Committee: Health and Wellbeing Board

Date: 26 June 2018

Wards: All

Subject: Annual Public Health Report 2018: Tackling health inequalities - progress in closing the gap within Merton

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Recommendations:

The Health and Wellbeing Board are asked:

A. To receive and endorse for publication the attached Annual Public Health Report (APHR) 2018 on Health Inequalities.

B. To consider the recommendations of the APHR, how partners can work to tackle and monitor health inequalities and use existing infrastructure to take this forward.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. There is a statutory duty for the Director of Public Health to produce an independent Annual Public Health Report (APHR). This annual report forms part of the wider Joint Strategic Needs Assessment (JSNA). The purpose of this paper is to share with CMT the final draft of the *Annual Public Health Report (APHR) 2018: Tackling health inequalities - progress in closing the gap within Merton*, and to set out the key findings and implications that these have for the development of the refreshed Health and Wellbeing Strategy (HWBS) from 2019, and other statutory and strategic assessments undertaken in Merton.

1.2. The purpose of the APHR 2018 is to

i. Summarise what we know about defining, measuring and tackling inequalities in general, with a specific focus on health inequalities,

ii. Describe and analyse trends in key health inequality related indicators between the most and least deprived areas in Merton, and

iii. Make recommendations about what we can learn from this piece of work to take forward into the HWBS 2019+ refresh and other local strategic work such as the Local Health and Care Plan.

The APHR will be taken to MCCG Governing Body on 4 July and Cabinet on 30 July 2018. It will then be professionally designed, and published in August 2018.

2 DETAILS

2.1. The topic of the APHR 2018 is health inequalities in Merton – the current picture and progress in closing the gap – and this topic was selected for a number of reasons:

- It is a longstanding aim of the Merton Partnership to 'bridge the gap' between the east and west of the borough, addressing the disadvantage that some communities face;
- Our Public Sector Equality Duty obligations under the Equality Act 2010 mean that we need to pay due regard to equality and inclusion issues in all our decision making. Analysis in this report aims to support the Council and partners to meet this duty;
- Closing the gap in health inequalities was the overarching aim of the Health and Wellbeing Strategy (HWBS) 2015-2018; and this analysis is central to impact monitoring, and to informing the refresh of the HWBS 2019-2024;
- Analysis and recommendations from this APHR will also inform other strategic work underway in health and social care, including the development of the Local Health and Care Plan, the developing Merton Prevention Framework, and the development and evaluation of the East Merton model of health and wellbeing centred on the Wilson site;
- There is synergy with the continued focus on health inequalities in London, including the refresh of the Mayor's Health Inequality Strategy.

2.2. The APHR 2018 aims to provide a reference for officers, partners and residents to understand what we mean by inequalities, specifically health inequalities but also the underlying drivers of differences in health outcomes between different groups – inequalities in the social determinants of health such as poverty, education and employment. The purpose of the APHR 2018 is to inform a shared understanding of where we are now, how far we have come in bridging the gap between the most and least deprived using some key indicators, and how we might best approach and monitor health inequalities in future.

2.3. The APHR 2018 is split into the following sections:

- Part 1: an overview of what we mean by inequalities, specifically health inequalities; how we measure them; and what we know works to tackle them.
- Part 2: what we know about health inequalities in Merton over time (using a selection of health-specific indicators and others that represent the social determinants of health), and description of the methodology used to analyse the inequality gap
- Part 3: a summary of what we can learn from this piece of work to take forward into the HWBS refresh and other strategic work.

2.4. The APHR 2018 is complemented by a Supplementary Data Report with additional graphs and analysis.

2.5. Key findings of the APHR analysis

This APHR on Health Inequalities has investigated some of the key inequality gaps between the most and least deprived communities in Merton that impact on health outcomes. It casts new light and produces clear evidence to show a sustained gap in health and wellbeing across communities in Merton and provides robust data, on which our plans and policies can build, to address these inequalities.

i. We know that there are inequalities between the east and the west of the borough, but this is the first time that we have looked systematically at the scale and trend in inequalities in Merton over time. This process has shown that it is more complex to monitor health inequalities than it first appears, and has been very useful to identify an approach that will help us to effectively track inequalities going forward.

