

ROTHERHAM BOROUGH COUNCIL - REPORT TO MEMBERS

1.	Meeting:	Health and Wellbeing Board
2.	Date:	21st September 2011
3.	Title:	Health Inequalities Summit
4.	Directorate:	Public Health

5. Summary

To highlight to the Health and Wellbeing Board the Health Inequalities Summit, to be held 30th November 2011.

As part of the action to investigate and address the health inequalities in Rotherham, a high level summit has been arranged to plan the next steps in addressing health inequalities locally. The objectives of the summit are:

- To re-energise the approach to address health inequalities in Rotherham.
- To develop and deliver a framework that will make a difference to people in Rotherham (based on the model overleaf) by:
 - Updating the progress against the original Health Inequalities action plan (2007-09)
 - Setting out a local vision for addressing health inequalities in Rotherham.
 - Reviewing the current offer of services and agreeing areas for improvement.
 - Providing additional focus on the needs of the communities who are classified within the 10% most deprived areas in England
- To assist RMBC to develop and deliver a Rotherham Health Inequalities Action Plan.

6. Recommendations

That the Health and Wellbeing Board:

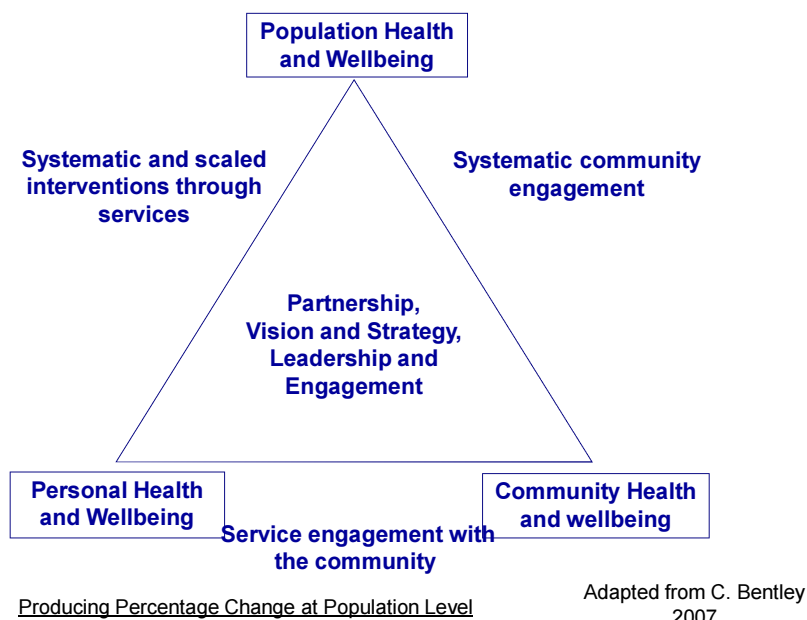
- Recognise health inequalities in Rotherham as a priority area for action.
- Support the community consultation exercise and November summit.
- Mandate partnership action.
- Receive a report on the outcomes of the Summit and the agreed actions.

7. Proposals and details

Rotherham's position regarding the wider determinants of health is consistently worse than the England average¹. The most recent Index of Multiple Deprivation (IMD) 2008/9 shows that 17% of the Borough is now amongst the 10% most deprived areas in England compared to only 12% in 2007. There has been a downwards shift of the whole population which increases the risks of living in poverty. The Child Wellbeing Index value is worse than the national average at 203, compared to 169, demonstrating the lower levels of child wellbeing across a number of indicators.

Health inequalities arise because of a complex mix of economic, social and cultural factors as well as access to services to support the most vulnerable. People need safe warm housing to support their health across the public and private sector housing markets. This requires a coordinated response from a range of professionals. There has been previous activity to address health inequalities.

Model for developing action on Health Inequalities



Partnership Engagement

NHSR have undertaken a number of meetings to promote the aims and objectives of the summit (as outlined above) to ensure it meets all partners' needs and leads to success in addressing health inequalities in Rotherham. Through this process partners have the opportunity to shape both the consultation and summit event to ensure a successful outcome. A range of engagement activities have been undertaken including: partnership meetings, scrutiny presentation, health and wellbeing cabinet members delegated powers meeting, and, health and wellbeing board paper.

Community Consultation

To inform the summit, community consultation will be undertaken in Autumn 2011. A mixed methods approach will be taken, flexible to respond to new ideas and themes as these are generated by the research. Initial scoping will be undertaken at the Rotherham Show, to gain an understanding of possible reasons for the apparent increase in health inequalities. The scoping exercise will be followed by focus groups held with Rotherham residents in area assemblies and

¹ Yorkshire and the Humber Public Health Observatory Wider Determinants of Health Profile, Rotherham. Jan 2011.

communities of interest to gain a deeper understanding. This information will be collated and presented to the summit in November.

