



Doncaster Council

Date: 2 July, 2018

To the Chair and Members of the Health and Adult Social Care Overview and Scrutiny Panel

Tackling Health Inequalities in Doncaster – an update on the approach

Relevant Member(s)	Cabinet	Wards Affected	Key Decision
Councillor Nigel Ball		All	No

EXECUTIVE SUMMARY

1. The Health and Social Care Act enshrined a duty to consider reducing inequalities in both access to and outcomes of healthcare (2012). Locally, the Health and Wellbeing Board (HWB) leads work to describe, understand, and act to tackle unfairness and health inequalities and this work is supported by a Health Inequalities Working Group.
2. By health inequality, we mean ‘systematic difference in the health of people in the health of people occupying unequal positions in society’ (Graham, 2009). This way of looking at inequality means that differences in health experiences and outcomes are socially produced, avoidable unfair and unjust.
3. In Doncaster, life expectancy and healthy life expectancy for both men and women is lower than the England average.
4. It is increasingly recognised that local authorities can play a significant part in addressing and reducing health inequalities, although central government, and the rest of the public, voluntary and private sectors are also vital: a place-based approach is necessary (LGA, 2018). It is also recognised that there are no simple answers but there are useful guidance and frameworks to underpin this work. All guidance emphasises the centrality of involving and empowering local communities, and particularly disadvantaged groups in reducing health inequalities.
5. The local public health team is central to this work but almost every local government function has an impact on health.
6. We have previously reported that the Health Inequalities Working Group was

developing an action plan¹ and this paper (and the accompanying presentation) sets out the building blocks of the plan and also updates the panel on one specific inequality project i.e. further work on the Black Asian and Minority Ethnic (BAME) needs assessment incorporating collaborative work to identify, explain and address unequal access and outcome to mental health services and also work to further engage with local people to understand need (focus groups).

7. The Health Inequalities Action Plan sets out 3 main areas:
 - a. Work to map, coordinate and report on health inequality work across the Borough
 - b. Work to engage partners and citizens in the making the case for action on inequality starting with simplifying language and collectively owning the messages
 - c. Undertake and support work for groups who may require a specific focus such as but not limited to the protected groups in inequality legislation.
8. The presentation will include an update of the BAME needs assessment work and will illustrate how the Health Inequalities Action Plan will operate.

EXEMPT REPORT

9. This report is not exempt.

RECOMMENDATIONS

10. That the Overview and Scrutiny Panel consider the information presented.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

11. The Overview and Scrutiny function has the potential to impact upon all of the Council's key objectives by holding decision makers to account, reviewing performance and developing policy. Evidence suggests that reducing health inequalities improves life expectancy and reduced disability for the population overall i.e. more equal societies are healthier societies.

BACKGROUND

12. Health inequalities are differences in health outcomes between people or groups due to social, geographical, biological or other factors. These differences have a huge impact, because they result in people who are worst off experiencing poorer health and shorter lives.
13. The health of people in Doncaster is generally worse than the England average. Doncaster is one of the 20% most deprived district/unitary authorities in England and about 25% of children live in low income families. Life expectancy for both men and women is lower than the England average. Life expectancy is 10.8 years lower for men and 7.9 years lower for women in the most deprived areas of Doncaster than the least deprived areas of Doncaster (PHE, 2017)
14. Inequalities in the pattern of ill health are caused by different factors; Socio-

¹ Adult Health and Social Care Scrutiny, September 2016; Health and Well Being board workshop held in October 2016.

economic factors e.g. the availability of work, education, income, housing and amenities; lifestyle and health-related behaviours e.g. smoking, diet and physical activity; healthcare factors e.g. access to services, understanding of the needs of the population, prevalence of disease and personal factors e.g. age, gender, ethnicity, genetics. All of these factors contribute towards the likelihood an individual will develop ill health. One of the best ways of describing the relative contribution of these factors is the Robert Wood Johnson Foundation work which estimates the contribution of each factor. The figure below outlines these contributions (LGA, 2018).

