# Health is Wealth

# How South Yorkshire will become the country's healthiest region

A summary of the Health Equity Panel Report commissioned by South Yorkshire's Mayor

June 2025







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#### **Foreword**

# **Prof. Alan Walker CBE**

Emeritus Professor of Social Policy & Social Gerontology and Co-Director of the Healthy Lifespan Institute at the University of Sheffield

# A healthy life should be available to everyone in South Yorkshire but it isn't.

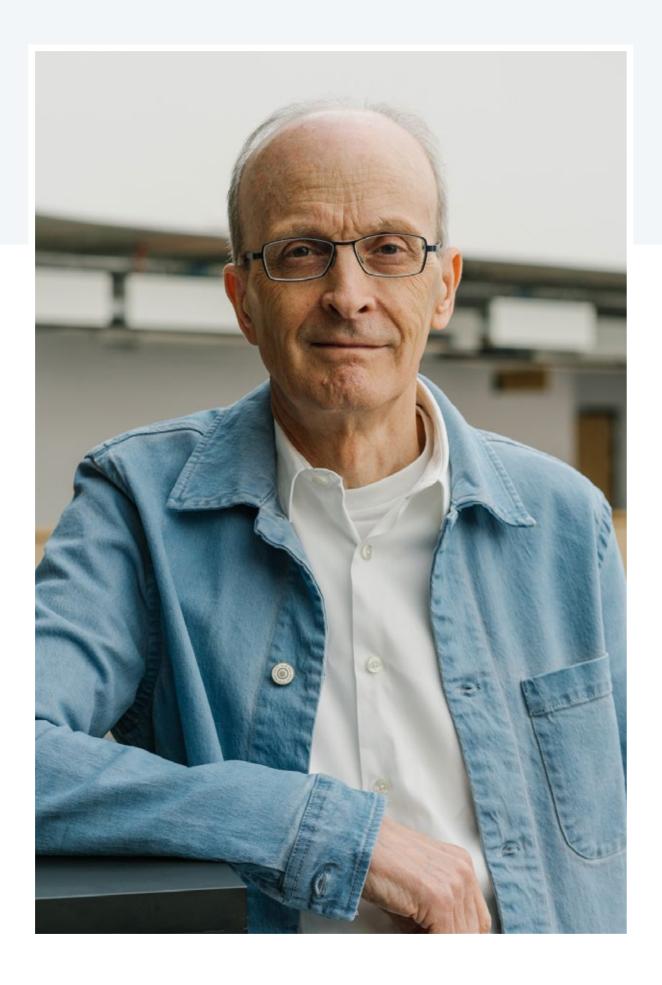
Too many of our fellow residents are affected by poor health and especially chronic long-term conditions, like diabetes, stroke and coronary heart disease, which limit their ability to participate economically and socially and, ultimately, shorten their lives. Some live for 20 years longer than average in poor health and some die up to 20 years earlier than they should do. The little known fact is that these causes of illhealth and premature death are preventable. That is the whole purpose of this new plan. By focusing all of our efforts on prevention, from birth to death, we can gradually improve healthy life expectancy in South Yorkshire until it matches, then exceeds, the healthiest parts of the country.

I was tasked by Oliver Coppard to assemble an expert panel and produce a plan to make South Yorkshire the healthiest region. Working together with the 20 members of the Panel, who were drawn from across a wide spectrum of expertise and mainly from within South Yorkshire, to sift through existing knowledge and good practices, we

identified the steps necessary to achieve the bold objective set by the Mayor. It is necessarily complex and will take at least 10 years to achieve but, as soon as a start is made, the benefits will begin to be felt.

At the heart of the plan are 10 aspirations that we believe everyone in South Yorkshire should have the right to expect: from the right to be born safely to the right to have opportunities and support to be healthy and active throughout life, including in old age. To achieve these aspirations requires some major changes in approach across the region: including replacing the narrative of individual responsibility with one emphasising the conditions for good health and wellbeing, and ensuring that local communities and VCSE voices are at the heart of the plan's implementation.

The Health Equity Panel is confident that this is the right plan to make our region the healthiest in the country. Now it is up to our local leadership to decide how best to take it forward, and how quickly. They will be interested in your thoughts so please do make them known.



