



Leicester
City Council

WARDS AFFECTED
All

FORWARD TIMETABLE OF CONSULTATION AND MEETINGS:

**Health Overview and Scrutiny
Cabinet**

11th September 2007)
17th September 2007

Health Inequalities: Supporting the Leicester City Action Plan

Report of the Corporate Director, Adults and Housing Department

1. Purpose of Report

- 1.1 This report outlines the key findings of a recent Health Inequalities assessment and notes the actions developed to address these issues, highlighting where Leicester City Council can support the plan.

2. Summary

- 2.1 The National Support Team for Health Inequalities (NSTHIq) visited Leicester in March 2006 to undertake a review of work to address the main health inequality issues. This work engaged a wide range of health professionals, local authority staff and key partners. The team's conclusions have been translated into an action plan focusing on 5 key areas.
- Cardiovascular disease
 - Cancer
 - Tobacco control
 - Infant mortality
 - Preventing excess seasonal deaths
- 2.2 The Children and Young People's Partnership have adopted infant mortality for action. The Older Persons Strategy and Implementation Board will oversee work to prevent excess seasonal deaths.
- 2.3 The remaining three issues (cardiovascular disease, cancer and tobacco control) have been agreed by the Joint Corporate Director's Board / PCT / Leicestershire Constabulary Group as the priority areas for work to improve health issues in Leicester.

- 2.4 The full action plan is attached at Appendix 1. The areas that have been identified where Leicester City Council could make a positive contribution are outlined in the main report below.
- 2.5 Work to tackle health inequalities is consistent with the Council's key priorities, specifically the cohesion and health and wellbeing strands.

3. Recommendations (or OPTIONS)

Cabinet is recommended to: -

- 3.1 Note the action plan and leads, specifically those areas highlighted where the Council could make positive contributions
- 3.2 Make any comments it may have
- 3.3 Receive progress reports from lead officers

4. Report

- 4.1 Leicester was chosen as a pilot site for the NSTHIq review due to its status as a Spearhead Local Authority. The gap between Leicester's health, reflected in life expectancy, and other authorities is widening. In effect, those health inequalities that are known to exist, placing Leicester in the bottom quartile of local authorities, are getting worse.
- 4.2 Following the conclusion of their investigatory work in Leicester, to establish what progress was being made on key health issues the NSTHIq has supported the Interim Director of Public Health to develop an action plan. The NSTHIq will continue to assist the PCT and partners in taking this forward. As Cabinet lead for Health and Wellbeing, Councillor Mrs Sood has been engaged in the initial work.
- 4.3 Detailed action plans have been developed for tackling cardiovascular disease (CVD), cancer and tobacco control. These are seen as the immediate priorities due to their impact on life expectancy.
- 4.4 A point made strongly by the NSTHIq was the need to build on pockets of good work to develop a systematic approach to interventions.
- 4.5 The NSTHIq make reference to several areas where joint work between the Local Authority and PCT could improve the health agenda. A summary is provided below and more detailed information can be found in Appendix 1.

4.6 Information and communication

It is suggested that a joint structure for information and communication across the LA and PCT could be beneficial. The concept of 'branding' (for example the current 'Healthy Leicester' logo) has been given some early consideration by the Public Health

Directorate. It is proposed that this issue be raised as an agenda item on the next CDB / PCT / Police meeting.

Provisional Council lead – Head of Communications

4.7 **Director of Public Health**

The need for agreement on the detail of the DPH post was identified. This has been completed and the post was advertised on 10th July 2007. The post holder will require guidance to work effectively in this new role.

Provisional Council lead – Chief Executive

4.8 **Leicester Partnership**

It was noted that some freestanding groups, e.g. Tobacco Alliance, needed to be linked in to the Leicester Partnership, to strengthen lines of accountability. Work is underway to develop terms of reference for a Leicester Tobacco Control Group.

Provisional Council lead – This work will be tied into the arrangements for the Health and Wellbeing Partnership Board – see below

4.9 **Health and Wellbeing Partnership Board**

This board will commence in September 2007, replacing the public health partnership Executive Group. This new board will be responsible for the delivery of the Healthier Communities & Older People block of the Local Area Agreement and will be chaired by the PCT Chief Executive, Tim Rideout. The board requires high-level representation from officers and Members with relevant portfolios.

Proposed Council lead – Service Director (Older People) supporting Cabinet lead for health and wellbeing & Corporate Director (Adults & Housing)

4.10 **Matrix Working**

It was recommended that matrix working be investigated, to promote cross-organisational working within a clear accountability framework. This is being taken forward by Oliver Newbould, Director of Service design and market Management, in the PCT.

Provisional Council lead – Service Director, Strategy, Commissioning, Performance & Business Support

4.11 **Neighbourhood Working**

It was noted that there needed to be robust health input to the Area Committees and Neighbourhood fora. It has been noted that extensions to the number of area-based fora would challenge the resources of the organisations in ensuring appropriate and consistent representation.

It was also suggested that any social marketing / segmentation information that is available, for example the recent work on the Dr Foster market segmentation analysis, should be shared with local fora, to inform discussions. This work is being progressed by the interim Director of Public Health and will be supported by the use of NRF funding in this year.

Provisional Council lead – Corporate Director of CYPS / Corporate Director (Resources)

4.12 **Community Development**

There is felt to be a need for work to evaluate the resources used for community development across the organisations. A proposal to undertake this with the support of a consultant is being considered.

Provisional Council lead – Director of Partnership, Performance & Policy

4.13 **Tobacco Control**

A range of issues were highlighted, including communication opportunities post smoke-free legislation implementation, systems integration to promote links between those engaged in various aspects of cessation work and the use of social marketing information to improve targeting. It is anticipated that the Leicester Tobacco Control Group will coordinate this work.

Provisional Council lead – Service Director (Older People) supporting Cabinet lead for health and wellbeing

5. **FINANCIAL, LEGAL AND OTHER IMPLICATIONS**

5.1. **Financial Implications**

There are no direct financial implications arising from this report
This report reflects the view that Leicester City PCT is the primary funder of health improvement work but that the Council should support this. Accordingly no new resource allocation is requested.

Rod Pearson, Head of Finance
Ext. 8800

5.2 **Legal Implications**

There are no direct legal implications arising from this report

Kamal Adatia, for the Head of Legal Services
Ext. 7044

6. **Other Implications**

| OTHER IMPLICATIONS | YES/NO | Paragraph Within Supporting information | References |
|-------------------------------|----------|-----------------------------------------|------------|
| Equal Opportunities | Y | Throughout | |
| Policy | N | | |
| Sustainable and Environmental | N | | |
| Crime and Disorder | N | | |

| | | |
|------------------------------|----------|-------------------|
| Human Rights Act | N | |
| Elderly/People on Low Income | Y | Throughout |

8. Report Author

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DECISION STATUS

| | |
|--------------------------------------|-----------------------------------------|
| Key Decision | Yes |
| Reason | Significant effect on one or more wards |
| Appeared in Forward Plan | Yes |
| Executive or Council Decision | Executive (Cabinet) |