Adults Well-being and Health Overview and Scrutiny Committee

Proposal for a review into action to tackle health inequalities in County Durham

23rd June 2010

Report of: Lorraine O'Donnell, Assistant Chief Executive

Purpose of the Report

1. The purpose of this report is to seek Member agreement to an approach to, and involvement in, a proposed review into action to tackle health inequalities in County Durham which will identify a focus and recommendations for action to address health inequalities by the Council, its partners and partnerships in the County.

Background and context

2. Concerns that health inequalities persist despite a plethora of policies and action led the Secretary of State for Health in November 2008 to ask Professor Sir Michael Marmot, Chair of the WHO Commission for Social Determinants, to lead a Post 2010 Strategic Review of Health Inequalities to advise on the future development of a health inequalities strategy for England. The Marmot Review report *Fair Society, Healthy Lives was* published in February 2010.

   A copy of the full report and Executive Summary have been placed in the Members library and are on the Councils website with the committee papers at:

   http://www.durham.gov.uk/Pages/displayminutes.aspx?comid=33

3. In County Durham the health of the population lags significantly behind England as a whole and there are significant inequalities between different parts of the County and sometimes between neighbouring wards. A summary of challenges, priorities and indicators in County Durham are included in Appendix 2.

4. Members of the Adults, Well Being and Health Overview and Scrutiny Committee indicated an interest in looking at action being taken in the County to reduce health inequalities when determining the committee's Work Programme for 2009-2011. In taking forward a review it had been suggested that this should be in the context of the findings and recommendations contained in the Marmot Review report – a summary of priority objectives and policy recommendations are attached as Appendix 3.

Review proposal

5. It is proposed to undertake a review to explore health inequalities issues in the County and identify priorities for action. The review will consider the strategy and

action of the Council, its partners and partnerships in County Durham to address health inequalities in the context of those identified in the Marmot Review. The review would make recommendations for a future focus on action to address health inequalities in County Durham.

6. Arising from preliminary discussions with the Council's Head of Social Inclusion and with the PCTs locality Director of Public Health it is anticipated that outcomes from this review will be able to inform the development of delivery plans for County Durham's Health and Wellbeing Partnership, and the proposed Council Health Inequalities Strategy, as well as other strategies and plans. In order to do so it is suggested that the review commences in July and concludes in November 2010.

Scope and Terms of Reference

At this stage it is suggested that the scope of the review and its Terms of Reference should include the following:

7. The **purpose and outcomes** of the review are to:

   - identify recommendations for a focus for improved action to address health inequalities by the Council, its partners and partnerships in County Durham which will contribute to improved outcomes in terms of tackling health inequalities in County Durham.

   - to consider the strategy and action of the Council and its partners addresses the priorities for action identified in the Marmot Review.

   - produce a final report on behalf of the Adults Well-being and Health Overview and Scrutiny Committee and communicate its findings to Cabinet, Executive Members, council service groups, partner organisations and partnerships in County Durham.

8. The **review methodology** will assess the strategy and action of the Council, its partners and partnerships to address:

   - The Marmot Review report policy recommendations – summary attached as Appendix 3.
   - Recommendations including the 'seven key challenges' contained in the Audit Commission report: *Tackling the Health Inequalities in the North East,* December 2009 – summary attached as Appendix 4.
   - Recommendations made in recent scrutiny reports including *Employability Support.*

   The review will also consider the key priorities identified in the County Durham Joint Strategic Needs Assessment.

9. In order to **initiate and deliver the review** it is suggested that, subject to Member agreement, the review would commence with a scoping and overview event to be followed by a series of further member evidence gathering meetings through to the end of the year.

   A public health specialist from NHS County Durham and Darlington has been offered to help support the review.

10. **Stakeholder evidence** to be presented to the review will need to be identified and it is suggested that this could include the following organisations:

- Durham County Council – all Service Groups
- County Durham Partnership – the Health and Wellbeing Partnership and other partnerships, County Durham Economic Partnership, Children's Trust, Safer Durham Partnership; Sustainability and Environment Partnership.
- Durham Constabulary
- Other organisations with regeneration/health improvement remits for example housing providers or community regeneration bodies
- NHS County Durham and Darlington (Public Health)
- North East Public Health Observatory
- Voluntary/Third Sector and community sector – including One Voice Network and local CVS organisations in the County.
- Academic and research institutions (David Hunter, Durham University)
- Professor Sir Michael Marmot to present to the review

Member involvement

11. The involvement of a number of Members of this committee to form a Task and Finish Group to undertake this review is required and it is suggested that a minimum of six members would be required.

