DECISION-MAKER:		HEALTH AND WELLBEING BOARD		
SUBJECT:		HEALTH INEQUALITIES IN SOUTHAMPTON		
DATE OF DECISION:		3RD DECEMBER 2014		
REPORT OF:		DIRECTOR OF PUBLIC HEALTH		
CONTACT DETAILS				
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STATEMENT OF CONFIDENTIALITY				
None				

BRIEF SUMMARY

This report provides an opportunity for the Health and Wellbeing Board to reflect on the health inequalities that exist in the city, to explore the wider determinants that impact on health inequalities, and develop a view as to whether other partners and stakeholders may have a more significant role to play in the long-run in securing a reduction in health inequalities.

RECOMMENDATIONS:

(i) That the Health and Wellbeing Board considers whether a wider range of organisations and agencies can be engaged in addressing health inequalities.

(ii) That if specific health inequality topics are identified for further investigation, a working party be established and report its finding back to the Health and Wellbeing Board at a future date.

REASONS FOR REPORT RECOMMENDATIONS

1. To create wider opportunities to address health inequalities in the city.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. None. Addressing health inequalities is a key priority for the Health and Wellbeing Board.

DETAIL (Including consultation carried out)

3. The Health and Social Care Act 2012 places a duty on Health and Wellbeing Boards to produce a Joint Strategic Needs Assessment which utilises information and intelligence to describe the health of the city and identify health inequalities. The Act then goes on to state that Boards should then use the information set out in the JSNA to prioritise actions and set these out in the Joint Health and Wellbeing Strategy (JHWS) to improve the health of the city and reduce health inequalities.

4. In common with many other Health and Wellbeing Boards, Southampton's JHWS reflected what are referred to as the "Marmot principles". This relates to a major national report produced by Professor Sir Michael Marmot at the Institute of Health Equity at University College, London. In November 2008 Professor Marmot was asked by the then Secretary of State for Health to chair an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England from 2010. Entitled "Fair Society, Healthy Lives", this landmark study produced in 2010 presented a large volume of evidence which demonstrated that people with higher socioeconomic position in society have better health than those with a lower socio-economic status.

5. Following a thorough analysis of a very high volume of evidence the Marmot team identified the following key messages:

1. Reducing health inequalities is a matter of fairness and social justice. In England, the many people who are currently dying prematurely each year as a result of health inequalities would otherwise have enjoyed, in total, between 1.3 and 2.5 million extra years of life.
2. There is a social gradient in health – the lower a person's social position, the worse his or her health. Action should focus on reducing the gradient in health.
3. Health inequalities result from social inequalities. Action on health inequalities requires action across all the social determinants of health.
4. Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism.
5. Action taken to reduce health inequalities will benefit society in many ways. It will have economic benefits in reducing losses from illness associated with health inequalities. These currently account for productivity losses, reduced tax revenue, higher welfare payments and increased treatment costs.
6. Economic growth is not the most important measure of our country's success. The fair distribution of health, well-being and sustainability are important social goals. Tackling social inequalities in health and tackling climate change must go together.
7. Delivering policy objectives to reduce health inequalities will require action by central and local government, the NHS, the third and private sectors and community groups. National policies will not work without effective local delivery systems focused on health equity in all policies.
8. Effective local delivery requires effective participatory decision-making at local level. This can only happen by empowering individuals and local communities.

6. The report identified 6 key policy objectives to reduce health inequalities:

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill-health prevention.

These policy objectives are integrated throughout the Southampton Joint Health and Wellbeing Strategy.

7. Recognising how important and valuable the work of Professor Marmot and his team at UCL is, Public Health England commissioned the Institute of Health Equity to produce a series of briefing papers specifically geared towards assisting Health and Wellbeing Boards to address health inequalities. The first block of health equity briefings has recently been published. These briefings relate to the first five policy objectives set out in the above paragraph, and cover the following topics:

Early intervention	• Good quality parenting programmes • Improving the home to school transition
Education	• Building children and young people's resilience in schools • Reducing the number of young people not in employment, education or training (NEET) • Adult learning services
Employment	• Working interventions to improve health and wellbeing • Working with local employers to promote good quality work • Increasing employment opportunities and retention for people with a long-term health condition or disability • Increasing employment opportunities and retention for older people
Ensuring a health living standard for all	• Health inequalities and the living wage
Healthy environment	• Fuel poverty and cold-home relate health problems • Improving access to green spaces

The health equity briefings have already been supplied to members of the Health and Wellbeing Board. They can be accessed via the following link: https://www.gov.uk/government/publications/local-action-on-health-inequalities-evidence-papers

The briefing papers are backed up by more detailed evidence reviews.

8. The forthcoming Director of Public Health's Annual Report will analyse local health inequalities, many of which will already be familiar to members of the Board. Local headline information includes the following:

- Life expectancy for men is 6.7 years lower for those living in the 20% most deprived areas of the city compared to those living in the 20% least deprived areas and the gap is widening.
- Life expectancy for women is 3.2 years lower for those living in the 20% most deprived areas of the city compared to those living in the 20% least deprived areas and the gap is widening.
- Premature mortality (under 75s) is 95.4% higher in the 20% most deprived areas of the city compared to the 20% least deprived areas.
- Premature circulatory disease mortality (under 75s) is 120.1% higher in the 20% most deprived areas of the city compared to the 20% least deprived areas, although there is some evidence that the gap is narrowing.
- Premature cancer mortality (under 75s) is 56.9% higher in the 20% most deprived areas of the city compared to the 20% least deprived areas, and there is no evidence that the gap is narrowing.
- Mortality from COPD is 124.9% higher in the 20% most deprived areas of the city compared to the 20% least deprived areas, although there is some evidence that the gap is narrowing.

9. Taking account of the issues set out in the PHE/IHE documents, in conjunction with local data, the Health and Wellbeing Board may wish to consider the following questions:

- Where does responsibility for reducing health inequalities lie?
- What is the level of understanding of the levels and the consequences of health inequalities?
- How do the plans and strategies of other partnerships and agencies link with the work of the Health and Wellbeing Board on reducing health inequalities within the city and the city region
- How can the Health and Wellbeing Board effectively engage with other sectors and communities not represented on the Board in a meaningful discussion on health inequalities?
- What other support is required from the health and care community to address these issues?
- What can other sectors offer to the solution, and what is in it for them if they can be effectively engaged?

10. Representatives from a variety of sectors have been invited to the meeting and will have the opportunity to present views and comments from their organisational and professional perspectives.

11. Ideas and comments generated in discussion can be captured and recorded. Some may be useful to include when work begins to review the Joint Health and Wellbeing Strategy in 2016. Alternatively, the Board may wish to identify mechanisms if, as a result of these conversations, more detailed work and analysis needs to be undertaken before work begins on refreshing the Joint Health and Wellbeing Strategy.

RESOURCE IMPLICATIONS

Capital/Revenue

12. None.

Property/Other

13. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

14. The Health and Social Care Act 2012 places a duty on Health and Wellbeing Boards to ensure that a Joint Strategic Needs Assessment is to describe the health of the city and identify health inequalities. The Act then goes on to state that Boards should then use the information set out in the JSNA to prioritise actions and set these out in the Joint Health and Wellbeing Strategy (JHWS) to improve the health of the city and reduce health inequalities.

Other Legal Implications:

15. None

POLICY FRAMEWORK IMPLICATIONS

16. None

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	All

SUPPORTING DOCUMENTATION

Appendices

1.	None

Documents In Members' Rooms

1.	Public Health England / Institute of Health Equity briefing papers: Local action on health inequalities.

Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	No

Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at:

	Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None	