#### **Foreword**

# **Oliver Coppard**

# South Yorkshire's Mayor

When I first became South Yorkshire's Mayor, I made a promise - to tackle the deep and unacceptable health inequalities that hold South Yorkshire back. And to make South Yorkshire the healthiest region in the country.

Because here's the truth. It's simply not right that where you're born shapes how long you live, how healthy you are, and what kind of life you get to lead. Too many people in South Yorkshire are living with long-term illness. Too many people are getting sick younger than they should. And too many children born in South Yorkshire today will live shorter, less healthy lives than children born just a few hundred miles away.

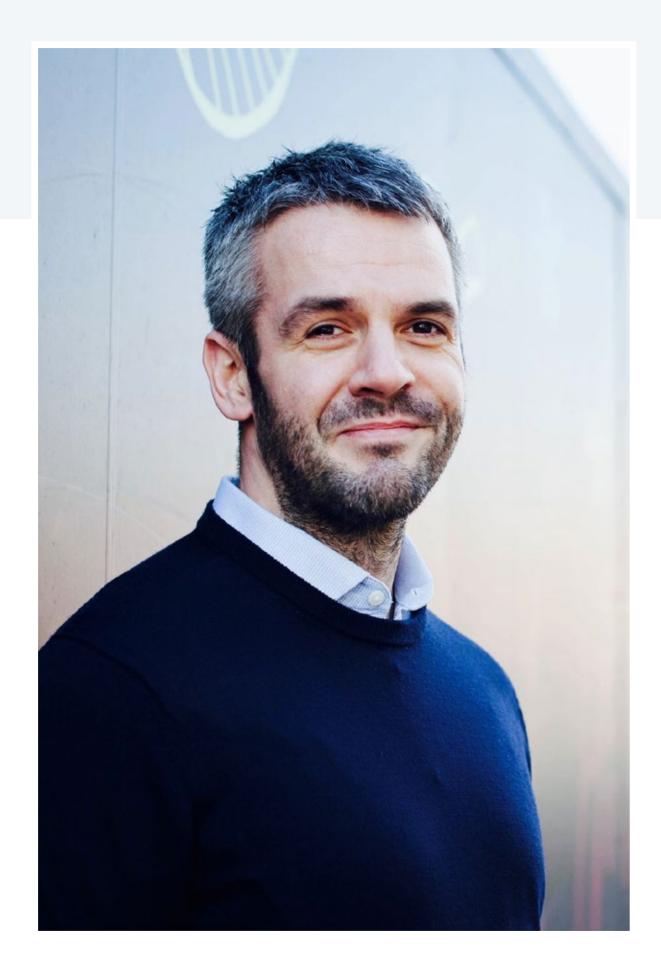
What we're experiencing is not just a health crisis - it's a social and economic one too. Poor health doesn't just affect individuals and families; it holds back our whole region. It stops people from working, from thriving, from contributing their talents to our communities. It's a drag on our economy and a barrier to opportunity.

But I don't just believe we can change these outcomes, I know we must.

As you read the Health is Wealth report, you'll see it's about more than medicine. It's a pioneering report about how we live, how we work, how we support one another. It's about putting prevention first and making sure our communities are at the heart of the solution. And, perhaps most radically, it's about recognising that the NHS can't do it alone. We all have a role to play.

I want to thank Professor Alan Walker CBE and the Health Equity Panel for their dedication and insight in shaping what is an ambitious and pragmatic plan. It's an important first step. But now comes the hard part. Turning ambition into action, through investment and partnerships nationally and regionally. Transforming the lives of people across our communities. And in the process turning South Yorkshire into a leader, known for improving health outcomes.

Together, we can build a South Yorkshire where everyone has the chance to live a longer, healthier and more fulfilling life. A place of pride, purpose and prosperity. That's the future we deserve. And that's the future we're going to build.



# **Health Equity Panel Members**

#### **Professor Alan Walker CBE**

Emeritus Professor of Social Policy and Social Gerontology and Co-Director of the Healthy Lifespan Institute at the University of Sheffield.

