

Health and Wellbeing Scrutiny Briefing

Date of Meeting: 9th June 2011

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SUBJECT: Health Inequalities Strategy for Cheshire East

PURPOSE: To brief the Scrutiny Panel on progress towards:

- an outline of a Health Inequalities Strategy; and
- the proposed next steps for its development and timescales.

ISSUES:

- A Health Inequalities Strategy for Cheshire East will build upon work already undertaken in this area, to provide a concerted and coherent approach to addressing the significant inequalities in health experienced across the borough. For example:
 - There is a gap in life expectancy within Cheshire East of 10.9 years for males and 16.8 years for females.¹
 - Males can expect to live 13.7 years longer without a disability and females 12.2 years, in some areas of Cheshire East than in others.²
 - People are 4.5 times more likely to die prematurely from cardiovascular disease if they live in the most-deprived 10% of Cheshire East, compared to the least-deprived 10%.³
- A major aim for producing a health inequalities strategy is to provide easy-to-use information, based around clear priorities, for LAPs to use in producing action plans and in developing initiatives that address these inequalities.

¹ Source: Living Well in Cheshire East – a call to action, p10. 'Area' refers to MSOA, a statistical geographical area

² Source: Living Well in Cheshire East – a call to action, p14

³ Source: JSNA, Circulatory diseases mortality data workbook, gap trend (3-year pooled), 2006-2008 figures. Refers to LSOAs, by index of multiple deprivation. Premature death refers to under the age of 75.

The outline

- A proposed outline for a Health Inequalities Strategy for Cheshire East is attached. It divides the strategy into three parts:
 - Part one: A call to action
 - Part two: Priorities for action
 - Part three: Delivery and evaluation
- **Part one** will demonstrate the need for a health inequalities strategy, providing details of:
 - The work already undertaken in Cheshire East on health inequalities;
 - The national context, including the Acheson Report and the Marmot Review;
 - The challenge that exists, providing some figures for unequal health outcomes across the borough;
 - Principles for addressing health inequalities, including the need to address the wider determinants of health; and
 - The priorities for action for Cheshire East.
- We propose to provide information at a LAP level, showing comparisons between LAPs as well as priorities within LAPs across a range of factors.
- The priorities for action will be expanded upon in **part two**. Taken from the CECPCCT Annual Report of the Director of Public Health, we currently propose the priorities to be:
 - Reducing mortality in children under one year of age
 - Reducing the life expectancy gap between those in the most deprived and least deprived areas
 - Reducing mortality rates from heart disease, stroke and related diseases in people under 75
 - Reducing mortality rates from cancer in people under 75
 - Reducing adult smoking rates
- We propose to produce a diagram for each of these priorities to show the factors influencing them, including the wider social determinants, lifestyle factors and services. We also propose to produce an easy to read and remember sheet of the five priorities and headline facts.
- **Part three** will provide details of how the strategy will be delivered and evaluated:
 - The partnership approach, with LAPs producing action plans for implementing this strategy
 - The role of the Health and Wellbeing Board in the governance of this strategy and the work of the LAPs.

Factors to be decided

- A number of factors will need to be decided upon in order to progress the development of this strategy:
 - The priorities to be used
 - The indicators for evaluation
 - The level at which the information should be provided (likely to be MSOA)
 - The comparisons to be made – whether comparisons are relevant, and should these be with the North West average or England average
 - The information to be provided, keeping in mind a need to fit in with JSNA information
 - A user-friendly name for the strategy

Proposed next steps

- An initial draft strategy will be circulated for comments within this group. We aim to present a draft to the Transition Board in July. Further discussion of priorities and aims may be needed at this stage.
- A briefing on the draft Health Inequalities Strategy will be presented to the Health and Adult Social Care Scrutiny Committee on 9th June for the Committee's input.

RECOMMENDATIONS:

It is recommended that the Scrutiny Panel notes:

1. The outline Health Inequalities Strategy for Cheshire East as the basis for further drafting work
2. The proposed next steps for developing the strategy:
 - a. Meeting with a group of relevant officers from PCT and CEC; and
 - b. Aim to present a draft to Transition Board meeting in July.
 - c. Provide a briefing on draft strategy to Scrutiny on 9th June.

ATTACHMENTS:

1. Outline of draft Health Inequalities Strategy for Cheshire East
2. Draft 5 priorities and headline facts

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