

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

11 DECEMBER 2014

SIX MONTH UPDATE ON HEALTH INEQUALITIES TASK GROUP REVIEW

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Summary

This report provides an update to Members on progress in implementing the recommendations made in the report of the Review of Health Inequalities in Medway undertaken by the Councillor Scrutiny Task Group during October 2013 - February 2014 and approved by Cabinet on 13 May 2014.

1. Budget and Policy Framework

- 1.1. Tackling health inequalities requires action across a wide range of factors which impact on health. These factors are reflected in the four priorities within the Council Plan.
- 1.2. One of the five strategic themes of the Joint Health and Wellbeing Strategy for Medway is to reduce health inequalities.
- 1.3. The recommendations made by the Health Inequalities In-depth Task Group ("Task Group") in their report and subsequently agreed by Cabinet were consistent with the council's Policy Framework.

2. Background

- 2.1. Inequalities in health are defined as those differences in health outcomes that are both preventable and unjust. Working to reduce health inequalities will not only raise the standard of health of those at disadvantage but will also serve to raise the quality of life for all members of society. Medway's Joint Health and Wellbeing Strategy highlights the moral imperative to tackle health inequalities as well as the good business argument to do so. Taking action

through tackling the wider determinants of health, lifestyle factors and improved health and social care to reduce health inequalities will result in reduced costs for the health and social care system and increased productivity.

- 2.2. Nationally, the Marmot Review into Health Inequalities, 2010 highlighted the importance of the wider determinants of health in reducing health inequalities. It brought together national and international evidence on what works in reducing health inequalities to make six policy recommendations. These are:
 - giving every child the best start in life
 - enabling all children, young people and adults to maximize their capabilities and have control over their lives
 - creating fair employment and good work for all
 - ensuring a healthy standard of living for all
 - creating and developing sustainable places and communities
 - strengthening the role and impact of ill-health prevention.
- 2.3. To successfully impact on health inequalities requires action across all the Marmot policy areas. Medway Council and its partners have a key role to play in delivering these recommendations.
- 2.4. Recent data shows that life expectancy at birth for males in Medway is 78.5 years and 82.2 years for females. Although both are showing a steadily increasing trend, they are also both significantly worse than the national average. There are also inequalities within Medway with a difference of 6.3 years between the life expectancy in the most and least deprived deciles of the male population and 4.8 years for women.
- 2.5. As part of its 2013/14 work programme, Medway Council's Health and Adult Social Care Overview and Scrutiny Committee decided to conduct an in-depth review of health inequalities across Medway and consider how to direct investment where it was most needed. The members of the Task Group were Councillors David Wildey (Chair), Adrian Gulvin, Wendy Purdy, Julie Shaw, and Diana Smith. The Task Group identified five areas where work was required and three principles to assist the council and partners in directing investment to where it is most needed in terms of tackling health inequalities in Medway. The key areas were:
 - Wider determinants of health
 - Access to primary care
 - Alcohol, smoking and workplace health
 - Engagement and outreach
 - Health impact assessment.
- 2.6. The Task Group made 11 recommendations. These were considered by Cabinet on 13 May 2014. Cabinet approved the report and recommendations. Actions to be taken were summarised as 11 decisions [Cabinet decisions 83/2014 - 93/2014].

3. Progress

- 3.1. Progress has been made against the recommendations made by the Task Group and appendix 1 provides a summary for each recommendation.
- 3.2. Tackling health inequalities requires a long term system wide approach. The action taken following the Review has established systems and processes which will help to embed public health approaches within the existing council responsibilities that impact on the wider determinants of health. It is too soon to see an impact from this but it is important that momentum is maintained and progress is reviewed. The Health and Wellbeing Board regularly reviews progress against its strategic themes which includes health inequalities. Four of the recommendations of the Task Group involve the Health and Wellbeing Board. The Health and Adults Overview and Scrutiny Committee will be able to review progress on health inequalities and the Task Group's recommendations when they receive the annual report on the work of the Health and Wellbeing Board.

