



Leicester  
City Council

Cabinet

12<sup>th</sup> May 2008

## Health Inequalities: Position Report April 2008

### Report of the Corporate Director, Adults and Housing

#### 1. Purpose of Report

- 1.1 Leicester City Council is working with Leicester City PCT to develop a framework for tackling health inequalities. The Acting Joint Director of Public Health (DPH) is leading this work.
- 1.2 A report prepared by the Acting Joint DPH was presented to the PCT board and is available for partners. It is attached for Cabinet's information, to provide a summary of the follow up meeting held with the National Support Team for Health Inequalities on 26 February 2008. The report identifies further recommended actions and the assistance available from the National Support Team.
- 1.3 This covering report highlights the issues that have most relevance to the work of the Council.

#### 2. Summary

- 2.1 Health inequalities are one of the biggest challenges facing Leicester City. The poor health experience of some of our citizens, against the national position and when compared across local communities, is stark. Leicester citizens can expect to die 2 years earlier than the national average and in our most deprived communities, up to two years earlier than the Leicester average.
- 2.2 The Department of Health's National Support Team for Health Inequalities visited Leicester in Spring 2007. They made a range of recommendations, which resulted in a draft action plan being developed across 5 key strategic areas: -
  - Cardiovascular Disease
  - Cancer
  - Tobacco Control
  - Infant Mortality
  - Seasonal Excess Deaths

- 2.3 A report to Cabinet on 17<sup>th</sup> September 2007 outlined the key issues arising from the visit and the first draft action plan that had been developed.
- 2.4 Since this date the Council has undergone its Corporate Assessment process in January 2008. Whilst the draft report is still awaited the verbal feedback given indicates that health inequalities will emerge as an area for significant improvement in partnership with the Primary Care Trust and others.
- 2.5 Consequently it is important for Cabinet to be kept informed of progress on this issue and consider how the priorities could be supported by their portfolios.

### **3. Recommendations**

Cabinet is recommended to: -

- 3.1 Note the progress made in developing a framework to tackle health inequalities
- 3.2 Endorse the key areas for action by the Council and Primary Care Trust.
- 3.3 Promote the health agenda via community ward meetings, making use of ward level health data to inform local priorities for health improvement work.

### **4. Key Issues**

- 4.1 The report attached is, by nature, health focussed. However all of the priority areas are being supported by work taking place within the City Council. Examples of recent work and planned work are noted below – this is illustrative and not exhaustive.

#### **Cardiovascular Disease**

- 4.2 The introduction of the leisure pass for people aged 60+ is a good example of council action that will have a positive impact on the incidence of Cardiovascular Disease. Encouraging people to keep, or become, active improves heart function.
- 4.3 The Older Persons social care division is currently working with health colleagues to plan for improved stroke services, within bedded and community services. This will enable rapid discharge to a setting that can provide specialist stroke care, and stroke-specific after care within people's own homes. This will improve the extent to which people regain their independence post stroke.

### **Cancer**

- 4.4 The recent screening programme for bowel cancer has been supported by ensuring that front line staff within appropriate Council services are aware of the programme and take the opportunity to raise this during their contact with clients. This will encourage take up of the scheme, which has been evidenced to diagnose cancer early and save lives.

### **Tobacco Control**

- 4.5 The Council is an active partner of the Tobacco Control Coordinating Group. The enforcement work undertaken is supported by the provision of public health information on smoking cessation.

### **Infant Mortality**

- 4.6 This workstream is led by the Children and Young People's Partnership, chaired by the City Council. Work is focussing on the cross cutting relationships necessary to ensure that pregnant women and new parents receive a coordinated response. There is a particular emphasis on new communities as well as cultural issues that impact on the mortality rates in existing communities.

### **Excess Seasonal Deaths**

- 4.7 The Council is leading work across housing, social care and health care to produce a multi-professional and public tool to promote the identification of home warmth and energy concerns and simple referral. A single point of referral for all issues accessible by all people (professional and public) is being developed. This will provide a systematic approach to tackling the effects of cold and damp environments and fuel poverty, which contribute to excess seasonal deaths in older and disabled people.

### **General**

- 4.8 The Council is working with the PCT to make use of social marketing information. This will support activity at ward level and with specific groups within wards to tackle health issues. For example, understanding how people respond to different types of marketing (telephone / text, web-based, personal contact) should improve the success of any particular initiative.

### **Member Engagement**

- 4.9 The work of members at ward level can make significant contributions to the health inequalities agenda. The use of local population data in partnership with the PCT can provide an excellent basis on which to debate local priorities, for example in neighbourhood ward meetings.
- 4.10 Ward level health priorities can be tackled through Council-led initiatives that focus on the underlying causes of poor health. This will vary by ward, but examples are action to encourage physical activity in the west of the city to support the work on cardiovascular disease, and action to promote women's health education in the east of the city to contribute to cancer reduction.

- 4.11 The positive engagement by Members with local communities is an opportunity to use the Council's leadership role to influence attitudes, expectations and the ambitions of the people of Leicester, which is a key factor in the poor outcomes currently being experienced.

## 5. FINANCIAL, LEGAL AND OTHER IMPLICATIONS

### 5.1. Financial Implications

There are no direct financial implications arising from this report.

Rod Pearson, Head of finance (A&H)

### 5.2 Legal Implications

There are no legal implications arising from this report.

Kamal Adatia, Legal Services

## 6. OTHER IMPLICATIONS

OTHER IMPLICATIONS	YES/NO	Paragraph Within the Report	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	

## 7. Report Author

- 7.1 This covering report has been completed by Ruth Lake, Service Director, Older People. Tel x 8302

- 7.2 The attached report is authored by Chris Burton, Assistant Delivery Manager, of the DH National Support Team for Health Inequalities, and Rod Moore, Acting Joint Director of Public Health, Leicester City PCT. Tel 0116 295 1400

<b>Key Decision</b>	Yes
<b>Reason</b>	Significant in its effect on communities in one or more wards.
<b>Appeared in Forward Plan</b>	yes
<b>Executive or Council Decision</b>	Executive