

REPORT TO:	HEALTH AND WELLBEING BOARD 21 October 2020
SUBJECT:	Health Inequalities
BOARD SPONSOR:	Rachel Flowers, Director of Public Health
PUBLIC/EXEMPT:	Public

SUMMARY OF REPORT:

This report outlines work happening across the borough to reduce health inequalities

BOARD PRIORITY/POLICY CONTEXT:

This paper addresses the overarching Health and Wellbeing Strategy aim of reducing Health Inequalities, it also addresses Priority 2 of the Health and Wellbeing Strategy 'Strong, engaged, inclusive and well connected communities'

FINANCIAL IMPACT:

There are no direct financial implications of this report

RECOMMENDATIONS:

This report recommends that the Health and Wellbeing Board:

- 1) Note the contents of this report.
- 2) Discuss if there is work across Croydon that sufficiently addresses the structural barriers that lead to health inequalities.
- 3) Start to identify areas where Croydon as a whole system could do more to address structural barriers.
- 4) To note the development of the Croydon prevention framework and the need to actively provide the support at all levels for this to be a meaningful tool to put reducing inequalities at the heart of all design in Croydon.
- 5) Agree to support the population health management work at South West London and Croydon level to develop Croydon measures to address health inequalities.
- 6) Agree that to help deliver the Health and Wellbeing strategy Board members work together to advocate regionally and nationally for action on tackling the wider determinants of health.

1. HEALTH INEQUALITIES

“Inequalities in health arise because of inequalities in society – in the conditions in which people are born, grow, live, work and age. So close is the link between particular social and economic features of society and the distribution of health among the population, that the magnitude of health inequalities is a good marker of progress towards creating a fairer society. Taking action to reduce inequalities in health does not require a separate health agenda, but action across the whole of society”

The Marmot Review, 2010

- 1.1 The Black Report was a 1980 document published by the Department of Health and Social Security (now the Department of Health and Social Care) in the United Kingdom, which was the report of the expert committee into health inequality chaired by Sir Douglas Black. It was demonstrated that although overall health had improved since the introduction of the welfare state, there were widespread health inequalities. It also found that the main cause of these inequalities was economic inequality. The report showed that the death rate for men in social class V was twice that for men in social class I and that gap between the two was increasing, not reducing as was expected
- 1.2 Thirty years later The Marmot Review into health inequalities in England was published in February 2010. The report draws attention to the evidence that most people in England aren't living as long as the best off in society and spend longer in ill-health.
- 1.3 The report, titled 'Fair Society, Healthy Lives', proposes a new way to reduce health inequalities in England post-2010 and to improve health for all of us and to reduce unfair and unjust inequalities in health.
- 1.4 It proposed an evidence based strategy to address the social determinants of health, the conditions in which people are born, grow, live, work and age and which can lead to health inequalities.
- 1.5 The Marmot review outlined six key policy objectives;
 - Give every child the best start in life
 - Enable all children, young people and adults to maximise their capabilities and have control over their lives
 - Create fair employment and good work for all
 - Ensure healthy standard of living for all
 - Create and develop healthy and sustainable places and communities
 - Strengthen the role and impact of ill health prevention
- 1.6 The review also recommended a universal approach proportional to the level of disadvantage, so called 'proportionate universalism'.
- 1.7 In February 2020, Health Equity in England: The Marmot Review 10 Years On was published. This report was produced by the Institute of Health Equity and commissioned by the Health Foundation to mark 10 years on from the landmark study Fair Society, Healthy Lives (The Marmot Review).

- 1.8 The report highlights that despite increased knowledge and awareness of health inequalities life expectancy in England has stalled, years in ill health have increased and inequalities in health have widened.
- 1.9 In Croydon we see 11.4 years difference in male life expectancy across the borough.