# **Dr Ruth Speare**

Consultant in Public Health, South Yorkshire Mayoral Combined Authority

## **Christopher Alcock**

Weldrick's Pharmacy

### **Ben Anderson**

Director of Public Health (DPH)

#### **David Capper**

Westfield Health

# **Barbara Coyle**

Integrated Care Board (ICB)

# **Greg Fell**

**DPH Sheffield** 

#### **Richard Hammond**

South Yorkshire Police

#### Rachael Leslie

**Acting DPH Doncaster** 

#### **Katherine Merrifield**

Health Foundation

#### Shahida Siddique

**FaithStar** 

#### Jessica Allen

Institute for Health Equity

#### Julia Burrows/Anna Hartley

Barnsley DPH

#### **David Crichton**

Integrated Care Board (ICB)

# **Chris Dayson**

Sheffield Hallam University (SHU)

#### **Dan Holman**

University of Sheffield (UoS)

#### Lisa Kell

Integrated Care Board (ICB)

#### Jo Maher

Health Adviser, Active Travel

#### Akeela Mohamed

Doncaster Inclusion and Fairness Forum

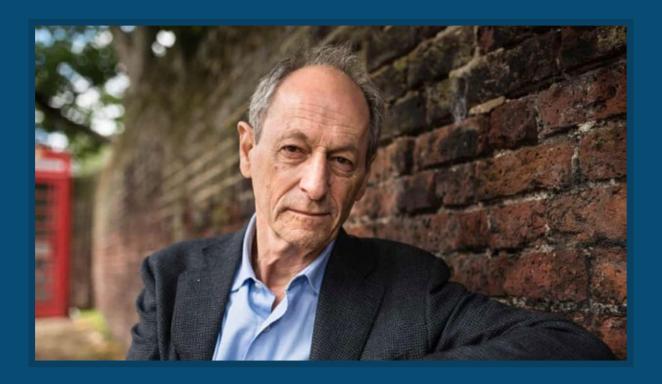
#### **Richard Stubbs**

Local Economic Partnership (LEP)

#### **Endorsement**

# **Michael Marmot**

Director UCL Institute of Health Equity



# Several features of this plan are both particularly striking and very welcome.

First, is its ambition. Why not have the aspiration to make South Yorkshire the healthiest place in the country, if you have an evidence-based plan to realise that ambition.

Second, the plan is based on a firm moral commitment 'that the opportunity to enjoy the best possible health throughout life is a universal human right'.

Third, there is a clear recognition that good health and narrower health inequalities will not be achieved either through attention to health care or changes individual behaviours, important as they both are.

The plan lays out clear areas for action on the social determinants of health and the necessity of putting in place a monitoring system to assess progress. Personally, I am delighted because this report shows how their approach fits so well with the network of Marmot places that we have established in England, Wales and, now, Scotland.

# Why we need a plan to improve health in South Yorkshire

#### A healthy life should be available to everyone in South Yorkshire, but it isn't:

Far too many of us are dying as much as 20 years sooner than we should Far too many of us experience poor health up to 20 years earlier than we should Far too many of us live with poor mental and physical health

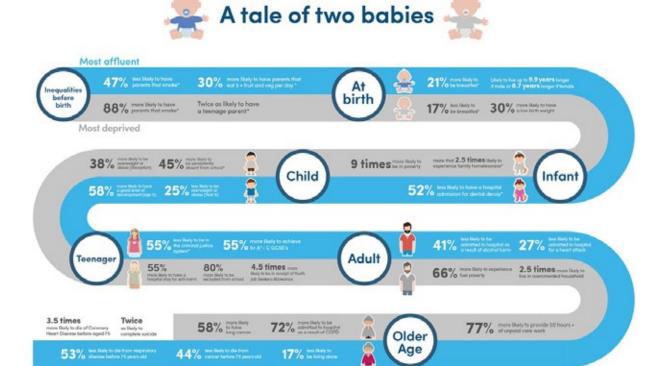


As well as diminishing the quality of life, and death, poor health has a deeply negative impact on families and communities. It affects our economy to the tune of more than £600 million a year. And chronic conditions, such as coronary heart disease, type 2 diabetes, stroke and cancer, put the greatest demands on the NHS and social care services.

Yet, the good news is that all those conditions, or nearly all of them, are preventable. They depend on the right building blocks being in place to create, support and sustain health.

But if people can't access them, these building blocks can't be effective. And it's that inequality of access in South Yorkshire that results in the burden of poor health, and the benefits of good health, being unfairly spread across our communities and places.

