

## **NORTH LINCOLNSHIRE COUNCIL**

### **HEALTH & WELLBEING BOARD**

## **Proposal to Develop a North Lincolnshire System Wide Health Inequalities Strategy**

### **1. OBJECT AND KEY POINTS IN THIS REPORT**

- 1.1 This report outlines the rationale and proposed way forward for developing a system-wide Health Inequalities Strategy (HIS) for North Lincolnshire.
- 1.2 The Marmot review '10 years on' reports that life expectancy in England has stalled, years in ill health have increased and inequalities in health have widened – especially in the north of the country
- 1.3 The Covid 19 pandemic has also disproportionately impacted upon lower socio-economic and vulnerable communities further impacting on health inequalities.
- 1.4 The proposed Strategy is intended to ensure that health inequalities across North Lincolnshire do not widen, and begin to reduce, in the coming months and years to ensure health and wellbeing opportunities to all of our people.

### **2. BACKGROUND INFORMATION**

#### **2.1 Background**

A wide range of strategies are in place across North Lincolnshire, many led by local partnerships, include consideration of actions aimed at reducing inequalities across our population and reducing unacceptable variations in supporting services. The aim of developing a HIS would be to further build on what we have in place, working with our partners across the system to ensure addressing inequalities are also at the heart of their planning and prioritisation. This reflects the Health and Wellbeing Board's role in ensuring that good health and wellbeing is the responsibility of all of us, in order to keep our population healthy and well and to remove the variations that can separate our communities.

Despite North Lincolnshire being an excellent place to live work and invest, we still see differences in quality and length of life across our population. In line with national trends we see gaps in healthy life expectancy at birth, with people from

the most deprived areas spending around a third of their lives in poor health, twice the proportion spent by those in the least deprived areas.

National data shows that people from our more deprived groups have also experienced Covid-19 mortality rates more than double those in less deprived areas – 55.1 deaths per 100,000 compared with 25.3 deaths. When those figures were published, the Health Foundation thinktank called for a “longer term Government strategy” which must ensure “unjust and avoidable differences in peoples’ health do not become more entrenched in the aftermath of the crisis.”

We have seen both positive and negative outcomes emerging from the current covid-19 pandemic, with higher uptake of regular daily exercise that commenced during lockdown, improved social support and connectedness through communities as people have strived to keep other safe, through activity such as; delivering food parcels, shopping for others, those who were homeless being offered accommodation, enabling outreach workers to support them easier with wider services. We also know that people from some of our more deprived communities have had worse outcomes on their physical and mental health, and their behaviours and opportunities for work.

## **2.2 Tackling Health Inequalities – A Marmot Approach**

A Marmot approach recommends that we resource and deliver services at a scale and intensity proportionate to the degree of need across six domains:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control of their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention.

Thankfully, in North Lincolnshire we already perform well on many of these domains with much excellent work undertaken in recent years. There are also a range of strategies and delivery plans in place focusing on how to ensure equality of access and outcomes, and on targeting resources to where they are needed most. These will be further enhanced with the emerging shared priorities from the HIS.

Current strategic drivers, local and national, to reduce health inequalities include:

- The Health & Wellbeing Strategy,
- The Marmot Review 10 Years On,
- The NHS plan - Preventing Illness and Tackling Health Inequalities,
- HCV: Humber Health- Health Care System Phase 3 Plan,
- Covid-19 Inequality Risks, Opportunities & Policy Challenges: The IFS Denton Review

North Lincolnshire CCG and the Humber, Coast and Vale Integrated Care System` have highlighted the need to prioritise prevention and reduce inequalities/removal of in-equities as key priorities, so a North Lincolnshire, system-wide HIS would better enable the Board and its partners to identify and focus on emerging risks to avoidable health and wellbeing differences across our population, to draw together all of our work within this area, identify gaps in provision and to establish clear outcomes and objectives, and to engage with partners across the system.

### **2.3 Proposed Actions**

The intention would be to hold a workshop with our partners where we can set the scene for the emerging strategic context, present the data to show the trends for North Lincolnshire, showcase what is working well, hear from our partners to ensure they can showcase what their emerging priorities are. At the heart of all of this will be our local people so we can ensure valuable resources are targeted where they are needed most.

The development and monitoring of the HIS will be owned by the Health and Wellbeing Board, and delivered by our local system partners as supported by Public Health and will take a life course approach: Start well, Live and Work Well, Age Well.

The HIS would be led by a small, strategic Health Inequalities Board chaired by the Cabinet Member for Adults and Health and supported by our system and place partners. This group will report regularly to the Health and Wellbeing Board.

With the endorsement of the Health and Wellbeing Board, work to develop the strategy, and then to establish actions and work streams will commence forthwith.

## **3. OPTIONS FOR CONSIDERATION**

3.1 To endorse the development of a North Lincolnshire System-Wide HIS and associated work.

3.2 To agree an alternative strategic approach to ensuring local health and wellbeing equality for all.

## **4. ANALYSIS OF OPTIONS**

4.1 Giving endorsement will enhance the profile of this work, will lend vital support and will lead to improved delivery outcomes.

4.2 An alternative approach may also deliver the above outcomes. However, there is now a key opportunity to address these complex issues via the option outlined at 3.1.

## **5. FINANCIAL AND OTHER RESOURCE IMPLICATIONS (e.g. LEGAL, HR, PROPERTY, IT, COMMUNICATIONS etc.)**

5.1 It is anticipated that this work will be achieved within the existing resources of the Public Health Team and our wider partners.

5.2 Any future work arising from this work would be considered as part of existing governance arrangements.

6. **OTHER RELEVANT IMPLICATIONS (e.g. CRIME AND DISORDER, EQUALITIES, COUNCIL PLAN, ENVIRONMENTAL, RISK etc.)**

6.1 Implications and risks associated with health inequalities are being monitored constantly and mitigations being implemented as necessary

7. **OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)**

7.1 Consideration of this report does not require an Integrated Impact Assessment, although Assessments may be required as part of any future proposals.

8. **OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED**

8.1 It is intended to consult widely on the draft strategy. No conflicts of interest have been identified to date, but this will be kept under consideration.

9. **RECOMMENDATIONS**

9.1 That the Health and Wellbeing Board endorses the proposed work outlined in this report and set out in paragraph 3.1.

DIRECTOR OF PUBLIC HEALTH

Church Square House  
SCUNTHORPE  
North Lincolnshire  
DN15 6NR  
Author: Penny Spring  
Date: 1<sup>st</sup> September 2020