2. BLACK LIVES MATTER

- 2.1 The summer saw a global response following the murder of George Floyd on 25th May 2020 in the USA. This increased international, national as well as local conversations about racism and the differences in risks and outcomes in Black, Asian and minority ethnic communities. There is a recognition that there are wider systemic barriers leading to health inequalities for BAME communities, including racism and discrimination.

Public Health England 'Disparities' report 2020

- 2.2 Public Health England released a review of the disparities in risk and outcomes of COVID-19 in June 2020, with a follow up paper on understanding the impact of COVID-19 on Black, Asian and minority ethnic Communities which contained recommendations for action. Harms caused by COVID-19 has replicated existing health inequalities, and in some cases increased them. The largest disparity found was age, but the risk of dying among those diagnosed with COVID-19 was also higher in males, than females; higher in those living in the more deprived areas than those living in the least deprived; and higher in those in Black, Asian and Minority Ethnic groups than in White ethnic groups.
- 2.3 National recommendations from the Public Health England report:
- Mandate comprehensive and quality ethnicity data collection and recording
 - Support community participatory research
 - Improve access, experience and outcomes of NHS, local government and integrate care systems commissioned services by BAME communities
 - Accelerate the development of culturally competent occupational risk assessment tools
 - Fund, develop and implement culturally competent COVID-19 education and prevention campaigns
 - Accelerate effort to target culturally competent health promotion and disease prevention programmes for non-communicable diseases
 - Ensure that COVID-19 recover strategies actively reduce inequalities caused by the wider determinants of health to create long term sustainable change

- 2.4 Ongoing effects of the national Lockdown and corresponding economic impact of COVID related restrictions are also widening inequalities e.g. by disproportionately affecting workers who are female, young and low-paid.

Work in Croydon

- 2.5 The Croydon Health and Wellbeing Board already has reducing health inequalities at its heart as an overarching theme for the Croydon Health and Wellbeing Strategy, and in its delivery through the Health and Care Plan. The foundations are there to focus on reducing health inequalities through delivering against work streams that already focus on reducing health inequalities such as Croydon's comprehensive plan to reduce food poverty, and work of the Prevention and Proactive Care Board, formerly the Together for Health Board.
- 2.6 On 1st July 2020 the Health and Wellbeing Board held a virtual workshop on Health Inequalities inviting representatives from the BME forum and the Asian Resource Centre Croydon (ARCC) to understand how the health and wellbeing board could support the delivery of the health and wellbeing strategy in light of COVID and the associated impact on inequalities. Within the workshop it was agreed that the board would work to enhance and support the coordination of efforts across the borough to reduce inequalities. Specifically it recognised the work being undertaken by the Local Strategic Partnership (LSP), the developing Autism strategy and Equality strategy and the need for improving data as recognised in the PHE disparities recommendations.
- 2.7 Croydon LSP convened the COVID Inequalities Working Group to set short and long term actions for LSP partners to take in order to tackle inequality further in Croydon. It was recognised that this work should align with existing work streams such as;

1. Ongoing development and delivery of the Croydon Outbreak Control Plan
2. Completion and implementation of the Croydon Prevention Framework across One Croydon
3. Development and implementation of the Croydon Council's Equality Strategy 2020-2024
4. South West London Integrated Care System (SWL ICS) Strengthening Communities Programme

Croydon Outbreak Control Plan

- 2.8 Croydon's local outbreak control plan outlines 5 steps to prevent, control and manage COVID-19 incidents and outbreaks. It describes our local whole system response and it has been developed with a wide range of stakeholders and overseen by Croydon COVID-19 Health Protection Board.

The aim of this plan is to:

- build on existing plans to prevent and manage outbreaks in specific settings

- ensure the challenges of COVID-19 are understood
- consider the impact on local communities
- ensure the wider system works together to contain the spread of infection locally.

This plan will be regularly updated, as further evidence emerges.

