JSNA – HEALTH INEQUALITIES

Responsible Officer Rod Thomson/ Emma Sandbach / Penny Bason
e-mail: emma.sandbach@shropshire.gov.uk / penny.bason@shropshire.gov.uk
Tel: 01743 253967
01743 252248

1. Summary

1.1 The Shropshire Health and Well-being Strategy has identified 'Reducing Health Inequalities' as one of the five main outcomes. Under this overarching outcome there are two priorities which include:

- Work with partners to address the root causes of inequality, such as education, income, housing, access to services.

1.2 The purpose of this report is to highlight from the JSNA (including consultation and engagement) the story of Shropshire with regard to health inequalities; to demonstrate the health inequalities in Shropshire and where they exist, what we currently do to reduce these inequalities, what other partnership groups are doing to reduce inequalities: and to highlight what more we can do as a Health and Wellbeing Board to make Shropshire a leader in reducing health inequalities.

1.4 Both statutory and non-statutory partnerships in Shropshire prioritise inequalities and health inequalities in the work that they do. We have developed a matrix of Shropshire's key partnerships that demonstrates their priorities that are working to reduce inequalities, please see Appendix A of this document.

1.5 The King's Fund has recently published a paper called, 'Improving the Public's Health' that focusses on nine key areas where local authorities can have a big impact on improving the health of the public and reduce inequalities. The nine areas are:

- the best start in life;
- healthy schools and pupils;
- helping people find good jobs and stay in work;
- active and safe travel;
- warmer and safer homes;
- access to green and open spaces;
- strong communities, wellbeing and resilience;
- public protection and regulatory services;
- health and spatial planning.

1.6 The paper highlights the role of the Health and Wellbeing Board in leading and coordinating these activities based on the Joint Strategic Needs Assessment. It also highlights the Public Services (Social Value) Act 2012 that requires public authorities to have regard to economic, social and environmental well-being in connection with public services contracts. Please see here for the full King's Fund report.

1.7 It is clear that where we have inequalities, especially around income deprivation, we have health inequalities and while we have numerous interventions in place to both reduce unhealthy behaviours and to support vulnerable people, we are still not significantly reducing health inequalities, and in some cases these health inequalities are increasing. So while there is significant investment and interventions more could be done to work together to reduce health inequalities for Shropshire people. Some suggestions include:

- Supporting prevention programmes across organisations, partnerships, and sectors.
- Supporting the voluntary and community sector by endorsing the Compact and encouraging all relevant statutory and provider organisations to sign up to the Compact (**draft** Copy Appendix B).
- Working more closely with Providers, the Business Board and the LEP to encourage fair wages across Shropshire (some possibilities include earning ratio threshold and a living wage)
- Supporting VCS and capacity building within communities for schemes like bulk buying of fuel (for heating), car shares and community transport
- Linking partners, providers and stakeholders into the development of a Social Value Framework

2. Recommendations

A. That the Health and Wellbeing Board continue to support the increase of investment in prevention programmes across organisations and partnerships in order to reduce health inequalities;

B. That the Health and Wellbeing Board enhance joint working with the Business Board, the Local Enterprise Partnership and the Local Nature Partnership to address Inequalities;

C. That the Health and Wellbeing Board provide a collective response to the Marches LEP European Structural and Investment Funds Strategy;

D. That the Health and Wellbeing Board support the voluntary and community sector by endorsing the Compact (**draft** copy Appendix B) and encourage relevant statutory partners and provider organisations to sign up to the Compact;

E. That the Health and Wellbeing Board discuss and adopt the **draft** Equalities Charter (with any proposed amendments) and endorse it for ratification across the Health Economy (Appendix C);

F. That the Health and Wellbeing Board note and support the development of a Social Value Framework for Shropshire (described in section 5.24).

