SHEFFIELD HEALTH AND WELLBEING BOARD PAPER

Report of:	Councillor Julie Dore, Co-Chair of Sheffield's Health and Wellbeing Board
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Subject:	Discussion paper: Tackling Health Inequalities in Sheffield
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Summary:

Sheffield's Health and Wellbeing Board is committed to tackling health inequalities and aiming to reduce them as part of its Joint Health and Wellbeing Strategy. Health inequalities are significant in Sheffield, affecting the health of the poorest, disabled and most deprived communities. There are a number of complex reasons as to why this is the case, and the Health and Wellbeing Board is looking to address and tackle as many of them as is possible in the current financial climate.

This paper sets out what each of the Board's organisations is doing to tackle health inequalities, and asks the Board to challenge itself and others to prioritise this work. It builds on the work of the Fairness Commission, which was set up by Sheffield City Council to make a non-partisan strategic assessment of the nature, extent, causes and impact of inequalities in the City and to make recommendations for tackling them. The Health and Wellbeing Board considered the recommendations of the Fairness Commission at its June 2013 meeting.

This paper will form part of a **first discussion** on health inequalities. A second discussion will follow in 2014.

Questions for the Health and Wellbeing Board:

- Is the Board satisfied with the approaches outlined here to tackling health inequalities in Sheffield? Are there further areas that need development and clarity? Are there actions from the Joint Health and Wellbeing Strategy that need a greater emphasis in plans?
- What measures can the Health and Wellbeing Board undertake to encourage partner organisations to prioritise the tackling of health inequalities?

Background Papers:

- Sheffield's Joint Health and Wellbeing Strategy: https://www.sheffield.gov.uk/caresupport/health/health-wellbeing-board/joint-health-and-wellbeing-strategy.html.
- Fairness Commission Report: https://www.sheffield.gov.uk/your-city-council/policy--performance/fairness-commission.html.

TACKLING HEALTH INEQUALITIES IN SHEFFIELD: A HEALTH AND WELLBEING BOARD DISCUSSION

1.0 SUMMARY

Sheffield's Health and Wellbeing Board is committed to tackling health inequalities and aiming to reduce them as part of its Joint Health and Wellbeing Strategy. Health inequalities are significant in Sheffield, affecting the health of the poorest, disabled and most deprived communities. There are a number of complex reasons as to why this is the case, and the Health and Wellbeing Board is looking to address and tackle as many of them as is possible in the current financial climate.

This paper sets out what each of the Board's organisations is doing to tackle health inequalities, and asks the Board to challenge itself and others to prioritise this work. It builds on the work of the Fairness Commission, which was set up by Sheffield City Council with an independent chair to "make a non-partisan strategic assessment of the nature, extent, causes and impact of inequalities in the City and to make recommendations for tackling them." The Fairness Commission report was published on 30th January 2013 and the Health and Wellbeing Board considered its recommendations at its June 2013 meeting.[1]

This paper will form part of a **first discussion** on health inequalities. A second discussion will follow in 2014.

2.0 WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE?

Making improvements and working to tackle health inequalities will make a difference for Sheffield people. The following statements do not represent the full picture of health inequalities in Sheffield, not least as there are differences in health that we do not, or cannot, measure, but they do give a clear indication of the scale of the issue:

- The difference in life expectancy at birth for males, as measured by the Slope Index of Inequality, is 8.7 years, ranging from 74.4 years in the most deprived areas of the City to 83.1 years in the least.
- The difference in life expectancy at birth for females, as measured by the Slope Index of Inequality, is 7.3 years, ranging from 78.7 years in the most deprived areas of the City to 86 years in the least.
- The above two facts also illustrate the difference between men and women.
- Infant mortality rates (per 1000 live births) in Sheffield are 5.5 for White British mothers, 10.9 for Black and Black British mothers, and 13.4 for Asian and Asian British mothers.
- Health deprivation and disability is much higher in the central and eastern parts of Sheffield.

[1] The Fairness Commission was considered at June 2013's Health and Wellbeing Board meeting. The agenda and papers for that meeting can be accessed at: http://meetings.sheffield.gov.uk/council-meetings/health-and-wellbeing-board/agendas-2013/27th-june-2013.

