

Report to: Cabinet

Date of Meeting: 6 July 2015

Report Title: Reducing Health Inequalities

Report By: Simon Hubbard
Director of Operational Services

Purpose of Report

1. To update Members on work by the NHS Hastings and Rother Clinical Commissioning Group (CCG) to address health inequalities.
2. To outline work being developed by Hastings Borough Council and the CCG as part of the CCG's Reducing Health Inequalities programme.
3. To seek approval for the development and delivery of the projects to be led by HBC within the CCG's programme.

Recommendation(s)

1. **To welcome the opportunity for the Council and CCG to work together to address health inequalities.**
2. **To approve the development and delivery of the projects described in this report, within the financial resources available.**
3. **To authorise the Director of Operational Services to take the necessary steps to develop and deliver the projects in consultation with the Deputy Leader.**

Reasons for Recommendations

1. The Council has long held the position that good health is a key factor in determining the quality of people's lives and that health inequality is a significant outcome of and contributor to poverty.
2. If Members approve the direction outlined in this report it is necessary to provide the authorisations to allow the development and delivery of the funded projects.
3. As public sector budgets shrink it becomes ever more essential for public sector partners to co-operate in addressing issues of exclusion and inequality. This work may help lay the basis for more integrated work in the future.

Introduction

1. This report is intended to update members in regard to the CCG funding passed to Hastings Borough council in the last financial year. This funding is directed specifically at addressing health inequalities and forms part of the specific programme the CCG have developed around this. This programme is firmly based on an analysis that the causes of health inequality are primarily based on:
 - Social, economic and environmental determinants including housing, employment etc.
 - Lifestyles and behaviour e.g. smoking, diet or exercise
 - Access to healthcare and other support services that benefit health

The CCG is clear that these factors are key in influencing health outcomes.

2. The CCG is investing £5 million in an initial programme of work to improve access to healthcare as well as to provide services and projects that encourage and support healthier living. In May 2015, the CCG published a leaflet outlining some of the key priority areas for investment:
 - i. More systematic work to address health inequalities via General Practice and community pharmacy.
 - ii. Work with specialist smoking cessation provider to improve quit rates.
 - iii. Promote awareness, early diagnosis and early treatment of cancer.
 - iv. Increase provision of weight management services.
 - v. Skill the workforce in brief interventions.
 - vi. Work to address mental health needs and the physical health needs of people with mental health problems.
 - vii. Community engagement and consultation.
 - viii. Children, Young People and families.

This leaflet is attached to this report.

3. The CCG's programme, which currently has 55 projects, is based upon East Sussex County Council Public Health department's in depth analysis of the issues of health and exclusion faced in Hastings and Rother. This shows that the seven most deprived wards in East Sussex are in Hastings Borough and 29 of the Lower Super Output Areas (LSOAs) in the CCG are among the most deprived 20% of LSOAs in England. These are concentrated in Hastings and St Leonards. The CCG has an older population structure than England and projections suggest that the percentage of older people will continue to increase. Hastings has a much younger population than Rother, and is more deprived and has poorer health. Compared to England, Hastings residents have significantly worse life expectancy at birth; the wider determinants of health are significantly worse for a range of indicators and many lifestyle factors are worse, particularly smoking rates, levels of alcohol and substance misuse, and the risk of obesity related illnesses. There are high levels of many chronic diseases, relatively high rates of cancer and high rates of accidents, injuries and falls. There is also high mental health need, particularly in

Hastings. The main causes of premature death (under 75 years) are cancer and cardiovascular diseases. In Hastings, the main cause of the life expectancy gap between the most and the least deprived areas is cancer for women whereas for men it is due to external causes (particularly suicide and undetermined injury), circulatory disease and cancer.