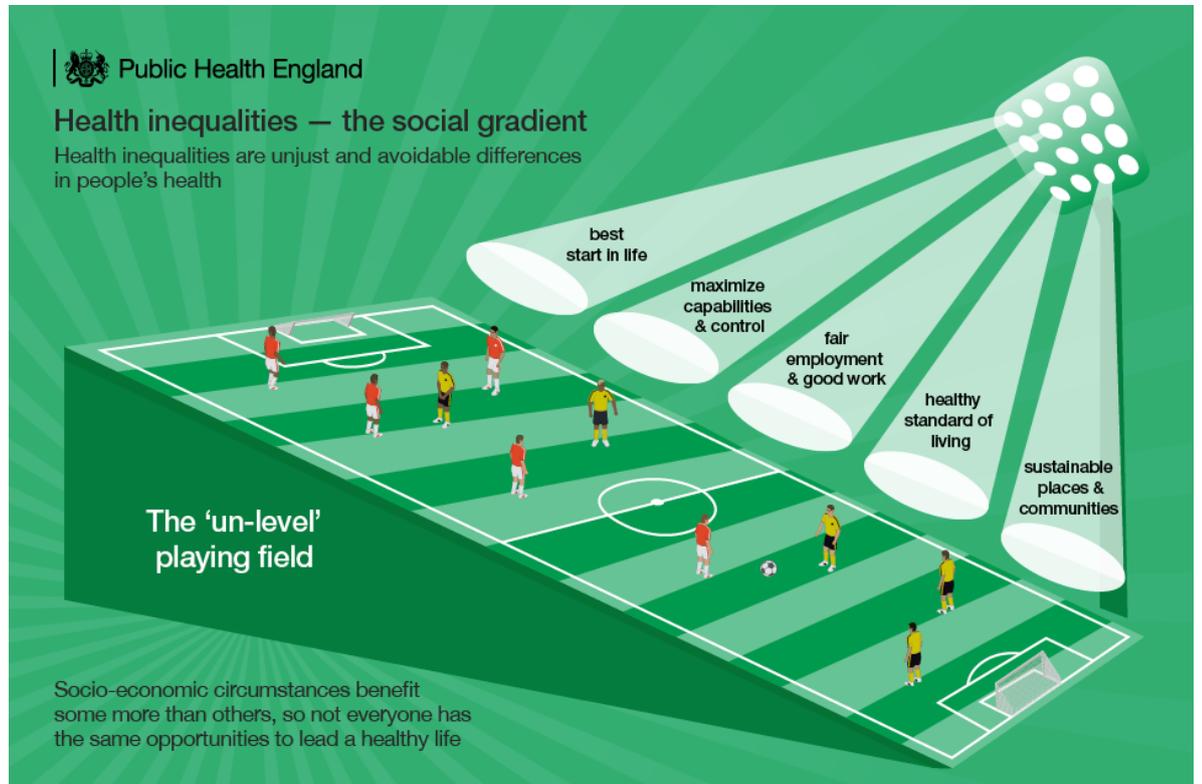
Figure 1: Relative contributions of the determinants of health

Health behaviours 30%	Socioeconomic factors 40%	Clinical care 20%	Built environment 10%
Smoking 10%	Education 10%	Access to care 10%	Environmental 5%
Diet/exercise 10%	Employment 10%	Quality of care 10%	Built environment 5%
Alcohol use 5%	Income 10%		
Poor sexual health 5%	Family/social support 5%		
	Community safety 5%		

Source: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute. Used in US to rank counties by health status

