



DERBY CITY COUNCIL

ADULT SERVICES AND HEALTH COMMISSION

1 September 2008

Report of the Corporate Director, Corporate and Adult Social Services
and Deputy Chief Executive

REDUCING HEALTH INEQUALITIES – PROGRESS REPORT

RECOMMENDATION

- 1.1 Members are asked to consider and comment on the progress being made in Reducing Health Inequalities in the city since the publication the Commission's review report in July 2004.

SUPPORTING INFORMATION

- 2.1 The Social Care and Health Commission conducted a major review on Reducing Health Inequalities in 2003. The review focused on three of the most deprived areas in the city, namely, Osmaston Neighbourhood Renewal Funding, Normanton Neighbourhood Renewal Funding and the Derwent New Deal for Communities areas to identify the differences in health across the city.
- 2.2 The review identified significant differences in the health of people living in deprived communities compared with those in the more affluent parts of the city. The male life expectancy at birth for example, for babies born in the then Babington ward was 70.7 years compared with Allestree ward of 80 years a gap of more than 9 years (Statistics published by Trent Public Health Observatory 2002). Although overall health in the city is considered to be improving, the gap in life expectancy between deprived and affluent communities remains high, and if anything is getting worse. The last report published by the East Midlands Public Health Observatory shows the gap in male life expectancy at birth to be approximately 14 years between Arboretum ward Allestree. There is a similar gap for female life expectancy at birth.
- 2.3 The Commission identified inequities in health between deprived areas and the rest of the city such as higher mortality rates from circulatory diseases and greater proportion of babies with low birth weight. This is particularly acute in the Normanton NRF area where 12.3% of all live and still births weighed less than 2500g compared with 8.9% for rest of the city. People with low birth weight are known to experience greater health problems later on in their lives.
- 2.4 The Government has made primary care trusts responsible improving the health of the local population with. However, the Commission concluded that the PCT's were unable to tackle health inequalities on their own as a range of factors affect public health such as education, employment, crime as well as individual's lifestyle choices.

- 2.5 On completion of the review the Commission made a series of recommendations under 5 broad headings to address health inequalities and asked that a progress be report regularly. A summary report is attached for reference.
- 2.6 The Director of Public Health has been invited to explain the current position on health inequalities in the city, what is being done by the PCT and other DCP partners in reducing the health inequalities.

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Background papers:	None
List of appendices:	Appendix 1 - Implications Appendix 2 – Reducing Health Inequalities Summary Report

IMPLICATIONS

Financial

1.1 None directly arising.

Legal

2.1 The Health and Social Care Act 2001 provides overview and scrutiny committees powers to review any matter relating to the planning, provision and operation of health services within their area.

Personnel

3.1 None directly arising.

Equalities Impact

4.1 None directly arising.

Corporate Priorities

5.1 The report accords with the corporate priorities of helping us all to be healthy, active and independent.