REPORT

3. Risk Assessment and Opportunities Appraisal

3.1

Risk	**Impact**	**Mitigation**
Reduction in budgets may reduce focus on prevention.	An increase in requirement for public services in the long run.	Continue to work collaboratively in partnership to make decisions that reduce the public's reliance on public services.
Opportunity	**Impact**	**Action**
To work together and across partnerships to address inequalities and health inequalities.	Improved health and outlook for those living in Shropshire.	Discuss and agree some form of the actions listed above and any other actions partners bring to light.

4. Financial Implications

4.1 There are no financial implications directly associated with this report, however as there are significant reductions in budgets across Shropshire Council (Children's Services, Adult Social Care and Public Health) and the CCG for the coming years, this must factor into decision making around the preventative agenda.

4.2 There will be a risk that a reduction in budgets will translate to a disinvestment into preventative programmes. The Health and Wellbeing Board can ensure a continued support for prevention and can adopt decision making that promotes the health of our population in the short, medium and long term.

4.3 An excerpt from a report on Rural Communities to the **Environment, Food and Rural Affairs Committee (24 July 2013)** says, *'Rural communities pay higher council tax bills per dwelling, receive less government grant and have access to fewer public services than their urban counterparts. The* ***Government needs to recognise that the current system of calculating the local government finance settlement is unfair to rural areas in comparison with their urban counterparts and take action to reduce the disparity.*** *This 'rural penalty' is not limited to public services, it is also acute in many areas of infrastructure, not least the provision of high-quality*

broadband.' However despite this assertion, central government has significantly reduced the amount of health funding that will be allocated to Shropshire in the coming years.

5. Current information about health inequalities in Shropshire

The health of Shropshire's population

5.1 Health inequalities can be attributed to biological variations, e.g. lower disability prevalence in younger populations compared to older populations; other health inequalities are attributable to the environment and conditions outside the control of the individual.

5.2 Many health inequalities are as a result of environmental conditions and are relatively avoidable. In Shropshire a number of health inequalities have been identified, e.g. increases in life expectancy and reductions in all age all-cause mortality have not had equal impact across all sections of the population.

5.3 In the most deprived fifth of areas in Shropshire there has been no significant increase in life expectancy in either males or females, although there has been a significant increase in life expectancy in the most affluent fifth of the population. There are also significantly lower rates of life expectancy in the most deprived fifth of areas compared to the most affluent fifth for both males and females, and this gap appears to be increasing. Please see Appendices D and E for an information sheet that highlights life expectancy in Shropshire and its relationship with deprivation and for 3 maps that highlight life expectancy and deprivation.

5.4 Lifestyle risk factors (smoking, poor diet, lack of exercise) have an impact on health inequalities, e.g. there are more smokers in more deprived areas and fewer people are physically active in older age groups.

5.5 Many long term conditions and non-communicable diseases are the result of lifestyle risk factors and changing demographics. Increases in the ageing population, increases in obesity and other lifestyle risk factors and possible increases in health inequalities will all lead to an increase in long term condition prevalence. Again, this increase is not seen evenly throughout the population with more people from the most deprived areas having one or more long term conditions, which leads to an increased risk of premature mortality.

5.6 Health inequalities have consistently been raised during consultation with different groups in Shropshire. Concerns about lifestyle risk factors and their consequences and accessing services have been highlighted by GPs and other stakeholders. An underlying theme from the recent rural health survey highlighted that many people are concerned about the impact of loss of income on their ability to afford essential items, such as fuel for heating and transport. Please see here for a link to the Rural Health Survey results.

5.7 The other four priorities of the health and wellbeing strategy are also impacted upon by health inequalities, and achieving the other priorities would go some way to reducing health inequalities. However, in order to truly reduce health inequalities the Health and Wellbeing Board will have to work in partnership with other organisations and partnership boards, e.g. as income is such a large determinant in health inequalities work to support more jobs locally with the LEP would be important.

5.8 In 2013 a paper on inequalities was tabled at the leaders' board. It was envisaged that this would gain the commitment from partners and organisations to address inequalities across all the public sector and beyond in Shropshire. Progressing work in this way would over time enable inequalities to be reduced that would benefit all agencies, including the Health and Wellbeing Board. Through this work the Equality Officer Group has developed a draft Equalities Charter (Appendix C) for discussion and agreement.

