



# Doncaster Council

## Report

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**Agenda Item No. 8  
15 November 2018**

**To the Chair and Members of the  
HEALTH AND WELL BEING BOARD**

### **TACKLING HEALTH INEQUALITIES IN DONCASTER – AN UPDATE ON THE APPROACH**

#### **EXECUTIVE SUMMARY**

1. Health Inequalities are deep rooted and have persisted for decades. The Due North report makes four high level recommendations (PHE. 2014). They are:
  - a. Tackle poverty and economic inequality within the North and between the North and the rest of England;
  - b. Promote healthy development in early childhood
  - c. Share power over resources and increase the influence that the public has on how resources are used to improve the determinants of health
  - d. Strengthen the role of the health sector in promoting health equity
2. The Health and Social Care Act enshrined a duty to consider reducing inequalities in both access and outcome of healthcare (2012). Locally, the Health and Well Being Board (HWBB) leads work to describe, understand, and act to tackle unfairness and health inequalities and this work is supported by a Health Inequalities Working Group.
3. By 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.
4. In Doncaster, life expectancy for both men and women is lower than the England average.
5. 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 is 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. Our local work reflects the recommendations of the Due North report.

6. The local public health team is central to this work but almost every local government function has an impact on health.
7. We have previously reported and presented on the Health Inequalities Working Group and this paper provides an update on activity in this area.

### **EXEMPT REPORT**

8. Not exempt

### **RECOMMENDATION**

9. That the Health and Well Being Board consider the information presented and agree to a bi-annual update on health inequalities. Specifically, a progress report in November and a deep dive discussion in June looking at health inequality alongside the Board's outcome framework.

### **WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?**

10. 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**

11. 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.
12. 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)
13. 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 is 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
14. The local public health team is central to this work but almost every local government function has an impact on health.

15. Our Health Inequalities Action Plan (see figure) set out 3 main areas of activity:

- Work to map, coordinate and report on health inequality work across the Borough
- Work to engage partners and citizens in the making the case for action on inequality starting with simplifying language and collectively owning the messages
- Undertake and support work for groups who may require a specific focus such as but not limited to the protected groups in inequality legislation



16. Key areas of progress are highlighted below:

17. **Map, coordinate and report work across Doncaster.** A HI prototype dashboard has been developed (see **Appendix 1**); this is in the process of being (data permitting) to overlay layers of inequality such as learning disability, gender etc. The aim of the Health Inequalities dashboard is to both monitor progress on reducing inequality across the borough and help identify areas for attention as a partnership. To support this aim we would like to use the dashboard alongside the Board's outcome framework as part of a deep dive workshop for the Board.

18. Evaluation of the health in all policy work is included in the Public Health team's service plan and will be complete by March 2019.

19. **Making the case, engagement and partnership.** We hosted a successful Health Inequalities conference on the 17th September which brought key national speakers to both raise awareness -across the Borough and beyond – about the impact of inequality on health and identify what works in this area. This was funded by the Collaboration for Applied Health Research and Care (Yorkshire and Humber). We were able to showcase showcasing our work within Well Doncaster and also the Improving Access to Psychological Services (IAPT) work which aims to identify and address unequal access and outcomes for BAME people. This work has also been presented at a National Institute for Health Research (NIHR) – School for Public Health Research

workshop: ethnicity, migration and health inequalities. This is an opportunity to both learn and publicise our approach. We were asked to present because Doncaster's JSNA focus on BAME needs assessment has been highlighted as showing promise for practice by the School for Public Health Research.

