifically they are asking the following questions (see Box 1):

Box 1: Comments on Due North

1. Are these recommendations pertinent?
 - do they have traction?
 - could they be usefully refined, and if so, how?
 - are there any of limited value?
2. What are the priorities to progress?
3. What would help to make this happen
4. What could you/your organisation do to support and drive progress?

Feedback from the Board in relation to these questions would be valued. The feedback template is provided at Appendix 3. The deadline for this exercise is **8th December 2014**.

The *Due North report* could also usefully be discussed within the local strategic partnership arrangements within Sunderland, for example, with the Economic and Education Leadership Boards, Adults and Children's Partnership Boards, and Safer Partnership. Discussion could include a range of partner organisations e.g., Sunderland CCG, University, CHS NHS FT. This could usefully be undertaken as a development workshop.

A full consideration would entail cross checking *Due North's* Recommendations against those of our recently developed Health and Wellbeing Strategy.

7. Recommendations

The Sunderland Health and Wellbeing Board is asked to:

- Note the high level recommendations made by the report *Due North*;
- Provide feedback about the findings from the rapid mapping and sense check set out in Appendix 2;

- Provide feedback about the top 3 issues that should be prioritised for early action within the delivery plan for the Health and Wellbeing Strategy;
- Provide any feedback about the usefulness and/or practicality of the recommendations, based on the questions on the template at Appendix 3;
- Confirm that they are content for further discussions to take place, within the local strategic partnership and key partner organisations.

Kath Bailey
Locum Consultant in Public Health

APPENDIX 1: Summary of recommendations and actions from *Due North*

For agencies in the North:	For central government:
<i>1. Tackle poverty and economic inequality within the North and between the North of England and the rest of England</i>	
<ul style="list-style-type: none"> Develop health equity strategies that prevent and ameliorate poverty 	<ul style="list-style-type: none"> Provide investment for locally commissioned, integrated programmes for welfare reform, skills and employment to support people into work
<ul style="list-style-type: none"> Focus public sector reform on preventing poverty and promoting prosperity 	<ul style="list-style-type: none"> Develop a new deal between local partners and national government that allocates the total public resources for local populations to reduce inequalities in life chances between areas Expand the role of Credit Unions and take measures to end the poverty premium
<ul style="list-style-type: none"> Improve employment prospects of those out of work or entering the labour market 	<ul style="list-style-type: none"> Grant City and County regions greater control over the commissioning and use of the skills budget and the Work Programme to make them more equitable and responsive to differing local labour markets
<ul style="list-style-type: none"> Develop economic development strategies that reduce both economic and health inequalities 	<ul style="list-style-type: none"> Develop a national industrial strategy that reduces inequalities between the regions
<ul style="list-style-type: none"> Implement and regulate the Living Wage 	<ul style="list-style-type: none"> End in-work poverty by implementing and regulating a Living Wage and ensure that welfare systems provide a Minimum Income for Healthy Living
<ul style="list-style-type: none"> Invest in new housing and increase the availability of high quality affordable housing 	<ul style="list-style-type: none"> Develop policy to enable local authorities to tackle the issue of poor condition of the housing stock at the bottom end of the private rental market
<ul style="list-style-type: none"> Assess the impact in the North of changes in national economic and welfare policies 	<ul style="list-style-type: none"> Assess the impact of changes in national policies on health inequalities in general and regional inequalities in particular Extend the Measuring National Wellbeing programme to better monitor progress and influence policy on inequalities

Comments form

Due North: Report of the Inquiry on Health Equity for the North

For agencies in the North:	For central government:
<i>2. Promote healthy development in early childhood</i>	
<ul style="list-style-type: none"> Develop and sign up to a charter to protect the rights of children to the best possible health 	<ul style="list-style-type: none"> Embed a rights based approach to children’s health across government
<ul style="list-style-type: none"> Seek to incrementally increase the proportion of overall expenditure allocated to giving every child the best start and ensure expenditure reflects needs 	<ul style="list-style-type: none"> Increase the proportion of overall expenditure allocated to early years and ensure expenditure is focused according to needs
	<ul style="list-style-type: none"> Reduce child poverty through the measures advocated by the Child Poverty Commission (e.g., paid parental leave, flexible working, affordable high quality childcare)
	<ul style="list-style-type: none"> Reverse recent falls in the living standards of less advantaged families
<ul style="list-style-type: none"> Ensure access to good quality universal early years education and childcare with a greater emphasis on those with greatest needs 	<ul style="list-style-type: none"> Make provision for universal, good quality early years education and childcare proportionately according to need across the country
	<ul style="list-style-type: none"> Invest in raising the qualifications of staff working in early years childcare and education
<ul style="list-style-type: none"> Protect universal integrated neighbourhood support for early child development (e.g., health visitors, children’s centres) 	<ul style="list-style-type: none"> Increase investment in universal support to families through parenting programmes, children’s centres and key workers, delivered to meet social needs
<ul style="list-style-type: none"> Collect better data on children in the early years across organisations so that change can be tracked over time 	<ul style="list-style-type: none"> Commit to carrying out a cumulative impact assessment of any future welfare changes to ensure a better understanding of their impacts on poverty and to allow negative impacts to be more effectively mitigated

