

OVERVIEW & SCRUTINY

Marmot Review - next steps 10 December 2014

Report of Chief Officer (Health and Housing) and Director of Public Health, Lancashire County Council

PURPOSE OF REPORT

To determine whether Overview and Scrutiny Committee wish to undertake a piece of work on Health inequalities and if so, how this might be carried out.

This report is public.

RECOMMENDATIONS

- (1) That the committee decides whether they wish to undertake a joint piece of work with Lancashire County Council on reducing health inequalities in our district.**
- (2) Subject to the approval of recommendation 1, that the committee request officers from both city and county council to scope the work and report back to a future meeting.**

1.0 Introduction

- 1.1 In October at the request of this committee, Dr Mike Grady, a member of the Marmot review team, gave a presentation on the findings of the Marmot review.
- 1.2 The Marmot review was commissioned by the Secretary of State to develop the most effective strategies for reducing health inequalities in England. In general the evidence showed that the lower an individual's socioeconomic position, the worse their health. Attempts to improve health equity therefore needed to be predicated on addressing the wider social and economic determinants, such as levels of education, economic status, housing, work and power relations.
- 1.3 Furthermore, in addressing health inequalities the review asserts that it is not sufficient just to focus on the bottom 10 per cent because health still needs improving across the social gradient. Hence universal action is needed on a scale and intensity that is proportionate to the level of disadvantage.
- 1.4 Key to Marmot's approach to addressing health inequalities is to create the conditions for people to take control of their own lives. This requires action across the social determinants of health and beyond the reach of the NHS.

This places renewed emphasis on the role of local government, who along with national government departments, the voluntary and private sector, have a key role to play.

2.0 Details

It is within the context of the key role statutory and third sector organisations beyond the NHS have in addressing social determinants of health that this committee might wish to examine what we can collectively do in partnership to reduce health inequalities in the Lancaster district.

The case for action in our district is clear. The evidence shows that for males the difference in life expectancy at birth between our least and most deprived wards is 10.1 years. There are other areas where our district performs worse than the England average such as

- Smoking related deaths (35 years and over) and smoking in pregnancy
- Early deaths from heart disease and stroke (under 75 years)
- Road injuries and deaths

Inevitably, some actions are long terms actions which will take many years to have an impact but there will be other actions that can be implemented in the short and medium term which will start to redress the balance as soon as they are implemented.

Dr Grady's presentation is attached for information as Appendix A. The six key policy objectives the review recommends action on are:

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

It can be seen that there are several areas that O&S could usefully scrutinise including Members' community leadership role, scrutiny of partners' role in addressing health inequalities, effectiveness of our partnership working with county council, clinical commissioning group (CCG), police and third sector, etc and reviewing our own council policies and our employment practices.

Undertaking some work on health inequalities/health and wellbeing is timely as the NHS has just published a five year forward plan setting out a clear direction for the NHS – showing why change is needed and what this will look like. There is consensus that the future health of millions of children, the sustainability of the NHS and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health. The NHS will focus much more now on prevention of ill health than ever before. This presents us with the perfect opportunity to work with the CCG especially in terms of engaging communities, facilitating behaviour change and building communities assets.

3.0 Conclusion

- 3.1 Health inequalities need to be addressed to safeguard the future health of our communities and secure economic prosperity. There is a robust and well-evidenced business case for national and local action to address health inequalities through concerted action. Local councils have a vital role in building the wider determinants of good health and working to support individuals, families and communities. Taking action relates strongly to the core business of local councils as local leaders for health improvement and the reduction of health inequalities.

CONCLUSION OF IMPACT ASSESSMENT

(including Health & Safety, Equality & Diversity, Human Rights, Community Safety, Sustainability and Rural Proofing)

Addressing health inequalities would be targeted at those suffering the greatest inequity and therefore this could only have a positive impact.

LEGAL IMPLICATIONS

No specific legal implications as a result of this report.

FINANCIAL IMPLICATIONS

There are no direct financial implications as a result of this report should Overview and Scrutiny Committee decide to undertake the recommendation as set out in the report. Officer time and some council resources will be required to support the project and this would be from within existing officer capacity and budgets.

OTHER RESOURCE IMPLICATIONS

Human Resources:

Any work would be supported from within existing officer resources.

Information Services:

None identified

Property:

None identified.

Open Spaces:

None identified

SECTION 151 OFFICER'S COMMENTS

The Section 151 Officer has been consulted and has no comments.

MONITORING OFFICER'S COMMENTS

The Monitoring Officer has been consulted and has no further comments.

BACKGROUND PAPERS

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