

**To the Chair and Members of the  
HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE**

**Health Inequalities**

<b>Relevant Cabinet Member(s)</b>	<b>Wards Affected</b>	<b>Key Decision</b>
Councillor Pat Knight	All	No

**EXECUTIVE SUMMARY**

1. 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.
2. There is clear evidence that reducing these differences in health inequalities improves life expectancy and reduces disability for the whole community.
3. There is work on going across Doncaster that aims to reduce health inequalities but more can be done.
4. A Health Inequalities action plan is in development as part of the Health and Wellbeing strategy led by DMBC and Doncaster Clinical Commissioning Group that will aim to reduce health inequalities.

**RECOMMENDATIONS**

5. The Committee is asked to give consideration to:
  - The development of a Health Inequalities Action Plan for Doncaster;
  - The establishment of a Health Inequalities Working Group for Doncaster to develop the action plan and have responsibility for taking the work forward; and
  - Completion of a Black and Minority Ethnic Group Health Needs Assessment as an initial piece of work to understand and address inequalities.

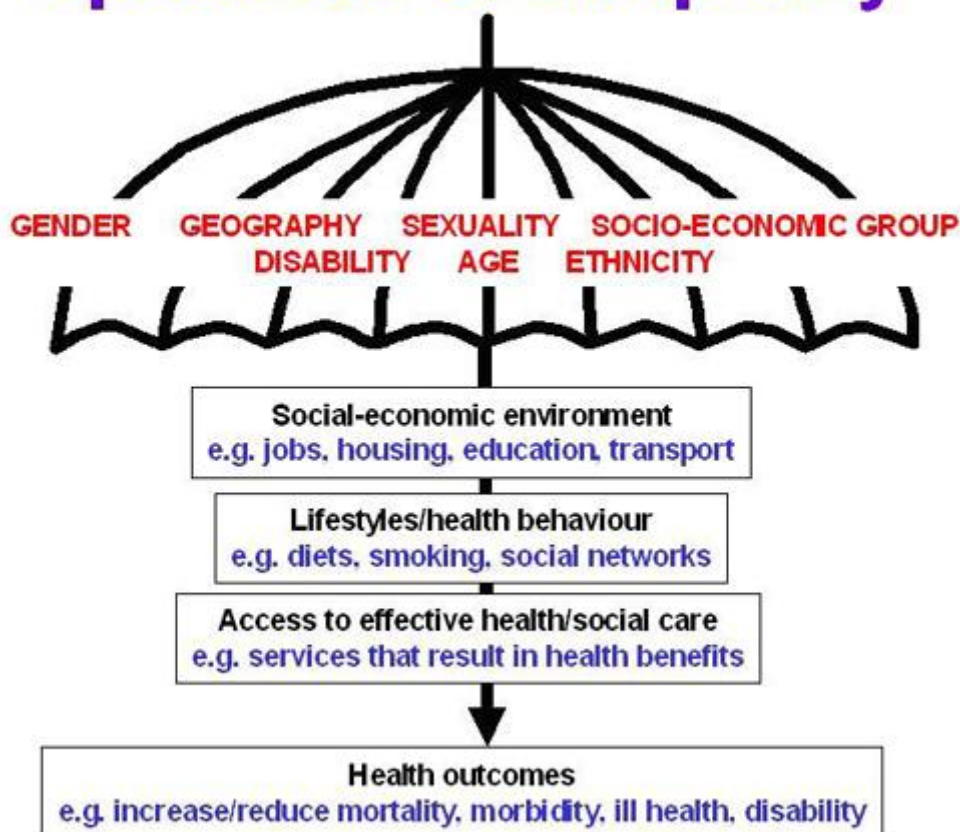
**WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?**

6. 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

7. 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.
8. Inequalities in the pattern of ill health are caused by different factors; Socio-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.

## Spectrum of inequality



(from [http://www.lho.org.uk/LHO\\_Topics/National\\_Lead\\_Areas/HealthInequalitiesOverview.aspx](http://www.lho.org.uk/LHO_Topics/National_Lead_Areas/HealthInequalitiesOverview.aspx))

9. In recent years there have been significant improvements in the health of Doncaster people but these improvements have not been seen in equal measures across the Borough. There remain significant health inequalities in Doncaster.
10. 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.

