

<b>MEETING</b>	<b>B&amp;NES HEALTH AND WELLBEING BOARD</b>
<b>DATE</b>	<b>7 September 2016</b>
<b>TYPE</b>	<b>An open public item</b>

<b><u>Report summary table</u></b>	
<b>Report title</b>	Health inequalities inquiry day
<b>Report author</b>	Paul Scott and Becky Reynolds (Public Health, B&NES Council)
<b>List of attachments</b>	Inequalities in Bath and North East Somerset briefing pack
<b>Background papers</b>	'Fair Society Healthy Lives' (The Marmot Review) <a href="http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review">http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review</a>
<b>Summary</b>	<p>The Board's Joint Health and Wellbeing Strategy includes a specific aim to reduce health inequalities in Bath and North East Somerset. Following this aim, much of the work that flows from the strategy has a focus on those groups experiencing the worst health outcomes. To build on this platform the Board identified a need to strengthen its understanding of and approach to health inequalities through holding a health inequalities inquiry day.</p> <p>Over 70 people from a number of organisations attended the inquiry day on 11<sup>th</sup> May 2016. The content of the event focussed largely around the findings from the 2010 review of effective action to tackle health inequalities in England led by Professor Sir Michael Marmot (the 'Marmot Review'), with the additional theme of 'Access to health services'. The programme also included an opportunity to hear from local people giving their own personal stories, a local GP, the Director of Public Health and a local authority from another region that has taken significant steps to tackle health inequalities. The day was chaired by the Health and Wellbeing Board's co-chairs.</p> <p>During the event participants used the Marmot review to identify local good practice, gaps, and priorities for action. One or two key actions to address priorities from each workshop will be taken forward.</p> <p>On behalf of the Health and Wellbeing Board a summary of the inquiry day was discussed at the Public Services Board (PSB) meeting in June. The PSB agreed to work with Public Health to</p>

	<p>support greater collaboration across members of the Public Services Board on action to address local health inequalities.</p> <p>A number of actions are being agreed to address key priorities identified at the inquiry day. These will form the basis of a manageable action plan and will be supplemented with the recommendations agreed with the Health and Wellbeing Board in this report, and with actions arising from work with the PSB.</p>
<b>Recommendations</b>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• note this work on health inequalities</li> <li>• challenge all partners on the Health and Wellbeing Board, and partnerships reporting to Board, to demonstrate explicit plans and actions for the identification of and reduction in health inequalities amongst their client groups</li> <li>• receive a progress report in 12 months on follow up from the inquiry day</li> <li>• receive a update report in 12 months from the Public Services Board on their work to address local health inequalities</li> </ul>
<b>Rationale for recommendations</b>	<p>The health inequalities inquiry day was held at the request of the Health and Wellbeing Board. The Board has a leadership role in challenging and encouraging organisations in B&amp;NES to show how they identify client groups who are at greater risk of poorer health outcomes, and what plans they have in place to reduce health inequalities amongst these populations.</p>
<b>Resource implications</b>	<p>The context for the event and future planning is one of better coordination and focus rather than additional resource, due to the financial pressures facing local organisations.</p> <p>The organisation of the event has been done by council, NHS and community sector staff working within their existing responsibilities.</p>
<b>Statutory considerations and basis for proposal</b>	<p>The Health and Social Care Act 2012 gave councils responsibility for improving public health and reducing health inequalities in their local population.</p> <p>Clinical Commissioning Groups also have a duty to reduce inequalities between patients in access to, and outcomes from healthcare services.</p>
<b>Consultation</b>	<p>The event and follow up was organised by a steering group comprising council, NHS and community sector staff.</p>
<b>Risk management</b>	<p>A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.</p>

## THE REPORT

## **1 Background**

- 1.1 Health inequalities are the differences in health outcomes between groups of people due to social, geographical, economic, or biological factors. Some of these factors such as ethnicity or sex may be fixed. Others, such as the type of employment people have; where people live, study, work and play; or the food people eat, are less fixed. But even when fixed characteristics cause risk, their effects can be modified.
- 1.2 Although the health and wellbeing of B&NES residents is above the national average on many indicators, some communities in our district fair significantly worse than others. These differences often start early in life, affect education, lead to different employment opportunities, and lead to poor health and social outcomes in adult life. Local examples of health and social inequality in B&NES are set out in the briefing pack attached with this report.
- 1.3 Marmot's review into evidence-based strategies for reducing health inequalities in England concluded that reducing health inequalities requires action on six policy objectives. It is clear that since the publication of the original Marmot report, pressures on the economy and the public finances have left many people more vulnerable to a range of pressures that can affect physical and mental health of individuals and families.