Comments form

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For agencies in the North:	For central government:
<p>3. <i>Share power over resources and increase the influence that the public has on how resources are used to improve the determinants of health</i></p>	
<ul style="list-style-type: none"> • Take the opportunity of greater devolved powers and resources to develop locally integrated programmes of economic growth and public services reform to support people into employment 	<ul style="list-style-type: none"> • Revise national policy to give greater flexibility to local government to raise funds for investment and use assets to improve the health and well-being of their communities
<ul style="list-style-type: none"> • Collaborate across combined authorities in the North to develop a Pan-Northern approach to economic development and health inequalities • Invest in and support the development of up publicly owned mutual organisations for providing public services where appropriate 	<ul style="list-style-type: none"> • Grant local government a greater role in deciding how public resources are used to improve the health and well-being of the communities they serve
<ul style="list-style-type: none"> • Develop the capacity of communities to participate in local decision-making and developing solutions which inform policies and investments at local and national levels 	<ul style="list-style-type: none"> • Invite local government to co-design and co-invest in national programmes, including the Work Programme, to tailor them more effectively to the needs of the local population
<ul style="list-style-type: none"> • Expand the involvement of citizens in shaping how local budgets are used 	<ul style="list-style-type: none"> • Invest in and expand the role of Healthwatch as an independent community-led advocate that can hold government and public services to account for action and progress on health inequalities
<ul style="list-style-type: none"> • Re-vitalise Health and Well-being Boards to become stronger advocates for health both locally and nationally 	
<ul style="list-style-type: none"> • Develop community led systems for health equity monitoring and accountability 	

Comments form

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CCGS and other NHS agencies in the North:	Public Health England:
<i>4. Strengthen the role of the health sector in promoting health equity</i>	
<ul style="list-style-type: none"> • Use the Social Value Act to ensure that procurement and commissioning maximises opportunities for high quality local employment, high quality care, and reductions in economic and health inequalities 	<ul style="list-style-type: none"> • Support the involvement of Health and Wellbeing Boards and public health teams in the governance of Local Enterprise Partnerships and combined authorities
<ul style="list-style-type: none"> • Work with local authority Directors of Public Health and PHE to address the risk conditions (social and economic determinants of health) that drive health and social care system demand 	<ul style="list-style-type: none"> • Support local authorities to produce a Health Inequalities Risk Mitigation Strategy
<ul style="list-style-type: none"> • Support Health and Well-being Boards to integrate budgets and jointly direct health and well-being spending plans for the NHS and local authorities 	<ul style="list-style-type: none"> • Support the development a network of Health and Well-being Boards across the North of England with a special focus on health equity • Work with Healthwatch and Health and Wellbeing Boards across the North of England to develop community-led systems for health equity monitoring and accountability
<ul style="list-style-type: none"> • Pool resources with other partners to ensure that universal integrated neighbourhood support for early child development is developed and maintained 	<ul style="list-style-type: none"> • Contribute to a review of current systems for the central allocation of public resources to local areas
<ul style="list-style-type: none"> • Provide leadership to support health services and clinical teams to reduce children’s exposure to poverty and its consequences 	<ul style="list-style-type: none"> • Conduct a cumulative assessment of the impact of welfare reform and cuts to local and national public services
<ul style="list-style-type: none"> • Work with local authorities, the Department for Work and Pensions (DWP) and other agencies to develop ‘Health First’ type employment support programmes for people with chronic health conditions 	<ul style="list-style-type: none"> • Help to establish a cross-departmental system of health impact assessment
<ul style="list-style-type: none"> • Encourage the provision of services in primary care to reduce poverty among people with chronic illness, including, for example, debt and housing advice and support to access to disability-related benefits 	<ul style="list-style-type: none"> • Collaborate on the development of a charter to protect the rights of children

