

REPORT FOR: **CABINET**

Date of Meeting: 15 December 2010

Subject: Health Inequalities Strategy

Responsible Officer: Dr Andrew Howe, Director of Public Health

Exempt: No

Enclosures: A strategic framework to reduce Health Inequalities in Harrow 2010- 2015

Section 1 – Summary

This report (and the background paper) sets out the strategic framework to reduce health inequalities in Harrow. The changes to the Public Health function as result of the NHS and Public Health White Papers are also described.

FOR INFORMATION

Section 2 – Report

2.1 A Strategic Framework to Reduce Health Inequalities in Harrow 2010-2015

- 2.1.1 The framework to tackle health inequalities in Harrow (attached) has been developed over the last 6 months following discussions with the Harrow Strategic Partnership (HSP), stakeholder groups and officers within the Local Authority and the Primary Care Trust. The implementation plan was presented at the last HSP meeting on the 18th October.
- 2.1.2 The Marmot review on Health Inequalities was used as a basis for developing the framework. The Marmot approach to tackling health inequalities is supported by the new Coalition government as outlined in the recently published Public Health White Paper (30th November 2010). Indeed all indications are that the new government will continue the drive to reduce inequalities although the detailed approach to effecting population and individual behaviour change may alter. It is already apparent that the new government are particularly interested in supporting children, families and communities through early intervention services as a key element of tackling inequalities.
- 2.1.3 Harrow's framework builds upon the issues identified in the Joint Strategic Needs Assessment. The framework addresses the key causes of inequality using a broad approach to understanding the influences upon health. The six workstreams map out, at a high level, the current activities and future work programmes. It is apparent that the work of many Local Authority departments is instrumental to tackling health inequalities.
- 2.1.4 It is clear that all existing management groups of the Harrow Strategic Partnership (and the organisations represented) will be required to deliver this strategy. The Adult Health and Wellbeing Partnership, Safer Harrow, the Children's Trust, the Sustainable Development and Enterprise Management Group, and the Community Cohesion Management Group have all had a chance to consider and discuss the implications of this strategy at recent meetings.
- 2.1.5 Whilst recognizing the significant challenges in the current economic climate, it is important to ensure that all individuals and teams whose work impacts upon health and wellbeing are familiar with, and using the key tools and techniques necessary to reduce inequalities: using the evidence base of effectiveness and cost effectiveness, assessing and addressing need and equity and health impact assessment. Those individuals and teams currently engaged in health promoting activities in Harrow include: environmental health officers/ trading standards/ licensing; adult social services (with vulnerable client groups), early years and children's centre staff; young peoples substance misuse team; sustainable transport; public realm; schools curriculum advisors / schools development; school sports; transport planning; youth services and youth offending team; economic development; climate change; supporting people ;housing and homelessness; occupational health.

2.1.6 Changes to the public sector as a result of new government policy will require careful prioritisation of activities to reduce health inequalities in Harrow. The implementation plan and outcomes monitoring framework for this strategy will need further work over the coming months.

2.2 Public health in Harrow: implications of the Health White Papers

2.2.1 In July 2010 the new government published a White Paper 'Equity and Excellence: Liberating the NHS'. A public health white paper 'Healthy Lives, Healthy People: our strategy for public health in England' was published on the 30th November 2010.

2.2.2 While further detail is awaited it is expected that:

- A new National Public Health Service ('Public health England') will be established from April 2012. It is expected that the functions of this new service will include responsibility for all the previous functions of the existing Health Protection Agency (including responding to chemical, biological and infectious hazards) as well as leading commissioning and provision of vaccination and screening programmes and preparing for and responding to public health emergencies.
- PCT responsibilities for health improvement will transfer to Local Authorities (from April 2013) who will employ the Director of Public Health jointly appointed by the new National Public Health Service.
- The Local Authority will establish a 'Health and Wellbeing Board' to ensure the coordination of the commissioning of local NHS services, social care and health improvement. This will require active engagement with General Practitioner commissioners. A workshop has been arranged for December 2010 to scope out the establishment of a Health and Wellbeing Board for Harrow; partners have been invited to attend.
- The local Director of Public Health will be responsible for a 'ring-fenced' public health budget that will be allocated to the borough according to relative population need. It is expected that the borough allocation will be announced sometime during 2012/13 for implementation during the financial year 2013/14. Existing budgets held by the public health directorate at NHS Harrow total approximately £4 million.
- Local authorities will 'assist in funding and commissioning Local Involvement Networks (LINKs) to become a local 'HealthWatch'.

