

Item No.	Classification: Open	Date: 18 February 2010	Meeting Name: Health and Social Care Board
Report title:		Implementation plan for Health Inequalities Strategy	
Ward(s) or groups affected:		All	
From:		Director of Public Health	

RECOMMENDATION(S)

1. The Health and Social Care Board is asked to note and approve the Implementation Plan for delivery of the Strategy for reducing Health Inequalities in Southwark

BACKGROUND INFORMATION

2. The Health Inequalities strategy sets out to address the health gap in Southwark, with a target to narrow the life expectancy gap for people in some of the most deprived and least deprived parts of Southwark by 20% by 2020.
3. 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.
4. This strategy and summary document has been approved by a number of committees. This paper sets out the implementation plan for how the strategy will be delivered.

KEY ISSUES FOR CONSIDERATION

Policy and Review Background

5. The plan provides a framework of five themed action areas, with particular focus on those living in the most deprived quintile of areas and/or those at high vulnerability of poor health outcomes.
6. 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.

7. Each of the Theme areas has a delivery plan set out in the strategy document. The focus of the delivery plans will be on those living in the most deprived quintiles (fifth) of the population, and/or those who are vulnerable to poor health outcomes e.g. those with severe and enduring mental health problems.
8. Each of these delivery areas has a specific implementation plan that sets what needs to be put in place, how it will be done, by whom and what will be used to monitor progress.
9. There will be a small coordination group which will meet monthly to ensure progress and monitor delivery. This group will report to the Health and Wellbeing Group.
10. The actions 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. However implementation relates to delivery in the coming one to two years.

Specific Targets to be addressed

11. 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.
12. 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 also support the achievement of this target.

Impact and Risk

13. This builds on existing strategies of the PCT and council and supports achievement of LAA and NHS targets. Not acting on it will increase the chances that the gaps in health outcomes may get exacerbated unintentionally.
14. 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

15. 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 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 be long term disabled and also to have physical health problems with a shorter life expectancy.

16. 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.

Resource implications

17. For each of the delivery areas within each theme there is information on how it will be delivered through current planned resources and also information about how it will be delivered against a background of specific resource pressures. For many there will be some degree of mitigation possible, whereas for some it will be more difficult to deliver against a background of challenged resource constraints.

Legal/Financial Implications

18. There are no obvious legal implications of the strategy. Financial constraints may place pressures on the delivery of specific aspects of the plan and are set out in the implementation plan.

Monitoring of implementation

19. The strategy has been approved by NHS Southwark Board, Council Executive and by Healthy Southwark Partnership Board.
20. The monitoring and review of implementation of this strategy is through the Southwark Health and Wellbeing Partnership Board

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Strategy to reduce health inequalities in Southwark 2009-2010 Summary	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 January 2010	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

Lead Officer	Dr Ann Marie Connolly
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Version	January 2010

Dated		
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
Date final report sent to Constitutional/Community Council/Scrutiny Team		