A pragmatic approach will be taken to the community consultation, as outlined in Appendix 1.

Summit Event

A high level summit is planned for 30th November 2011, an outline of the event is provided in Appendix 2.

8. Finance

Community consultation activity is being undertaken by NHR Public Health staff in partnership with RMBC Community Engagement Team within current resource. Tackling health inequalities is about co-ordinating the efforts, resources and support of the NHS, RMBC and all local partners.

9. Risks and Uncertainties

Risk	Mitigation
1. Lack of partnership engagement	Planned engagement activities as outlined above.
2. Community Consultation <ul style="list-style-type: none"> • Lack of engagement • Timescales • Not asking appropriate questions 	NHR Public Health using the evidence base and evidence of best practice from working in partnership with Patient and Public Engagement and RMBC Community Engagement Team to develop an effective framework.
3. Summit Event <ul style="list-style-type: none"> • Lack of engagement • Not achieving the aims and objectives 	Planned engagement activities to raise awareness and shape the summit to achieve successful outcomes.
4. Health Inequalities continue to increase	Partnership engagement, community consultation, summit, agreed action plan delivered.

10. Policy and Performance Agenda Implications

Successfully addressing health inequalities in Rotherham will have a positive impact on all performance targets and policy areas, conversely a failure to address this will have a negative impact.

11. Contacts

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APPENDICES

Appendix 1 – Process for Community Consultation

Process	Aim & Objectives	Groups	Method	Proposed Outcome	Deadline
Review of recent community consultation on similar issues	Initial review of recent community consultation to identify areas for investigation, emerging themes etc	Documentary analysis and meetings with stakeholders e.g. JSNA, Health and Wellbeing Board, Health Scrutiny etc	Content analysis	Additional areas of interest to inform Focus Group discussions. Existing areas that have already been identified.	August/ September 2011
Initial Scoping	To gain understanding of possible reasons for the apparent increase in health inequalities	Attendees at Rotherham Show	Closed question questionnaire. Interactive display.	Quantitative approach to enable some descriptive statistical presentation of results. Ideas may be offered that can inform the qualitative elements of the consultation.	September 2011
More in depth discussion with specific targeted groups	To gain deeper understanding of possible reasons for the apparent increase in health inequalities	Area Assemblies (n=7) Communities of Interest (n=7) Special interest groups	Short suitable presentation/ introduction re health and inequalities to stimulate discussion. Facilitated focus groups.	Thematic analysis to identify key themes	October/ November 2011

Appendix 2 – High Level Summit – Outline - 30th November 2011 9-12.

Part One 9:15 - 10.30

09:15 - 9:30 - Introductions, Purpose, Outline

09:30 – 10:30

1. Presentations (based on the model above)

- Health Inequalities: the nature, the scale, the causes across the whole of Rotherham.
- The ten target communities (Eastwood, Dalton and East Herringthorpe, Masbrough, Dinnington, East Dene, Maltby, Town Centre, Wath, Rawmarsh, Kimberworth Park).
- Pockets of deprivation/rural agenda
- Progress against Inequalities Action Plan 2007-09
- Community Consultation Feedback
- Tools, JSNA and Health and Wellbeing Board
- Evidence of what works elsewhere

Part Two 10.30 – 12.00

2. Facilitated workshops - using Marmot as a framework to guide discussions

- Vision
- Current offer of services
- Areas for improvement
- How can we make the biggest difference
- Agree actions for the Health and Wellbeing Action Plan (evidence based, outcomes orientated, systematically applied, scaled up appropriately, appropriately resourced, persistent)
- How we will do it?
- Who is accountable?

Summit Invitees

NHSR	RMBC	CEC	Wider health leaders	Wider audience
Dr John Radford Chris Edwards Dr Robin Carlisle Sarah Whittle Jo Abbott Dr Nagpal Hoysal Joanna Saunders Anne Charlesworth Rebecca Atchinson Carol Weir Helen Wyatt Alex Henderson	Cllr Ken Wyatt Cllr Paul Lakin Cllr John Doyle Cllr Mahroof Hussain Martin Kimber Matt Gladstone Joyce Thacker Tom Cray Karl Battersby Zafar Saleem Miles Crompton	Dr David Tooth Dr David Polkinghorn Dr Russell Brynes Dr Ian Turner	Brian James Andy Irvine Christine Boswell Andy Buck Mike Wilkinson David Whiting	Janet Wheatley Chris Bentley Cathy Reed Carole Haywood Brian Chapple Paul Douglas Chief Constable Meredydd Hughes Chief Fire Officer Jamie Courtney