4. Reducing health inequality is a key priority of East Sussex Better Together (ESBT). ESBT aims to develop a fully integrated health and social care system by 2018 and provide the best possible services for local people.
<http://www.eastbournehailshamandseafordccg.nhs.uk/about-us/plans-and-strategies/east-sussex-better-together/>
5. The CCG published a report entitled “Reducing Health Inequalities in the Hastings and Rother CCG area” in April 2014. See –
<http://www.hastingsandrotherccg.nhs.uk/about-us/plans-and-strategies/reducing-health-inequalities-in-hastings-and-rother/>
6. It is a concise (given the subject matter) document that analyses the health position of the area including causes of health inequality. There is a review of the position of local communities within the area and the resources available to address health needs. The CCG identified priorities which required investment. This approach embraces both the national review led by Professor Marmot which identified the key role of wider social and economic policy in determining health outcomes. These factors are a good start for children, fair employment, standard of living, sustainable communities/places and ill health prevention activities. The CCG also has taken into account the National Audit Office Review of Inequalities in Life Expectancy also published in 2010. This identified the broader issues impacting upon health, but crucially that NHS services intended to address these issues were not necessarily delivering value for money or sufficient impact.
7. This analysis sits well with the Council’s own policies, particularly our policy on poverty which stresses bad health as an outcome of poverty and also as a contributor to people becoming exposed to poverty in the first place.

Joint work between HBC and CCG

8. The CCG approached Hastings Borough Council in early 2015 to see if HBC was interested in working together to deliver action addressing health inequalities where priorities are connected with the Council’s role or expertise. After consultation with the Leader this was agreed and funding totalling £602K was transferred between the CCG and Council to enable this to happen. This funding is not time limited, but clearly both partners would wish the money to be making an impact as quickly as possible.

9. HBC and the CCG are required to ensure the funding is used in accordance with the CCG's Reducing Health Inequalities programme and needs to be in line with Council priorities. This necessitates developing projects in the framework of CCG decision making processes and gaining formal approval from elected members to proceed with the projects. This is a significant piece of work involving not only project development but the establishment of suitable monitoring arrangements and the review of the impact of the agreed projects. These costs can be drawn against the funding available from the CCG. This work has been undertaken in addition to previously agreed officer workloads in order to ensure the potential value of this initiative is exploited.
10. All projects must affect health inequalities, align and add value to the CCG's programme and must not duplicate current services. Projects are still in development but the substantial progress has been made. This has involved the input of a wide range of services and partner organisations, reflecting the potential additional value of the Council contribution to improving health outcomes which might be developed in the future. Although the funding is too short term to impact on health outcomes it is important that outputs for excluded or disadvantaged groups are clearly identified in project development.
11. It should be noted that what is intended is not just to deliver services, but to develop new skills and perspective in HBC staff, local NHS staff and other key stakeholders including local businesses and the community which will enable the health needs of the most vulnerable to be addressed in a more systematic way. For instance, the real benefits of exercise in addressing some types of chronic ill health are not realised because links between health practitioners and activity providers need strengthening. Staff and volunteers are often ignorant of what others are providing and the role the private sector might play in providing good health has not been sufficiently considered and encouraged by the public sector. Lastly, it is intended that this work stream will embrace consultation and engagement about how future health and wellbeing services are delivered in community facilities and venues in Hastings, St Leonards and Bexhill, and the CCG has ringfenced £200k from the £602k budget for this work. This could lead to continuing work around the implementation of any agreed strategy. Innovation is therefore key to this process.

It is important to note that the projects the Council is leading and delivering are only part of the CCG's broader programme. The projects are not intended to address all health inequalities, but it is hoped this may mark the beginning of a deeper involvement by the Council in health related work.

Project Development

12. Work is being developed in a number of workstreams relating to the CCG's strategic priorities or the need to ensure value for money and performance across

the programme. Depending on the stage of CCG decision making projects require a project proposal in some cases and a business plan in all cases.

