

# North Somerset Council

## REPORT TO THE HEALTH OVERVIEW & SCRUTINY PANEL

**DATE OF MEETING: 24/07/2014**

**SUBJECT OF REPORT: HEALTH INEQUALITIES UPDATE**

**OFFICER/MEMBER PRESENTING: BECKY POLLARD, DIRECTOR OF PUBLIC HEALTH**

**KEY DECISION: NO**

### RECOMMENDATIONS

1. The Panel contacts the People and Communities Board to request that partnership work to reduce health inequalities is reflected in its revised People and Communities strategy (Health and Well Being Strategy).
2. The Panel receives an update on health inequalities data from the Director of Public Health later in 2014/early 2015, following the release of the latest Office of National Statistics data.

### 1. SUMMARY OF REPORT

The Director of Public Health was asked to update the panel on health inequalities activity previously reviewed by the Panel on 27<sup>th</sup> January 2011 in the form of two agenda items. Item 6.6 summarised the recommendations from a Health Inequalities National Support Team (HINST) visit to North Somerset and item 7.1 was recommendations from a Health Overview Scrutiny Panel (HOSP) health inequalities working group.

### 2. POLICY N/A

### 3. DETAILS

#### 3.1 Update on Item 6.6 from 27<sup>th</sup> January 2011 Health Overview Scrutiny Panel.

##### Health Inequalities National Support Team recommendations

Top Take-Home Messages	Update July 2014
1. The nature of health inequalities in North Somerset means that a blanket approach will not work. There has to continue to be a focused approach, as is reflected in the activities and delivery programmes being implemented in	Whilst we seek to ensure access to services to promote health on a 'universal', North Somerset wide basis, we also target additional services proportionate to need e.g. the Health Trainer service is for South and Central Wards in Weston Super Mare; the South ward Health and Well being group and multi agency support to Gypsy

North Somerset.	and Traveller communities. Council services are also required to Equality Impact Assess any proposals to reduce services resulting from budget reductions.
<b>Top Take-Home Messages</b>	<b>Update July 2014</b>
2. The financial environment means that existing resources have to be used more effectively, re-investing in cost effective, evidence based initiatives that will have a measurable impact in terms of numbers of lives saved and improving quality of life.	A Public Health Strategy has been developed with North Somerset Council to ensure resources continue to be directed towards priorities with good evidence of effectiveness in promoting health and avoiding early deaths. Public Health worked with the North Somerset Clinical Commissioning Group (CCG) to devise Quality Premium targets for smoking cessation, reducing alcohol harm and delivering NHS Health Checks, designed to differentially reward practices with patients presenting with higher health needs.
3. The starting point is to 'model the numbers' and to look at what is already happening and what else is needed, in the short, medium and long term. Resulting action, prioritised to have maximum impact where it is most needed, could be co-ordinated across the partnership through a health inequalities framework.	Public Health has started to model what influences the gap in health outcomes and life expectancy based on modelled data from Public Health England. We are awaiting accurate data from the Office for National Statistics to validate this information. We will produce a single document which uses the data to identify what the current challenges are in addressing these differences. The information will form part of the Joint Strategic Needs Assessment (JSNA) and the steering group will encourage future chapters and updates to use this intelligence and to identify recommendations.
4. The area is data rich but this doesn't always translate into intelligence. There needs to be a co-ordinated and systematic approach to analysing data and quantifying the size of the challenge. Intelligence needs to be marketed if it is to be in the right place at the right time to influence decisions.	
5. There is a window of opportunity to do this, working with the emerging GP Commissioning Groups, through the Partnerships that will support the new Health and Wellbeing Board.	The CCG is developing its two and five year strategic plans in which it pledges its commitment to reducing health inequalities. The Public Health Core Offer to the CCG includes a work stream to contribute to this through: 'advising on commissioning for vulnerable groups and local inequalities'
6. Primary care is good but can go further with systematic support from the PCT as new structures are developed. This could involve developing clinical leadership and transferring commissioning skills and intelligence to new leaders.	The CCG is represented at the People and Communities Board (the P&C Board is North Somerset's Health and Well Being Board) and supports the partnership priorities in the People and Communities Strategy. The commissioning functions of the CCG are supported by the South West Commissioning Support Unit.

<b>Top Take-Home Messages</b>	<b>Update July 2014</b>
7. The Voluntary Sector will need targeted development if it is to fill gaps that arise as the public sector retracts.	VANS coordinated an event in 2013 to showcase what the VCS sector had to offer to commissioners. VANS is also represented on the P&C Board. The Social Value Act has helped to strengthen procurement processes to ensure smaller VCS organisations are given opportunities to tender for services.
8. Risk to vulnerable people can be reduced by care agencies maintaining a 'list of lists' sharing intelligence about those who need extra vigilance.	A list of lists has not been developed. However a "vulnerability index" is under development by Emma Diakou and Donna Miles, North Somerset Council. It considers financial, social care and health vulnerability and flooding risk. It is currently in a draft form.
9. Integrated locality teams need to be maintained and developed through the period of transition as superstructures change.	The Weston Integrated Care Team (ICT) continues, based at the Town Hall since June 2013. A smaller Worle ICT was launched in June, based at St Georges Medical Centre. Plans for two further ICTs (Clevedon & Portishead/ Nailsea & Rural) are tied to the retendering of services provided by the North Somerset Community Partnership. The Partnership is also working with North Somerset Council to explore integrated teams for children.
10. Better use of statutory sector services can be made by assigning interagency case workers to 'chaotic families'.	A High Impact Families programme is being implemented to coordinate multi-agency support for families with multiple and complex needs.
11. The development of Health and Wellbeing Boards presents an opportunity to enhance the development of council Members in health issues with a particular focus on health inequalities, drawing on their local knowledge and wider determinants of inequalities.	Three council Members participate in the P&C Board and take part in development sessions. They also harness their role to influence the activities of other Committees they contribute to. Public Health has also contributed to training of Members e.g. general awareness of public health and health inequalities as part of the public health transition; themed workshops have been delivered on topics such as alcohol, physical activity & respiratory health.

