

SELECT COMMITTEE FOR HEALTH AND ADULT SOCIAL CARE 27th January 2011

Report of the Interim Director of Adult Social Services and the Joint Director of Public Health

HEALTH INEQUALITIES STRATEGY 2010-2015

Purpose of Report

1. For the Committee to consider an up-dated Health Inequalities Strategy 2010-2015 which was referred from Cabinet of 8th December 2010. A copy of the full Strategy has been lodged in the Members Library and is available on CMIS at: <http://cmis.dudley.gov.uk/CMISWebPublic/Meeting.aspx?meetingID=1650>. Appendix 1 is an Executive Summary of the Strategy.

Background

2. The Committee considered the first Health Inequalities Strategy “Closing the Gap – a Health Inequalities Strategy” which was launched in June 2006. Three aims were set for that three-year strategy relating to the reduction of poverty, tobacco control and increasing educational attainment. These aims were selected because the evidence showed that mortality rates from illnesses such as coronary-heart disease and cancers were influenced by these three factors. Since this initial strategy was published, mortality from these and other main contributory diseases has reduced slowly and life expectancy for Dudley residents has increased as a result. This Strategy has now been up-dated to take account of a number of developments
3. Three key factors have contributed to the timing of the up-dated Strategy. Firstly, nationally, the Marmot Review, *Fair Society, Healthy Lives* which was published by the Department of Health (DH) in February 2010. It emphasized that addressing health inequalities is long-term work and that the nature of health inequalities in England is “persistent.” Marmot argued that focusing solely on people who are disadvantaged will not reduce the gaps that exist for people in terms of their experience of ill health. He argued for ‘proportionate universalism’ meaning that actions to address health inequalities must be universal but with a scale and intensity that is proportionate to the level of deprivation. The six policy areas that he identified as having the greatest impact on reducing health inequalities have been adopted as the key strategic aims of the Health Inequalities Strategy (see para. 6.)
4. Secondly, at the end of the period of the initial strategy in July 2009, the DH’s Health Inequalities National Support Team visited Dudley to assess our

performance in reducing health inequalities. Their report was very favourable in a number of areas, particularly partnership, strategic vision and community engagement. However they also identified five key priority actions for Dudley:

- Strengthened leadership for health and health inequalities across the partnership
- Improved quality and capacity of primary care
- Refreshing the Health Inequalities Strategy, developing detailed delivery plans and agreeing a common frame of reference for monitoring progress on addressing health inequalities.
- Continued development of the voluntary, community and faith sector.
- Simplification of neighbourhood community engagement structures.

5. Thirdly, the promotion of the theme of the “Big Society” in conjunction with and the Government’s publication of the NHS White Paper *‘Equity and excellence in health, liberating the NHS’* which was considered by the Cabinet at its meeting of 27th October 2010. This White Paper provides for responsibility for the improvement of the health of the local population and public health to transfer to local Councils.

6. The new draft Health Inequalities Strategy 2010-2015 which, based on evidence, has five Strategic Aims:

- *Give every child the best start in life* - ensuring optimum social, cognitive and emotional development. We need to improve the systems which enable a full picture of developmental progress in the vital early years;
- *Create fair employment and good work for all* - employment can make a major contribution to a reduction in health inequality and work on Dudley’s Local Economic Strategy addresses the area of wellbeing through access to work and within work. Likewise, incentivising employers to adapt jobs to provide suitable employment for lone parents, carers or people with physical mental health problems is a key action in this area.
- *Ensure a healthy standard of living for all* – this area includes initiatives to reduce child and family poverty; access to and the provision of decent homes; and opportunities for learning as adults and access to information e.g. through libraries to help improve living standards.
- *Create and develop healthy and sustainable places and communities* – as noted in para. 5, the ‘Big Society’ approach, encouraging people to take more control over their own lives, rely less on the state and help other people has great potential for encouraging sustainable communities. Other activity aimed at supporting those with caring responsibilities, improving access to transport or family support and climate change also impacts on this strategic aim.

- *Strengthen the role and impact of ill health prevention* – a separate Report has been approved by the Cabinet on a Prevention and Early Intervention Strategy for Adult Social Care. Most of the NHS budget is spent on treating illnesses which in many cases are preventable. Immunisation programmes and screening programmes are well established and there is strong evidence to support the prescribing of statins for lowering cholesterol and for the use for blood pressure lowering medication in the treatment of heart disease. In response to the White Paper, Dudley Council will be actively discharging the responsibilities being given to it to lead work on improving the health of Dudley people in conjunction with the developing General Practitioner Commissioning Consortium.

7. These Strategic Aims are ambitious and they cannot be undertaken by one agency alone. The Health Inequalities Strategy recommends a range of activities including secondary prevention of cardiovascular disease; acute coronary heart disease; actions for acute stroke care; chronic obstructive pulmonary disease; tobacco control; alcohol harm reduction; and the reduction of cancer inequalities. All these activities are undertaken under the remit of the Dudley Health and Well Being Partnership but action will also be required across the wider local strategic partnership. The consideration of the Health and Adult Care Select Committee on the themes for this Strategy in the light of the remit of the Committee is welcomed.

Finance

8. Any financial implications arising from addressing the areas for improvement will be met from within existing budgets and budget planning.

Law

9. A variety of legislation covers the production of a Health Inequalities Strategy including the Child Poverty Act 2010; relevant care and health services legislation such as the NHS and Community Care Act 1990 and other related legislation.

Equality Impact

10. Health Inequalities are fundamentally about addressing issues connected to equality and an initial Equality Impact Assessment has been carried out on this Strategy and is available for inspection if required.

Recommendation

11. That the Committee endorse the draft Health Inequalities Strategy 2010-2015 subject to any comment which they may wish to make.

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Background Papers

Health Inequalities Strategy 2010-2015