Agenda Item No: 12

HEALTH INEQUALITIES – PROGRESS REPORT

To: **Health Committee**

Meeting Date: **12th March 2015**

From: **Director of Public Health**

Electoral division(s): **All**

Forward Plan ref: ***Key decision:*** **No**

Purpose: **To update the Committee on progress in addressing health inequalities in Cambridgeshire, following its identification as a Health Committee priority.**

Recommendation: **The Committee is asked:**

a) **To note progress with actions on the key areas of health inequality in Cambridgeshire identified as priorities for action by Health Committee in September 2014**
b) **To endorse the Cambridgeshire Public Health Reference Group as the appropriate partnership through which to initiate joint strategic work on health inequalities**

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1. BACKGROUND

1.1 Health inequalities were identified as a priority by Health Committee in July 2014. A paper proposing an initial approach to health inequalities in Cambridgeshire was brought to Health Committee in September 2014.This paper is attached as Annex A and provides further background information.

Trends in health inequalities

1.2 Information on health inequalities previously presented to Health Committee looked only at the latest picture, without reviewing trends. Further work has been completed on local trends in health inequalities and this shows a mixed picture. There is improvement across the whole Cambridgeshire population, including areas of higher socio-economic deprivation, for life expectancy, smoking rates and teenage pregnancy rates (all seen as key measures or contributors to health inequalities). There is fluctuation in the degree of inequality between areas of higher deprivation and the rest of Cambridgeshire for both life expectancy and teenage pregnancy, but it is not worsening and overall there are some indications of improvement. Rates of childhood obesity, another important indicator, are not improving overall, and trends in inequalities appear variable. Further detail is given in Annex B.

1.3 Public Health England has recently produced a new 'segment tool' which analyses the main causes of inequality in life expectancy between the 20% most deprived small areas in a geographically defined region and the 20% least deprived areas. When applied to the geography of Cambridgeshire, this shows that the key causes of death which contribute to inequalities are circulatory disease, which includes coronary heart disease and stroke, cancer and respiratory disease. These causes of death contribute 60% of the gap in life expectancy in males and 65% of the gap in females, between the most and least deprived areas. Further detail is given in Annex B.

2. MAIN ISSUES

2.1 In September, Health Committee agreed the following four priorities for the coming year, to address health inequalities in Cambridgeshire:

- Addressing health inequalities in Fenland
- Addressing high rates of smoking amongst manual workers in Fenland and county-wide
- Addressing inequalities in early childhood development and school readiness for children eligible for free school meals
- Participation in wider County Council initiatives

Progress has been made against all four of these areas, either in-year or through the 2015/16 business planning process. An indicator set and associated trajectories have been developed in response to the motion at full Council in July 2014 which asked all Committees to develop targets to improve outcomes in areas of multiple deprivation. The detail of actions either completed or in progress to take forward the four Health Committee priorities are provided in Annex C. The indicator set and associated trajectories which relate closely to these priorities are outlined in the paper for full Council in

February 2015 ‘Narrowing the gap in deprivation levels across the County – Service Committee Indicators’.

2.2 A commitment was also made at the September Health Committee ‘To review and identify an appropriate partnership mechanism to take forward wider work on health inequalities in Cambridgeshire, and advocate for this - with the aim of achieving ownership and consensus across agencies’. This has been addressed through an agreement by Cambridgeshire Health and Wellbeing Board to establish a multi-agency Public Health Reference Group (PHRG), which brings together senior officers from key partner organisations to address public health issues in Cambridgeshire. The PHRG will work to the principles of the Cambridgeshire Health and Wellbeing Strategy, the first of which is ‘Reducing inequalities by improving the health of the worst off fastest’ The terms of reference for the PHRG are included as Annex D and its first meeting will be in early April 2015.

2.3 It is recommended that the PHRG is endorsed by the Health Committee as the appropriate partnership through which to initiate joint strategic work on health inequalities.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

Economic analyses in the Marmot review demonstrated the adverse economic impact of ill health associated with health inequalities.

3.2 Helping people live healthy and independent lives

Addressing local health inequalities through the approaches outlined will support residents to live healthier lifestyles and maintain their health and independence for a longer period.

3.3 Supporting and protecting vulnerable people

Addressing local health inequalities through the approaches outlined will directly support more vulnerable individuals and communities

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

Resources have been identified for the initiatives outlined in para 2.1 and in Annex C, through the County Council business planning process.

4.2 Statutory, Risk and Legal Implications

Reduction of inequalities in life expectancy and healthy life expectancy between communities is one of the two overarching aims of the national Public Health Outcomes Framework, to which the County Council must have regard when delivering its public health functions.

4.3 Equality and Diversity Implications

The approaches outlined in this paper directly impact on inequalities between communities

4.4 Engagement and Consultation Implications

It would not be possible to influence health inequalities related to lifestyles and behaviour, without engaging with the communities involved. The approaches outlined include engagement with communities.

4.5 Localism and Local Member Involvement

The Healthy Fenland Fund in particular has a strong element of localism – engaging with communities in small geographical areas.

4.6 Public Health Implications

Reducing health inequalities is a public health priority both locally and nationally

Source Documents (To be completed)	Location
Public Health Outcomes Framework	http://www.phoutcomes.info/
'Fair society Healthy Lives' – the Marmot review.	http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review
Public Health England 'segment tool	http://www.lho.org.uk/LHO_Topics/Analytic_Tools/Segment/TheSegmentTool.aspx
Narrowing the gap in deprivation across the county – service committee indicators	http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/AgendaItem.aspx?agendaItemID=11115