Thematic Area	Project(s) Development Stage
Housing	<p>National evidence base identifies that tackling homelessness has an impact on health outcomes and can reduce reliance on primary and secondary health care services. HBC are working with the CCG, ESCC, Homeless Link and Seaview to develop specialist health, housing and support services for rough sleepers and the street community. A meeting on 16th June developed these themes further.</p> <p>A further project is currently being scoped that will train front line primary care staff in the opportunities available to help tackle the health related effects of cold/damp homes and trips and falls in the home. The project will look at maximising referrals into existing initiatives, such as the Winter Home Check Service (commissioned by ESCC Public Health) and will also look to develop a delivery model for medium scale home improvements to tackle cold/damp (e.g. damp proofing, heating and insulation, draught proofing) and trips and falls (e.g. handrails, even floor surfaces, level thresholds, safety glass, etc.). This will help reduce the burden and cost to primary care, e.g. GP surgeries by maximising prevention opportunities.</p>
Preventing ill health	<p>The project proposal is for Leisure Services to implement defined elements of the 'Let's Get Moving' behaviour change programme within the Primary Care setting. It is designed to assist practitioners in guiding inactive adults towards physical activity, for the prevention and management of chronic disease. The proposal is to fund i) a part time project worker to set-up and co-ordinate the project, ii) training of local deliverers and iii) evaluate the impact</p> <p>This outline initiative has prior CCG approval and is included in the CCG's action plan. Costings and delivery options have been drafted and submitted to the CCG for further comment. Timescales have yet to be finalised.</p>

Thematic Area	Project(s) Development Stage
Developing knowledge/skills in staff to promote health and wellbeing	<p>The project proposal is that Environmental Health will employ a dedicated environmental health officer to encourage and support large and small local businesses and HBC customer facing staff to participate in proven initiatives that will help their staff and customers to make healthy lifestyle choices. For example:-</p> <ul style="list-style-type: none"> • Workplace wellbeing awards schemes for businesses. • Training and information for HBC staff and businesses that will encourage referral to healthy lifestyle services on matters such as mental health, obesity, smoking etc. This would include delivering tailored training/briefing sessions for HBC staff and businesses so that they can promote mental and physical health and wellbeing linked to HBC’s regulatory role, such as smokefree workplaces and public places, food hygiene and occupational health and safety. • Ethnic minority businesses are intended to be a major focus for this work impacting both on the business and the health of the families and staff in these enterprises. A better offer will also increase the attractiveness and potential trading position of minority businesses.
Engage with and provide appropriate interventions to groups that experience health inequalities	<p>(a) This project will be delivered by Sussex Coast College Hastings (SCCH). The project proposal is that 20 x 10 week courses to be delivered across 2 years reaching 180 long term unemployed people and those with mental health and other long term health problems which prevent them for engaging in current adult education which is available. This non award bearing course will link with other provision giving a pathway to employment.</p> <p>The provision is bespoke and tailored to the needs of individuals and/or community groups. Community partners to decide the subject matter of the provision based on the needs of the local area, which could be family learning (encompassing functional skills), healthy eating and cookery classes, art classes, ICT with an emphasis on digital inclusion or personal development and confidence building.</p> <p>This proposal links to the current delivery of community adult education coordinated by SCCH, and aims to link to other CCG education initiatives and DWP provision. The model will build on the successful education provision which was supported by the Coastal Communities Fund [CCF] Round 1 and further encourage referral from health</p>