Life expectancy, for example, varies by up to 20 years between different neighbourhoods. Some people suffer from the chronic conditions associated with old age in their 50s, while others do not do so until they are in their 70s.



'Poverty is not an accident. Like slavery and apartheid, it is man-made and can be removed by the actions of human beings.' Nelson Mandela

#### When we think of solutions to ill health, we think of the NHS

But the NHS can't fix the social and economic factors that prevent access to the building blocks in an unfair way. This means the circumstances which people are born into and in which they live their lives: housing, neighbourhoods, education, jobs, incomes, wealth, and the commercial goods they consume.

That's why South Yorkshire's Mayor Oliver Coppard asked an independent panel made up experts from across the region, including representatives from our Universities, the four Local Authorities, leading businesses and the voluntary and community sector, to produce a plan which aims to make South Yorkshire the country's healthiest region.











# A movement for change

#### This is no dusty document. A plan is only useful if it can drive change

And our challenges are so big and complex in South Yorkshire that we need all our partners to be aligned behind a shared, region wide, 10-year mission.

Therefore in developing the panel's proposals, we've worked with the Local Authorities across South Yorkshire, through their Health & Wellbeing Boards. We've worked with the South Yorkshire Integrated Care Partnership. And we've worked with the communities of South Yorkshire who are going to be so integral to the implementation

of this plan, and who have voiced the need for a 'movement for change' to bring about the necessary transformation in South Yorkshire's health and wellbeing.

We've sought evidence from other Mayoral Combined Authorities, such as Greater London, Manchester and the West Midlands, to illustrate how successful regional collaboration has provided innovative responses to health inequities and enabled workable solutions to operate at scale.



# A bold new vision and framework

# This plan aims to rapidly transform health and wellbeing in South Yorkshire by setting out a four-point strategy, underpinned by 10 aspirations

Healthy life expectancy – that is the number of years a person can expect to live in reasonably good health – is THE key indicator of health outcomes. And that means looking at the whole of the life course, because most chronic

conditions that reduce healthy life expectancy are caused before they start to manifest. Sometimes it takes decades for the consequences of health damage in childhood to be revealed. By that logic, the sooner prevention takes place, the better.

If South Yorkshire became the healthiest region in the country the number of years, the average man would live in reasonably good health would be extended from the 60 years to 75 years – a gain of 15 years of good health. For women the gain would be 11 years. Life expectancy would be extended by 5 years in both cases.

As well as the obvious benefits for people, families and communities in living healthier and happier lives for longer, the economic payoff would be massive. Fewer people suffering long term sickness, increases in productivity, and a big reduction in health

and social care demand. And the economic growth bonus following from improved health could also begin to be realised quickly because of the rapid improvements in workplace health the plan calls for.

# Strategy



These are ambitious changes, and to achieve them will need a whole system approach. The HEP proposals are based on a four-point strategy.

1

**Radical prevention** means tackling the social and commercial determinants of ill health at source, reducing exposure to risk factors, detecting health issues early, preventing further ill health and maintaining good quality of life for those with an existing chronic condition. The importance of prevention cannot be overestimated. Up to four times more health is generated from investment in prevention than in the treatment of illness.

2

**Health equity** in all policies means ensuring that there are measures to support the building blocks of good health everywhere where health and wellbeing are determined. That means, for example, housing, commercial goods, education, workplaces, social care and so on.

3

**Proportionate universalism** means making sure that actions to improve health and wellbeing fully include the most deprived and seldom heard. To achieve this requires that actions must be open to all, not just targeted on some groups, but at a scale and intensity that is proportionate to the level of disadvantage.

4

An **inclusive economy** is one that actively ensures all individuals, particularly those from marginalised or disadvantaged groups, have equitable opportunities to participate in, contribute to, and benefit from economic growth and prosperity. It provides the sustainable approaches and infrastructure necessary for fair access to quality jobs and supports good health and wellbeing for all workers and their families. For too many working age adults in South Yorkshire, work does not provide the foundations for a healthy life. For example, around two-thirds of those living in poverty are in households with at least one adult in work. In fact, the rate of in-work poverty has never been higher.