2.2.3 To assist with planning the significant changes ahead, a pan-London Public Health Transition Advisory Group has been established. This group includes representation from London Councils, the Mayor's office, the Department of Health (including social care), the Voluntary sector, Primary Care Trusts and NHS London. Specific guidance is currently being developed and will advise on the system management aspects across the full breadth of the three key domains of public health including:

- Health Improvement; including tackling health inequalities through addressing the determinants of health; education, housing, employment, family and communities, and personal lifestyles
- Health and social care services; supporting clinical effectiveness, efficiency, care pathway development, audit and evaluation, clinical governance and equity
- Health Protection; including work on infectious diseases, chemicals and poisons, radiation, emergency response and environmental health hazards

2.3 Existing public health functions at NHS Harrow

The existing functions carried out by public health staff can be best described under four broad headings:

2.3.1 Assessment, evaluation, analysis and intelligence

- Surveillance and assessment of the population's health and wellbeing: by performing equity audits, needs assessments (including JSNA), routine surveillance, health impact assessments and by leading on suicide audit and child death review process (CDOP panel)
- Assessing the evidence of effectiveness and cost-effectiveness of health promoting and healthcare interventions, programmes and services: by analysing and appraising the evidence base and evaluating services
- Ensuring the best use of available resources: through leading and supporting prioritisation processes and demand management activities
- Undertaking research and development activities

2.3.2 Strategic leadership and collaborative working for health

- Policy and strategy development and implementation. Working with the LSP and related groups to tackle the wider determinants of health (including crime, educational inequalities, worklessness, transport, sustainable development, workplace health etc)
- Working with primary care clinicians to ensure prevention is embedded across all care pathways
- Working with communities and engaging the public and patients using community development approaches; working with LINKS and vulnerable groups (e.g. the homeless, carers, etc)
- Leading the existing Borough Health and Wellbeing partnership and producing an Annual Director of Public Health report

2.3.3 Commissioning / delivering core public health services

- Health Improvement: tobacco control (smoking cessation), obesity and physical activity, nutrition, accidents, sexual health (including prevention and treatment- abortion services, condoms, Chlamydia screening, school outreach, HIV etc) and teenage pregnancy, breast feeding, substance misuse services, alcohol, fluoridation, oral preventative health, health trainers, national child measurement programme
- Screening programmes: breast cancer, cervical cancer, abdominal aortic aneurysm, bowel cancer, antenatal and neonatal programmes, diabetic retinopathy
- Health Protection: flu vaccination, childhood immunisations and vaccinations (including MMR), infection control, emergency planning and response, influenza pandemic, tuberculosis, hazards, responding to local disease outbreaks

2.3.4 Improving health and social service quality

- Working with providers to ensure equitable access to effective treatment, tackling chronic diseases, developing care pathways and supporting service redesign
- Commissioning and providing self care and expert patient programmes
- Supporting the development of appropriate health outcome measures / quality indicators for Service Level Agreements and contracts
- Working with all health care providers including acute trusts to ensure prevention is part of all care pathways

Section 3 – Further Information

Further information regarding the structure and functions of the National Public Health Service, Health and Wellbeing Boards and the Public Health function of Local Authorities is expected to be published in a series of government papers over the next 6 months. Specific new national strategies are expected to cover: health visitors, mental health, tobacco control, obesity, physical activity, sexual health, pandemic flu, health protection and emergency preparedness.

Section 4 – Financial Implications

Work to reduce health inequalities will require resources (human and financial) over the coming years and action will be required by many agencies and directorates including the Local Authority. Some of this work may be funded by the new ring fenced Public Health budget; a further report will be presented to cabinet once structure and funding arrangements have become clearer.

Funding for other services to improve public health (not included in any 'ring fence') will be one of many competing priorities for limited resources.

Section 5 – Corporate Priorities

This strategy to improve health and wellbeing and reduce health inequalities supports the corporate commitment to engaging and building stronger communities and neighbourhoods and supporting vulnerable people.

Name: Myfanwy Barrett



Chief Financial Officer

Date: 22 November 2010

Section 6 - Contact Details and Background Papers

Contact:

Dr Andrew Howe, Director of Public Health
Tel: 0208 966 1085

Background Papers:

A strategic framework to reduce Health Inequalities in Harrow 2010- 2015.