5.9 There are however, many areas where the Health and Wellbeing Board can directly influence health inequalities. There are examples where this is already taking place, e.g. work around smoking in pregnancy and the healthy child programme.

Smoking and Smoking in Pregnancy

5.10 Smoking still remains the biggest cause of premature death (and health inequalities) in England, accounting for 80,000 deaths a year with half of all long-term smokers dying prematurely from a smoking-related disease. Over the last few years smoking has slightly declined in Shropshire, but there still remains a significant proportion of the population who smoke (17.38% in 2011/12). Of particular concern for life long prospects (both for the mother and child) is smoking in pregnancy.

5.11 Mothers from the most deprived fifth of areas in Shropshire have significantly higher rates of smoking at delivery compared to other areas in Shropshire. Tackling smoking in pregnancy is a key element of the Health and Wellbeing Strategy and is one of the CCGs 3 local outcome measures for the NHS Outcomes framework and Quality Premium. In 2013/14 an asset mapping event for smoking in pregnancy was held to review current practice in Shropshire and shape future activity. A wide range of partners attended and a Smoking in Pregnancy Working Group subsequently established to bring together key stakeholders including Shropshire Public Health and the CCG, midwifery, health visiting, school nursing and the specialist stop smoking in pregnancy service commissioned by the council.

5.10 A detailed analysis of the data on smoking at time of delivery has been produced, breaking the information down by deprivation, age group, ethnicity, CCG area, GP practice, Parish, rurality and Children's Centre area, enabling services to be targeted at the areas of greatest need. An information sharing agreement has also been developed with Shrewsbury and Telford Hospital NHS Trust to maximise the collection and analysis of the wealth of data available.

5.12 In February 2014, a campaign is being launched to promote the local service including inspirational testimonials from 3 women who quit smoking using the Help 2 Quit service. DVDs of the interviews will be issued to all pregnant smokers and the video launched on all relevant social media sites. Further insight work is also in progress to determine the factors that motivate pregnant women to quit smoking and what barriers exist to joining the service to increase access to the most effective way to quit smoking.

Healthy Child Programme

5.13 Healthy Child Programme (HCP) is the government's early intervention and prevention public health programme from conception to 19 years. The guidance is directed at statutory agencies, commissioning bodies, GPs, midwives, practice nurses, school nurses and health visitors. It is delivered by all agencies working with children and young people and includes a schedule of interventions at identified ages/stages. The schedule of interventions is to address the priorities for the health and well-being of children. The HCP is based on robust needs assessment, uses effective practice and prioritises evidence based programmes make best use of the workforce.

5.14 Since April the responsibility for commissioning School Nursing has been moved to the Public Health department in the Local Authority. A school nursing review is being undertaken which has included a wide variety of stakeholders, such as different professionals, parents and school children and young people. To date the work has included a robust analysis of current activity and workload of the school nursing service which will be compared with the requirements of delivering the HCP.

The STEP Prototype

5.15 As part of Shropshire Council's business plan and service redevelopment, the STEP Prototype has been developing in the North East of the county provides an end to end approach to empower children and adults with Learning and Physical Disabilities to seek their own solutions. The prototype has taken a cradle to grave approach considering a person's needs at various stages in their lives, removing the vast difference in service availability between Children's and Adult Services. It also empowers families to find community based solutions, reducing the need for intervention and dependency. This prototype requires strong partnership working across all sectors to ensure that the needs of individuals are being met.

The Voluntary and Community Sector

5.16 The Voluntary and Community Sector (VCS) holds a vast amount of knowledge and understanding of the needs of our population. This sector has the ability to work closely with the population at the front face of service delivery. As such the VCS are valuable partners for the Health and Wellbeing Board in tackling, with our population, inequalities. This sector is also vital for promoting community resilience and development. The VCS are engaged in numerous programmes and contracts with Shropshire Council and the CCG. Some of these include housing support, Enhance Service for Early help, carer support, and advice services.