4. Risk Management

Risk description	Mitigation	Rating
Implementation of some recommendations requires action by partner organisations	Public Health Directorate continue to engage with partners to support delivery of the recommendations.	C (significant) III (marginal)
That the momentum generated by Review is not maintained.	To request the Health and Wellbeing Board to report on progress in tackling health inequalities and have oversight of the implementation of the recommendations	C (Significant) II (Critical)

5. Financial Implications

- 5.1. There are no financial implications arising from this report.

6. Legal Implications

- 6.1. The council has duties under the Health and Social Care Act 2012 to take such steps, as it considers appropriate to improve the health of people in its area.
- 6.2. In addition to the duties under The Health and Social Care Act 2012, the council also has a duty under the Equality Act 2010 to advance the equality of

opportunity between persons who share a relevant protected characteristic and persons who do not share it.

7. Recommendations

- 7.1. The Committee is asked to note the progress made against the recommendations from the Review.
- 7.2. The Committee is asked to note that further updates on health inequalities will be included in the annual report from the Health and Wellbeing Board.

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Appendices:

Appendix 1: Update on progress against recommendations made by Review of Health Inequalities Task Group

Background Papers:

Health Inequalities Task Group Report available via the following link:

<http://www.medway.gov.uk/thecouncilanddemocracy/councillorsanddecisions/committees/scrutiny/completedindepthreviews.aspx>

Update on progress against recommendations made by Review of Health Inequalities Task Group

Decision number ¹	Rec	DECISION	LEAD	PROGRESS
83/2014	1	That Cabinet tasks the council to continue to work with landlords, developers, partners and residents to aspire to raise housing standards. Where it is apparent that the legal standards are not being met to seek a resolution to those issues in line with the council's Housing Enforcement Policy.	Robin Cooper Stephen Gaimster Matt Gough	<p>The housing team has continued to raise the standard of housing in Medway by</p> <ul style="list-style-type: none"> • Supporting landlords through the Medway Landlord accreditation scheme. This ongoing activity provides incentives and support to landlords and increases the level of professionalism in the sector. There are now a total of 330 accredited Medway landlords. 10 have been accredited since May 2010. • Issuing a clear and firm message that uninhabitable accommodation will not be tolerated through the Rogue Landlord Initiative. Set up in April 2014 this initiative tackles unacceptable landlord behaviour and includes two dedicated private sector enforcement officers who work in partnership with relevant agencies. There are currently nine prosecution cases pending. It has resulted already in one significant fine issued to private landlord. • Ongoing activity since May includes: inspection of 132 properties in the Private Rented Sector, 48 improvement notices served, 10 dwellings prohibited from occupation, three Multiple Occupation premises licensed and 30 un-licensable ones inspected. • The draft Housing Strategy includes a clear recognition of housing as a key risk or protective factor for health and health inequalities. This is clearly reflected within the proposed priorities relating to affordable and quality housing.

¹<http://democracy.medway.gov.uk/mgAi.aspx?ID=9442>

84/2014	2	That Cabinet tasks the Director of Public Health to engage with the Director of Regeneration, Community and Culture to inform the development of the Medway Local Plan and establish a joint officer project group to ensure that the local plan maximises the opportunity to improve the wider determinants of health through the planning system.	Robin Cooper Dr Alison Barnett	<p>The Joint Officer Project Group (JOPG) has been established and will meet quarterly. The group consists of Scott Elliott Senior Public Health Manager Healthy Weight, Catherine Smith, Development Policy and Engagement Manager, and Caroline Allen Senior Planner. The first meeting took place on 31 October 2014.</p> <p>Terms of Reference and milestones for the group have been agreed as well as procedures for informing development of the Local Plan (recommendation 10)</p>
85/2014	3	That Cabinet tasks the Director of Public Health to continue to engage with Licensing Officers to maximise the opportunity to improve the wider determinants of health through licensing, building on the partnership working to date between Public Health, Licensing and other departments and agencies to provide ongoing messages to licensees and the public on public safety and public health issues.	Dr Alison Barnett Perry Holmes	<p>Public Health have recruited to a post to co-ordinate the partnership and facilitate evidence gathering to promote public safety and public health through the licensing agenda.</p> <p>A consultation event was held with licensees in Rochester to launch the local safer socialising awards (SSA) and consult on the possibility of pursuing Purple Flag status for Rochester.</p> <p>The consultation was planned and managed jointly by public health and licensing teams. Both schemes were received positively and public health will work with the Safer Medway Partnership to include public health measures in the SSA. Public Health will work with Licensing and other relevant agencies to scope the requirements for purple flag status to support the council to make an informed decision about pursuing this further.</p> <p>Further options also being considered across Medway include the use of Community Alcohol Partnerships (CAPs); Reducing the Strength campaigns and Public Health facilitated a meeting between the new treatment provider and local police teams to help address the issues of street drinking using a multi-agency approach.</p> <p>Public Health have also reviewed their role as a responsible authority and have identified opportunities to make representations on licensing applications. Three representations to date have led to the inclusion of specific conditions on the licenses of local businesses.</p>

