

## BRIEFING PAPER FOR H&WBB

1.	<b>Date of meeting:</b>	<b>20<sup>th</sup> September 2017</b>
2.	<b>Title:</b>	<b>Equity Audit</b>
3.	<b>Directorate:</b>	<b>Public Health</b>

### 4. Introduction

The World Health Organisation (2017) defines health inequalities as:-

*'differences in health status or in the distribution of health determinants between different population groups'*.

In the Marmot Review 'Fair Society, Healthy Lives 2010', there are 3 key notes regarding health inequalities:-

- 1) Reducing health inequalities is a matter of fairness and social justice;
- 2) There is a social gradient in health – the lower the person's social position, the worse his or her health. Action should focus on reducing the gradient in health;
- 3) Health inequalities result from social inequalities.

Rotherham is one of the more deprived areas in the country and is ranked 104 out of 150 local authorities for overall premature deaths (deaths before aged 75) per 100,000 for 2013-15 (source:PHE Healthier Lives). Within Rotherham borough itself there are gaps in life expectancy at birth and gaps in healthy life expectancy between the most deprived and least deprived areas of the borough. Rotherham East, Boston Castle, and Wingfield wards have significantly worse life expectancy at birth in years compared to the Rotherham average for both males and females (PHE Local Health Indicators 2010-2014).

Tudor Harts' Inverse Care Law (1971) suggests that those who most need medical care are least likely to receive it, conversely those with least need of health care tend to use health services more (and more effectively). Therefore as part of the action plan for Aim 4 of the Health & Wellbeing Strategy - 'healthy life expectancy is improved for all Rotherham people and the gap in life expectancy is reducing', it was agreed that Public Health would undertake an Equity Audit of its commissioned services. This would review the equity of access of people from some of the most deprived areas of Rotherham and the findings would then be reported back to the Health and Wellbeing Board, with the recommendations that other organisations and departments carry out a similar Equity Audit. 'Equity' refers to fair opportunity for everyone to attain their full health potential regardless of demographic, social, economic or geographic strata (WHO, 2017). Delivering equity may mean giving different levels of service to different people, as people are not all equally able to take advantage of a service offer. 'Equality' can be defined as everyone has 'equal access' to health services regardless of whether their level of need is greater or not. In other words, everyone gets the same service offer.

Commissioned Public Health services in Rotherham were formally contacted to complete an audit of metrics agreed in advance with the services lead commissioning officer. Data was received and analysed from 11 services. 9 services were unable to provide data (the reasons for which are outlined in the Equity Audit report). 3 services included in the audit have since been decommissioned and as service delivery has ceased by the time of publication of this report their results have been omitted.

The data requested and received was from 3 of the most deprived areas of Rotherham (Eastwood, Canklow & Town Centre, and Ferham & Masbrough). The data collected was analysed against available population data for Rotherham to find out whether service accessibility was 'equitable', 'equal' or 'unequal' for the population from these areas. To improve health in the 3 deprived areas (i.e. equitable access) the audit would need to show statistically significantly more of clients from these areas. To test whether this is a significant difference a statistical significance test was undertaken that adds 95% confidence intervals to the data to give us an indication the certainty with which we can interpret the results.

## **5. Key Issues**

- 9 of the services are at the minimum expected level of equality of access in terms of service delivery, with 6 at a sufficiently higher level that is potentially improving the health of 3 of the most deprived areas of Rotherham.
- 2 services are failing to deliver equality of access to 3 of the most deprived areas of Rotherham. These services are likely to be contributing to increasing health inequalities between the 3 areas and Rotherham as a whole. These services have been commissioned by PH Rotherham to reduce inequalities but the audit has shown that this isn't the case which is an unintended consequence. This could also be the case across other services in RMBC.

## **6. Key actions and relevant timelines**

- 1) Public Health to use the findings to inform our future commissioning, contracting and performance monitoring. PH to pick up the results with these services to ensure they are equitable going forward.
- 2) Other organisations to undertake similar audits of services especially services that have the potential to reduce or add to inequalities.
- 3) Commissioning and contracting smarter, to ensure organisations/services put in place commissioning & contracting systems to ensure future services aren't inequitable e.g. appropriate metrics and monitoring and quality premiums around access to services from areas of deprivation.

## **7. Recommendations to HWBB**

- To note the equity audit and its findings, and the actions taken within PH as a result.
- That other organisations/services consider undertaking similar audits to understand the contribution they are making to reducing/increasing deprivation-based inequalities.
- That all partners consider their future service delivery, commissioning and performance monitoring to ensure that they are able to determine whether or not a given service is in fact reducing or contributing to health inequalities.

## **8. Name and contact details**

Giles Ratcliffe (01709) 255866

Tracey Liversidge (01709) 255860