AGENDA ITEM

REPORT TO HEALTH AND WELLBEING BOARD

29TH OCTOBER 2014

REPORT OF DIRECTOR OF PUBLIC HEALTH

IMPLEMENTING THE JOINT HEALTH & WELLBEING STRATEGY 2012-18

SUMMARY

On approval of the Joint Health and Wellbeing Strategy 2012-18 in 2012, it was agreed the Strategy would be brought before Council annually. This paper proposes an approach to addressing inequalities, as a means of ensuring the delivery against remains current and evolving.

RECOMMENDATIONS

1. The Health and Wellbeing Board are asked to consider the proposed approach and agree it as appropriate.
2. The Health and Wellbeing Board are asked to note the proposed approach fits with the Council's policy principles to support the most vulnerable.

DETAIL

1. On approval of the Joint Health and Wellbeing Strategy 2012-18 in 2012, it was agreed the Strategy would be brought before Council annually. The Strategy will first be taken to Health and Wellbeing Board and then to Cabinet, before Council. This will provide a useful opportunity to cite Elected Members, officers and partners on the strategic direction of the Board and its key aims as the work programme is refreshed. The Strategy is a five year strategic plan, based on evidence and population need. It is important that the strategic direction remains constant, in order to allow the opportunity to deliver on the key aims of the Strategy and to begin to see meaningful outcomes. Many pieces of work underpinning the Strategy require medium- and long-term delivery as well as short-term delivery, as they involve a large-scale shift from reaction to prevention and the implementation of behavioural and cultural change.

2. This paper proposes an approach to implementing the Strategy to focus on reducing inequality, as a means of ensuring delivery of the Strategy remains current and moves forward, as the context and systems surrounding the Strategy evolve. It is proposed the new plan to support JHWS delivery will be ready for implementation at the beginning of 2015/16 and will support discussions on prioritisation.

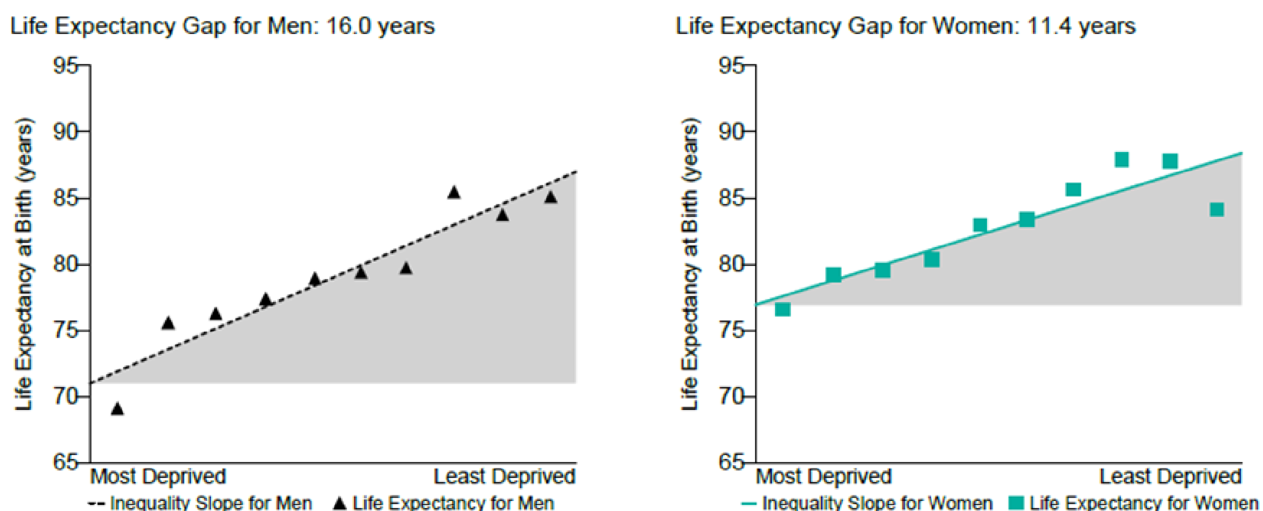
3. A delivery plan for the Strategy has evolved over the last 12 months, mapping current strategies and plans in place to deliver on the Strategy and highlighting gaps. An associated performance management framework has also evolved, based on the Public Health Outcomes Framework and relevant indicators from the Social Care Outcomes Framework and NHS Outcomes Framework.

4. A proposed approach to reducing inequality is outlined as follows. The approach has been discussed at the Adults' Health and Wellbeing Partnership:

- Stockton Borough is now the Local Authority area with the greatest inequality in life expectancy nationally; and the gap has widened in recent years:
  - Males: 16yrs (2010-12) from 14.8yrs (2007-09)
  - Females: 11.4yrs (2010-12) from 10.4yrs (2007-9)
- The gap in life expectancy for the poorest decile of people in Borough, is 7yrs less than the next most deprived decile. Many outcomes, including life expectancy, decline as deprivation increases.
- The changing population of the Borough contributes to the widening in inequality. Stockton is a growing Borough, with continued inward migration to some of the least deprived areas. In addition, improving health and wellbeing among the most deprived areas is challenging.
- These factors mean a particular challenge in addressing health and wellbeing in the 10% 'anchored' in the bottom decile.
- The recent independent report *Due North: Report of the Inquiry on Health Equity for the North* (September 2014) also highlighted the increasing inequality between the North and the rest of England over the last four decades and recommended to:
  - Tackle poverty and economic inequality within the North and between the North and the rest of England
  - Promote healthy development in early childhood
  - Share power over resources and increase the influence that the public has on how resources are used to improve the determinants of health
  - Strengthen the role of the health sector in promoting health equity

