

<b>MEETING</b>	<b>B&amp;NES HEALTH AND WELLBEING BOARD</b>
<b>DATE</b>	<b>12 July 2017</b>
<b>TYPE</b>	<b>An open public item</b>

<b><u>Report summary table</u></b>	
<b>Report title</b>	Health inequalities – an update on progress
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<b>List of attachments</b>	<ul style="list-style-type: none"> <li>• Summary of headline progress on targeting inequalities in Bath and North East Somerset</li> </ul>
<b>Background papers</b>	<p>‘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></p>
<b>Summary</b>	<p>The Board’s existing Joint Health and Wellbeing Strategy includes a specific aim to reduce health inequalities in Bath and North East Somerset.</p> <p>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 in 2016.</p> <p>During the event participants used the Marmot review to identify local good practice, gaps, and priorities for action.</p> <p>This report highlights some good practice occurring for each of these priorities. It also reflects on pressures in the system that have slowed progress in focusing on this work in a more strategic way.</p>
<b>Recommendations</b>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• note the existing work on health inequalities</li> <li>• consider some of the current opportunities for strengthening this work and also potential barriers</li> <li>• consider its future role in relation to this issue</li> </ul>

<b>Rationale for recommendations</b>	The health inequalities inquiry day was held at the request of the Health and Wellbeing Board. The Board has a potential leadership role in challenging and encouraging organisations in B&NES to show how they identify people who are at greater risk of poorer health outcomes, and how they put plans in place to reduce health inequalities amongst these populations.
<b>Resource implications</b>	<p>The context for this work is one of better coordination and focus rather than additional resource, due to the financial pressures facing local organisations.</p> <p>There is limited management capacity in the system to develop this work but some good practice is nonetheless occurring across all the themes of the inquiry day.</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>	This report is a headline summary of work since the inquiry day rather than a decision or service change and as such has not been subject to wider consultation.
<b>Risk management</b>	A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

## 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.
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## **2 The inquiry day**

- 2.1 An 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. Policy objectives from the national Marmot review on health inequalities 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 The output from the inquiry day was presented to the board in September 2016. The Board asked for a progress update in the summer of 2017.

## **3 Current actions**

- 3.1 The attached report summarises how some of the local partnerships are addressing inequality for each of the key themes identified in the inquiry day.
- 3.2 Significant efforts are being made across a number of key programme areas with a view to understanding the needs of our most vulnerable groups and delivering tailored services.
- 3.3 There had been an intention to set out a more strategic and joined up framework for this work and to include this in our commissioning processes. However, the Your Care Your Way commissioning of community services and the emergence of Sustainability and Transformation Plans has necessarily absorbed a great deal of time and attention. This has meant a lack of space and resource for other cross-cutting work and it has felt impractical to attempt to progress it in this way.
- 3.4 Consequently, there are almost certainly many more actions not identified in the summary progress report but there has been limited opportunity to ascertain these amidst other priorities and pressures.

## **4 Recommendations**

- 4.1 The Board is asked to:
- note the existing work on health inequalities
  - consider potential opportunities for strengthening this work and also barriers
  - consider its future role in relation to this issue

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