20. At the 17<sup>th</sup> September conference participants made pledges for action and we were also able to identify additional work being undertaken across the Borough which will support local action to develop and share a repository of HI work across the Borough.
21. The conference used a variety of methods (cartoons, photographs, data, and research evidence) to communicate the importance of addressing inequalities and this engendered energy and commitment to focus on the agenda. To harness this energy we are working on developing local message/ prompts to remind policy makers, commissioners and other to continue to pay attention to this issue.
22. **Undertake and support key work.** Work continues to address the health needs of our BAME citizens. Two key pieces of work are the focussed on:
  - Mental health specifically unequal access and outcome for BAME peoples within IAPT services; this work has led to changes in the service and the methods are being further developed, applied and evaluated.
  - The establishment of a BAME advisory group and the development of a work programme which take a community development approach.
23. In addition, the Well Doncaster programme which utilises community development approaches to address inequality continues to act as a key mechanism to address inequality (<https://welldoncaster.wordpress.com/>)

## **OPTIONS CONSIDERED**

24. The Health Action Plan is used to monitor and support work to address Health Inequality. It is important that the HWBB examine this work and the prototype HI Dashboard is part of this examination. This could be examined in isolation by the HWBB.

## **REASONS FOR RECOMMENDED OPTION**

25. Using an approach to examining the Health Inequalities Dashboard alongside the Health and Well Being Board outcomes framework will harnesses the knowledge of partners as well as people working in or designing services, policies or interventions. In addition, progress against the Health Inequalities Action Plan can also be reported.

## IMPACT ON THE COUNCIL'S KEY OUTCOMES

	Outcomes	Implications
	<ul style="list-style-type: none"> <li>• <b>Doncaster Working:</b> 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;</li> <li>• Better access to good fulfilling work</li> <li>• Doncaster businesses are supported to flourish</li> </ul> <p>Inward Investment</p>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Doncaster Living:</b> Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</li> <li>• The town centres are the beating heart of Doncaster</li> <li>• More people can live in a good quality, affordable home</li> <li>• Healthy and Vibrant Communities through Physical Activity and Sport</li> <li>• Everyone takes responsibility for keeping Doncaster Clean</li> <li>• Building on our cultural, artistic and sporting heritage</li> </ul>	<ul style="list-style-type: none"> <li>• 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</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Doncaster Learning:</b> Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</li> <li>• Every child has life-changing learning experiences within and beyond school</li> <li>• Many more great teachers work in Doncaster Schools that are good or better</li> <li>• Learning in Doncaster prepares young people for the world of work</li> </ul>	<ul style="list-style-type: none"> <li>• 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</li> </ul>

	<p><b>Doncaster Caring:</b> Our vision is for a borough that cares together for its most vulnerable residents;</p> <p>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>	<p>It is recognised that specific focus on vulnerable people is required and this is included within the work plan.</p>
	<p><b>Connected Council:</b> 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>	<p>The introduction of health implication in corporate reports supports the Connected Council agenda.</p>

## RISKS AND ASSUMPTIONS

26. 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.

## LEGAL IMPLICATIONS [Officer Initials..... Date...HMP 26/10/18..]

27. 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 30/10/2018.....]**

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

#### **HUMAN RESOURCE IMPLICATIONS [Officer Initials BT Date 06/11//2018]**

29. 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 in 2016 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 human resources regular liaison meetings with the Director of Public Health and/or his 2 senior management.

#### **TECHNOLOGY IMPLICATIONS Officer Initials...PW Date...26/10/18 ]**

30. 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 are identified, these would need to be considered by the Technology Governance Board (TGB). It is understood that Strategy and Performance Unit have been involved in the development of the HI dashboard prototype and that this will be part of the corporate Business Intelligence solution (PowerBI) in the future.

#### **HEALTH IMPLICATIONS [Officer Initials...SH...Date ...26/10/18...]**

31. 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...26/10/18.....]**

32. 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**

33. The action plan was developed by the Health Inequalities Working Group following workshops with the HWBB.

#### **BACKGROUND PAPERS**

Director of Public Health Annual Reports:

[https://issuu.com/doncastercouncil/docs/public\\_health\\_annual\\_report\\_web](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 Well Being 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>

<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>

PHE, 2014 Due North <https://www.gmcvo.org.uk/system/files/Due-North-Report-of-the-Inquiry-on-Health-Equity-in-the-North-final.pdf>

## **REPORT AUTHOR & CONTRIBUTORS**

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