

Opening Speech for Wellbeing and Health Summit

Delivered by Cllr Nick Forbes, Leader of Newcastle City Council

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Introduction

This City is scarred with inequality. In parts of Elswick life expectancy is 14 years lower than parts of Westerhope.

Let me be a little more explicit. Because of the difference in environment, opportunity, and quality of life experienced by a man who has grown up in one of our more deprived areas, he is more likely to suffer ill health, disease, and disability – ultimately causing him to die over 14 years sooner than a man who has had the good fortune to live his life in more prosperous surroundings. This is between parts of the city barely separated by a postcode.

Death is never welcome. But death after a long and productive life is expected. Death that comes too early, snatching opportunity and leaving families and loved ones mourning is cruel. It is a product of inequalities which should both shame us and stir us into action. It is simply not acceptable to allow this to continue. We have an obligation to act.

So who can we turn to for answers? Which expert or agency will come to our rescue and salve our collective conscience from this sorry state of affairs over which we preside?

The honest answer is that we can look no further than ourselves. The solutions to the inequity of health outcomes in our city are in this room today. We here must provide the leadership and direction needed to create a seachange in the state of our city's health. We can no longer tolerate the status quo.



Welcome and background

As I hope I have made clear, I am very passionate and ambitious about reducing inequalities in wellbeing and health in the city. Therefore, I am delighted to welcome you here today to the Newcastle Partnership's second Wellbeing and Health Summit.

Wellbeing and health, and unfairness in the right to good health, have to be at the heart of everything we do. I will be ensuring that the whole council plays a key role, as community leader and as service provider. I hope that all of you will work in partnership to deliver the change our city needs.

We all know we are facing a big challenge and the backdrop is not promising. Public sector organisations are dealing with unprecedented cuts. Over the next four years, the City Council will have to cut £100m off our budget, an overall reduction of 28%, or more if you take into account the way in which the Government has also changed our funding formula.

Our funding difficulties are also having an impact on commissioning and grant aid into the voluntary and community sector. Health inequalities in the city are being exacerbated as the economic downturn eats away income security and pushed more people towards the breadline. This in turn leads to strain on people's mental health, and reinforces poor choices in relation to diet and substance dependency. We are at the point when business as usual is far from being enough.

At the same time, we have a huge opportunity. The Health and Social Care Bill currently going through parliament will result in changes to different partner organisations. Some will go, some will change, and others, most notably clinical commissioning consortia, will be new on the scene. Newcastle City Council will, in the future, have leadership responsibility for health improvement. This is a responsibility which my Cabinet and I very much welcome, and consider to be hugely

important. I hope that everyone here is as excited as embracing these opportunities so that we can truly make a difference to the health of Newcastle. In a moment I'll set out how our vision will be different, and how you will experience this change.

Building on success

I am aware that we are not starting from scratch. Newcastle has been a designated city within the World Health Organisation's (WHO) European healthy city network for more than a decade. This status means that we are one of a number of cities across Europe who are at the forefront of world public health research. We all know what the issues are, but designated cities are the trailblazers of innovating and learning how to tackle them, making sure that their research informs our policies and practices and the way we work to improve health and wellbeing.

These links, and this trailblazer role, are so important to me that I have personally accepted the role of Newcastle's Lead Politician for our involvement in the WHO European network.

For those of you that have been involved with health inequalities for a long time, it will be no surprise to you that the message from the WHO is the same as the message from the Marmot Review of Health Inequalities. We have to step up our efforts to address the social determinants of health. We have many excellent services which deal with people's problems and issues and these services themselves are important but they only mitigate against the impact of inequality. We must therefore go further in addressing the social determinants of health, those determinants which we know create the preventable differences that we want to avoid. It is a matter of social justice and social responsibility to deal with them.

Key challenges

I now want to set out just a few of the key challenges for the city, which have an impact on health and wellbeing, and which we must address if we are truly to make a difference.

Jobs and the Economy:

- Deindustrialisation
- Service sector
- Next generation of jobs
- Getting people into work – greatest gift for the future

Work brings dignity, self respect, and hope. Not just enough to survive on, but a Living Wage. Not just not acceptable for people to leave school at 16 without any qualifications, unequipped for the world of work. Schools are pushing for more autonomy and responsibility. With that will come accountability for the results they achieve, and the way they prepare our young people for the future.