Recommendation

12. It is recommended that:

a. Members agree to the proposal for a review as set out in this paper; and
b. Member volunteers are sought to deliver this review.

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Appendix 1: Implications

Finance

None

Staffing

None

Equality and Diversity

None

Accommodation

None

Crime and disorder

None

Sustainability

None

Human rights

None

Localities and Rurality

None

Young people

None

Consultation

None

Health

The review will have implications for service providers in relation to action to address health inequalities in County Durham.

Appendix 2

A summary of health improvement challenges, priorities and indicators in County Durham

A1.1 Challenges identified in the Director of Public Health Annual Report and Durham County Council Health Improvement Plan 2010-2013

- **Improving life expectancy** - life expectancy at birth in County Durham is statistically significantly lower than the England average. County Durham males live on average 1.3 years less than English males; County Durham females live on average 1.7 years less than English females. If current trends continue, we will not meet our target to narrow the gap for life expectancy. There are also major health inequalities within County Durham, for example, life expectancy for men in Easington is 73.7 years for men while in Teesdale it is 76.7 years (against a national average of 76.6). At a more local level the gap in life expectancy is significantly greater: life expectancy for men in Chester Central ward is 68 years while in North Lodge ward, also in Chester-le-Street it is 79.9 years, a gap of 12 years. For women in Greenfield Middridge ward in Sedgefield life expectancy is 73.6 years, while in St Nicholas ward in Durham City it is 92 years, a gap of 18 years;

- **Reducing coronary heart disease** - a significant gap remains in coronary heart disease (CHD) mortality between County Durham and England as a whole.

- **Reducing circulatory disease** - for males circulatory diseases are a key reason for poor life expectancy and for females circulatory diseases and cancers are key causes of poor life expectancy.

- **Reducing smoking and tobacco control** - levels of smoking are higher than the national average;

- **Reducing excessive consumption of alcohol** - the percentages of adults who binge drink are significantly higher than the national average;

- **Reducing obesity -** the percentage of adults who are obese are significantly higher than the national average;

- **Reducing teenage pregnancy and improving sexual health** - teenage pregnancy rates are higher than the England average;

- **Improving educational attainment -** significantly fewer 15 year olds achieve at least five good GCSE passes than the England average;

- **Improving prison health** - 90% of the population of prisons have a mental health or substance misuse problem or both, 80% of prisoners smoke and 30% of female prisoners self harm.

- **Improving physical activity, food and nutrition**

- **Mental health** and emotional wellbeing – incidence of poor mental health in parts of the County is high. CAMHs/improving access to psychological therapies

A1.2 Local Area Agreement Priorities

The County Durham Health and Wellbeing Partnership identified for action a series of priorities for action in the County. These are listed below (including the LAA indicators to be used to measure success):

Reducing death rates by focusing on the biggest causes of death in the county - cancers, heart disease and strokes

- Mortality rate from all circulatory diseases at ages under 75 (NI 121)
- Mortality from all cancers at ages under 75 (NI 122)

Encouraging more people to take up exercise and feel better about their overall health and wellbeing

- Adult participation in sport and active recreation (NI 8)
- Number of children and young people aged 7 to 14 taking up sporting opportunities
- Self reported measure of people's overall health and wellbeing (NI 119)

Tackling obesity in primary school children in both Reception and Year 6

- Obesity in primary school age children in Reception (NI 55)
- Obesity in primary school age children in Year 6 (NI 56)

Increasing the number of drug users receiving effective treatment

- Number of drug users recorded as being in effective treatment (NI 40)

Reducing the harm caused by alcohol

- Rate of hospital admissions for alcohol related harm per 100,000 (NI 39)
- Assault with injury crime rate (NI 20)

Helping more people to stop smoking

- Stopping smoking (NI 123)

Helping people with a mental health problem to play a full role in society

- Number of people with a mental health problem progressing from employment support into education, training, volunteering and employment

Supporting and protecting older and vulnerable people to achieve and maintain independent lives

- Achieving independence for older people through rehabilitation / intermediate care (NI 125)
- Percentage of vulnerable people achieving independent living (NI 141)

A1.3 Health Challenges in the County Durham Local Area Agreement

The Joint Strategic Needs Assessment identified the issues below were identified as areas to make improvements to improve people's health and wellbeing and make County Durham a better place to be. These challenges are reflected in LAA targets for 2008-2011:

Reducing the gap in life expectancy between County Durham and the rest of England - A lot of different things, over a long period of time, affect a person's life expectancy. Baby boys born in County Durham between 2003 and 2005 could expect to live to an average age of 75.6 years, 1.3 years less than the average boy born in England. For girls born in County Durham, the average life expectancy is 79.4 years, 1.7 years less than the England average.