- Smoking in pregnancy is strongly related to socio-economic status and the prevalence of smoking around the time of delivery varies from 0% to 40% across Sheffield neighbourhoods.

Although most of these statistics describe adult health issues, children suffer just as much from health inequalities and are, in many instances, less able than adults to help address this themselves. We need, therefore, to pay particular attention to the health of children in communities with poorer health outcomes.

3.0 MAIN BODY OF THE REPORT

3.1 What do we mean when we use the term 'health inequalities'?

"Health inequalities are preventable and unfair differences in health status between groups, populations or individuals. They exist because of unequal distributions of social, environmental and economic conditions within societies, which determine the risk of people getting ill, their ability to prevent sickness, or opportunities to have access to the right treatments."[2] The 2010 Marmot Review played a particular role in bringing health inequalities to the fore for policy makers.[3]

3.2 What are the Health and Wellbeing Board's priorities in this area?

Sheffield's Health and Wellbeing Board has committed to tackling health inequalities in its Joint Health and Wellbeing Strategy. Outcome 3's aim is to 'reduce health inequalities' and it notes the following nine actions that the Health and Wellbeing Board has committed to working on over the next five years:

1. Promote appropriate gathering of data to better understand the health inequalities in Sheffield and inform approaches to tackling them.

2. Work with partners to agree a coherent approach to strengthening community resilience and social capital, which has a shared understanding of building communities and exploiting community assets, and which supports community-based organisations.

3. Work with partners including planning, transport, education, businesses, community groups, and health and wellbeing services to support coherent, joined-up city localities.

4. Identify which groups are least able to access services and establish reasons for difficulties and the health consequences of this. Work to improve access, prioritise those areas where the difficulties in access have significant health consequences, and simplify how people access care.

5. Ensure every child has the best possible start in life, including: focused action with the most deprived areas and groups, reducing infant mortality, developing strategies that improve parent/child attunement in early years, increasing the uptake of childhood immunisations, reducing the number of under 5s A&E attendances, reducing smoking

[2] http://www.health-inequalities.eu/HEALTHEQUITY/EN/about_hi/health_inequalities.
[3] http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review.

rates in expectant mothers, improving children's dental health, increasing the rate of breastfeeding, reducing teenage conceptions, reducing obesity in children and young people.

6. Recognising that the city has growing numbers of new arrivals, including Roma, develop appropriate strategies to ensure families are appropriately accessing health, social care and education services.

7. Commission disease-specific interventions to tackle poor health in population groups that have worse health, including a programme to improve the physical health of the severely mentally ill or those with a learning disability.

8. Support quality and dignity champions to ensure services meet needs and provide support.

9. Work to remove health barriers to employment through the Health, Disability and Employment Plan.

3.3 What is being done to tackle health inequalities in Sheffield?

For this paper, each of the Health and Wellbeing Board's constituent organisations has been asked to provide some information about how they are working to tackle health inequalities. This information is provided as an opportunity for the Health and Wellbeing Board, and the meeting's public observers and contributors, to challenge the different organisations and commit to working together to focus on achieving the aspirations set out in outcome 3 of the Strategy.

1. Sheffield City Council

The Council recognises that health inequalities are fundamentally a reflection of socio-economic inequalities, and as such will persist as long as we live in a socio-economically unequal City. Our efforts therefore have to be on two fronts: first to reduce socio-economic inequality as much as is possible within the wider external constraints, and secondly to seek to mitigate the adverse health impacts of the poorer socio-economic conditions in which many people live.

Sheffield City Council's work is targeted at those who most need help and support across the City. The Council's three public-facing portfolios are all focussed on improving the wider determinants of health, such as education, employment, housing, health and social care, and building communities. These services are focussed on reducing [health] inequalities and ensuring that those who most need help and support are able to receive it.

The Council monitors the impact of its policies through Equality Impact Assessments. These are a systematic way of assessing the effect that a proposed policy or decision is likely to have on a range of people within the city, for example, people in different geographic locations and different communities of interest and identity (such as lone parents, younger or older people or BME groups and the voluntary and community sector).

In addition, the public health information team is currently scoping options for collection of health, wellbeing and service access and service usage data that would support health equity analysis and a health inequalities action plan (including by socio economic status and protected characteristics). Meanwhile, all existing data are being updated including the latest Slope Index of Inequality in Life Expectancy.