- Stockton Borough Council's Council Plan 2014-17 sets out policy principles which endorse this approach: *protecting the vulnerable through targeted intervention, promoting equality of opportunity through targeted intervention* and *developing strong and healthy communities through provision of mainstream and preventive services.*
- The evidence highlights the importance of the ***proportionate universalism*** approach to reduce inequality (e.g. Marmot 2010) i.e. continuing universal provision to improve health and wellbeing across the population, whilst implementing targeted activity in the population with the greatest need. Focussing solely on targeted activity will not support health and wellbeing across the whole population and could lead to decreased health and wellbeing across the population as a whole.
- It is proposed the Board implements proportionate universalism by constructing its work programme based on the six Marmot policy areas outlined above; and illustrating both universal and targeted provision across these.
- It will be particularly important to outline how partners are targeting interventions for the population in the most deprived decile. The performance management framework will support this by setting out baseline data wherever possible for each theme, according to decile. The impact of targeted and universal activity will be tracked.
- Work is underway to collect baseline data according to deprivation – **Figure 1** sets out some examples of data using a selection of wards as a proxy for deprivation. Wards have been selected by ranking them according to the Index of Multiple Deprivation and selecting wards along the range. Two wards have been selected from the most deprived areas to highlight the difference between the bottom 10% of the population and the rest. As part of developing the Plan on health inequalities, further work will be undertaken to map wards to deciles.

Figure 1: Addressing inequality through proportionate universalism
NB: Topics set out below are examples and not a comprehensive list



Examples of baseline data at ward level

Decreasing deprivation →

Topic	Town Centre	Newtown	Stainsby Hill	Village	Billingham North	Eaglescliffe
% Smoking prevalence (modelled for 2012/13)	41.7%	33.7%	31.1%	24.8%	15.4%	12%
% Smoking quitters (modelled for 2012/13)	4.3%	7.1%	6%	4%	4.4%	7.4%
Child dental health (disease prevalence: dmft at 5yrs old)	50% (Mill Lane Primary)	38.46% (Oxbridge Lane Primary)	11.11% (Thornaby C of E Primary)	58.82% (Village Primary)	33.33% (Wolviston Primary)	15.79% (Egglescliffe Primary)
Drug-related admissions (rate per 1,000 pop. 2011-12)	4.0	2.75	1.4	1.5	0.4	0.2
% Breastfeeding initiation (2013-14 data)	55.9%	41.3%	29.3%	51.1%	65%	82%
Under-18 conceptions (rate per 1,000 15-17yr olds) 2010-12 data	112.5	60.9	48.8	50.7	14.7	16.8

5. It is proposed the above approach is used to articulate a refreshed vision for the Board and to form the basis of a refreshed delivery plan.
6. The October meeting of the Adults' Health and Wellbeing Partnership discussed the above approach and agreed to use it, to shape the Partnership's work programme and ensure clear delivery against the Strategy. The proposed approach could be implemented as follows:
   - The Strategy is used as the framework for the work programme, based on the six Marmot policy areas the Strategy highlights.
   - Focus will be on the key strategic Strategy priorities: giving every child the best start (in relation to the links with the Children and Young People's Partnership on health and wellbeing issues); and addressing ill health prevention. The Board may consider there is now less need to focus specifically on 'getting the infrastructure right' due to the recent changes to the Board's supporting groups.
   - Each of the six policy areas in the Strategy (**Appendix 1**) has a section called 'how are we going to do this?' The cross-cutting issues across the key areas and themes will be identified and will form the issues for discussion by the Partnerships e.g. alcohol and domestic abuse.
   - Partnership discussions will be shaped by: outlining background i.e. basic data, services in place, what is working and areas for development; followed by a focus on challenge to Partnership members on how each respective agency will contribute to the agenda, particularly any barriers to delivery of the 'how we are going to do this' items.
   - A basket of measures will underpin each of the six policy areas to monitor progress, based on the relevant areas of the Public Health Outcomes Framework and relevant indicators from the Social Care Outcomes Framework and NHS Outcomes Framework (plus a small number of additional measures if needed).
   - Health inequalities will be a thread through all discussions, with a specific question about how all partners are currently narrowing the gap and what more should be done across partners.
   - The above process will form the basis of the revised Strategy delivery plan; subsequent commissioning intentions; and will support the Strategy performance monitoring framework.

7. The above process has been discussed by the Adults' Health and Wellbeing Partnership. Consideration will also be needed on how the Children and Young People's Partnership will demonstrate delivery against the Strategy e.g. through the new Children and Young People's Plan. The new Partnerships will work together to ensure issues that sit across both groups are considered and that nothing is missed.

8. Within SBC, current Scrutiny reviews are considering the links between Public Health and licensing; and between health and wellbeing and arts, leisure and culture. Work is also ongoing across the Public Health team, Environmental Health and Trading Standards to identify joint projects. Further work will be needed to broaden the reach of the Board across departments and organisations responsible for the wider determinants of health.

FINANCIAL IMPLICATIONS

8. There are no direct financial implications of this update.

LEGAL IMPLICATIONS

9. There are no specific legal implications of this update.

RISK ASSESSMENT

10. Consideration of risk will be included in service development / commissioning decisions arising from the work.

CONSULTATION

11. Consultation has been an integral part of generating priorities for action, through the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy development process. Further consultation will be needed on any future service development / commissioning.

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Appendix 1: Joint Health and Wellbeing Strategy: Six Marmot policy areas

- Giving every child the best start in life
- Enable all children, young people and adults to maximize 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