Child Poverty

32% of Newcastle's children live in poverty. Let me say that again. One in three children in this city lives in a family that worries about making it through the week without running out of money. Think of the stress, the pressure, the insecurity and instability this creates.

Growing up in poverty hurts. Poor children are excluded from participating in society. They can't afford school trips and activities; school uniforms or warm winter clothes, they are unable to go swimming, have friends round for tea or celebrate their birthdays. Many will never have a holiday.

Child poverty costs us all, both financially and socially. Children who grow up poor are more likely to leave school without qualifications, have lower employment chances, restricting their ability to get a good job and financially contribute to society. Those families who live in more deprived areas don't just have less income. They suffer the indignity of having to pay more to live.

Poverty premiums:

- Cash machine £1.79 to get your own money out
- 2L of milk – costs £1.49
- Petrol on Scotswood Road – 5p per litre more expensive.

If you've never experienced these, try doing your weekly shop in the Cruddas Park supermarket.

People are punished for being poor. And that is unacceptable.

Tobacco

Smoking is the biggest single cause of ill health and early death. It kills 87,000 people per year in England. About half of all regular cigarette smokers will eventually be killed by their addiction - and one in two of these deaths will be in middle age.

For those that say this is about individual choice, I point out that the majority of smokers start in childhood and are addicted before they even reach 16. They are not capable of making an adult choice.

The Tobacco Industry spends tens of millions of pounds promoting their products to new smokers, particularly young girls, to replace those that die.

Smoking isn't just a matter of individual choice. It reflects our social norms, our values, and our economy. It's not just a matter of individual choice. It costs us all.

Let me shock you. It costs:

- Between £2.7 billion and £5.2 billion to treat smokers on the NHS
- £9.5 billion for the loss of economic output from smoking breaks, absenteeism and the loss to the economy from the deaths of smokers.
- £342 million for the cost of cleaning up cigarette butts
- £507 million for the cost of smoking related house fires
- £713 million for the cost of treating passive smoking

The North of England is a hotspot for illegal tobacco which undermines efforts to reduce smoking and its associated burdens on health and cost to the UK. On some of our estates the sale of illegal tobacco from a car boot sale, tab house or factory floor is the norm.

If we are serious about tackling health inequalities, then we must go to war with the Tobacco Industry as a city. Smoke Free public places was a battle that we won but there are many more to fight.

Newcastle Future Needs Assessment (NFNA)

We can't see these issues in isolation from each other. Previously the Council has produced strategies for jobs, or regeneration, or child poverty, which stand in glorious isolation from each other.

This will change. We will build on success of Joint Strategic Needs Assessment to create a **Newcastle Future Needs Assessment**.

Not just about people with particular needs, but our whole population.

- Life course approach. See connections between early years, education, economy, housing, environment and care in later life.

- We can identify the points at which people are held back
- We can target resources where they will make a difference
- We can encourage partners to share the analysis and align their resources

Likely to be structured around 6 Marmot themes:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

Marmot suggests we focus on the first. What does this mean for other priorities?

Underpinned by a single community involvement process.

Our current professional-led approaches place constraints on the ability for local people to take control of addressing the issues that affect them drawing on and building their own assets and resources in the process.

We need a clear, shared understanding of the health and wellbeing of people, not just in the here and now but in the future. Our shared understanding of both needs and assets will be vital to making policy decisions, allocating resources and planning integrated services.

So here at today's Summit we have time to take ourselves out of the day to day but we must keep our feet on the ground because the success of today will be the actions that it sparks in the future.

There are some people here today, including myself, who will be part of the new Shadow Health and Wellbeing Board arrangements when we establish them later this year. I think that we have a particular responsibility today, to learn from you about the issues that impact on wellbeing and health inequalities in the City. We also need to start to set out the priorities that we will need to take forward from the existing partnership arrangements.

But we are all leaders. Success will come from more than structures. We will all carry the responsibility of taking away from today the things we can do in our spheres of influence to improve people's health and wellbeing. I may be Leader of this Council but we all need to be leaders today. We need to all lead on this issue for the future of health and wellbeing in this City.

Pablo Neruda: Rise up with me against the organisation of misery.