The Council now has lead local responsibility for Public Health. A distributed model of Public Health organisation has been adopted that puts specialist public health expertise into each of the three outward facing Portfolios with the intention of influencing all the Portfolios' business so that it best delivers improved public health outcomes including reduced health inequalities. In addition, the Council's public health team now commissions NHS Health Checks, which is being done in a way that incentivises General Practices to make additional efforts to engage middle aged people from deprived postcodes.

The ring fenced Public Health Grant is a relatively small part of the Council's overall budget, but nevertheless a key consideration in planning for its use in 2014/15 is the extent to which programmes funded through it will address health inequalities. This means that the whole range of services – from sexual health services to oral health promotion or stop smoking services – are designed to have the maximum impact on those in the population whose health is least good.

The newly established *Health and Wellbeing Strategic Outcome Board*, an internal Board within the Council, will take lead responsibility for overseeing all Council activity aimed at reducing health inequalities, and in doing so take over from the former *Health Inequalities Board*. Other *Strategic Outcomes*, in particular *Successful Children and Young People*, also clearly have a major contribution to make.

As well as the Health and Wellbeing Board, Sheffield City Council supports a number of other strategic partnerships across the city, many of which will do specific work focussed on health inequalities. As an example, one of these is the Safer and Sustainable Communities Partnership.

Safer and Sustainable Communities Partnership

The Reducing Re-offending Theme Group of the Safer and Sustainable Communities Partnership seeks to address issues relating to the health needs of offenders as part of its action plan. The plan includes among its objectives: "identify and address gaps in services in relation to offender health needs." The anticipated outcome of the targeted work is that re-offending rates of known prolific offenders decrease through targeted assessment and interventions for substance misuse and health needs.

Additionally the group seeks to develop an Offender Health Plan. Key priorities and activities in the Offender Health Action Plan are to:

- Identify needs and evidence based practice to be used in local plans.
- Influence the commissioning of public health community interventions which will improve the health of offenders.

- Ensure that offenders can access current community programmes to support them to improve their health.
- Support criminal justice organisations to become public health organisations enabling front line staff to support offenders to improve their health and access community health interventions – 'Making Every Contact Count'.
- Introduce profiled testing – key identification of people currently in treatment but still offending commenced in all custody suites from April 2013.
- Increase the number of people on the Drug Intervention Programme (DIP) caseload who are referred and engaged in structured treatment and healthcare.
- Expand the 'Priority to Engage' (P2E) Scheme for drug using prolific offenders.
- Ensure that an effective dual diagnosis strategy is in place that is accessible to all agencies with clear pathways into services developed and review links with Children's Hospital for young offenders.

Other strategic partnerships, such as the Local Criminal Justice Board, are also considering developing health and wellbeing action plans.

NHS Sheffield Clinical Commissioning Group

The CCG is the successor body to NHS Sheffield PCT. Many of the interventions and actions that the PCT put in place, with Sheffield City Council, which addressed the wider determinants of health or are public health initiatives, are now not CCG responsibilities.

However, NHS Sheffield CCG continues to back these actions and will work with Sheffield City Council in support of them, through the Health and Wellbeing Board and by establishing close working relationships between relevant officers of our organisations. However, it has also identified the actions that it, as a clinical commissioning body responsible for commissioning healthcare, can take to reduce health inequalities. It has identified five themes for action:

- Providing high profile clinical support for national and local actions that reduce health inequalities, including public health interventions.
- Supporting individuals to be aware of their own health and their health risks, and to take responsibility for their health.
- Ensuring equality of access to healthcare, targeting resources to areas and populations with the greatest need.
- Commissioning disease specific interventions that are known to help reduce health inequalities.
- Ensuring compliance with the Equality Act, taking action to eliminate any discrimination in the provision of healthcare in Sheffield.

As clinical commissioners, it will act through:

- Contracts and relationships with the Foundation Trusts, VCF and private providers of healthcare to the people of Sheffield.
- Partnership with Sheffield City Council, including our role at the Health and Wellbeing Board, and with the NHS Commissioning Board (particularly with regard to implementing actions in primary care).
- As clinical leaders, influencing GPs and hospital clinicians, and advising patients and the public of Sheffield.