APPENDIX 2

Due North Report – Next Steps for the North East

Recommendation	What actions are already underway in the local authority to support this specific recommendation?	At what level does this need to happen?	Who needs to take this work forward?	General comments
<p>1: Tackle poverty and economic inequality within the North and between the North and the rest of England <i>Agencies in the North should work together to:</i></p>				
<p>1.1 Draw up health equity strategies that include measures to ameliorate and prevent poverty among the residents in each agency's patch.</p>	<p>The Children's Trust has the strategic lead for child and family poverty in the city and reducing child and family poverty is a strategic objective and a priority area for action in the Children and Young People's Plan 2014-17.</p> <p>The child poverty needs assessment is being refreshed to ensure that agencies are focusing on the right priorities, using an evidence-based approach.</p>	<p>Local Authority</p>	<p>Local Authority with partners</p>	<p>The Council is developing its approach to poverty proofing all strategic plans, using integrated impact assessment.</p>
<p>1.2 Establish integrated support across the public sector to improve the employment prospects of those out of work or entering the labour market.</p>	<p>The Sunderland Economic Leadership Board has an economic Masterplan that looks to improve employment opportunities for residents.</p> <p>In line with LEP Strategic Economic Plan, Sunderland is anticipating growth in: software development, advanced manufacturing, low carbon industry and innovation.</p>	<p>Local authority</p> <p>Combined Authority, with local support</p>	<p>Combined Authority, with local support</p>	<p>NELEP's Strategic Economic Plan highlights the need for "more and better jobs" to reduce the gap with the national average.</p>

Comments form

Due North: Report of the Inquiry on Health Equity for the North

Recommendation	What actions are already underway in the local authority to support this specific recommendation?	At what level does this need to happen?	Who needs to take this work forward?	General comments
<p>1.3 Adopt a common progressive procurement approach to promote health and to support people back into work.</p>	<p>Sunderland City Council is working to develop a commissioning for social value policy.</p> <p>Sunderland City Council is a partner within the bid for a mental health trailblazer which seeks to support people with common mental health conditions back into work.</p> <p>The public health team is in the process of procuring an Integrated Wellness Model for people in the city.</p>	<p>Local Authority and possibly health partners</p> <p>Combined Authority, with local support</p> <p>Local Authority</p>	<p>Local Authority</p>	<p>Sunderland's Psychological Wellbeing Service (commissioned by the CCG) includes a strong focus on employment support for people with mild-moderate mental health conditions and people with long term conditions.</p>
<p>1.4 Ensure that reducing economic and health inequalities are central objectives of local economic development strategy and delivery.</p>	<p>Sunderland City council has three key priorities, driven by three strategic partnerships for: economy, health and skills.</p>	<p>Local Authority and Combined Authority</p>		<p>It is recognised that each impacts on the other; for Sunderland to thrive, all three need to be addressed in a holistic and asset-focused way.</p>
<p>1.5 Implement and regulate the Living Wage at the local authority level.</p>	<p>In September 2014, Sunderland City Council agreed to implement the Living Wage. This means that Sunderland City Council has committed to pay all its workers at least £7.65 per hour.</p>	<p>Local Authority</p>	<p>Local Authority</p>	<p>Also consider inclusion within commissioning for social value policy.</p>

Comments form

Due North: Report of the Inquiry on Health Equity for the North

Recommendation	What actions are already underway in the local authority to support this specific recommendation?	At what level does this need to happen?	Who needs to take this work forward?	General comments
<p>1.6 Increase the availability of high quality affordable housing through stronger regulation of the private rented sector, where quality is poor, and through investment in new housing.</p>	<p>Focus within Sunderland on the social stock and regeneration programme of Gentoo stock to decent home standards.</p> <p>Affordable housing is a priority for all new developments in partnership with a social landlord and to HCA standards. There is a voluntary registration scheme for private landlords.</p>	<p>Local Authority working with housing providers and social landlords</p>		
<p>1.7 Assess the impact in the North of changes in national economic and welfare policies.</p>	<p>Mitigating the impacts of welfare reform is a key priority for the city.</p> <p>VCS networks co-ordinating efforts on food banks.</p> <p>Within the Coalfields Area, a bid is being made to Comic Relief to establish an early action initiative for residents whose mental wellbeing is being affected by welfare reform and financial hardship.</p>	<p>Area Arrangements within the City (LA/CCG/VCS) Local Authority Combined Authority Regional and North levels</p>	<p>PHE KIT best placed to compile and assess impact</p>	

