

The 2023 Levelling Up Commission: Draft Terms of Reference

Problem Statement:

The levelling up agenda aims to radically redistribute opportunity across the UK, ensuring that overlooked areas receive more money and power. In its efforts to drive down inequalities across the UK, it is also necessarily concerned with the local delivery of public services.

The existing pressures on local authorities and others to deliver public services in difficult circumstances have only been compounded by high levels of inflation (making the cost of delivery even higher) and the squeeze on public finances at the national level meaning that additional funding will be very unlikely, with spending cuts the probable outcome.

Levelling up as a concept is not dead. There remain real and substantive regional inequalities which must be tackled as a matter of public priority, even with the current squeeze on the public purse. Inequalities in healthcare, housing, education and justice mark a real and pressing issue that all levels of government have an obligation to address.

Simply put, the levelling up agenda requires fresh thinking. It must be people focused rather than project centric and seeks to drive down the inequalities that have dogged public services for too long.

In 2011, the public sector equality duty came into force, requiring all public authorities and providers of statutory services to, among other things, advance equality of opportunity between those who share a relevant protected characteristic and those who do not share it. However, in 2022, it remains the case that minority groups, whether looked at by ethnicity, religion, sexual orientation, sex, gender identity, or disability often face unequal access to public services and unequal outcomes. Similarly, there is a significant postcode lottery regarding the geographical availability of good public services, that place certain regions (often those with lower income levels) at a further disadvantage.

This was highlighted during the pandemic; however, it is a problem that has existed long before then and without concerted efforts will continue to persist. The impact of this is clear. When minority groups do not have equal access to healthcare, suitable housing and good education, they face significantly worse life chances. These factors contribute to making people more likely to face ill-health, poor housing/homelessness and shorter life expectancies than counterparts with better access to these services.

Moreover, it costs the public purse down the line. For instance, significant NHS savings could be realised from the public health benefits of people presenting earlier to services. Social care and the NHS could benefit from homes without damp issues. Despite the clear imperative to address these issues, it was reported in late September 2022 that the then Health and Social Care Secretary, Thérèse Coffey would be scrapping the long-awaited Health Inequalities White Paper.

As per statistics from Public Health England, the gap in life expectancy between the most and least deprived areas of England has widened in recent years. Between 2017-19 the gap stood at 9.4 years

for males and 7.6 years for females. Similarly, those who suffer ill health are less likely to be employed, with a 10.6 per cent gap in the employment rate between those with a long-term health condition and those without. People living in the most deprived areas were 15 per cent more likely to die from Covid-19 from 2020-2021 compared to those in the least deprived areas. In the same period, men living in the most deprived areas were 16.1 per cent more likely to die from cancer than men in the least deprived areas, while women living in the most deprived areas were 19.4 per cent more likely to die from cancer.



As the Government seeks to rebuild following the pandemic, there is a clear imperative to ensure that re-designed and reimagined public services are as inclusive as possible, to drive down inequalities across the UK. This mission will require joined up thinking from national, regional and local government as well as private and third sector partners.

The Commission:

To successfully close the gap of inequalities in public service provision, there is a need to engage all levels of the system as services are commissioned, designed, and delivered. Guidance, policies and implementation plans require careful consideration and most importantly, co-production involving all levels of the system to ensure that they are both effective, and feasible at the local level.

While reducing inequalities across the UK is the stated aim of the Government's levelling up agenda, the [Levelling Up and Regeneration Bill](#) makes no mention of the word 'inequality'. While it is a policy programme that pledges to reduce geographical inequality, it is very light on the detail of how it will do so.

Likewise, public services, though they often indicate a need to reduce inequality of access and service, typically offer very little detail as to how this will be done. While the 2012 Health and Social Care Act outlines the duties of the Secretary of State, Clinical Commissioning Groups, regulators, NHS trusts and more to reduce inequalities in access and quality of care, there is very little in terms of how this will be rolled out in practice.

Clearly, developing approaches to combat these problems should not be done *to and for* local authorities, regional government and service providers (public, private and third sector alike), but rather *with and by* them. The Commission will take the conversation to them. The Commission has four simple aims:

1. Support and develop recommendations to reduce inequalities in public service provision alongside accompanying implementation plans for all levels of the system
2. Share examples of best practice from the UK across different service provision areas
3. Conduct socio-economic research to show impact of unequal public service provision
4. Engage with national, regional and local government, service providers, service users to build consensus on recommendations

The Commission will involve local authorities, regional government, service providers, service users and third/private sector partners, taking a more inclusive approach, encouraging participation from all levels of the system to develop feasible, implementable solutions. These will be distributed across

local authorities, regional government and service providers across the UK to aid their thinking in combatting inequalities and implementation.