11. 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. For example veterans are more likely to be living with mental health conditions and people who are homeless have a lower life expectancy than the general population.
12. There is clear evidence that reducing these differences in health inequalities improves life expectancy and reduces disability for the whole community.
13. There is work on going across Doncaster that aims to understand and reduce health inequalities but more can be done. Work to date has focused on veterans health, smoking and the Well North programme starting in Denaby.
14. Members of the Health and Adult Social Care Overview and Scrutiny committee are asked to consider the following questions:
  - a. What inequalities are you aware of in Doncaster?
  - b. What could we do together to address these?

## **OPTIONS CONSIDERED**

15. A Health Inequalities action plan is in development as part of the Health and Wellbeing strategy led by DMBC and Doncaster Clinical Commissioning Group that will aim to reduce health inequalities.
16. To establish a Health Inequalities Working Group for Doncaster to develop the action plan and have responsibility for taking the work forward.
17. A Black and Minority Ethnic Group Health Needs Assessment is underway to understand the health needs of this population group.

## **REASONS FOR RECOMMENDED OPTION**

18. Health Inequalities are present in Doncaster and a system wide approach is required to address these inequalities.

## IMPACT ON THE COUNCIL'S KEY OUTCOMES

	<b>Outcomes</b>	<b>Implications</b>
	<p>All people in Doncaster benefit from a thriving and resilient economy.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Creating Jobs and Housing</i></li> <li>• <i>Mayoral Priority: Be a strong voice for our veterans</i></li> <li>• <i>Mayoral Priority: Protecting Doncaster's vital services</i></li> </ul>	<p>Understanding the Health Needs of Veterans with the aim of reducing health inequalities.</p>
	<p>People live safe, healthy, active and independent lives.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Safeguarding our Communities</i></li> <li>• <i>Mayoral Priority: Bringing down the cost of living</i></li> </ul>	<p>Improving population level health and reducing inequalities between different population groups.</p>
	<p>People in Doncaster benefit from a high quality built and natural environment.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Creating Jobs and Housing</i></li> <li>• <i>Mayoral Priority: Safeguarding our Communities</i></li> <li>• <i>Mayoral Priority: Bringing down the cost of living</i></li> </ul>	<p>Improving population level health by considering the impact the environment has on an individual's health. This may include a considering the link between deprivation and factors such as housing and air pollution.</p>
	<p>All families thrive.</p> <ul style="list-style-type: none"> <li>• <i>Mayoral Priority: Protecting Doncaster's vital services</i></li> </ul>	<p>None</p>
	<p>Council services are modern and value for money.</p>	<p>None</p>
	<p>Working with our partners we will provide strong leadership and governance.</p>	<p>Joint working with the CCG and Health Watch Doncaster to give a system wide approach to addressing inequalities.</p>

## RISKS AND ASSUMPTIONS

21. None identified.

## **LEGAL IMPLICATIONS**

22. An inequalities action plan would constitute progress against the council's duty to improve health under the Health and Social Care Act (2012).

## **FINANCIAL IMPLICATIONS**

23. None at the moment. The action plan may require changing patterns of current financial investment.

## **HUMAN RESOURCES IMPLICATIONS**

24. None at the moment.

## **TECHNOLOGY IMPLICATIONS**

25. None

## **EQUALITY IMPLICATIONS**

26. This work aims to improve equality in relation to health throughout Doncaster and should contribute to DMBCs equality and inclusion strategy.

## **CONSULTATION**

27. A Health and Wellbeing Workshop will be held in October with the theme of Health Inequalities. The aim is to gain wider input into Health Inequalities work including the development of an action plan.

## **BACKGROUND PAPERS**

28. Joint Strategic Needs Assessment 2013  
Doncaster Health and Wellbeing Strategy  
Director of Public Health Annual Report 2015  
Public Health England Doncaster Health Profile 2016

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