2. NHS England

Primary care

- Sheffield has a multi-disciplinary working group which looks at migrant/BME communities and tries to ensure that a whole system view is taken regarding how they access health, schooling, neighbourhoods etc. Interpreting services are required in pockets of population/CCGs to facilitate safe and effective consultations.
- GP practices report difficulty in attracting GPs to work in practices where there is high demand coupled with high deprivation. This applies across the South Yorkshire and Bassetlaw footprint, and there are a few very small practices in Sheffield that are reporting difficulties in attracting GP partners, although this is due to a number of factors including the existing partnership arrangements and premises.
- Dental contractors are reporting a high uptake of services from migrant populations arriving with extremely poor oral health, and extensive treatment means there is potential for dentists to 'run out of UDA's' (contracted activity) part way through the year. Concerns are being raised that this is impacting on their ability to provide treatments to other patients. We are working with these practices to better understand the impact.
- A Needs Assessment across South Yorkshire and Bassetlaw will be carried out shortly with regard to dental provision. This will be carried out by Dental Public Health (part of Public Health England).

Specialised commissioning

- Part of the baseline analysis supporting the development of the new national strategy is looking at uptake rates and service utilisation linked to geography.
- There is also national work planned with CCGs in five pathfinder services looking at whole pathway issues to ensure there is comprehensive access – for all elements of the community – to all aspects of the whole patient pathway i.e. specialised and non-specialised services. The 5 pathfinder areas are: acute kidney injury, haemoglobinopathy, paediatric services, back pain and forensic mental health.

3. Healthwatch Sheffield

Healthwatch Sheffield is the voice of patients, public, and service users of health and social care services in Sheffield. Its primary role is to encourage a public voice and use that to tackle inequalities in health and social care. They are currently establishing and developing networks so that the widest number of people and communities and put forward their views and contribute to their work. They are also specifically working on the voice and influence of BME communities and Children and Young People are developing strategies around how we better engage with them.

Healthwatch Sheffield has also undertaken several pieces of work around NHS 111, GP Access, Adult Social Care, and Urgent Care to ensure that the public voice is heard regarding changes and issues with these services. They have also shared information with Monitor and the CQC regarding quality assurance and inspections and challenged poor performance of a number of social care settings and providers.

4. The Joint Health and Wellbeing Strategy's work programmes

A good start in life

The Future Shape Children's Health programme (FSCH) was established in 2011 with a remit to reduce health inequalities for the most vulnerable young children. The Children's Health and Wellbeing Partnership Board (CHWPB) receives monthly reports and tracks progress and impact via workstream milestone reports and an outcomes dashboard.

The FSCH programme has:

- Developed an integrated front door model across social care and health for early intervention and prevention and access to specialist services.
- Implemented a new Family Common Assessment Framework (fCAF) in multiagency support teams (in progress).
- Developed an emotional wellbeing and mental health (EWMH) pathway and programme of workforce development, including a differentiated EWMH training package and identification of EWMH champions within midwifery service (in progress in health visiting service).
- Increased the range and number parenting programmes accessed by parents of 0-3s.
- Developed and consulted upon a new citywide Parenting Strategy.
- Developed and submitted a successful Stage 2 application to Fulfilling Lives Better Start lottery programme, focused upon parent-infant attunement, emotional wellbeing, communication and nutrition in the early years.
- Established a smoke-free homes brief intervention for piloting during the 13/14 winter period in Sheffield Children's Hospital A&E targeting parents presenting with u5s with bronchiolitis.

- Widely disseminated common childhood conditions information together with targeted support to families with young children to increase parental knowledge and confidence to avoid unnecessary A&E attendances.
- Delivered a new resourcing model for the Speech and Language service.
- Developed and piloted a new integrated health assessment for complex children in health and social care; this will help meet the requirements of the new Children and Families Act.
- Undertaken a clinical risk assessment of to inform nursing input in Special Schools.
- Undertaken a review of the provision of children's community equipment, providing an analysis of the current approach to access, gap analysis and recommendations.
- Held a very successful Reducing Infant Mortality (IM) Stakeholder event in July 2013 focusing upon ethnicity and the risk factors for IM, leading to a refreshed delivery plan.