## **2 The inquiry day**

- 2.1 The inquiry day was held in May 2016 in Bath. It featured a range of speakers and a chance to hear some experiences of local people and service representatives. The Marmot policy objectives formed the basis on which good practice, gaps and priorities were explored through a number of workshops. Reflecting the breadth of work needed to tackle health inequalities, invitees to the inquiry day included representation from the council (all directorates, Children's Centres), education sector (eg Bath Education Trust, Bath College), charitable sector (eg Southside Family Project, Bath Rugby Foundation, Julian House, CAB), not-for-profit organisations (eg, Curo, Sirona), the NHS (CCG, RUH, general practices) and all members of the Public Services Board. Around 70 people attended the event.
- 2.2 Feedback from participants on the day suggested the day was well received and that it was a good opportunity to work across service areas on issues of disadvantage and inequality. Many people were very positive in particular about hearing the experiences of a local GP and local service users. Feedback also suggested that less time on talks and more time on workshops would have been good, and more structured opportunities for mixing people up across groups and mingling. The main request from people was to be kept informed of the ongoing outcomes of this work and some people suggested a follow-up event to look at progress after 12 months. People were invited to complete a pledge card, with a suggestion of writing down one thing they would take away to do in their own service area. A number of these were collected and will be sent to people after 6 months to see if they have made progress.

2.3 Through six Marmot themed workshops, the following priorities were identified by participants:

1. Pregnancy and Early Years

- Strengthen emotional health and resilience of children and adults (in pregnancy or new parenthood)
- Improve access to affordable housing, and housing that is fit for purpose for young families
- Join up services: children/adults, transition between services (understanding information sharing), professional relationships

2. Education and life-long learning

- Optimise the early years preventative work (under 5s), including expansion of nursery places and in particular to work with parents to encourage uptake of free child care available for 2 year olds from disadvantaged circumstances.
- Share current best practice across B&NES and coordinate more effectively the projects and initiatives for the most vulnerable families, their children and young people
- Establish an approach to promoting education and lifelong learning in service clients across all departments

3. Fair employment

- Ensure a multi-agency approach to engage with and support the work of The Anti-Slavery Partnership locally and regionally
- B&NES and its partners to agree definition of a quality job and to work with public sector partners to use our combined leverage to create and monitor delivery of quality jobs
- Work with partners to develop a new model of support for employers with a focus on mental health. The model developed will make the best use of local resources and existing Employer networks
- Better identification of people needing targeted support and better coordination of job seekers, training providers and employers through a single point of contact.

4. Healthy and sustainable places and communities

- Improve access to public transport in less accessible areas
- Improve broadband coverage in homes and through free Wi-Fi availability
- Ensure delivery of sufficient affordable housing
- Change attitudes and stigma towards health and social issues
- Improve coordination and awareness of community activities (amongst the public and professionals)

5. Ill-health prevention

- Identify sustainable funding for ill health prevention
- Address client dependency on health services/lack of community and individual empowerment
- Improve transport

6. Inequity in access to health services

- Have a greater focus on populations that experience extreme exclusion to better understand their health needs and be able to determine whether they attend health services
- Improve transport to access healthcare services

- Address the long length of time that people with low to moderate mental health needs have to wait for a mental health needs assessment

2.4 A more focused set of actions are being agreed from the above list of priorities. These will form the basis of a manageable action plan arising from the inquiry day and will be supplemented with the recommendations agreed with the Health and Wellbeing Board in this report, and with actions arising from work with organisations within the PSB.

2.5 Some of the more generic issues identified on the day were:

- Having a shared vision to reduce inequalities across all services and organisations
- Better join-up between agencies that often work on the same issues or with the same groups but don't necessarily share information or enable easy referral between them. There were good practice examples of this across criminal justice, health, care and housing but sometimes examples of quite isolated working as well
- More proactive support for groups who currently have the worst outcomes, making use of new approaches such as virtual support for employment, or liaison and diversion for offenders who have mental health, learning disability or substance misuse vulnerabilities when they first come into contact with the criminal justice system
- Building on strengths and assets within communities (whether that's in a local neighbourhood or mutual support amongst peers with a mental health problem)
- Making every contact count, so that staff across the public sector are able to identify a wider range of client issues, which may be underlying the initial reason for contact, and are able to help them in the right direction for finding support. For example, a joined up approach to supporting vulnerable clients with a higher risk of fires by also focusing on their wider needs, such as housing and care support, smoking and support for hoarding, linking with partner agencies to enable this. This action is now part of the CCGs Sustainability and Transformation Plan.
- Employers learning from each other in terms of good practice to promote staff physical and mental health and support employment from groups who may traditionally face barriers.

### 3 Recommendations

3.1 The Board is asked to:

- Note this work on health inequalities
- Challenge partners on the Health and Wellbeing Board, and partnerships reporting to Board, to demonstrate explicit plans and actions for the identification of and reduction in health inequalities amongst their client groups
- Receive a report in 12 months on progress since the inquiry day
- Receive an update report in 12 months from the Public Services Board on their work to address local health inequalities

**Please contact the report author if you need to access this report in an alternative format**