5.17 The Compact, which is the document that describes the rules for engagement for contracting and commissioning with the voluntary sector, has been recently been reviewed and updated and a **draft** copy can be found in Appendix B. Both Shropshire Council and the CCG have agreed in principle to sign this document. The Health and Wellbeing Board can further endorse this process by encouraging partners including other statutory agencies, and partner providers to also work closely with the voluntary sector and sign up to the Compact.

5.18 The VCS have had significant input into Activity 5 – Social Inclusion of the LEP, European Structural and Investment Funds Strategy 2014-2020: Five Strategic Priorities. Through the coordination by the VCSA, the VCS have worked to develop the three priorities around social inclusion. This is part of the LEP consultation and the priorities are:

- Provide the means through which under-represented groups become work ready, and are able to access learning, training and job opportunities
- Engaging and supporting under-represented groups to enable them to overcome barriers of employment
- Develop capacity at a local level which supports and empowers under-represented groups

Access to Services and Rurality

5.19 Access to services is a key priority for the Health and Wellbeing Board and is something that comes up in many of our engagement events. However, as mentioned above, funding allocations tend to penalise rural counties rather than provide support for the higher cost of providing services across a rural county. The Health and Wellbeing Board can help by ensuring that access to services is a key consideration during service redesign, through primary care, and through promoting the use of technology and technology infrastructure.

Access to Primary Care and the Role of Primary Care

5.20 Primary Care plays an important role in supporting people and reducing health inequalities. An important consideration going forward will be how Primary Care can communicate with the population to help people improve their own health. Equally it is important for Primary Care to link into available services, voluntary and community groups and organisations.

5.21 Initial evidence from the Call to Action and through engagement exercises by through the Stakeholder Alliance, workshops and events, demonstrates GPs are often a central point of conversation and a key Health link in the minds of the public. It will be important for the Health and Wellbeing Board to consider how it can support the role of the GP and other primary care providers going forward in developing communication and relations with the public.

Planning and Supporting the Natural Environment

5.22 Health and Wellbeing Boards have a key role in working with local planning regarding town and rural development to encourage healthy lifestyles that include easy access to places for people to enjoy the natural environment. Working with planning services could have positive results for example in reducing the number and availability of fast food establishments, improving access to walking and cycling paths, and planning new developments with health in mind.

5.23 Equally, the Local Nature Partnership has a remit to work with the Health and Wellbeing Board to ensure that decisions work to protect the natural environment and provide local people with space to use for improving their health and wellbeing.

Developing a Social Value Framework

5.24 Shropshire Council is developing a Social Value Framework which looks at how we can maximise social, economic and environmental benefits from our commissioning and procurement activity. We are allowed, and required, to build these considerations into our commissioning and procurement activity and will ask questions and 'score' answers in a procurement exercise as appropriate to what is being commissioned. The benefits we seek to secure will be relevant to what is being secured and, importantly, linked back to the council's priorities and headline outcomes.

5.25 We define social value as "a process whereby organisations meet their needs for goods, services, works and utilities in a way that achieves value for money on a whole life basis in terms of generating benefits to society and the economy, whilst minimising damage to the environment".

5.26 Additionally the Public Services (Social Value) Act 2012 requires contracting authorities (which includes local authorities and CCGs to consider:

- How it will secure improvements to the economic, social and environmental well-being (Social Value).
- How and what it procures will secure such improvements (we propose to extend this to anything we commission or provide as well)

6. Stakeholder Engagement

6.1 See above.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information) http://www.kingsfund.org.uk/projects/improving-publics-health Public Services (Social Value) Act 2012 HWBB Report January 2013 Rural Report to the Environment, Food and Rural Affairs Committee, July 2013 An Overview of the role of the Local Nature Partnership
Cabinet Member (Portfolio Holder) Councillor Karen Calder
Local Member All
Appendices A – E attached