It has been signed off by the Croydon COVID-19 Health Protection Board, Croydon Council Chief Executive and Director of Public Health and Public Health England (PHE) Health Protection Team representative. It was first published on Monday 29 June 2020 and can be found here: <https://www.croydon.gov.uk/democracy/dande/policies/health/covid-19-outbreak-control-plan>

- 2.9 Engagement with local communities is at the heart of communicating the Croydon Outbreak control plan. The plan has been developed working with partners, residents, community and faith groups to understand their preferred channels and format, to ensure communications are tailored to all of Croydon's diverse communities, so they are kept informed, safe and reassured. Recognising that Black, Asian and Minority ethnic communities were disproportionately impacted by the first wave of the pandemic.

Croydon Prevention Framework

- 2.10 The Croydon Prevention Framework is being developed by the Prevention and Proactive Care Board as a partnership approach to embedding the preventative approach to health and reducing health inequalities across all work of One Croydon, and wider across the health system.
- 2.11 The purpose of the framework is to create the conditions for which prevention initiatives will flourish and support One Croydon's aim to reduce inequalities. It will:
- underpin the development of our strategies and implementation plans, ensuring our strategies following the same preventative priorities and therefore have a greatest impact and
 - set out the approach for how we will embed the preventative approach in all we do

Council Equality Strategy 2020-2024

- 2.12 The Council is in the process of refreshing its current Equality objectives (2016-2020) and developing an Equality Strategy and accompanying action plan for the Borough. This is scheduled due to go to cabinet and full Council in January 2021. Consultation for the strategy consisted of an online survey, online focus groups and one-to-one telephone interviews with staff, community groups, residents and the Councils infrastructure organisations (BME Forum, ARCC, CVA and Faiths Together in Croydon). The Council approached internal and external stakeholders to give feedback on current equality objectives including current areas of strength, areas for improvement and preferred areas of focus in relation to equalities.

- 2.13 The Council wants to ensure it consults with residents across the Borough, taking into account the diversity of the Borough and ensure needs of all residents across protected characteristics as defined by the Equality Act are heard. The strategy will also consider the geography of the Borough in relation to localities and as such worked in partnership with internal colleagues and VCS groups to hold targeted sessions for particular groups e.g. young people, staff diversity networks, and people living with autism.
- 2.14 The Council is also in the process of developing an equalities pledge that commits signatory partners and organisations to publicly state their commitment and identify how to make the Equality Pledge a reality in the work that they do and help Croydon become a more inclusive and welcoming place for all.

South West London *Intergrated Care System (ICS)* Strengthening Communities Programme

- 2.15 Equality, Diversity and Inclusion is the South West London ICS 20/21 key ambition
- 2.16 The Strengthening Communities Programme is identifying preventative priorities utilising the benefits of working at a South West London level:
- Diabetes
 - Obesity
 - Smoking
 - Hypertension/Cardiovascular Disease
 - Alcohol
 - Flu Vaccination
 - Children and young people Vaccinations
 - Long-term condition management
 - Health checks for people with learning disabilities
 - Increasing the continuity of maternity carers including for BAME women and those in high risk groups

Conclusion

- 2.17 There is lots of work happening across Croydon to reduce inequalities, and specifically to reduce health inequalities. However, the challenge remains to make sure that the actions taken move beyond rhetoric and start to systematically embed behaviours and practices that allow a sustainable focus on reducing inequalities and fosters culturally aware organisations by default. The pressures on the Croydon system both financially and from national organisations such as the government, NHS England, and Public Health England creates the risk that recommissioning processes and service development have timescales and limited resources for implementation which make returning to type almost inevitable. Unless reducing inequalities is built into the fabric of the Croydon health and care system (SWL ICS/Croydon CCG, Croydon Health Services, London Borough of Croydon, South London

and the Maudsley, One Croydon, local Voluntary and Community Services) and unless the system uses its power to influence beyond traditional 'health and care' boundaries then the risk is that although the rhetoric of reducing inequalities is in place its impact will be hampered.