Comments form

Due North: Report of the Inquiry on Health Equity for the North

Recommendation	What actions are already underway in the local authority to support this specific recommendation?	At what level does this need to happen?	Who needs to take this work forward?	General comments
<p>2: Promote healthy development in early childhood <i>Agencies in the North should work together to:</i></p>				
<p>2.1 Monitor and incrementally increase the proportion of overall expenditure allocated to giving every child the best possible start in life and ensure that the level of expenditure on early years development reflects levels of need.</p>	<p>The “best start in life” is a key priority within the Health and Wellbeing Strategy; it is also a key priority for the People Directorate within the City Council.</p> <p>An increasingly targeted approach is being taken to resource allocation across the City Council, reflecting reducing budgets but supporting priority groups.</p>	<p>Local Authority Combined Authority Regional and North levels</p>	<p>Local Health Economy via Health and Wellbeing Board</p>	<p>Needs to be assessed across the whole health economy at local level</p>
<p>2.2 Ensure access to good quality universal early years education and childcare with greater emphasis on those with the greatest needs, so that all children achieve an acceptable level of school readiness.</p>	<p>The “best start in life” and “school readiness” are key indicators for the Health and Wellbeing Strategy and key priorities for the People Directorate.</p> <p>Continued challenge and support for childcare settings means many are rated “good” or “outstanding” and the Early Years Foundation Stage Profile (EYFSP) is above regional and national performance.</p>	<p>Local Authority</p>	<p>Local Authority</p>	

Comments form

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Recommendation	What actions are already underway in the local authority to support this specific recommendation?	At what level does this need to happen?	Who needs to take this work forward?	General comments
	<p>The City has a network of Children’s Centres that provide both universal early years services (which aim to prevent negative outcomes) and targeted evidence based early interventions for families in greatest need.</p> <p>The free early years’ education entitlement is available to all 3 and 4 year olds in Sunderland and the free childcare entitlement is available for the most disadvantaged 2 year olds across the city. There is good take up of the 2 yr old offer and a priority is to increase this further.</p>			
<p>2.3 Maintain and protect universal integrated neighbourhood support for early child development, with a central role for health visitors and children’s centres that clearly articulates the proportionate universalism approach.</p>	<p>A key priority in the People Directorate Plan is the further integration of services by locality. This will be delivered through a phased approach: phase 1 covering Council services to be integrated by April 2015; phase 2 will include wider partner services, specifically health visiting services and other health services.</p> <p>The local authority public health team is working closely with the NHS England CNTW Area Team to support the safe transition of commissioning for health visiting services to the Council with effect from October 2015.</p>	<p>Local Authority</p>	<p>Local Authority and health partners</p>	

Comments form

Due North: Report of the Inquiry on Health Equity for the North

Recommendation	What actions are already underway in the local authority to support this specific recommendation?	At what level does this need to happen?	Who needs to take this work forward?	General comments
<p>2.4 Collect better data on children in the early years across organisations so that we can track changes over time.</p>	<p>Consideration of a new ICT system is underway to support better tracking.</p> <p>Sharing of information with health partners remains an issue.</p> <p>Sunderland City Council is working on an Intelligence hub project which will better support requirements to transform the approach to intelligence. Strengthening Families is one of the early use cases for the project which should result in better and joined up approaches to data.</p>	<p>Local Authority</p>	<p>Local Authority and health partners</p>	
<p>2.5 Develop and sign up to a charter to protect the rights of children to the best possible health.</p>	<p>There is nothing at a local level, at present.</p>	<p>Development at Combined Authority Sign up at Local level</p>		

Comments form

Due North: Report of the Inquiry on Health Equity for the North

Recommendation	What actions are already underway in the local authority to support this specific recommendation?	At what level does this need to happen?	Who needs to take this work forward?	General comments
<p>3: Share power over resources and increase the influence that the public has on how resources are used to improve the determinants of health <i>Agencies in the North should work together to:</i></p>				
<p>3.1 Establish deep collaboration between combined authorities in the North to develop a Pan-Northern approach to economic development and health inequalities.</p>	<p>There are examples of cross border working of the north east LEP area plus additional cross border working on economic development which includes working into Tees Valley such as a the hydrogen economic study.</p> <p>Sunderland is a signatory of the key cities' charter for devolution.</p>	<p>Combined Authority</p>		
<p>3.2 Take the opportunity offered by greater devolved powers and resources to develop, at scale, locally integrated programmes of economic growth and public services reform to support people into employment.</p>	<p>There is an in-work up-skilling pilot project running between Sunderland and South Tyneside to provide skills development for existing employees to encourage business growth and job creation. This is funded through the DWP local response fund and gives the local authorities the ability to define the project scope and response.</p> <p>The Mental health trailblazer is another example of DWP funding being given to authorities to define an appropriate local response to the issue of health and employment.</p>	<p>Combined Authority, with local support</p>	<p>Combined Authority, with local support</p>	<p>See recommendation 1.3</p>

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Due North: Report of the Inquiry on Health Equity for the North

