



Derby City Council

**Adults and Public Health Board
23 March 2015**

ITEM 7

Report of the Strategic Director of Adults,
Health and Housing

Health Inequalities

SUMMARY

- 1.1 Health inequalities are preventable and unjust differences in health status experienced by certain population groups. Health inequalities are not only apparent between people of different socio-economic groups – they exist between different genders, and different minority ethnic communities, different ages, sexual orientation and disabled people.
- 1.2 In England, inequalities in health exist across a range of social and demographic indicators, including income, social class, occupation and parental occupation, level of education, housing condition, neighbourhood quality, geographic region, gender and ethnicity (The Marmot Review, 2010).
- 1.3 Males living in the least deprived areas of Derby live on average 12.4 years longer than those living in the most deprived (2011-13, Public Health Outcomes Framework). In 2002-4 the difference was 12.1 years. Following a reduction to 10.6 years in 2004-2006 it increased to 13 years in 2007-09 and then has stayed relatively static since 2008-10.
- 1.4 In Derby, there is a disparity in life expectancy of 8.9 years (2011-13, Public Health Outcomes Framework) between women living in the most deprived areas compared to the least deprived. This reduced to 8.2 years in 2006-08 and reached a peak of 9.8 years in 2009-11.
- 1.5 Inequalities are apparent in a range of different groups. For example, there is a reduction in life expectancy of between 10-15 years for those living with schizophrenia who are also at double the risk of obesity, diabetes and hypertension, and 15 years for those misusing drugs or alcohol. Those with learning difficulties are 2.5 times more likely to have a health concern. Care leavers are twice as likely to have drug and alcohol or mental health issues.
- 1.6 Protected characteristics and health inequalities - death rates from coronary heart disease among first generation South Asians are the 50% higher than the England and Wales average. The death rate for strokes among those born in the Caribbean is more than 50% greater than the England and Wales average. Gay and bisexual men are more than seven times as likely to attempt suicide.
- 1.7 Legislation in the 2012 Health and Social Care Act for the first time placed a duty on the Secretary of State, NHS England and clinical commissioning groups to give due

regard to the reduction of inequalities. Under the Act Local Authorities took on responsibilities for public health and are expected to use the associated funding to reduce inequalities across the life course.

- 1.8 Health inequalities are complex and vast in scope. Whilst it is a priority, for example, of the Health and Wellbeing Board, further work is required to develop practical and achievable actions. Examples of such work include Public Health working with Greater East Midlands Commissioning Support Unit to support Southern Derbyshire CCG in developing an approach to tackling inequalities. Proposed initial themes include:

- Primary Care quality- starting with registration and access
- Low birth weight babies
- Screening uptake.

RECOMMENDATION

- 2.1 To note the report and the issue of health inequalities in the city.

REASONS FOR RECOMMENDATION

- 3.1 To support the Council in understanding health inequalities of its local population, it's duties in relation to this and that further work is required to reduce health inequalities.

SUPPORTING INFORMATION

- 4.1 Further detailed information will be provided to Overview and Scrutiny through a presentation within the meeting.

OTHER OPTIONS CONSIDERED

- 5.1 None.

This report has been approved by the following officers:

Legal officer Financial officer Human Resources officer Estates/Property officer Service Director(s) Other(s)	Olu Idowu, Head of Legal Services Martyn Marples, Director of Finance and Procurement Liz Moore, Strategic HR Business Partner - AHH & CYP Robyn Dewis, Consultant in Public Health Medicine Ann Webster, Equality and Diversity Lead
For more information contact: Background papers: List of appendices:	Alison Wynn 01332 643106 alison.wynn@derby.gov.uk None Appendix 1 – Implications

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IMPLICATIONS

Financial and Value for Money

- 1.1 Reducing health inequalities would support improved value for money.

Legal

- 2.1 The Health and Social Care 2012 places a duty on the Council and key partners have a duty to have regard to measures to reduce health inequalities within their administrative areas.

Personnel

- 3.1 Health inequalities can have a negative impact on the workforce.

IT

- 4.1 n/a

Equalities Impact

- 5.1 As outlined in the report, many people with protected characteristics under the Equality Act do experience health inequalities and these need to be tackled to provide equality and fairness in health.

Health and Safety

- 6.1 n/a

Environmental Sustainability

- 7.1 Fuel-poverty in Derby is above average, with some areas experiencing vastly higher rates than others within the city. Fuel Poverty is measured with a low-income high-cost metric and is affected by socio-economic, housing, and other characteristics. There is a well-documented relationship between fuel-poverty, exposure to low-temperatures and poor quality indoor environments, and to mental and physical health/well-being outcomes. Fuel-poverty is therefore a significant determinant in health inequalities and efforts to tackle these inequalities through fuel-poverty and healthy homes agendas are also likely to result in significant increases in energy efficiency and reductions in greenhouse gas emissions in the city.

Property and Asset Management

- 8.1 n/a

Risk Management

9.1 n/a

Corporate objectives and priorities for change

10.1 n/a