

# Approach to addressing health inequalities

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## **Health Inequalities**

- 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.
- 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



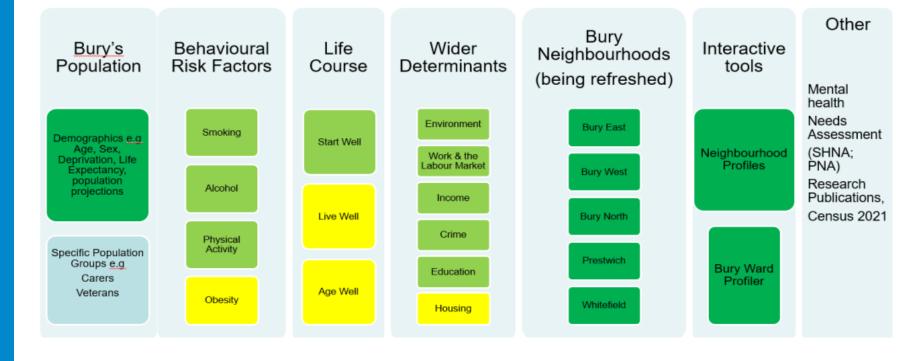
## Systematic approach

- 1. JSNA
- 2. Position paper
- 3. Utilise a framework
- 4. Clear governance and structure
- 5. Identified metrics to review progress



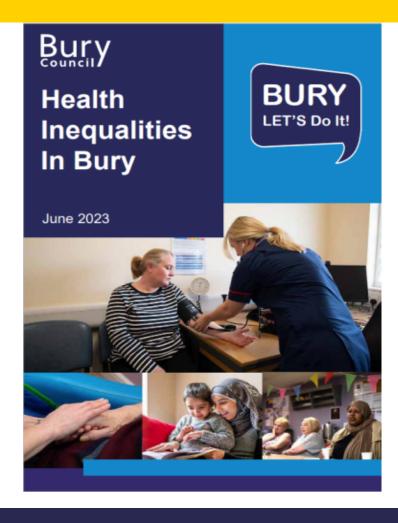
### **JSNA**

https://theburydirectory.co.uk/jsna



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## **Position Paper**





### **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 strayegy targeting those with highest smoking rates e.g. SMI and routine and manual workers.

### The Places and Communities we Live

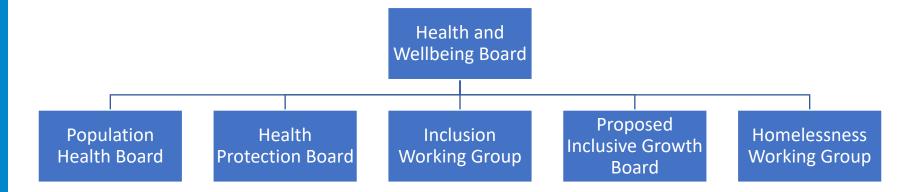
- Developing a licensing matrix to identify where new alcohol outlets are proposed in areas of already high supply, consumption, and harm.
- Work on developing policies on where new fast-food venues can be opened.
- Worked with grass roots organisations who specialise in hearing community voices through 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.

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## Governance



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### **Identified Metrics**

Wider determinants	Behaviour and Lifestyle	PSR/Services	Person Centred/place based
Employment	Smoking	LTC identification	Pt satisfaction measures
Housing	Alcohol	LTC management	Service measures
Environment	Drugs	Screening	
Poverty	Obesity		
	Physical activity		
	Immunisation		