

Select Committee on Health and Adult Social Care, 27 September 2007

Using health scrutiny to close the gap between those with the best and the worst health in Dudley.

Purpose of Report

Paula Smith, Health Inequalities Policy Implementation Lead, will make a short presentation to members of the select committee covering the following:

- **Tackling health inequalities in Dudley - setting the context:** health overview and scrutiny committees' role as champions for tackling inequalities in health; brief overview of health inequalities in Dudley and the Dudley strategy for tackling inequalities.
- **How the select committee can ensure that the work programme closes (rather than widens) the gap between those with the best and worst health in Dudley:** drawing on examples from recent reviews carried out in Dudley and more widely and a case study on commissioning to tackle health inequalities in relation to alcohol.

Background

Setting the context

1. At its meeting on July 11 the Select Committee on Health and Adult Social Care identified issues connected to use of alcohol in Dudley as a possible area that it may wish to scrutinise.
2. **Reducing health inequalities is a core objective of government policy.** The government has acknowledged that tackling health inequalities needs to be a priority across many policy areas, which go far beyond the activity of the NHS. Its policies and programmes intended to reduce health inequalities are set out in a range of policy documents, including: the Choosing Health White Paper (2004), the Choosing Health Delivery Plan (2005), the national health inequalities strategy, Tackling Health Inequalities – A Programme for Action (2003) and the follow-up to the latter, Status Report on the Programme for Action (2005). The Department of Health National Standards, Local Action: Standards and Planning Framework and NHS Improvement Plan highlight the need for healthcare organisations to provide leadership and, in partnership with other agencies, to reduce inequalities in health, in access to and outcomes of health and social care. The White Paper, Our Health, Our Care, Our Say and the various changes in the NHS associated with it are also intended to reduce health inequalities by tailoring healthcare and bringing it closer to the different communities and groups to which it is delivered.

3. **Reduction of health inequalities** is now a mandatory target within Local Area Agreements (LAAs) from April 2007 reflecting national **targets** relating to closing the gap in life expectancy and infant mortality (as well as other priorities) between groups/areas with the best rates and those with the worst rates. Within Dudley a multi-agency Health Inequalities strategy has been developed to close the gap and contribute to the achievement of national and local targets and was considered by the Committee as the draft strategy was developing. This strategy sets out three priorities. These are raising educational attainment, aspirations and skills (focusing on people living in deprived areas and vulnerable groups); tobacco control (focusing on deprived areas) and reducing poverty (focusing on the effects of poverty such as homelessness, fuel poverty, uptake of benefits, access to adequate housing, access to higher skilled, higher paid jobs).

How the select committee can ensure that the work programme closes (rather than widens) the gap between those with the best and worst health in Dudley

3. Tackling health inequalities **is central to the role of health overview and scrutiny committees**. The purpose of this presentation is to provide a broad overview of actions currently underway within Dudley to tackle inequalities in health. Within Dudley, Paula Smith and Louise Kilbride have been funded by Dudley Community Partnership to raise awareness of the Dudley strategy for tackling inequalities in health; support agencies to audit the impact that they are having on the inequalities gap (recognising that health improvement actions that are not also focused on tackling health inequalities may actually widen rather than close the gap); and supporting agencies to mainstream actions to close the gap.
4. Paula Smith and Louise Kilbride were asked to prepare a **case study to inform how tackling health inequalities through commissioning processes for services related to alcohol can benefit the local population**. This case study will be presented to members. Although Dudley is below national and regional averages for hospital admission rates for alcohol-related causes, within the Dudley context it has a significant impact on mortality rates: alcohol will soon be killing more people under the age of 75 than die from all strokes. Dudley Public Health Strategic Needs Analysis 2007 indicates that the increase in alcohol-related diseases, together with the rise in obesity, are the two most important recent trends in health risk factors in Dudley. The case study looks at four dimensions relating to alcohol (differences in levels of need, distribution of services relative to need, barriers to access to services, differences in levels of outcomes) to identify groups most likely to experience inequalities as well as good practice in tackling inequalities.
5. **Tackling health inequalities is central to the role of health overview and scrutiny committees**. There are many ways in which health overview and scrutiny committees can champion the issue of health inequalities through their work programmes including:
 - Considering **differences in access to health services** between different population groups on the basis of geographical area, gender, ethnic group, educational attainment etc. **Within Dudley an example of this is the review of access to maternity services.**
 - Considering **health outcomes** in some or all of the population groups listed above and investigate what is being done to **make outcomes more equitable.**

- Looking at **the prevalence of the “big killers”** and the conditions which are increasing more rapidly among poorer people and which reduce people’s life chances; and considering what is being done to tackle them in areas or groups where they are most prevalent.
 - Looking at **infant mortality rates and premature births** in their areas (low birth weight being one of the most powerful predictors of poor life chances) and what is being done to reduce these. Investigating **how local partnerships (and partnership agreements, such as Local Area Agreements) are working to address the wider determinants of health and health inequalities**, such as education, employment, housing, income etc and how the impact on health of these determinants is being taken into account in local partnership programmes.
 - Looking at **the extent to which health inequalities is prioritised in the key strategies** e.g. the community plan, the children and young people’s strategy, the economic strategy etc **and in the planning and delivery of services.**
6. The purpose of this presentation is to provide a broad overview of actions currently underway within Dudley to tackle inequalities in health and to flag up the ways in which the overview and scrutiny committee can champion tackling inequalities in health. As such it is relevant to the following key corporate issues:
- *Human Rights*
 - *Crime and Disorder*
 - *Personnel/Human resources*
 - *Risk Management*
 - *Gershon Efficiency Savings*
 - *Policy Implications (eg: how your report contributes to Council Plan themes and corporate priorities for improvement)*
 - *Corporate Parenting*
 - *Health Implications/Inequalities*
 - *Environmental Impact and Sustainability*
 - *Neighbourhood Management*

Finance

There are no additional resource implications arising from this paper given that tackling health inequalities is already central to the role of health overview and scrutiny committees. Finance for work to address alcohol-related issues is provided to the PCTs and the Council in a variety of ways e.g. through specific grants. Local independent organisation such as Aquarius may benefit from these and they may be able to acquire their own funding from other sources to help their work.

Law

The relevant statutory provisions regarding the Council’s Constitution are contained in National Health Service Act 2006 Part 12 , Section 244 Functions of overview and scrutiny committees together with Regulations, Orders and Statutory Guidance issued by the Secretary of State.

Equality Impact

People from minority ethnic communities, people with disabilities and other vulnerable groups are much more likely to experience inequalities in health. Tackling health inequalities is directly and positively related to tackling inequality generally.

Recommendation

It is recommended that:-

- Members receive the paper and associated presentation.
- Members identify and agree priorities explicitly for building tackling health inequalities into the work programme.

Brendan Clifford

.....
Brendan Clifford

Lead Officer to the Select Committee on Health and Adult Social Care

Contact Officer: Paula Smith (01384 815875)
paula.smith@dudley.gov.uk

List of Background Papers

- Powerpoint presentation slides
- Paper to Health and Well Being Partnership on the work and progress of the Tackling Health Inequalities Leads
- Paper on commissioning to tackle inequalities in relation alcohol.
- Summary of the Dudley Alcohol Strategy.
- The Dudley Strategy for "Closing the Gap"