To support this strategy, the HEP panel developed 10 fundamental aspirations that those in South Yorkshire should be able to expect throughout their lifespan.

Grow up loved, safe and respected, and supported to realise their full potential

Be well educated, skilled and able to contribute to society as well as their own development

Live in decent quality housing that is affordable, and in a pleasant neighbourhood that supports wellbeing

Live in communities that are inclusive, empowered, resilient and safe

Work for fair, forward-thinking employers that value and promote health and wellbeing

Receive an income that provides protection from poverty and deprivation and is sufficient for a healthy life

Have opportunities and support to be healthy and active throughout their lives, including in old age

This bold new approach to prevention cannot be simply superimposed upon existing policies and practices. We need a whole system approach that tackles issues far outside the NHS and standard health care settings. And that tackles the lives of communities not just individuals.

Be protected from health-harming commercial activities

Be respected and live free from discrimination, while also contributing to the protection and fulfilment of human rights

# What do these aspirations mean in practice?

# **Aspiration 1** — Be born safely and in good health

- Ensure that existing early years offers across South Yorkshire are shared systematically
  as the basis for building a needs-led early years delivery model, to ensure that families
  receive proportionate, tailored services according to their needs.
- Invest in the early years workforce to ensure equitable, quality early years childcare and that services are available across South Yorkshire. This could include the development of an Early Years Workforce Academy to promote and support quality training and skills development for early years practitioners.

# Aspiration 2 — Grow up loved, safe and respected, and supported to realise their full potential

- Prioritise joint learning and ambition development between the four Start For Life/Family Hubs.
- Create the conditions for every child in South Yorkshire to be active every day by:
  - Expanding the number of schools streets so that all primary school children feel safe to walk, wheel or cycle to school.
  - Taking a vision zero approach to our streets and roads.

# Aspiration 3 — Be well educated, skilled and able to contribute to society as well as their own development

- Co-produce with young people a Young Citizens' Charter and new structures which enable young people to have an active voice in decision making at the South Yorkshire level.
- Convene partners to address worsening mental health and wellbeing among children and young people, and identify ways to tackle this at scale.

# Aspiration 4 — Live in decent quality housing that is affordable, and in a pleasant neighbourhood that supports wellbeing

- Reduce rough sleeping and hidden homelessness and ensure that homelessness services are designed to mitigate the health harms of homelessness and living in temporary accommodation.
- Improve the quality of, and access to, existing green spaces and prioritise the
  provision of new green spaces in areas of high deprivation and as conditions for new
  developments to support wellbeing.
- Adopt strategies that put health equity and sustainability at the centre of planning.

# Aspiration 5 — Live in communities that are inclusive, empowered, resilient and safe

- Expect all anchor institutions in the region to be active in the renewal and empowerment of the local communities they serve.
- Expect those institutions to operate in an inclusive way, providing communications and services accessibly regarding cultural and linguistic needs (For example, using plain English and imagery to convey meaning).

# Aspiration 6 — Work for fair, forward-thinking employers that value and promote health and wellbeing

- SYMCA should work with trade unions and employers across South Yorkshire to promote and support fair working conditions and healthy and inclusive workplaces.
- Bring public anchor institutions and large South Yorkshire private sector employers
  together to share advice, policies, and approaches to adopting fair employment
  practices with SMEs, who often do not have the in-house HR resources to develop this
  work.
- The Business Advisory Board should lead work to develop a South Yorkshire ecosystem to promote, champion and celebrate good practice, and to support business locality partnerships to foster healthier local areas.

# Aspiration 7 — Receive an income that provides protection from poverty and deprivation and is sufficient for a healthy life

- Where possible reduce travel costs, especially for those at greatest risk of social exclusion.
- Explore what a South Yorkshire living wage might look like and develop a plan to build this into tenders for services.

# Aspiration 8 — Have opportunities and support to be healthy and active throughout their lives, including in old age

Adopt a healthy streets vision aimed at making the built environment safer and more
welcoming for all ages to play, walk, wheel and cycle. Implementing this vision should be
done in partnership with communities and focused first on the most deprived streets
(reflecting a proportionate universal approach).