86/2014	4	<p>That Cabinet asks NHS England (Kent and Medway Local Area Team) to work with NHS Medway Clinical Commissioning Group (CCG) to investigate inequity in access and outcomes at GP practices and report back to the Health and Wellbeing Board with its plan to address the issue.</p>	<p>Elliot Howard-Jones Dr Pete Green Alison Burchell</p>	<p>NHS England has been working with Medway CCG to understand, through a process of Co-commissioning, how the responsibility of NHS England to manage the contractual requirements can be combined with the CCG's responsibilities on the wider redesign of community services and Out of Hours services. This may include more delegation of powers to the CCG to run aspects of the primary care portfolio, including GP commissioning. Given the number of single handed practices in Medway, careful consideration will have to be given to the wider provision of community services to ensure that services are resilient, provide good access to care and a wider range of services to prevent admission to hospital.</p> <p>The Quality and Outcomes Framework for 13-14 showed that 74% of practices in Medway performed at or above the national average and that the CQC have just published bandings for all practices across the country to inform their inspection regimen. The CCG welcomes the involvement of the CQC in assessing the quality of primary care and await the findings of their first batch of practice visits in Medway, to help further inform prioritisation. In addition, NHS England is considering options for benchmarking of primary care services building on a wide range of indicators of access, outcome and patient feedback to understand the services provided.</p>
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87/2014	5	That Cabinet acknowledges that as a large employer Medway Council plays an important leadership role in reducing health inequalities. As such the implementation of workplace health initiatives are welcomed, and it is suggested that the drug and alcohol policy for the Medway Council workforce is refreshed covering all types of workers.	Dr Alison Barnett Tricia Palmer	<p>The Medway Workplace Health programme is in the process of redevelopment in order to re-launch to the business community (recommendation 6). A specific programme is being developed for council staff in partnership with internal stakeholders. Staff will be engaged via Medway Makers and a steering group will be convened in December.</p> <p>A revised national charter has recently been published, so work has been happening to make sure that the local programme is in line with this.</p> <p>The drug and alcohol policy will be reviewed during Q4</p>
88/2014	6	That Cabinet asks the Director of Regeneration, Community and Culture and the Director of Public Health to expand and build on work with local businesses to support them to implement workplace health initiatives within the framework of the Public Health Department's 'A Better Medway' services.	Robin Cooper Dr Alison Barnett	<p>The Medway Healthy Workplaces programme has undergone a redesign to increase the level of engagement with businesses and ensure greater success and wider uptake of the health improvement interventions.</p> <p>With the national introduction of the Workplace Wellbeing Charter (a set of standards for employers on core wellbeing issues such as attendance management, leadership, health and safety and smoking cessation) the team have consulted with Medway businesses and developed a way to adopt the Charter that works for them. The redesigned programme, which is due to rollout this financial year, encourages businesses to take more responsibility for the health and wellbeing of their staff and results in accreditation to the Medway Healthy Workplaces programme and the national Charter.</p>

