



DERBY CITY COUNCIL

## ADULT SERVICES AND HEALTH COMMISSION

30 October 2006

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 to the recommendations of the Reducing Health Inequalities topic review published in July 2004.

## SUPPORTING INFORMATION

- 2.1 In 2003 the Social Care and Health Commission conducted a major review on Reducing Health Inequalities. The review was based around three of the most deprived areas of the city, namely, Osmaston Neighbourhood Renewal Funding, Normanton Neighbourhood Renewal Funding and the Derwent New Deal for Communities areas. The final report was published by the Commission in 2004.
- 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 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 report identified other health difference between deprived areas and the rest of the city. The standardised death rate from all causes was 40% higher in the deprived areas as was from coronary heart disease and cancer. Evidence submitted for example, by Lister House Surgery based in Normanton, stated that the death rate from circulatory diseases amongst its patients was 235.9 mortalities per 100,000 population compared with 140.3 for the rest of the city. The deprived areas also tend to have greater proportion of babies with low birth weight. This problem 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 placed the responsibility for improving the health of the local population with primary care trusts. 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 report be presented annually. The table in Appendix 2 briefly describes the progress so far against the recommendations.
- 2.6 Appendix 2 shows the good progress being made against many of recommendations to reduce the health inequalities. The table shows that:
- A joint Public Health Strategy between the City Council and the Central and Greater Derby PCTs has been published
  - Getting Derby Active strategy launched in the city
  - Travel Plans have been developed with 51 schools to address traffic problems caused by journeys to and from school
  - Derby Workstation is created to support people in deprived communities to access employment
  - A series of activities set up in schools to improve children's health
- 2.7 At the April meeting of the Social Care and Health Commission, members recommended that the Council Cabinet conducts a feasibility study for establishing a post dedicated to tackling health inequalities in the city. The Commission also asked the Council Cabinet to speed up the process for implementing smoking cessation in public places. The Council Cabinet accepted both recommendations in principle and agreed to discuss resource implications for post with health partners and the possible speeding up of the process for implementing smoking cessation in public places. Although work is progressing on the smoking cessation, no progress has been made so far on establishing the dedicated post.

<b>For more information contact:</b>	Mr M Hussain 01332 255597 e-mail <a href="mailto:mahroof.hussain@derby.gov.uk">mahroof.hussain@derby.gov.uk</a>
<b>Background papers:</b>	None
<b>List of appendices:</b>	Appendix 1 - Implications Appendix 2 – Table detailing progress against recommendations Appendix 3 - PCT's progress against recommendations

<b>IMPLICATIONS</b>
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**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 building healthy and independent communities by improving the health of our communities.