Annex A

REDUCING HEALTH INEQUALITIES – UPDATE AND FORWARD PLANNING

To:	**Health Committee**
Meeting Date:	**11 September 2014**
From:	**Director of Public Health**
Electoral division(s):	**All**
Forward Plan ref:	***Key decision:*** **No**
Purpose:	**To update the Committee on the wider context for health inequalities in Cambridgeshire, and propose an initial approach to these issues**
Recommendation:	**The Committee is asked to comment on the proposed initial approach to addressing health inequalities in Cambridgeshire, and to endorse further development work on the proposals outlined**

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1. BACKGROUND

1.1 The Health Committee has identified addressing health inequalities as a priority for Cambridgeshire, following review of information contained in the Public Health Outcomes Framework and Annual Public Health Report. Cambridgeshire County Council agreed at the full Council meeting in July that all Service Committees should prioritise improvement of specific outcomes in areas of deprivation.

1.2 Nationally, the Secretary of State for Health has set two high level outcomes for the public health system including local authorities, of which the second is 'Reduced differences in life expectancy and healthy life expectancy between communities, through greater improvements in more disadvantaged communities'. To ensure engagement of the local NHS, the Health and Social Care Act (2012) also gives a specific duty to Clinical Commissioning Groups to address health inequalities.

1.3 Health inequalities in Cambridgeshire can be categorised in a number of ways:

- Geographical health inequalities:
  - At district level Fenland residents have poorer health outcomes than the rest of Cambridgeshire
  - At small area level – a number of 'lower super output areas' around the county have higher deprivation scores and poorer health outcomes for residents.

- County-wide health inequalities correlated with low income:
  - Children receiving free school meals have poorer levels of development in reception year, and poorer educational outcomes, which are closely correlated with health outcomes.
  - Manual workers in Cambridgeshire have high rates of smoking

- Specific population groups in Cambridgeshire are known from national and local data to be at higher risk of poor health outcomes, for example:
  - Gypsies and Travellers
  - Looked after children
  - Prison inmates and other offenders
  - Migrant workers (for some health issues)

1.4 Nationally, the most recent review of health inequalities and the associated evidence was carried out by Sir Michael Marmot in 'Fair Society Healthy Lives' published in 2010 and available on http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review The review concluded that there is a clear social gradient in health and that there are significant economic costs as well as human costs associated with health inequalities. The review indicated that focussing just on the most disadvantaged would not reduce health inequalities sufficiently and recommended an approach of 'proportionate universalism' – with universal interventions, of which the scale and intensity is proportional to disadvantage.

1.5 The review recommends action on six policy objectives to address health inequalities, with a particular focus on the first recommendation:

- 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 healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention.

1.6 Using an approach based on the Marmot review, it is clear that the policy interventions recommended to reduce health inequalities in the long term are both local and national, and extend well beyond the remit of the Health Committee and of the County Council. However the scope of the County Council's work influences several of the policy areas described, for example through the Council's Child Poverty Strategy, the Narrowing the Gap Strategy to reduce inequalities in educational attainment, the work of the Local Enterprise Partnership (LEP) to stimulate employment opportunities, and the commissioning of public health services to strengthen ill health prevention.

2. PROPOSED INITIAL APPROACH TO HEALTH INEQUALITIES IN CAMBRIDGESHIRE

2.1 The most recent Health Inequalities Strategy for Cambridgeshire ran from 2009-2011 and was written before the Marmot review was published. It was a partnership strategy endorsed by the local NHS, the County Council and all District/City Councils. While some aspects were successful, the strategy was very wide ranging, and given other pressures on the organisations involved, was difficult to monitor and implement effectively. The Health and Wellbeing Strategy for Cambridgeshire 2012-17, approved by the Health and Wellbeing Board, has taken a more high level approach, and includes 'improving the health of the worst off fastest' as a key principle across all six strategic priorities.

Priority 1 Ensure a positive start to life for children and young people (to be led by the Children's Trust)
Priority 2 Support older people to be independent, safe and well
Priority 3 Encourage healthy lifestyles and behaviours in all actions and activities, while respecting people's personal choices
Priority 4 Create a safe environment and help to build strong communities, wellbeing and mental health
Priority 5 Create a sustainable environment in which communities can flourish
Priority 6 Work together effectively

2.2 While the Health Committee could initiate development of a Cambridgeshire Health Inequalities Strategy, with the intention of drawing in the wider County Council and external partners, this may not be the best way to establish full ownership across a range of agencies. The overlap and potential for duplication with the wider Health and Wellbeing Strategy could be questioned by partners, and further consultation on the best approach would be needed. It is therefore proposed that the initial approach to addressing health inequalities by the Health Committee should be two-pronged:

A: 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
B: To take forward actions which are more directly under the control of the Health Committee which will impact on specific aspects of local health inequalities, as outlined in paragraphs 2.3 to 2.6.