- 2.18 In the design of new organisations and services, such as One Croydon and the South West London Integrated Care System, there is the opportunity to ensure that the systems and engagement processes are culturally aware from the ground up and that new services are inequality reducing by design. This requires buy in to a process that goes beyond the completion of traditional Equality Impact Assessments but determines whether these are being designed for the people of Croydon, for their needs and cultures.
- 2.19 To ensure that we are meeting the needs of residents of Croydon we need to be capturing those sufficiently through continuous engagement, and data capture that is fit for purpose. This includes capturing ethnicity, race and all other protected characteristics in a meaningful manner for Croydon residents.
- 2.20 Health inequalities are caused by wider determinants of health, not just those traditionally addressed through health and care organisations. This is about housing, employment and the built environment, which the board members do not have direct impact on. Action is required at all levels, local, regional and national, to tackle these wider determinants.
- 2.21 This paper recommends that the Board:
- Note the contents of this report.
 - Discuss if there is work across Croydon that sufficiently addresses the structural barriers that lead to health inequalities.
 - Start to identify areas where Croydon as a whole system could do more to address structural barriers.
 - To note the development of the Croydon prevention framework and the need to actively provide the support at all levels for this to be a meaningful tool to put reducing inequalities at the heart of all design in Croydon.
 - Agree to support the population health management work at South West London and Croydon level to develop Croydon measures to address health inequalities.
 - Agree that to help deliver the Health and Wellbeing strategy Board members work together to advocate regionally and nationally for action on tackling the wider determinants of health.

3 CONSULTATION

- 3.1 This paper pulls together work being undertaken across the Local Strategic Partnership, One Croydon, the South West London Integrated Care System and feeds in discussions from the health and wellbeing board members workshop on 1st July 2020.

4 SERVICE INTEGRATION

- 4.1 This paper is about the collaborative approach to tackling health inequalities across services as part of service and system integration.

5 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

- 5.1 There are no direct financial implications of this paper.

Approved by: Josephine Lyesight Head of Finance, on behalf of the Director of Finance, Investment and Risk

6 LEGAL CONSIDERATIONS

- 6.1 The Head of Litigation and Corporate Law comments on behalf of the Director of Law and Governance that the Equality Duty (s149 Equality Act 2010) applies across Great Britain to public bodies and to any other organisation when it is carrying out a public function. It means that public bodies have to consider all individuals when carrying out their day-to-day work – in shaping policy, in delivering services and in relation to their own employees. In the exercise of their functions, they must have **due regard** to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

These are often referred to as the three aims of the general equality duty. The Equality Act explains that the second aim (advancing equality of opportunity) involves, in particular, having due regard to the need to:

- Remove or minimise disadvantages suffered by people due to their protected characteristics.
- Take steps to meet the needs of people with certain protected characteristics where these are different from the needs of other people.
- Encourage people with certain protected characteristics to participate in public life or in other activities where their participation is disproportionately low.

The Equality Act 2010 (Specific Duties) Regulations 2011 require public bodies to publish relevant, proportionate information showing compliance with the Equality Duty, and to set equality objectives.

Approved by: Sandra Herbert, Head of Litigation and Corporate Law on behalf of the Director of Law and Governance and Deputy Monitoring Officer.

7 HUMAN RESOURCES IMPACT

7.1 There are no direct impact on Human resources in this report.

Approved by: Debbie Calliste, Head of HR for Health, Wellbeing and Adults on behalf of the Director of Human Resources

8 EQUALITIES IMPACT

8.1 This report is to draw attention to, and for Board members to discuss and take further supportive action for, the work being undertaken across the health and care system to tackle inequalities as well as engaging with the emerging Council Equalities Strategy an accompanying action plan.

Approved by: Yvonne Okiyo Equalities Manager

9 DATA PROTECTION IMPLICATIONS

9.1 WILL THE SUBJECT OF THE REPORT INVOLVE THE PROCESSING OF 'PERSONAL DATA'?

NO

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APPENDICES TO THIS REPORT

None

BACKGROUND DOCUMENTS:

None