ii. APHR analysis shows that inequalities are evident in every indicator we studied, the vast majority of which show a worse picture in the most deprived areas, as we would expect. Recent supplementary analysis from Public Health England (PHE) reveals that the top three health indicators most strongly associated with deprivation in Merton are emergency hospital admissions; childhood obesity; and hospital stays for alcohol-related harm.

iii. These cumulative inequalities – which are evident throughout different life stages and in the environment within which our residents live – contribute to the overarching inequalities in health outcomes that we see in the significant differences in life expectancy of 6.2 years for men and 3.4 years for women between the most and least deprived areas.[1] Inequalities in *healthy* life expectancy are even starker, with a difference of 9 years of healthy life between most and least deprived areas.

iv. In terms of trend in inequalities in Merton, the picture is mixed. There are some success stories, for instance the reducing gap between the most and least deprived areas in life expectancy for women, in School Readiness, and in the proportion of the economically active population claiming jobseeker's allowance (JSA), and the apparent reduction in the Child Poverty gap. However, the majority of indicators either show the inequality gap to be stable over time, to be increasing, or to be reducing for the 'wrong' reasons (for instance because the situation for those in more affluent areas appears to be worsening whilst that for those in the more deprived areas remains stable, narrowing the gap). It is evident from this analysis that inequalities in Merton are intransigent, and we need to keep them under review over a longer time frame.

[1] These figures are from the national 'Slope Index of Inequality' indicator which looks at inequalities in life expectancy at birth between the 10% most and 10% least deprived areas in a borough. CMT may be aware that these are different figures for the gap in life expectancy than previously reported, for instance through the JSNA 2013/14 which gave a figure of 9 years for men and 13 years for women. The APHR (Box 3, Chapter 1) gives a detailed explanation of the changes to the data, trend and methodology behind the figures, and why we recommend the use of this Slope Index going forward, as the headline life expectancy indicator.

As the analysis confirms that health inequalities are persistent, complex and difficult to shift, in order to make any progress, we have to actively and systematically target them through a long-term multi-sectoral approach across all partners; if we take our eye off the ball, health inequalities are likely to increase. Therefore we need to continuously monitor progress and review our approach over time.

2.6. APHR recommendations:

i. *Recommendations for tackling health inequalities in Merton:*

- We have Public Sector Equality Duty obligations under the Equality Act 2010, which means that we need to pay due regard to equality and inclusion issues in all of our decision making. The analysis in this APHR suggests that in order to make progress on closing the inequality gap in Merton, we need to actively and systematically target inequalities through a long-term multi-sectoral approach across all partners. This action should be based on detailed understanding of our population need, as set out in the Joint Strategic Needs Assessment (JSNA), and grounded in evidence of what works (discussed in more detail in the APHR, Part 1).
- Whilst recognising the role of personal prevention approaches to improve health (e.g. support for individuals to stop smoking), the evidence shows that we need to rebalance our efforts towards population level prevention, recognising both the increased cost-effectiveness of interventions at population level compared to personal level interventions, and the evidence of increased impact on health inequalities.
- In order to reduce the steepness of the social gradient in health outcomes, the evidence shows that a 'proportionate universalism' approach should be adopted, meaning that population-wide action is vital, but that universal interventions should be undertaken with a scale and intensity that is proportionate to the level of disadvantage. Action needs to be taken across the whole life course so that all Merton residents can start well, live well and age well.
- In order to be effective, the evidence shows that approaches must be underpinned by participatory decision-making and co-design, empowering individuals and communities.
- The Health and Wellbeing Strategy to be refreshed from 2019 will form a core strand of Merton's strategy to reduce inequalities, and will seek to address the health inequalities issues identified in this report through the approaches outlined above.

ii. *Recommendations for monitoring health inequalities in Merton:*

- The detailed analysis in the APHR 2018 will inform the suite of indicators for the HWBS from 2019. We want these indicators to be challenging, but also realistic and robust so that they give the Health and Wellbeing Board (HWBB) and partners a clear picture of how effectively we are working to tackle health inequalities. This will involve identifying indicators that can be scrutinised at sub-borough level to look at inequalities within Merton,

and which enable tracking of change over time. The summary indicator table (see APHR Section 5) highlights some of the indicators we think would be most useful, including measures of inequalities in life expectancy, deprivation, education, employment (taking into account the changes to benefits with the introduction of Universal Credit by 2020), and a selection of key healthy lifestyle and disease indicators for children and adults.