Addressing health inequalities in Fenland

2.3 Earlier discussions by the Health Committee about the Public Health Outcomes Framework and Annual Public Health Report highlighted high rates of smoking and other adverse lifestyle behaviours in Fenland as areas of concern. To address this during 2014/15 the public health directorate have prepared an initial in-year Fenland Health Inequalities action plan, which includes commissioning of social marketing insight work to establish the views and concerns of Fenland residents on health and lifestyle issues, external review of smoking cessation services and tobacco control activities in Fenland to learn from good practice elsewhere, and diversion of existing resources to ensure smoking cessation and other healthy lifestyle services in Fenland are fully supported in-year. The public health directorate will work closely with the wider Fenland Health and Wellbeing Partnership, to implement these actions.

2.4 As part of the 2015/16 business planning process, initial discussions are taking place on creation of a Healthy Living Fund for Fenland, which would support local health and wellbeing initiatives at parish and market town level, taking a community engagement approach, and working closely with the voluntary and community sector. This could be pump primed through non-recurrent virement of 2014/15 public health ring-fenced grant currently allocated against (i)over-accruals on the smoking cessation budget, (ii) expansion of the health trainer service - which was factored into 2014/15 budgets but will now start in April 2015 (iii) funding for posts which were vacant in the earlier part of the year. Some recurrent resource, identified through the 2015/16 public health business planning process would be needed for a robust delivery infrastructure, potentially in partnership with other community engagement initiatives in Fenland.

Addressing high rates of smoking amongst manual workers in Fenland and county-wide

2.5 The public health outcomes framework identified that rates of smoking amongst manual workers are high in Fenland but also across the county. Because of the impact of smoking on health, this will perpetuate health inequalities. Two proposals to address this are being developed for consideration in the 2015/16 public health business planning process:

- Firstly - discussions are taking place with other local authorities in the East of England on the potential to create an East of England regional tobacco control office. A regional office enables economies of scale for interventions such as media campaigns and initiatives to reduce illicit tobacco. Regions with tobacco control offices have shown significant reductions in smoking prevalence, and the approach has been shown by NICE economic analysis to be highly cost effective.
- Secondly, capacity for workplace public health initiatives in Cambridgeshire is currently limited, with one part-time post for the county, which is currently focussed on initiatives in Fenland workplaces. It is proposed to review and strengthen capacity to deliver workplace public health initiatives – targeting businesses which employ large numbers of manual workers, and emphasising

the economic benefits to the employer of improved workforce health.

Addressing inequalities in early childhood development and school readiness for children eligible for free school meals

2.6 A third area which was identified in the public health outcomes framework as significant for health inequalities in Cambridgeshire is the lower level of development for children in reception year receiving free school meals. Responsibility and funding for commissioning the 'Healthy Child age 0-5' programme, which includes health visiting services, will transfer from NHS England to the County Council in October 2015. To prepare for this transfer, staff from the County Council Public Health and Children, Families and Adults directorates have been asked to participate in developing the 2015/16 health visiting contract with Cambridgeshire Community Services. This will provide an initial opportunity to further develop the work of health visitors to address local health inequalities, in alignment with other County Council Children and Young People's strategies such as 'Narrowing the Gap'.

Participation in wider County Council initiatives

2.7 County Council directorates are developing a wider approach to improving outcomes in areas of deprivation, as agreed at the full Council meeting in July. The proposed approach to health inequalities outlined in this paper will need to be adapted to reflect this, to maximise opportunities for cross-Council action while minimising duplication.

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 approach 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 approach outlined will directly support more vulnerable individuals and communities.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

The approach outlined in paragraphs 2.3 to 2.6 of this report describe actions for 2014/15 which can be met within current public health directorate resources. It also outlines business planning proposals for 2015/16 which would require savings against other public health directorate budgets. Further

details are given in a separate paper to the Health Committee on initial revenue proposals for 2015/16.

4.2 Statutory, Risk and Legal Implications

There are no significant implications.

4.3 Equality and Diversity Implications

The approach outlined seeks to address inequalities within the County.

4.4 Engagement and Consultation Implications

It is recommended that the Health Committee's initial approach to a wider health inequalities strategy should be focussed on engagement and advocacy with partner organisations. The approach to health inequalities in Fenland will be informed through social marketing insight work, engaging closely with Fenland residents.

4.5 Localism and Local Member Involvement

The proposed approach to development of a Fenland healthy lifestyle fund, potentially in partnership with other community engagement initiatives, would promote localism in the Fenland area.

4.6 Public Health Implications

As outlined in paragraph 1.1, this paper addresses both local and national public health priorities.

Source Documents	**Location**
Public Health Outcomes Framework	http://www.phoutcomes.info/
Cambridgeshire Annual Public Health Report 2013/14	www.**cambridgeshireinsight**.org.uk/health
'Fair society Healthy Lives' – the Marmot review.	http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review