MIDDLESBROUGH COUNCIL

Agenda Item 5

HEALTH SCRUTINY PANEL

22 September 2015

Health Inequalities and the Integration Agenda

PURPOSE OF THE REPORT

1. To present the panel with an outline of the purpose of the meeting.

BACKGROUND

2. The panel agreed, as part of their work programme, to consider the topic of Health Inequalities. In the first instance it was agreed that the panel should receive an overview of the Health Inequalities agenda with a view to the panel 'homing-in' on 1 or 2 areas of priority which Members believe would benefit from a more targeted scrutiny. It was also suggested that at this meeting it would be prudent to take the opportunity for the panel to see how tackling health inequalities links with the integration agenda and receive details of the enhanced working between the South Tees Clinical Commissioning Group (CCG) and Public Health.

What is meant by health inequalities?

3. Health inequalities are unjust disparities in health outcomes between individuals or groups. They arise from differences in social and economic conditions that influence people's behaviours and lifestyle choices, their risk of illness and actions taken to deal with illness when it occurs. Inequalities in these social determinants are not inevitable, and are therefore considered avoidable and unfair.

The Marmot review

4. Fair Society, Healthy Lives: A Strategic Review of Health Inequalities published in 2010 by the Marmot Review Team states that health inequalities arise from a complex interaction of many factors. These included conditions in which people are born, grow, live, work and age. Issues such as housing, income, education, social isolation, disability are all affected by one's economic and social status. In order to tackle health inequalities there has to be targeted and joined up efforts to address the root causes. The Marmot report emphasises the 'causes of the causes' of health inequalities and the need to address the wider determinants. The report argued that achieving health equality would bring clear economic and social benefits, such as improved productivity, lower welfare payments and healthcare costs, and increases in revenue.

5. It made the following key policy objectives, which have been used in developing the Middlesbrough Joint Health and Well-being strategy.

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

Local Policy Context

6. We know that in Middlesbrough, life expectance reduces by 2 years for every mile from suburb to centre. The Middlesbrough Joint Health and Wellbeing Strategy states that deprivation creates different life chances and has effects on health and wellbeing and we know that Middlesbrough includes more areas that are deprived than are affluent. Differences in risks to health, such as those listed below; create corresponding differences in levels of avoidable illness and premature death. For example
   - Social and economic conditions such as poverty, unemployment, poor housing, crime and lower educational attainment.
   - Lifestyle and behaviour such as smoking, binge drinking, lack of physical activity and poor nutrition,
   - Insufficient or inappropriate use of services such as screening, immunisation and early diagnosis programmes to prevent illness, or the reliance on emergency services and urgent care because of delays in seeking earlier diagnosis.

7. The strategy states that the health and wellbeing of the local population could be improved by better co-ordination between organisations whose services ae aimed at preventing illness and reducing premature death as well as organisations whose services have an impact on the social causes.

Local Statistics

8. Public Health England produced a health profile for Middlesbrough in June 2015. In summary the headlines were as follows
   - The health of people in Middlesbrough is generally worse than the England average.
   - Deprivation is higher than the average.
   - 33.8% of children live in poverty.
   - Life expectancy for both men and women is lower than the England average.
   - Life expectancy is 14.2 years lower for men and 10.0 years lower for women in the most deprived areas of Middlesbrough than in the least deprived areas.
   - In year 6, 22.4% of children are classified as obese.
   - Levels of teenage pregnancy, GCSE attainment, breastfeeding and smoking at time of delivery are worse than the England average.
   - 24.0% of adults are classified as obese
   - The rate of smoking related deaths was worse than the England average.

- Levels of smoking and physical activity are worse than the England average.

Local Priorities

- Improving health outcomes for children
- Tackling lifestyle risk factors
- Tackling the social causes of poor health
- Improving emotional wellbeing and mental health.

Evidence Gathering

9. Edward Kunonga (Director of Public Health) and representatives from the South Tees CCG have been invited to this meeting to provide the scrutiny panel with:

    - An overview of the issues surrounding health inequalities.
    - An overview of how the topic of health inequalities is liked with the integration agenda and details of the enhanced working with the CCG and Public Health.
    - Details of the South Tees Integration Programme

10. Once the information has been received the panel may wish to open up the debate and have a 'round table' discussion.

Setting the Terms of Reference

11. Members may wish to agree, in view of the evidence received at this meeting, which areas they would like to concentrate on to receive further information. It was proposed, when setting the work programme, that 1 or 2 areas would be manageable. At this stage Members may also wish to consider, discuss and agree any aim and terms of reference for the review.

RECOMMENDATIONS

12. That the panel note the presentation, agree which areas they would like to focus on and agree terms of reference for the review.

BACKGROUND PAPERS

There are no background papers for this report.

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