15. There are differences in the pattern of risk factors that cause disease across Doncaster and also with the number of people living with certain disease. For example people who live in more deprived areas of Doncaster are more likely to smoke and to have respiratory disease compared to people who live in less deprived areas. People in deprived areas are also more likely to report having a long term mental health problem than people living in less deprived areas. In terms of accessing health services people living in more deprived areas are more likely to have an emergency admission to hospital and less likely to attend a cancer screening appointment. Overall people living in deprived areas of Doncaster have a shorter life expectancy than people living in less deprived areas of the Borough.
16. In addition variation due to the geography of where people live health inequalities are also seen in relation to different protected characteristics may have. The Equality Act 2010 defines these characteristics as: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation. There are also specific groups in the population who may experience inequality such as veterans, people who are homeless and sex workers.

17. The key and rather stark point here is that the length of time that people live and the number of years of ill health they experience is related to the extent of disadvantage and deprivation they experience. This is largely determined by circumstances outside an individual's control. Most inequalities are avoidable because as a society, we can change the social and economic circumstances in which people live. A place-based approach is crucial to this change (LGA, 2018). Figure 2 outlines the social gradient that is in operation.



OPTIONS CONSIDERED

18. There are numerous activities across the Borough that contribute to tackling health inequalities and these have been examined to help develop the action plan.
19. In addition, there are multiple sources of guidance in this area and this has been used by the Health Inequalities Working to develop an action plan which aims to support work to tackle health inequalities.
20. Specific work has been undertaken on the BAME needs assessment and this approach has helped develop the overall health inequalities work plan.

REASONS FOR RECOMMENDED OPTION

21. Locally, we are using an approach which builds on mobilising knowledge into action and which harnesses the knowledge of local people as well as people working in or designing services, policies or interventions. In addition, a key mechanism is the adoption of health implications in all policies approach.
22. Working together to identify, understand and act on unequal access or outcomes is seen as effective and ensures on-going and deliberate attention to the need to address fairness and inequality. The case studies within the accompanying presentation illustrate how this approach is working.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

	Outcomes	Implications
	<p>Doncaster Working: Our vision is for more people to be able to pursue their ambitions through work that gives them and Doncaster a brighter and prosperous future;</p> <ul style="list-style-type: none"> • Better access to good fulfilling work • Doncaster businesses are supported to flourish • Inward Investment 	<p>Given the part that the physical environment and socio-economic factors play in determining health it is crucial that health inequalities are considered in all work to develop this outcome.</p>
	<p>Doncaster Living: Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> • The town centres are the beating heart of Doncaster • More people can live in a good quality, affordable home • Healthy and Vibrant Communities through Physical Activity and Sport • Everyone takes responsibility for keeping Doncaster Clean • Building on our cultural, artistic and sporting heritage 	<p>Given the part that the physical environment and socio-economic factors play in determining health it is crucial that health inequalities are considered in all work to develop this outcome</p>
	<p>Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> • Every child has life-changing learning experiences within and beyond school • Many more great teachers work in Doncaster Schools that are good or better • Learning in Doncaster prepares young people for the world of work 	<p>Given the part that the physical environment and socio-economic factors play in determining health it is crucial that health inequalities are considered in all work to develop this outcome</p>
	<p>Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> • Children have the best start in life • Vulnerable families and individuals have support from someone they trust • Older people can live well and independently in their own homes 	<p>It is recognised that specific focus on vulnerable people is required and this is included within the work plan.</p>

	<p>Connected Council:</p> <ul style="list-style-type: none"> • A modern, efficient and flexible workforce • Modern, accessible customer interactions • Operating within our resources and delivering value for money • A co-ordinated, whole person, whole life focus on the needs and aspirations of residents • Building community resilience and self-reliance by connecting community assets and strengths • Working with our partners and residents to provide effective leadership and governance 	<p>The introduction of health implication in corporate reports supports the Connected Council agenda.</p>
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RISKS AND ASSUMPTIONS

23. Developing and delivering on Health Inequalities Action Plan support the duty to consider reducing inequality in access and outcome in health care. However, tackling inequalities is complex and requires ownership, collaboration and partnership area of work. The action plan represents deliberate attention on the issue and the requirement to update the board helps ensure on-going attention to the issue. In addition, adopting a knowledge mobilisation approach helps mitigate risks around delivery. A full risk assessment will be developed and attached to the plan.