- We need to be realistic about timescales in which we can expect changes to the inequality gaps in Merton to occur: different types of interventions will take different amounts of time to demonstrate impact. When setting targets, we therefore need to be explicit about the timescales within which we would expect to see changes to different metrics, and that these timeframes are likely to sit outside any local and national political cycles, requiring coordinated action over time. This is discussed in more detail in the APHR, Part 1.
- Because some of the longer term health outcomes will take time to address, when developing a set of indicators to monitor progress through strategies such as the HWBS or the NHS's Local Health and Care Plan (covering 3-5 year time periods), it will be important to consider an underpinning logic model or theory of change, in order to choose shorter term 'proxy' measures that can help to suggest if change is occurring in the right direction. This is discussed in more detail in the APHR, Part 3.
- A standardised methodology should be used across Merton to be able to effectively monitor inequalities and progress towards closing the gap, and we recommend that the methodology set out in the attached APHR (Section 2.2) is adopted across the Merton Partnership.
- Although this APHR has focused on place-based deprivation-linked inequality (using most/least deprived wards, or East/West gap), this is not the only way in which data should be broken down to look at inequalities: where possible it is important to look at inequalities by age, sex, ethnicity and other protected characteristics.
- It is important to measure inequalities in a standardised way, but the attached report highlights some important limitations in the data available which make measurement of inequalities challenging. In particular, many nationally available health and wellbeing indicators are only available at borough not ward level which does not enable analysis of sub-borough health inequalities, do not have timely data available, or lack historic data which means that we cannot analyse the trend in inequalities over time. Given this, Merton Public Health will feed back to PHE about the availability of sub-borough indicator data in easy to use formats, to inform their ongoing support to local authority public health teams. We will also respond to the government's consultation on Universal Credit metrics, to ensure data supports monitoring of inequalities over time.

3 CONCLUSION

3.1. Health and Wellbeing Board members are therefore asked to receive the APHR (see Appendix) and endorse it for publication. It will be presented to MCCG

Governing Body on 4 July and Cabinet on 30 July 2018 before design and publication.

3.2. HWBB members are also asked to actively consider the recommendations of the APHR and how they apply to partners, in particular how partners work to tackle inequalities, taking into account the evidence on what works, as set out in the APHR;

4 ALTERNATIVE OPTIONS

4.1. None

5 CONSULTATION UNDERTAKEN OR PROPOSED

5.1. APHR will be professionally designed, and published as part of the Merton JSNA website, and disseminated widely through officers, members and partners.

6 TIMETABLE

6.1. The APHR will be taken to MCCG Governing Body and Cabinet according to the timetable below. Following this, it will be professionally designed, and published in August 2018 as part of the Merton JSNA website.

Action	**Date**
HWBB – to be received and endorse publication	26 June 2018
MCCG Governing Body – to be received and endorse publication	04 July 2018
Cabinet – to be received and endorse publication	30 July 2018
Design and typesetting (TA2 design agency)	July/August 2018
Print / launch / disseminate report and supporting materials	August 2018

7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

7.1. None for the purpose of this report. Implementation of the recommendations of the APHR is based on delivery within existing resources by changing ways of working of the Council and partners rather than new investment.

8 LEGAL AND STATUTORY IMPLICATIONS

8.1. Producing an independent APHR is a statutory duty of the Director of Public Health.

9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

9.1. The APHR focuses on health inequalities – with analysis of the current picture of inequalities in Merton, and recommendations on how to monitor them and how to address them in Merton.

9.2. It aims to support LBM to deliver its Public Sector Equality Duty obligations under the Equality Act 2010, which means that we need to pay due regard to equality and inclusion issues in all of our decision making.

10 CRIME AND DISORDER IMPLICATIONS

10.1. None

11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

11.1. None

12 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

APHR 2018

APHR 2018: Supplementary Data Report

13 BACKGROUND PAPERS

13.1. None

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