Recommendation	What actions are already underway in the local authority to support this specific recommendation?	At what level does this need to happen?	Who needs to take this work forward?	General comments
<p>3.3 Revitalise Health and Wellbeing Boards to become stronger advocates for health both locally and nationally.</p>	<p>A recent LGA Peer Review commended Sunderland on its sound strategic partnership and leadership.</p> <p>The assets based approach of the Health and Wellbeing Strategy emphasises the Board's willingness to tackle the root causes of poor health and health inequalities.</p> <p>Partner organisations across Sunderland are using the Better Care Fund to integrate health and social care, including through the use of pooled resources - Sunderland is one of five health economies nationally given the go ahead.</p>	<p>Local Authority</p>	<p>Local Authority and all partners across the health economy</p>	
<p>3.4 Develop community led systems for health equity monitoring and accountability.</p>				<p>Possibly through the All Together Sunderland programme.</p>
<p>3.5 Expand the involvement of citizens in shaping how local budgets are used.</p>	<p>In line with the priorities within the Health and Wellbeing Strategy for promoting responsibility for health and supporting everyone to contribute, the All Together Sunderland programme seeks to empower communities to be more self-reliant and less reliant on public services.</p>	<p>Local Authority</p>	<p>Local Authority and all partners across the health economy</p>	

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Recommendation	What actions are already underway in the local authority to support this specific recommendation?	At what level does this need to happen?	Who needs to take this work forward?	General comments
	<p>As a community leadership council, Sunderland is committed to enhancing the role local people play in shaping and delivering services.</p> <p>Local area people and place boards are developing capacity to shape local service provision at an area level.</p>		<p>Area Arrangements within the City (LA/CCG/VCS)</p>	
<p>3.6 Assess opportunities for setting up publicly owned mutual organisations for providing public services, where appropriate, and invest in and support their development.</p>	<p>Sunderland has been exploring and implementing alternative service delivery models and has created independent companies for care and support, city events and will be doing so for the wellness services in 2015.</p> <p>The council's transformation programme already includes exploration of joint ventures and mutual organisations as delivery models for public services.</p>	<p>Local Authority</p>	<p>Local Authority and all partners across the health economy</p>	
<p>3.7 Help develop the capacity of communities to participate in local decision-making and developing solutions which inform policies and investments at</p>	<p>In line with the priorities within the Health and Wellbeing Strategy for promoting responsibility for health and supporting everyone to contribute, the All Together Sunderland programme seeks to empower communities to be more self-reliant and less reliant on public services.</p>	<p>Local Authority</p>	<p>Local Authority and all partners across the health economy</p>	

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Recommendation	What actions are already underway in the local authority to support this specific recommendation?	At what level does this need to happen?	Who needs to take this work forward?	General comments
local and national levels.	Local area committees, people and place boards based around elected members and local community networks have been running for a number years and are being strengthened to ensure increasing influence over local services.		Area Arrangements within the City (LA/CCG/VCS)	

APPENDIX 3

Comments on Due North: report of the Inquiry on Health Equity for the North

Please return by: Monday 8 December 2014

Organisation	
Name	
Job title or role	
Address and post code	
Telephone number	
Email address	

It would be particularly valuable to have your views on the following:

- 1) Are these recommendations pertinent?
 - *do they have traction?*
 - *could they be usefully refined, and if so, how?*
 - *are there any of limited value?*
- 2) What are the priorities to progress?
- 3) What would help to make this happen
- 4) What could you/your organisation do to support and drive progress?

Comments form
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Please provide comments on the Due North report and recommendations, putting each new comment in a new row. When feeding back, please note the section you are commenting on (for example, policy context, evidence, recommendations). If your comment relates to the report as a whole then please put 'general'. Please complete by summarising issues/actions that you consider to be priorities

Please add or delete rows as necessary.

Section	General Comments
e.g. Current policy context	eg comment about current policy context.
eg Recommendation 1	eg general comment about tackling poverty and economic inequality within the north and between the north and the south
eg action 1.3.	eg comment about agencies in the north adopting common progressive procurement approach to promote health and to support people back into work
eg action 1.16	eg comment on central government should grant City and County regions greater control over the commissioning and use of the skills budget and the Work Programme to make them more equitable and responsive to differing local labour markets

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Section	General Comments

Are these recommendations pertinent? Do they have traction? Could they be usefully refined, and if so, how? Are there any of limited value?

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What are the priorities to progress

What would help to make this happen

What could you/your organisation do to support and drive progress?

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Please summarise actions that you believe are priorities for action

Closing date: Please forward this electronically by **Monday 8 December 2014** to northequity@phe.gov.uk