Reducing the gap in life expectancy between communities in County Durham - There are huge gaps in life expectancy between different areas in County Durham. The difference in life expectancy between the best and worst areas in the county is 12 years for men and 17 years for women.

Continue to tackle tobacco control issues and reduce rates of smoking in County Durham - It is estimated that 24.5% of adults in County Durham smoke. Smoking is the principal avoidable cause of premature death and ill-health in England today. Reducing the number of people smoking, will therefore reduce deaths from heart disease and, in the longer term, cancers.

Address the health related elements of alcohol misuse, linking with the Strategic Alcohol Group - Long-term excessive drinking can seriously damage the drinker's health. It can affect nearly every organ in the body. The number of County Durham residents admitted to hospital for acute intoxication from alcohol rose steadily from 224 in 2001/02 to 434 in 2006/07.

Maintain a focus on developing a co-ordinated approach to reducing obesity rates by increasing physical activity in the population - Obesity poses a major public health challenge and risk for future health, wellbeing and life expectancy in County Durham; a risk arguably second only to that from tobacco for children and young people. Among Year 6 pupils in County Durham, 14% were overweight and 20% were obese. 25.3% of adults in County Durham are estimated to be obese. *(Data taken from the County Durham Joint Strategic Needs Assessment)*

Appendix 3

Summary of the Marmot Review report policy recommendations

Policy Objective A – Give every child the best start in life:

Priority objectives:

1. Reduce inequalities in the early development of physical and emotional health, and cognitive, linguistic, and social skills.
2. Ensure high quality maternity services, parenting programmes, childcare and early years education to meet need across the social gradient.
3. Build the resilience and well-being of young children across the social gradient.

Policy recommendations:

A1. Increase the proportion of overall expenditure allocated to the early years and ensure expenditure on early years development is focused progressively across the social gradient.

A2. Support families to achieve progressive improvements in early years development, including:

(i) Giving priority to pre and post natal interventions that reduce adverse outcomes of pregnancy and infancy.
(ii) Providing paid parental leave in the first year of life with a minimum income for healthy living.
(iii) Providing routine support to families through parenting programmes, children's centres and key workers, delivered to meet social need via outreach to families.
(iv) Developing programmes for the transition to school.

A3. Provide good quality early years education and childcare proportionately across the gradient. This provision should be:

(i) Combined with outreach to increase the take-up by children from disadvantaged families.
(ii) Provided on the basis of evaluated models and meet quality standards.

Policy Objective B - Enable all children, young people and adults to maximise their capabilities and have control over their lives:

Priority objectives:

1. Reduce the social gradient in skills and qualifications.
2. Ensure that schools, families and communities work in partnership to reduce the gradient in health, well-being and resilience of children and young people.
3. Improve the access and use of quality lifelong learning across the social gradient.

Policy recommendations:

B1. Ensure that reducing social inequalities in pupils' educational outcomes is a sustained priority.

B2. Prioritise reducing social inequalities in life skills by:

(i) Extending the role of schools in supporting families and communities and taking a 'whole child' approach to education.
(ii) Consistent implementation of the full range of extended services in and around schools.
(iii) Developing the school based workforce to build their skills in working across school-home boundaries and addressing social and emotional development, physical and mental health and well-being.

B3. Increase access and use of quality life-long learning opportunities across the social gradient, by:

(i) Providing easily accessible support and advice for 16-25 year olds on life skills, training and employment opportunities.
(ii) Providing work-based learning for young people and those changing jobs/ careers, including apprenticeships.
(iii) Increasing availability of non-vocational life-long learning across the life course.

<u>Policy Objective C -</u> Create fair employment and good work for all:

Priority objectives:

1. Improve access to good jobs and reduce long-term unemployment across the social gradient.
2. Make it easier for people who are disadvantaged in the labour market to obtain and keep work.
3. Improve quality of jobs across the social gradient.