The Commission is independent and collaborates with partners with whom it will seek consensus on recommendations prior to publication.

Areas of Focus:

The Commission will focus on key areas where action is needed, and meaningful change is possible. These are areas in which there is significant inequity in access and provision, often harming already marginalised communities.

While the focus areas will be agreed upon by Curia and advisory board members, these areas could include (but are not limited to):



Health and social care

- The barriers to accessing healthcare for marginalised communities
- The opportunities for improved minority population health within Integrated Care Systems
- Blackspots of care to be remedied by the regionalisation of health

Housing/homelessness

- Opportunities for collaboration between private/third sector service providers and local authorities to drive down inequalities
- Uncovering and sharing innovative approaches to reaching the hardest to reach homeless communities
- Assessing impact on healthcare and other services from substandard housing and public health savings

Education

- Tackling inequalities in educational attainment both geographically and between marginalised communities, as well as SEND provision
- How can roll out of family hubs serve minority communities
- How the cost-of-living crisis is impacting students in school and further education

Justice and rehabilitation

- The use of non-incarceration-based justice, such as restorative justice in driving down inequalities and the importance of fewer people in prison to reduce inequality
- Equality of access to help and advocacy for victims of crime
- Equal access to education and training both within and after the prison system

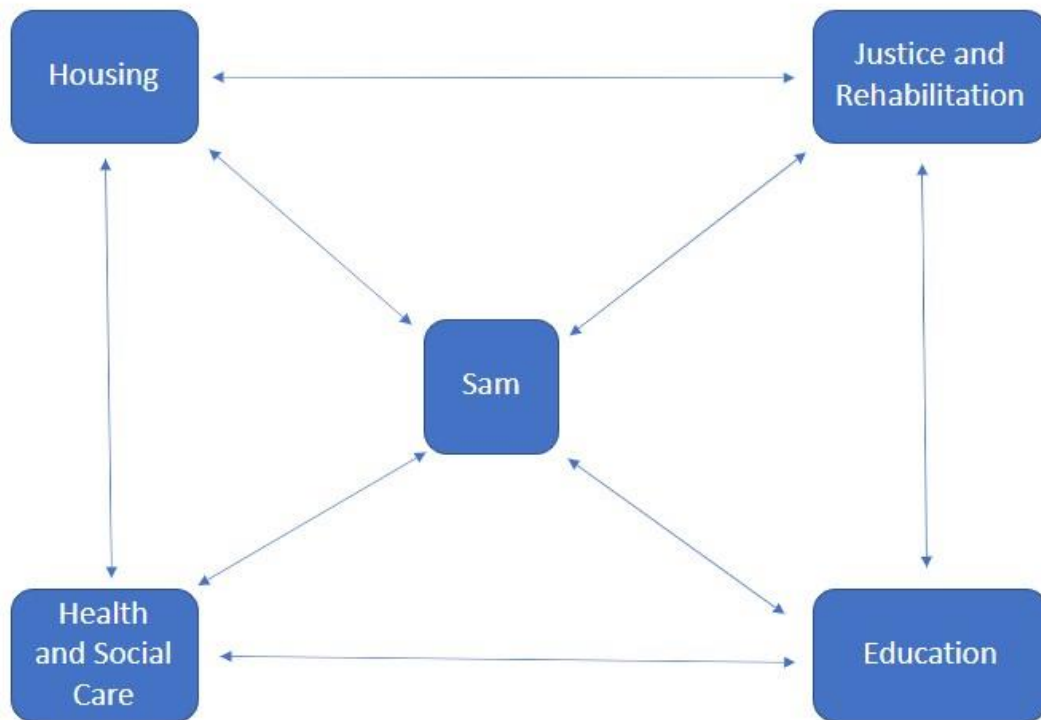


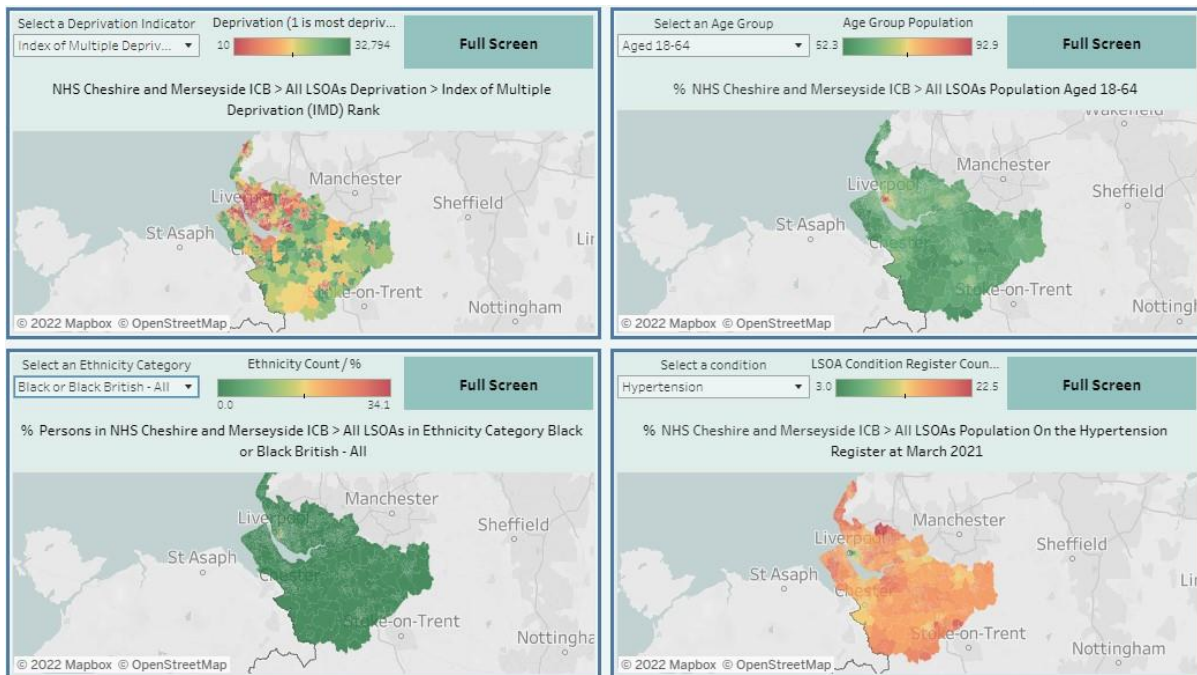
Though they will be considered as separate themes, all four of these areas are deeply interconnected, and the Commission will treat them as such, adopting a hub and spoke model of service design and delivery. This will allow the Commission to take a holistic approach to inequalities in public services. The below case study provides an example of how the Commission will approach such problems.

Case Study: Sam from Liverpool

Sam is a 40-year-old woman from Wirral who has just been released from prison. She is now pursuing adult literacy programmes as she seeks to re-enter the workplace. She is also now looking for permanent housing, but due to her long-term health conditions (suffering from hypertension) she has very specific needs regarding location and accessibility.