Health, disability and employment

It is widely acknowledged that appropriate work is generally good for people and that unemployment can often have a negative impact on health. There is strong evidence that access to work and meaningful activity has a therapeutic value, especially for people with severe and enduring mental health conditions. Moreover, there is evidence to suggest the positive association between work and good health, including mental health. At the same time, it is acknowledged that work should be appropriate to the individual, in relation to the qualifications, skills and experience, health and (dis)ability. Joined up work on work, health and disability may help to reduce inequalities.

The city's Employment Strategy has identified poor health as a barrier to securing employment for a significant proportion of the population and sought to develop a work and health plan for the city. Due to the correlation between poor health and unemployment (or poor employment), increasing good employment and developing pathways to increase employment for those with long term illnesses or disabilities will have a positive impact on health inequalities.

The work will include:

- Developing a clearer referral pathway into employment from primary care.
- A clearer pathway from unemployment into treatment and disability adaptation.
- Increasing employment opportunities for those with disabilities or health conditions.
- Addressing health and disability more effectively in the employment system.
- Trying to develop an employment culture in the City which recognizes the economic benefit of good employment in terms of productivity and absenteeism.
- Providing better opportunities for those with health conditions and disabilities.

Building mental wellbeing and emotional resilience

A range of work is ongoing across the city to build mental wellbeing and emotional resilience. This work includes:

- Social cafes supporting people to make social connections.
- Self-help groups that we have seed-funded and supported.
- Work on tackling stigma (such as mental health week).
- Promoting awareness and support through traditional and digital media and training.
- Targeted preventative work with risk groups (e.g. carers).
- Development work with Activity Sheffield on how people at risk of declining wellbeing can be helped to get more physically active.
- Work on improving access to specialist mental health advice and support for social housing providers and at developing a preventative approach to children and young people's emotional wellbeing.
- Support for major city-wide partnership aimed at tackling loneliness and isolation in people aged over 50.
- Employment of a Community Support Worker with a focus on mental health and wellbeing recently employed.

Food, physical activity and active lifestyles

A new Food and Physical Activity Board has been established under the chairmanship of Graham Moore. This is now meeting regularly, and overseeing the performance of 2 executive groups relating to physical activity and food. These are chaired by Ollie Hart and Jack Scott respectively. Each of these is preparing new citywide strategies, consultation events were held early November, and the strategies are to be presented to and signed off by the Food and Physical Activity Board in January 2014.

The physical activity strategy is also part of the National Centre for Sports and Exercise Medicine ("Olympic legacy") work, linked to the city's "Move More" ambition. The overall intention is to get the whole of the City's population to be more physically active, with a particular emphasis on getting those who are not physically active to do a little, rather than getting those who are physically active to do more. There will also be an emphasis on promoting physical activity in less well-off populations. This approach should have the maximum impact on health, and health inequalities, as there is clear evidence, including a recent report from Public Health England, that levels of physical activity are significantly associated with socio-economic status.

Discussions are also taking place about using the public health grant to support initiatives that promote physical activity. We also hope to be able to make a small amount of public health grant funding available for work to capitalise on the Tour de France visiting Sheffield in July next year, promoting cycling, and to promote "Move More".

The draft food strategy also has a clear focus on health inequalities, with one of the key objectives being to address poverty and the growth of food banks in the City. Again there is copious evidence that diet is linked with socio-economic status, and again we are looking at ways in which the public health grant could be used to support work to promote healthier eating in the City.

The third element of this work is our commissioning of weight management interventions. A cross commissioner healthy weight management group has been established and met once, with the intention of re-commissioning weight management and obesity treatment services.

Supporting people at or closer to home

This work programme has not been fully established at this point due to the likelihood that its objectives will be part of the Health and Wellbeing Board's integration agenda. However, the work on integrating health and social care will have improving and ensuring access to services at its heart, and Sheffield's Health and Wellbeing Board is working separately with NHS England on its approach to primary care in the city.

4.0 QUESTIONS FOR THE BOARD

- Is the Board satisfied with the approaches outlined here to tackling health inequalities in Sheffield? Are there further areas that need development and clarity? Are there actions from the Joint Health and Wellbeing Strategy that need a greater emphasis in plans?
- What measures can the Health and Wellbeing Board undertake to encourage partner organisations to prioritise the tackling of health inequalities?