

Item No.	Classification: Open	Date: 9 February 2010	Meeting Name: Executive
Report title:		Health Inequalities Strategy and Summary.	
Ward(s) or groups affected:		People living in the most deprived parts of Southwark; Black and Minority Ethnic Communities; people living with mental health problems	
From:		Strategic Director of Health and Community Services	

RECOMMENDATION(S)

1. Executive is asked to approve this Strategy for reducing Health Inequalities in Southwark.

BACKGROUND INFORMATION

2. There has been considerable progress in health improvement in Southwark in recent years as shown by the improvements in life expectancy for both men and women.
3. Female life expectancy in Southwark is now above the national average at 82.02 years and male life expectancy of 76.6 years in the borough is now only 0.7 years below the England figure. This means that there has been considerable narrowing of the gap between Southwark and the England average in a key health indicator.
4. However within this overall progress there are still marked differences within Southwark on this indicator. The gap in life expectancy between the most deprived fifth and the least deprived fifth of the population is 3.4 years for women and 5.2 years for men. The gap between local authority wards in the borough is much bigger at about 10 years for females and 17 years for males.
5. This strategy sets out to address this health gap. The target for this strategy is to narrow the life expectancy gap for people in some of the most deprived and least deprived parts of Southwark by 20% by 2020.
6. The purpose of this strategy is not to resolve all health issues for Southwark, but to specifically focus on narrowing the gap in health outcomes between those with the worst experience and the best. It is designed to complement other strategies rather than duplicate them and frame a strategic approach with a deliverable action plan.
7. Southwark has many strategies, actions and services in place already that are addressing different aspects of health or the determinants of health. For instance the Core Strategy and Housing Strategy implementation will have significant impacts on improving health, especially for those more at risk of poor health outcomes. Southwark's improving education attainment will have considerable long term health benefits for children as they grow into adulthood. The improving quality of primary care is helping to reduce complications of illness for those with established problems such as high blood pressure and diabetes.

KEY ISSUES FOR CONSIDERATION

Policy and Review Background

8. This strategy was developed through review and analysis of local situation and building on a range of national advice, local audit. These included.
 - Extensive analysis of data on health, of the causes of ill health and on evidence for what works in addressing inequalities.
 - The advice of the Department of Health National Support Team visit to Southwark in June 2009 following review of action on Health Inequalities in the area
 - Audit Commission review of Health Inequalities in Southwark and recommendation to develop a Southwark Strategy for Health Inequalities

Specific Targets to be addressed

9. The context of this strategy is the National PSA target on life expectancy. This is expressed locally as the LAA target of All Age All Cause Mortality. This strategy assists with achieving this target. It also supports the achievement of the NHS target on Life Expectancy.
10. There is a recently set new NHS target to narrow the gap in mortality between those living in the parts of the borough experiencing the lowest life expectancy and the parts experiencing the highest. This strategy will support the achievement of this target also.
11. The specific aim of this strategy is to reduce the life expectancy gap between the most deprived quintile and the least deprived of the population of Southwark by 20% by 2020.

Delivery of the Plan

12. The plan provides a framework of five themed action areas, with particular focus on those living in the most deprived quintile. Each of these has a delivery plan that sets out in more detail the actions.
13. These themed action areas are
 - i) Cardiovascular Disease and Diabetes – Improving outcomes from these diseases for those at risk in the most deprived areas through more intense focus and work with specific GP practices in those areas
 - ii) Infant Mortality and Early Years – Improving outcomes for those in the most deprived areas through improving maternity outcomes with more 'at- risk' women booking early and reducing teenage pregnancy.
 - iii) Cancer – Reducing the death rates from cancer through more targeted interventions on screening for cancers.
 - iv) Lifestyles – Targeted interventions on smoking, alcohol, physical activity and healthy eating. Increasing detection of HIV and Healthy living packages for those

with long term mental health problems.

v) Life Chances. Actions to improve employment, training, education attainment, housing, access to benefits for those living in the most deprived areas.

14. The focus of the delivery plans will be on those living in the most deprived quintiles (fifth) of the population to narrow the gap between them and the least deprived fifth.
15. These will have an impact at different times over the short term, medium and long term, with actions on specific diseases likely to impact in the shorter term and actions on employment and education having a longer term impact.
16. The approach to the plan is not to attempt to solve all health problems but to deliver a series of focused actions that are likely to have the most benefit in narrowing the gap.

Strategic Interconnections

17. The strategy does not stand alone nor does it attempt to achieve improvements by itself. It is designed to complement and act with other strategies and plans. The other strategies that will support the reduction of inequalities are as follows.

