SCRUTINY REPORT

Bury Council

MEETING:	**Health Scrutiny**
DATE:	**18th July 2023**
SUBJECT:	**Bury's Approach To Addressing Health Inequalities.**
REPORT FROM:	**Jon Hobday, Director of Public Health.**
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1.0 BACKGROUND

1.1 Health inequalities are differences in health between groups of people that are avoidable and unfair. Reducing health inequalities is one of the main aims of Bury's 2030 LET'S Do It! Strategy.

1.2 Health inequalities are caused by lack of access to the basic building blocks of health, such as money, housing, education, and food. Because of this tackling health inequalities needs the whole system to act.

1.3 This paper outlines ongoing and future work in Bury to reduce health inequalities.

1.4 This is overseen by Bury's Health and Wellbeing Board using the Greater Manchester Population Health System Framework. This framework aligns well with the LET'S principles.

1.5 A wide range of work has already been done to address health inequalities. This includes a comprehensive refresh of Bury's Joint Strategic Needs Assessment; a position paper to frame the problem; and a range of projects and programmes organised under the four pillars of the Greater Manchester Population Health System Framework.

1.6 Immediate priorities include work to tackle the main contributors to the gap in life expectancy in Bury (cardiovascular disease, cancer, liver disease), and to promote health early in life. Next steps will be to review corporate plans to identify which areas have the greatest potential to improve health and reduce inequalities in health, and to support those areas to maximise their benefits to health and health equity.

2.0 ISSUES

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Context: health inequalities in Bury

2.7 Health inequalities are differences in health between groups of people that are avoidable and unfair. This means people are dying years early and spending more of their lives ill.

2.8 Health inequalities are caused by differences in access to the basic building blocks of health. These include good jobs and enough money to live well, safe affordable homes, healthy food, healthy environments, and access to high-quality healthcare.

2.9 The gap between the ward with the highest life expectancy and the ward with the lowest life expectancy was 7.1 years for males and 7.3 years for females for 2016-2020. The gap in life expectancy is caused by higher rates of death from several major killers in more deprived areas including heart disease, stroke cancers, liver disease, and (in 2020 and 21) COVID-19.

2.10 There are also stark inequalities in illness and disability across Bury. Inequalities in work-limiting illness and disability are especially pernicious because they limit employment, and through that access to building blocks of health like money, housing, and quality food. The major causes of illness and disability in Bury are low back pain and musculoskeletal conditions, migraines, mental illness particularly anxiety and depression, and diabetes.

2.11 This hurts individuals, households, and communities. It is also a barrier to economic growth: around a third of the gap in economic productivity between the North and South of England has been attributed to higher levels of poor health in the North.

2.12 Although health inequalities are most often described in terms of deprivation and ethnicity, there are systematic differences in health between groups of people defined in other ways. It is important to note that some smaller populations experience the starkest health inequalities. These include people with learning disability or severe mental illness, sex workers, people in contact with the criminal justice system, homeless people, refugees and asylum seekers.

2.13 The Bury LET'S Do It strategy is a health inequalities strategy. A major aim is to improve quality of life as measured by inequalities in life expectancy. Its other aims address the most important building blocks of health. A wide range of action across the whole council and its partners on health inequalities flows from this.

Our approach to addressing health inequalities

2.14 Our approach begins with data. We have completely re-worked Bury's Joint Strategic Needs Assessment (JSNA). The JSNA provides a thorough overview of population health in Bury, including inequalities in health.

2.15 We have also produced a health inequalities position paper that summarises the evidence and our plans in an accessible format. This paper uses an evidence-based framing of the problem of health inequalities in a way that promotes a systems-thinking approach. Our aim is to make it clear that health inequalities exist because of a complex web of interconnected causes, and therefore the only solutions are those that engage the full range of system partners in our response.

2.16 Recognising this, we need a strategic framework that can accommodate the wide range of responses to health inequalities, from improving access to quality healthcare to addressing poverty and inequality. We are using the Greater Manchester Population Health System Framework, which was adapted from the King's Fund's 'vision for population health'. This model uses four 'pillars' to describe areas of work that are necessary for improving population health and reducing health inequalities, as well as emphasising the importance of areas of overlap between them. In the Greater Manchester framework these are described as:

a. Wider determinants of health;

b. Behaviours and lifestyles;

c. Public service reform; and

d. Place-based and person-centred approaches.

2.17 This model will inform a refresh of Bury's public health outcomes framework (in progress), which will reflect the four pillars above.

2.18 This model is used by Bury's Health and Wellbeing Board to set its agenda. The Health and Wellbeing Board is constituted as Bury's standing commission on health

inequalities. The Health and Wellbeing Board is supported by a Population Health Delivery Partnership. This board is a working-level meeting which is intended to be the place where practical problem-solving and systematic thinking about solutions is done.

2.19 These structures exist to bring the widest possible range of partners into the work of tackling health inequalities. This includes partners in planning; environmental health; housing; business, growth, and investment; transport; education; law enforcement and emergency services; healthcare commissioners and providers; voluntary, charity, community, and faith organisations.

2.20 Although not all of the work to reduce health inequalities is directly overseen by the Health and Wellbeing Board, it does have a responsibility where necessary to challenge partners and to hold them to account for doing what they can to reduce health inequalities.

2.21 As well as supporting key outcomes in the LET'S Do It! Strategy, the approach above connects directly to the principles that underpin that strategy:

2.22 **Local**: the emphasis on place-based and person-centred approaches puts the 'local' principle at the heart of all our work on health inequalities, much of which is delivered through or with the neighbourhoods. Public health team members are supporting each of the neighbourhood public service leadership teams with data and advice around health and health inequalities in each neighbourhood, drawing on the JSNA and refreshed neighbourhood profiles.