LEGAL IMPLICATIONS [Officer Initials HMP Date 14/06/18]

24. Part 5, Chapter 2 of the Health and Social Care Act , 2012 deals with the health scrutiny functions of local authorities and makes provision for the establishment of Health and Wellbeing Boards. It sets out their role in preparing the joint strategic needs assessment, the joint health and wellbeing strategy and in promoting integrated working between NHS public health and social care commissioners and introduces the first legal duties about health inequalities In addition under section 149 Equality Act 2010, the Public Sector Equality Duty (PSED). obliges public authorities, when exercising their functions, to have 'due regard' to the need to: a. Eliminate discrimination, harassment and victimization and other conduct which the Act prohibits; b. Advance equality of opportunity; and c. Foster good relations between people who share relevant protected characteristics and those who do not. The relevant protected characteristics under the Equality Act are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The duty also covers marriage and civil partnerships, but only in respect of eliminating unlawful discrimination. This report details its work concerning health inequalities, which assists in its compliance with the legal duties.

FINANCIAL IMPLICATIONS [HJW Date 15/06/2018]

25. There are no direct financial implications arising as a result of this report.

HUMAN RESOURCES IMPLICATIONS [Officer Initials DD Date 16/06/2018]

26. There are no obvious human resource implications as far as this report is concerned as the theme leads within public health team establishment consulted and implemented last year co-ordinate all such aspects within 'health inequalities in doncaster' on behalf of the authority. Any necessary changes to the structure will be dealt with in hr's regular liaison meetings with the director public health and /or his 2 senior management

TECHNOLOGY IMPLICATIONS Officer Initials PW Date 14/06/18]

27. There are no direct technology implications at this stage. Where requirements for new, enhanced or replacement technology to support the delivery of the Health Inequalities Action Plan and/or the BAME Needs Assessment Inequality Project are identified, these would need to be considered by the ICT Governance Board (IGB).

HEALTH IMPLICATIONS [Officer Initials SH Date 12/06/18]

28. This work is focussed on identifying, understanding and acting on unequal outcomes of health care. There are no additional health implications.

EQUALITY IMPLICATIONS [Officer Initials...SH Date 12/06/18]

29. The Inequalities action plan and BAME needs assessment work support equality, diversity and inclusion (EDI) work and the approach to identifying unequal access and outcomes is included in the EDI framework.

CONSULTATION

30. The action plan was developed by the Health Inequalities Working Group following workshops with the HWBB. In terms of the BAME needs assessment work; the consultation consisted of focus groups, workshops (in the case of the mental health work) and a consultation via social media on the proposed recommendations (see [\(HTTPS://WWW.FACEBOOK.COM/PUBLIC-HEALTH-DONCASTER-1485296881729475/ \)](https://www.facebook.com/public-health-doncaster-1485296881729475/))

BACKGROUND PAPERS

- Director of Public Health Annual Reports: https://issuu.com/doncastercouncil/docs/public_health_annual_report_web
- Public Health England: <http://fingertips.phe.org.uk/profile/health-profiles> and <https://www.gov.uk/government/news/phe-resources-support-local-action-on-health-inequalities>
- Doncaster Health and Wellbeing Strategy <http://www.doncaster.gov.uk/services/health-wellbeing/doncaster%E2%80%99s-health-and-wellbeing-board>
- BME HNA 2017 <http://www.doncaster.gov.uk/services/health-wellbeing/doncaster%E2%80%99s-health-and-wellbeing-board>
- LGA, 2018 <https://www.local.gov.uk/matter-justice-local-governments-role-tackling-health-inequalities>

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