89/2014	7	<p>That Cabinet: asks the Health and Wellbeing Board to engage with members of the public and seek views on barriers to uptake of health and social care services – whether they be council, NHS or volunteer – in the development and implementation of the Health and Wellbeing Board engagement plan in the next 12 months;</p> <p>and that the findings of this engagement exercise should be used to programme and target further work to address health inequalities with council service managers, NHS colleagues and the voluntary sector.</p>	Dr Alison Barnett	<p>Following a stock take of engagement which took place in December 2013, priorities relating to the Health and Wellbeing Board's engagement activity were identified by Board members and an engagement strategy developed around the priorities. Progress made against identified priorities within the engagement strategy includes the following:</p> <ul style="list-style-type: none"> • Collaboration with HealthWatch Medway to identify, through information provided by existing or future public surveys conducted by HealthWatch Medway, the barriers to accessing health, social care and community/ voluntary sector services. Collation and organisation of the large amount of qualitative data by HealthWatch is progressing. This information will be used to conduct an analysis of barriers to uptake of services. • The inclusion of key senior local provider representatives within the membership of the Board since October 2014 which will assist in sharing the findings of public engagement activity.
90/2014	8	<p>That Cabinet notes that one mechanism for providing services to reduce health inequalities, consistent with proportionate universalism, is to provide a universal service with targeted support where appropriate, and asks Public Health to investigate developing a framework to enable the application of proportionate universalism approaches in a structured way in the planning and delivery of all services.</p>	Dr Alison Barnett	<p>Public Health have developed a tool that can be used in a facilitated session to look at the design and delivery of a service. The tool can be used to identify potential areas for services to consider to improve their delivery by applying the principles of proportionate universalism.</p> <p>It is planned to test the tool on the PH department during November prior to offering it out across council services from December 2014.</p>

91/2014	9	<p>That Cabinet asks the Health and Wellbeing Board to identify where health equity audits may help to determine action that would reduce health inequalities across council services and those commissioned by the CCG and NHS England (Kent and Medway Local Area Team); And that the Public Health department then provides support or leads on conducting those which are determined to be the highest priority by the Health and Wellbeing Board.</p>	<p>Dr Alison Barnett Elliot Howard-Jones Alison Burchell Dr Pete Green</p>	<p>Recently published research has shown that nationally women from more deprived areas are less likely to engage with services prior to and after birth, more likely to report that they were not treated respectfully or spoken to in a way they could understand, and more likely to have an unplanned caesarean section. Compared to the least deprived quintile, women in the most deprived quintile were significantly less likely to have had any antenatal care, be seen by a health professional before 12 weeks and to have had a postnatal check-up.</p> <p>Locally, a review in 2013 by the CQC raised concerns about maternity services. Improvements have been made as a result, however, it is not known if access to services is equitable.</p> <p>A Health Equity Audit to determine if there are inequities in access to and use of maternity services in Medway was therefore recommended to the Health and Wellbeing Board for consideration. This was agreed and the HEA is underway and due to deliver its findings in spring 2015.</p>
92/2014	10	<p>That Cabinet tasks the Director of Regeneration, Community and Culture and Director of Public Health to work together to develop a protocol for dealing with any future planning developments in Medway that may have a significant impact on the health and wellbeing of the local populations. (This is to enable the Director of Public Health's comments to be considered as a material consideration in the determination of those applications).</p>	<p>Robin Cooper Dr Alison Barnett</p>	<p>The protocol for Public Health consultation in planning applications has been developed and was submitted to the Joint Officer Project Group at their first meeting on 31 October and signed off. Agreement on the protocol for pre-applications is in the pipeline.</p> <p>Public Health and Planning Policy now have clarity on when and how Public Health will provide comments on all policies making up the New Local Plan throughout its development. In this way public health becomes embedded into all the Local Plan Policies.</p> <p>In addition a Collaborative Working Agreement (CWA) will be developed between the two teams.</p>

93/2014	11	<p>That Cabinet recommends the following three principles to assist the council and partners, where relevant, to direct investment where it is most needed in order to tackle health inequalities:</p> <p>Principle 1: Actively seek ways of working in partnership across teams and agencies to tackle health inequalities and direct resources</p> <p>Principle 2: Assess the impact of all significant decisions on health inequalities before decisions are made</p> <p>Principle 3: Review and evaluate how equitable services are, e.g. through health equity audit, and adjust service delivery to address any inequalities found.</p>	<p>NHS orgs. MHS homes CVS JCP Police PCC MYP Dr Alison Barnett Barbara Peacock Robin Cooper</p>	<p>Partners listed were made aware of the principles with publication of the initial report. Work undertaken for decisions 83-92/2014 enables and supports application of these principles. Public Health is developing some materials to support advocacy around the three principles. There are many examples of partnership working to tackle health inequalities locally.</p>
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