The Commission will look to understand how the services can best work together to meet the needs of Sam, whilst ensuring that they are working together effectively to avoid wasted resources. The Commission will also look to understand how public services can work together to deploy resources to drive down inequalities.





Preliminary mapping of the Index of Multiple Deprivations in Sam's Integrated Care Board (ICB). This is mapped against the age and ethnicity demographics as well as the prevalence of Hypertension in Lower Super Output Areas (LSOAs) across the ICB.

The Commission will:

- Hold a series of inquiry sessions across the Commission themes to identify innovative solutions and examples of best practice in service provision from across the UK over the next 12 months
- Hold a series of regional sprints, bringing together local leaders in service design and delivery across the four policy areas of the Commission to consider how integration can be achieved in practice in localities
- Produce quantitative research to show the scale of inequity in service provision and model how policy interventions will make a significant difference to outcomes within communities
- Seek evidence and suggestions for improved efficiencies across various service provision areas
- Present recommendations and implementation plans for all levels of government on how to best meet service provision objectives
- Publish a report to be launched in Westminster in 2023 Q4
- Build consensus at all levels within the system
- Hold government to account in 2024 against the recommendations and implementation plan of the Commission. The Commission will be an ongoing programme of work rather than a single year project

Structure and Governance:

The chair and commissioners will meet monthly to discuss findings of inquiry sessions and the research programme, and to shape the agenda of the Commission as it progresses. The advisory board will meet quarterly.



People:

The Commission chair and commissioners for the Inequalities Commission will be decided in collaboration between Curia and advisory board members, with a view to ensure representation from:

- Leaders in national, regional and local government
- Service providers from public and private sectors
- Voluntary and community sector organisations
- Service users

The structure will be as follows:

- 1 Chair (TBD)
- Commissioners
- Advisory Group

Commissioners include:

- Jeffrey Matsu, Chief Economist at CIPFA
- Janet Budd, Chief Executive of NHS Transformation Unit
- Lara Newman, Chief Executive of LocatED
- Neil Carmichael, former Chair of the Education Select Committee
- Hilary Spencer, CEO of the Ambition Institute
- Anita Dockley, Research Director of the Howard League for Penal Reform
- George Coxon, Director and Owner of Classic Care Homes
- Lord Dennis Stevenson, Cross-bench peer and founder of MQ Mental Health Research