### 3.2 Update on Item 7.1 from 27<sup>th</sup> January 2011 Health Overview Scrutiny Panel.

#### HOSP Health Inequalities Working Group Report

<b>Recommendation 1:</b> North Somerset Council and its partner agencies	The council delivers and commissions a range of services to support healthy lifestyles including
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<p>continue to work jointly on healthy lifestyle initiatives, including smoking cessation, healthy eating/reducing obesity;</p>	<p>smoking cessation, healthy eating/reducing obesity, physical activity and identification and support for people drinking alcohol excessively and/or using illicit drugs.</p>
<p><b>Recommendation 2:</b> The Children and Young People’s Policy and Scrutiny Panel consider including on their work plan a review of the process for claiming free school meals;</p>	<p><b><i>HOSP to update</i></b></p>
<p><b>Recommendation 3:</b> The Executive Member for Children and Young People’s Services work with NHS North Somerset and Broadoak Community School to establish a No Worries Clinic within the school to promote healthy lifestyle choices to pupils;</p>	<p><b><i>HOSP to update</i></b> Public Health confirms that No Worries clinics are not currently delivered at Broadoak School. North Somerset Community Partnership has commissioned a review of the No Worries Teenage Health Service, starting with the school based clinics. The full review will be completed by the end of July, in time to inform the delivery of services in schools in the next academic year.</p>
<p><b>Recommendation 4:</b> The Children and Young People’s Policy and Scrutiny Panel be requested to undertake a scrutiny review of the implementation of schools travel plans and the wider issue of safe walking and cycling routes, and the problem of car parking on restricted areas outside of schools;</p>	<p><b><i>HOSP to update</i></b></p>
<p><b>Recommendation 5:</b> The Council encourages all North Somerset schools to achieve validation to the National Healthy Schools Programme, and that schools are requested to consider opportunities to utilise their facilities as a community resource to encourage people to gain the skills to prepare and cook healthy and well balanced food as part of the extended schools agenda;</p>	<p>The national target of 97% of schools with National Healthy Schools Status has been reached. The ‘North Somerset Healthy Schools Network’ has worked with 18 schools over two years. Schools vary in the extent to which they use their facilities as a community resource to promote cooking. There are some local examples of this happening in Churchill Secondary &amp; St Mark’s Primary schools. Public Health is working with the Community Learning Team to deliver Family healthy eating and cooking courses in primary schools in the most deprived areas commencing Sept 2014.</p>
<p><b>Recommendation 6:</b> The North Somerset Partnership and delivery partnerships inform local members of any future significant funding applications with relevance to South and Central Wards in Weston-super-Mare to benefit from their local knowledge and experience;</p>	<p><b><i>HOSP to update</i></b> There has been active local Member involvement in the South ward health and wellbeing project and HOSP’s review of the Boulevard Health Centre closure in Central ward.</p>

<p><b>Recommendation 7:</b> The Community Services Policy and Scrutiny Panel be requested to review the effect of Licensing Policy on the economies in Town Centre areas, and in particular in Weston-super-Mare;</p>	<p><i>HOSP to update</i></p>
<p><b>Recommendation 8:</b> Walliscote School is requested to provide feedback as to how it might invest any additional resources received through the new pupil premium funding to support its children and their families to adopt healthy lifestyle opportunities; and</p>	<p><i>HOSP to update</i></p>
<p><b>Recommendation 9:</b> The Director of Public Health NHS North Somerset be requested to review the data and statistics collected and used in the Annual Report, in respect of South Ward and Central Ward, Weston-super-Mare, to reflect the high number of complex needs and transitory nature of the residents.</p>	<p>The Director of Public Health will produce a report reviewing health inequalities data for North Somerset in 2014, following the release of Office of National Statistics data. This will include updated information regarding health inequalities experienced in South and Central wards.</p>

**4. CONSULTATION**

N/A

**5. FINANCIAL IMPLICATIONS**

N/A

**6. RISK MANAGEMENT**

N/A

**7. EQUALITY IMPLICATIONS**

Reducing health inequalities positively contributes to North Somerset Council's Equality, and Diversity work.

**8. CORPORATE IMPLICATIONS**

N/A

**9. OPTIONS CONSIDERED**

N/A

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**BACKGROUND PAPERS**

The recommendations have been included above from the 27<sup>th</sup> Jan 2011 HOSP meeting.