Children's and Young Peoples Plan (in draft form)	Narrowing the Gap and improving education attainment will have long term benefits for health of young people as they grow older
Employment and Enterprise Strategy (Under review)	Improving access to employment and income has significant impact on health of the poorest
Sports and Physical Activity Strategy	Will improve the uptake of physical activity for those who do not traditionally participate in physical activity and use a wider range of non traditional settings
Healthy Weight Strategy	Targetted approach to reducing obesity and a population approach to lowering the average weight
NHS Southwark Strategic Plan	Commissioning plan for the NHS in Southwark to improve health and health services for local community
Southwark Alcohol Strategy	Reduce the numbers of those engaged in harmful drinking
Regeneration and Major Projects work	Significant long term impact on the health and quality of lives through improved housing and better social environment for the deprived areas that will undergo major regeneration programmes
Housing Strategy	Long term impact through improving the quality of social housing for the most deprived

18. These interconnected strategies will have significant impact on improving life chances and improving healthy living. This health inequality strategy has been developed to complement these and provide a focussed approach to help achieve a specific reduction in the life expectancy gap.

Impact and Risk

19. This builds on existing strategies of the council and supports achievement of a LAA target. Not acting on it will increase the chances that the gaps in health outcomes may get exacerbated unintentionally.
20. The impact of not doing this is likely to be a continuing widening of the gap on life expectancy between those with the best and worst health outcomes, perpetuating the current increase in this trend.

Community Impact Statement

21. This strategy was developed because not all people have the same health experience. People who are living in more deprived areas are more likely to have worse health. This is due to a combination of factors that include income, education and home surroundings that can lead to a less likely healthy lifestyle. People from BME communities are more likely to live in more deprived communities and suffer health problems. People from African communities are more at risk of HIV as are men who have sex with men (MSM). People who have longstanding mental health problems are more likely to long term disabled and also to have physical health problems with shorter life expectancy.
22. It is specifically designed to address needs for better health for :
 - i) those who are most likely to have poorer health outcomes such as those living in the most deprived areas,
 - ii) people from BME communities
 - iii) people living with long term mental health problems
 - iv) MSM
23. It does not specifically address needs based on age or gender

Resource implications

24. Resource implications relate to the different strands of the delivery plan. For four of the Themes the resource implications rest with the PCT. For the fifth Theme the elements for the council are being delivered through existing programmes of work and or are linked to existing strategies.

Legal/Financial Implications

25. There are no obvious legal implications of the strategy or major financial implications

Consultation and monitoring of plan

26. The strategy and delivery plans have been developed through extensive consultation with partnership groups, stakeholder groups, and with individual officers (see acknowledgements at end of strategy).
27. Consultation has taken place at different stages of development with: Stakeholder Workshops Two stakeholder workshops earlier in 2009 with representatives from different stakeholder agencies and community representatives. This informed the drafting of the strategy

National Support Team Intensive review by the Department of Health National Support Team with interviews with many stakeholders and a workshop with the Community representatives. This informed the drafting of the strategy

Consultation Consultation on draft report took place with the PCT Board, Young Southwark, PCT PEC, User Involvement and Patient experience Committee, Health and Social Care Scrutiny and Healthy Southwark Partnership Board.

Young Southwark Executive - 6th September 2009
 PCT Professional Executive Committee 10th September 2009
 PCT Trust Board - 26th September 2009
 User Involvement and Patient Experience Committee – 22nd September 2009
 PCT Executive Commissioning – 30th September 2009
 Scrutiny Committee – 7th October 2009
 Healthy Southwark Partnership Board – 20th October 2009

28. The strategy has been approved by NHS Southwark Board and by Healthy Southwark Partnership Board.
29. The monitoring and review of implementation of this strategy is through the Healthy Southwark Partnership Board successor body (title not agreed yet).

. BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Strategy to reduce health inequalities in Southwark 2009-2010 Summary December 2009	Public Health NHS Southwark 160 Tooley Street London SE1P 5LX	Dr Ann Marie Connolly Director of Public Health NHS Southwark & Southwark Council 0207 525 0406
Strategy to reduce health inequalities in Southwark 2009-2010 November 2009	Public Health NHS Southwark 160 Tooley Street London SE1P 5LX	Dr Ann-Marie Connolly Director of Public Health NHS Southwark & Southwark Council 0207 525 0406

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Key Decision?	Yes	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / EXECUTIVE MEMBER		
Officer Title	Comments Sought	Comments included
Strategic Director of Communities, Law & Governance	No	No

Finance Director	No	No
List other officers here	Susanna White	Yes
Executive Member	David Noakes	Yes
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