Policy recommendations:

C1. Prioritise active labour market programmes to achieve timely interventions to reduce long-term unemployment.

C2. Encourage, incentivise and, where appropriate, enforce the implementation of measures to improve the quality of work across the social gradient by:

(i) Ensuring public and private sector employers adhere to equality guidance and legislation.
(ii) Implementing guidance on stress management and the effective promotion of wellbeing and physical and mental health at work.

C3. Develop greater security and flexibility in employment, by:

(i) Prioritising greater flexibility of retirement age.

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<u>Policy Objective D</u> - Ensure healthy standard of living for all.

Priority objectives:

1. Establish a minimum income for healthy living for people of all ages.
2. Reduce the social gradient in the standard of living through progressive tax and other fiscal policies.
3. Reduce the cliff edges faced by people moving between benefits and work.

Policy recommendations:

D1 Develop and implement standards for a minimum income for healthy living.

D2 Review and implement systems of taxation, benefits, pensions and tax credits to provide a minimum income for healthy living standards and facilitate upwards pathways.

D3 Remove 'cliff edges' for those moving in and out of work and improve flexibility of employment.

<u>Policy Objective E</u> – Create and develop healthy and sustainable places and communities.

Priority objectives:

1. Develop common policies to reduce the scale and impact of climate change and health inequalities.
2. Improve community capital and reduce social isolation across the social gradient.

Policy recommendations:

E1 Prioritise policies and interventions that both reduce health inequalities and mitigate climate change, by:

(i) Improving active travel across the social gradient.
(ii) Improving good quality open and green spaces available across the social Gradient.
(iii) Improving the food environment in local areas across the social gradient.
(iv) Improving energy efficiency of housing across the social gradient.

E2 Fully integrate the planning, transport, housing, environmental and health systems to address the social determinants of health in each locality.

E3 Support locally developed and evidence-based community regeneration programmes that:

(i) Remove barriers to community participation and action.
(ii) Reduce social isolation.

<u>Policy Objective F</u> - Strengthen the role and impact of ill health prevention.

Priority objectives:

1. Prioritise prevention and early detection of those conditions most strongly related to health inequalities.
2. Increase availability of long-term and sustainable funding in ill health prevention across the social gradient.

Policy recommendations:

F1 Prioritise investment in ill health prevention and health promotion across government departments to reduce the social gradient.

F2 Implement evidence-based programmes of ill-health preventive interventions that are effective across the social gradient by:

(i) Increasing and improving the scale and quality of drug treatment programmes, diverting problem drug users from the criminal justice system
(ii) Focusing public health interventions such as smoking cessation programmes and alcohol reduction on reducing the social gradient.
(iii) Improving programmes to address the causes of obesity across the social gradient.

F3 Focus core efforts of public health departments on interventions related to the social determinants of health proportionately across the gradient.

Appendix 4

Tackling Health Inequalities in the North East, Audit Commission
[December 2009]

Summary of the seven key challenges for organisations responsible for addressing health inequalities in the North East:

Challenge 1 - Funding based on effectiveness

To ensure effective evaluation of projects and the continued funding of those that deliver tangible improvements. To use this learning in financial and project planning and performance management systems.

Challenge 2 - Targeting services

To gather intelligence on where gaps in services exist and a profile of those accessing services. To use this to target services at those areas and individuals where there is unmet need and bring about improvements in health.

Challenge 3 - Accountability for performance

To ensure health and well-being strategies are translated into local plans (for example Local Area Agreement) that contain sufficient detail and relevant targets to monitor progress on improved health and reduced inequalities.

Challenge 4 - Joint working, networking and awareness

To spread awareness of priorities and services on offer and provide networking opportunities and information sharing systems to improve the links between service planners and service providers. Cascade messages and targets down to front-line workers like teachers, health professionals, social workers.

Challenge 5 - Leadership from regional agencies

To transform the North East into the healthiest region in the country within a generation. To use the Regional health and well-being strategy to provide direction for the North East and link national, regional and local policies. Develop networking opportunities and support to share good practice to achieve this aim.

Challenge 6 - Getting the best from the third sector

To give community and voluntary sector organisations increased certainty over funding with agreed targets and simplify commissioning arrangements to make it easier for them to bid for the provision of services.

Challenge 7 - Using community views

To ensure community views influence how and where services are provided.