2.23 **Enterprising**: effective use of evidence and evaluation is central to all our work. The public health team provides advice on evidence, evaluation, and research to ensure that our actions are evidence-based, make best use of available resources, and are focused where we can have the biggest impact.

2.24 **Together**: The approach described above is based on partnership working across the whole system. We have put particular emphasis on engaging and working with voices that tend to be marginalised, for example by working with Collaborate Out Loud. Healthwatch and the Bury Voluntary, Community, and Faith Alliance are represented on the Health and Wellbeing Board and Population Health Delivery Partnership and provide important insights into public and service users' experiences and views.

2.25 **Strengths**: as with the 'local' principle, the work is based on building of the strengths and assets of our communities. Again, much of this is achieved by working through the neighbourhoods, and through voluntary, community, and faith sector partners.

Work to date

2.26 The Bury LET'S Do It strategy is a health inequalities strategy. A major aim is to improve quality of life as measured by inequalities in life expectancy. Its other aims

such as improving early years development, educational outcomes, and adult skills; inclusive economic growth; and carbon neutrality address many of the most important building blocks of health.

2.27 Given the breadth of the challenge, there is a wide range of work already ongoing to reduce health inequalities in Bury. The table below summarises some of this work under the four pillars from the Greater Manchester Population Health System Framework.

The Wider Determinants of Health

- Bury council becoming a real living wage employer.
- Promoting healthy workforce charter.
- Input of health into the development of the economic strategy which is essential in reducing inequalities.
- Commission a strong infrastructure organisation which helps to facilitate, support and coordinate voluntary sector organisations to work together effectively across Bury.
- Facilitated cost of living summits.
- Work to target advice to communities at higher risk of excess winter deaths on support with heating bills, and potential support with housing energy efficiency (linking to local energy advice partnership).

Health and Lifestyles

- Having a physical activity strategy that focuses on increasing activity among the least active and in all our communities.
- Having a robust active travel plan which includes significant infrastructure investment, the development of a walking and cycling forum and the role out of bike libraries
- Having a food and health strategy that takes account of food affordability and availability.
- Developing a new wellness service focussed on improving equity.
- Developed drug and alcohol plan which supports ensuring those who experience greatest inequalities get proportionate support.
- Having a robust stop smoking support offer and tobacco control strategy targeting those with highest smoking rates e.g. SMI and routine and manual workers.

The Places and Communities we Live

- Developing a licensing matrix to identify where new alcohol outlets are proposed in areas of already high supply, consumption, and harm.
- Work on developing policies on where new fast-food venues can be opened.
- Worked with grass roots organisations who specialise in hearing community voices through creative methods to engage individuals and groups who may have not previously had their voices/stories heard.
- Promoted PSR and work with and through communities in the form of integrated neighbourhood teams and more latterly the development of the children and family hubs.

An Integrated Health and Care System

- Targeted and tailored vaccination programmes based on data of low uptake rates e.g. work with Jewish community around covid vaccination, working with schools to increase HPV uptake
- Tailoring services to provide place-based services for those who have difficulties accessing services e.g. providing substance misuse clinics in Radcliffe
- Developed the Health and Wellbeing Board as a standing commission for health inequalities where all items need to demonstrate how they are reducing health inequalities and promoting inclusion.
- Developed a cancer inequalities muti-agency working group to identify and address issues contributing to cancer inequalities.
- Supporting work to improve cancer screening programmes and reducing inequalities in bowel cancer screening in East Neighbourhood.

2.28 One specific area of focus is coronary heart disease. Coronary heart disease is the leading cause of death in Bury and one of the biggest causes of the gap in life expectancy between the most and least deprived. The public health team has worked with NHS commissioners and primary care on a programme of work designed to reduce coronary heart disease and reduce inequalities by improving diagnosis rates across deprived and ethnic minority communities and be ensuring that effective interventions reach everyone who can benefit. This has been included as a priority in each of the neighbourhoods, and the public health team is in the process of commissioning extra programme support to the neighbourhoods from the Bury GP Federation. This is on top of the public health team's work on primary prevention of cardiovascular disease through smoking cessation, promoting physical activity and healthy diets, and its work with system partners to minimise risks to people with cardiovascular diseases and other long-term illnesses from hot and cold weather.

Future plans

2.29 The public health team has set priorities on reducing inequalities and overall levels of cardiovascular disease, cancer, and liver disease. These are three of the biggest contributors to the gap in life expectancy, a major outcome for the LET'S Do It! Strategy.

2.30 We are also prioritising early years, as the evidence shows that health inequalities accumulate from the point of conception and compound through life, and that the greatest gains to health are to be had from improving the health of children. This also supports the aim in LET'S Do It! to improve early years development and educational outcomes, both important building blocks of health.

2.31 Beyond these initial priorities, we plan to have a clear outcomes framework for our Health and Wellbeing Board, which measures the impact of the work taking place which we know contribute to reducing inequalities. In addition, we intend to review the wider corporate plans to understand which areas of current work have the greatest potential to reduce health inequalities. Tools like Health Impact Assessment and Health Equity Assessment exist to help organisations maximise the health and health equity benefits of projects and policies and to minimise harms. We have identified and are investing in training in these methods with the aim of using them to support partners across the system to maximise their benefits to health and health equity.

2.32 We will continue to use the governance structures above to engage partners across the system.

3.0 CONCLUSION

That the Committee:

- Notes the contents of the paper;
- and Endorses the continued work to address health inequalities.

List of Background Papers:-

The Bury LET'S Do It strategy
Bury's Joint Strategic Needs Assessment (JSNA).
The Greater Manchester Population Health System Framework,
The King's Fund's 'vision for population health'.

Contact Details:-

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Executive Director sign off Date:______________

JET Meeting Date:__________________