Central Bedfordshire
Shadow Health and Wellbeing Board

Contains Confidential or Exempt Information	No
Title of Report	Health Inequalities in Central Bedfordshire
Meeting Date:	31 January 2013
Responsible Officer(s)	Muriel Scott, Director of Public Health
Presented by:	Muriel Scott, Director of Public Health

Action Required:

1. To consider the Health Inequalities in Central Bedfordshire Public Health Report, its recommendations and suggested actions to ensure implementation.

Executive Summary	
1.	This paper and accompanying report highlight the health inequalities that exist in Central Bedfordshire. Health inequalities exist across the whole life-course. In the more deprived areas; it is more likely that babies will be brought up in a household where someone smokes and they are less likely to be breastfed; Children are more likely to be obese and suffer injuries; Teenagers are more likely to have poorer educational attainment and there are more teenage conceptions; Adults are more likely to die young from circulatory diseases, respiratory diseases or cancer.
2.	To reduce inequalities in health, a number of recommendations are given for Central Bedfordshire Council, Bedfordshire CCG, and local GPs and other providers such as the acute hospitals and providers of mental health and community services (SEPT) These include: • Ensuring early access to antenatal care, reducing smoking in pregnancy and increasing breastfeeding • Improving the wider determinants of health in deprived areas such as educational attainment, housing and employment • Reducing smoking, obesity and harmful drinking of alcohol • Identify those at risk of disease earlier e.g. through NHS Health Checks • Take account of health inequalities in commissioned services, e.g. ensuring equitable access to high quality care • Maximise opportunities for secondary prevention e.g. through Making Every Contact Count (MECC)
3.	To ensure that progress is made towards reducing health inequalities,

	implementation of the recommendations will assured through: • Contract negotiations and performance review meetings with providers to include targets which will help to address health inequalities, for example ensuring that community services deliver good outcomes in each area of Central Bedfordshire and for each vulnerable group • Providing an assessment of outcomes by deprivation at a GP practice level, to ensure that the quality of primary care and outcomes are as good in the most deprived areas as they are in the least deprived areas. • Conducting health equity audits of access to services to ensure that services are delivered according to need • Ensuring that other associated strategies take account of and address inequalities e.g. the Leisure Strategy provides good access to leisure opportunities in the most deprived areas • Measuring progress against the current baseline at least annually and identifying any areas where progress has not been made. Aspiring to achieve targets and outcomes on average will not be enough, they should be achieved in all areas irrespective of deprivation e.g. early access to antenatal care or educational attainment • Considering an integrated approach across agencies – the families at greatest risk of health inequalities are likely to be in contact with several agencies and have the challenge of navigating the different systems. The troubled families programme may deliver learning which could be applied to reducing health inequalities.

Background	
4.	The report looks at inequalities by comparing the most deprived 20% of the population with the other 80%. Although on average Central Bedfordshire has low levels of deprivation compared to England there are 3 areas (LSOAs) in the most deprived 10%-20% in England and 6 areas in the most deprived 20%-30%.
5.	An overall measure for health is life expectancy at birth – both males and females in Central Bedfordshire have longer life expectancy than the England average. However, there are gaps in life expectancy between the most and the least deprived of 7.4 years for males and 5.5 years for females. Although these are not as large as the England average (8.9 years for males ad 5.9 years for females) these are still large enough to warrant concerted action. The report investigates the components of the reduced life expectancy and considers the factors that lead to it.

Issues	
Strategy Implications	
6.	Reducing health inequalities should provide an economic benefit in the long term. The Marmot Review estimated that in England, if everyone had the same health outcomes as the richest 10% of the population this would: • Reduce productivity losses by £31-33 billion per year • Reduce welfare payments and increase tax receipts by £20-32 billion per year • Reduce direct NHS healthcare costs (which account for about one third of

	the NHS budget) by £5.5 billion per year. The very best case estimate for Central Bedfordshire, based on the population size the figures would be: • £150-160 million reduced productivity losses • £98-156 million saved on welfare payments and gained on tax receipts • £27 million saved on direct NHS healthcare costs These are likely to be significant over estimates because deprivation is much lower in Central Bedfordshire than across England. There is limited evidence on how quickly these economic benefits might be realised once interventions are put in place. For example, quitting smoking considerably reduces the risk of a heart attack within months, but improving early years development might take a few years to produce improved educational attainment and a couple of decades to result in fewer NEETs and unemployed. Improving the nutrition of girls and young women will have benefits for their health as well as their babies, but the full economic benefit of their improved health would only be seen when those babies are in their 50s and 60s when they don't have to stop working before state retirement age due to ill health.
7.	It is important to tackle health inequalities across the social gradient proportionate to need; not just trying to raise the health of the bottom 10%, but trying to improve the health of everyone who is not as healthy as the most advantaged in our community. Resources will need to be allocated proportionate to need and in the areas where the greatest improvement is required which will require commissioners to determine how need varies across Central Bedfordshire and to monitor activity at a finer level than they may have been used to historically. This may require some organisations to collect data in a different way so that inequalities can be seen. Ultimately it may be that some existing services or commissions will need to be reconfigured.
8.	The actions outlined in paragraph 3 provide suggested mechanisms for assurance that health inequalities will be reduced. The board are asked to consider whether there are additional actions it would want to see implemented.

Risk Analysis

Identified Risk	**Likelihood**	**Impact**	**Actions to Manage Risk**
Financial settlements for partners may directly impact upon the delivery of the recommendations	Medium	Medium	Commissioning arrangements to ensure provision across the social gradient proportionate to need within budget constraints. Decisions about investment and disinvestment will be based on evidence of effectiveness and impact
The Health	Medium	Medium	A communication plan to ensure

Inequalities report does not influence the commissioning decisions of partners			that partners are aware of the final strategy is being developed and capacity has been identified within the Public Health Team to deliver this. The Equality and Diversity assessments could be examined to ensure that they take account of health inequalities as well as protected characteristics.

Source Documents	**Location (including url where possible)**
'Fair Society, Healthy Lives', The Marmot Review. Strategic Review of Health Inequalities in England post-2010. February 2010. ISBN 978–0–9564870–0–1	http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review
JSNA - Joint Strategic Needs Assessment	Central Bedfordshire Council's website http://www.centralbedfordshire.gov.uk/health-and-social-care/jsna/joint-strategic-needs-assessment-jsna.aspx

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