# Aspiration 9 — Be protected from health-harming commercial activities

- SYMCA, the four authorities and the ICB should join forces to raise awareness in
  communities, not only of the health harm caused by some products, but also of the
  tactics and methods used by harmful product industries at the expense of health. This
  should include a reframing of the public narrative away from blaming individuals towards
  the unhealthy and often unethical practices of some corporations.
- Take an early and strong position on the advertising and sponsorship of health harming products.

# Aspiration 10 — Be respected, and live free from discrimination, while also contributing to the protection and fulfilment of human rights

- Ensure that active travel and public transport have a systematic approach to inclusivity.
- Adopting an intersectional lens, forefront discrimination as a health determinant, and try to ensure those facing interlocking disadvantages do not 'fall through the cracks' of policy action.

# Making a bold start



A long-term plan to transform the health and wellbeing in South Yorkshire has to start somewhere.

# Some may baulk at the challenge, given the entrenched and long-term nature of health inequities in South Yorkshire.

Some may prefer to leave it to central government or the NHS. However, the whole-system nature of the problem means we need a whole-system approach to solving these issues.

This plan provides a way through this challenge by showing how specific measures, often small scale, can begin to make a difference. Taken together, across the ten core aspirations, they could make a very big difference to hundreds of thousands of people's health and wellbeing.

This plan recognises both the scale of the challenge and the difficult current financial

context, and takes a long view. It breaks down the necessary policy and practice innovations are broken down into relatively small steps.

The proposals highlight seven essential changes in policy and practice that will be needed. These include creating a new narrative emphasising the social and economic conditions for good health and wellbeing, rather than one focused mainly on individual responsibility, and locating communities and VCSE voices at the heart of decisions.



# Seven essential changes

Build and strengthen existing partnerships with place communities and the VCSE sector, based on parity of esteem, so that they are full partners in the further development and implementation of the plan

Embed
ecological
sustainability and
health equity in
all policies

clear and compelling
narrative which redirects the
focus away from individual
responsibility towards the need for
collective action to create the conditions
for and pathways to good health. This
must emphasise the fact that healthy
life expectancy can be extended by
relatively simple and
cost-effective
innovations

Ensure that a proportionate universalism approach is entrenched across

**South Yorkshire** 

Begin to build
a collective movement for
change by establishing learning
networks, forums and other
opportunities for collaborative work
on health inequities and the promotion
of wellbeing. This process should be
developed in collaboration with the
communities that have the lowest
healthy life expectancy and
the VCSE sector

6

Building on the ICP Strategy, develop a regional approach to extending healthy life expectancy and reducing health inequities

Support the development of a
Centre for Excellence as the base for the collection and incubation of innovation and good practice in tackling health inequities.
This centre could also be a hub for sharing insights, intelligence and data.
It could be the key cutting-edge reference point for individuals, communities and organisations in the promotion of South
Yorkshire's health

All but one of the essential facilitators of the plan are in the hands of the South Yorkshire Mayoral Combined Authority and our four unitary authorities in South Yorkshire.

However, the restoration of the deep cuts made to local authority budgets in the name of austerity can only be achieved by the UK Government. And it is only central government that can take the action required to reduce child poverty and restore local government finances.

The bulk of the recommendations are costefficient and aligned with measures already in place via the Integrated Care Partnership and Health & Wellbeing Boards. None the less the plan will require resources. But the main question is, considering the current health crises in our region, and their negative personal, community and economic impacts, can we afford to avoid taking radical steps to improve health and wellbeing?

# **Further information**

The full Health Equity Panel report can be found at **www.southyorkshire-ca.gov.uk/hep** or by scanning the QR code opposite.



# **Acknowledgements**

I am extremely grateful to the Health Equity Panel members for freely giving their time, expertise and commitment to this joint endeavour.

Thanks also to those who took part in the Engagement Day in November 2023 and to Faith Star for organising it, and to the four Health & Wellbeing Board Chairs who lent their critical support at key stages of the process.

Sheffield University provided some research assistance in the early stages of the Panel's work, for which I am extremely grateful. Greg Fell provided invaluable support as a critical friend throughout the process.

Last but not least, special thanks to Ruth Speare, for fulfilling the pivotal role of Executive Secretary to the Panel so admirably, and for her staunch and good humoured support to me as Chair.

#### **Professor Alan Walker**

www.southyorkshire-ca.gov.uk/hep