Thematic Area	Project(s) Development Stage
	<p>practitioners.</p> <p>(b) An Independent Domestic Violence Advisor(s) (IDVA) will be provided at the Conquest Hospital Hastings. IDVA's are specialist caseworkers who in the East Sussex, Brighton and Hove Service predominantly focus on working with high risk victims, those at risk of murder or serious harm. In Hastings the Council fund some additional IDVA capacity to also support medium risk victims.</p> <p>Objectives :</p> <ul style="list-style-type: none"> • To reduce Domestic Violence crime • To provide coordinated support to victims • To make victims safer and improve their health • To enable more families to stay safely in their own homes • To Reduce repeat victimisation and attendances at A&E • To increase the number of perpetrators going to court and being prosecuted • To reduce demand on the health service • To deliver training and provide referral pathways to hospital staff. <p>(c) The project proposal is to further develop the role of Hastings Domestic Violence Co-ordinator / domestic violence champion building on local and national best practice.</p> <p>The post holder would be intended to act as a local Domestic Violence champion with a particular focus on the local NHS. Extensive networks have been established encouraging victims to report incidents of domestic violence, facilitating DV awareness training and enhanced support and early intervention. The post holder would undertake preventative work aimed at reducing the impact on local services, particularly in the NHS, reducing demand on services treating the physical and psychological harm caused by domestic violence / abuse.</p>
<p>Engagement and consultation on Community Health and wellbeing centres in Hastings, St</p>	<p>A small project management group is being established to take forward the engagement and consultation work. This will include the local NHS, HBC, RDC, and ESCC, local community and voluntary sector organisations and other key stakeholders as appropriate. The group will oversee the consultation exercise and appoint a consultant to develop options for Health and Wellbeing Centres in existing community venues. The work of the group will need to particularly embrace the views of local</p>

Thematic Area	Project(s) Development Stage
Leonards and Bexhill	communities facing significant issues in accessing health services. This exclusion can be in geographical areas where poverty is concentrated or more widely spread groups with particular needs. It will be essential to ensure that consultation is well run and only absorbs the finances required for its delivery. The CCG has additional programme funds to implement in the outcomes of the consultation.
Monitoring and evaluation	It will be critical to ensure the value of this work and its potential moving forward is assessed independently. HBC will work with the CCG to utilise an external academic review to undertake this evaluation and identify longer term approaches. Again this will need to be done in a cost effective way which absorbs the minimum resources required.

13. Around £11K has been released to support initial project development. RJP Consulting has been engaged to provide input toward:

- Developing a consistent approach to project development and delivery and programme management
- Gap analysis in relation to action on cold/damp houses and developing intervention
- Development work on Homeless/housing outreach options
- Strategic gap analysis and project placement/development around domestic violence
- Work with academic institutions, HBC and CCG to develop an agreed marketing and evaluation framework

Development costs will be spread over the different projects in the scheme rather than identified as a separate item. Additionally, Environmental Health have engaged a specialist contractor who previously developed projects around the health promoting role of businesses.

Policy Implications

14. If successful, these projects should begin work to reduce health inequalities and impact positively on:

- a. Reduced health inequalities should contribute towards greater community cohesion and sustainability. Health issues are a significant cause of exclusion and impose significant problems at a personal and community level.
- b. Crime and fear of crime, particularly on issues of domestic violence

- c. Local people's views, particularly through work around consultation and engagement on the delivery of health and wellbeing services in community facilities and venues
 - d. Anti-poverty as health inequalities are widely recognised as both a development and outcome of wider economic exclusion
- However, it is important to note that only longer term work will produce significant outcomes for local people.

15. The work programme will need to be contained within the resources allocated by the CCG, currently £602k.
16. It is not believed there are financial implications to the Council providing the costs of delivering this work are contained within this sum.

Next steps

17. It is anticipated that this programme should be substantially agreed and running by the end of September 2015. Approval for projects will be made in conjunction with the Deputy Leader who is acting as Lead Member for this work.

Wards Affected

All

Policy Implications

Please identify if this report contains any implications for the following:

Equalities and Community Cohesiveness	✓
Crime and Fear of Crime (Section 17)	✓
Risk Management	
Environmental Issues	
Economic/Financial Implications	
Human Rights Act	
Organisational Consequences	
Local People's Views	✓
Anti-Poverty	✓

Additional Information

Leaflet – Reducing Health Inequalities Programme

Officer to Contact

Simon Hubbard
shubbard@hastings.gov.uk

