



## Health Select Committee

20<sup>th</sup> October 2009

### Report from the Director of Policy & Regeneration

For Action

Wards Affected: ALL

## Audit Commission Review of addressing Health Inequalities in Brent

### 1. Introduction

- 1.1 This covering report introduces the review from the Audit Commission looking at the approach Brent Council and its partners are taking to tackle the inequalities in health that are experienced by some residents within the borough. This Audit Commission project is composed of two stages; an initial assessment of the current partnership strategy, plans and services in place to address health inequalities and a follow –up stage covering development work on an agreed local priority.
- 1.2 The attached report from the Audit Commission is the outcome from the first stage of the project. The field work for the report was undertaken in late 2008 and was composed of a review of relevant strategy documentation, statistical information on health inequalities, performance data and interviews with key officers from both NHS PCT and Brent Council.

### 2. Recommendations

Members of the Health Select Committee are recommended to:-

- 2.1 Consider the findings of the Audit Commission review of health inequalities in Brent and the partnership arrangements in place for tackling these issues within the borough.

### 3. Detailed Considerations

- 3.1 Statistical data on the health of Brent residents indicates that there are considerable health inequalities experienced by many of our residents. While

at a borough level the overall health of the population is in line with national averages when considered at a ward level there are significant variations. These health inequalities are largely centred on our more deprived wards but can also affect specific communities or ethnic groups. Men from the least deprived areas in Brent can expect to live over nine years longer than those in the most deprived areas and this gap has remained consistent for a number of years. Residents from our most deprived areas typically experience higher levels of cardio vascular disease, diabetes, TB and cancers. In addition they are less likely to take regular physical exercise, eat the recommended five portions of fruit or vegetables a day and are more likely to smoke. These health inequalities are also affected by wider determinants of health such as access to employment, low income levels and poor housing.

3.2 Given the many social, economic and environmental factors that can impact on public health an integrated, partnership approach to tackling inequalities and preventing ill health is critical. NHS Brent and the Council agreed in June 2008 a joint Health and Well Being Strategy which sets out our shared priorities for reducing inequalities in health and promoting healthier life styles in the future. This document was adopted by the Local Strategic Partnership and the key health indicators incorporated to our Local Area Agreement. The rationale for the setting of these health priorities is underpinned by the detailed analysis of health needs within the Joint Strategic Health Assessment (JSNA)

3.3 The review conducted by the Audit Commission has focused on the implementation of the Health and Well Being Strategy and the partnership arrangements in place to address the wider determinants of health through our core statutory services and shared strategies such as the Regeneration Strategy. The detailed findings of the review are set out in the attached report. Below is a summary of the key strengths and areas for development identified by the Audit Commission:-

#### 3.4 Key Strengths

- There is a clear commitment from key partners to tackle health inequalities
- Key individuals are strongly supportive of actions to reduce health inequalities
- Key partnership arrangements have been identified to tackle health inequalities.
- The JSNA provides a sound and shared foundation for work on reducing health inequalities.
- There is a high level commitment to performance managing health inequalities.

#### 3.5 Further development

- Need to make the sponsorship and accountability for health inequalities projects more explicit.
- Maintain the effective consideration of health inequalities by the Health Select Committee.
- More effective engagement of provider trust organisations in tackling health inequalities.

- Developing partnership arrangements with the voluntary sector, service users and carers to support preventative work.
- Ensuring that the needs of all diverse communities are captured and reflected in service planning.
- Ensuring that the wider workforce of partner agencies contributes to reducing health inequalities.
- Improving health data collection and ensuring performance management of projects is robust.
- Ensuring partner agencies adopt a 'corporate responsibility' model for addressing the wider determinants of health inequalities within their mainstream service planning.

The detailed findings from the Audit Commission are set out within the accompanying report.

- 3.6 Following discussions with the Audit Commission partners have agreed that stage two of the project should focus on exploring strategies to increase the levels of physical activity of adults in Brent. This area was selected as it is a key shared priority for NHS Brent and the Council. Currently the level of physical activity of adults within Brent is comparatively low and increasing the proportion of adults taking regular exercise is a target within our partnership Local Area Agreement. Increasing physical activity has a major impact on cardio vascular health, weight management and mental well being and as such has significant preventative benefits.
- 3.7 The Council and NHS Brent will be working with the Audit Commission to explore best practice models in encouraging and providing greater access to and participation in physical activity in the coming months.

#### 4. Financial Implications

- 4.1 There are no financial implications arising directly from this report.

#### 5. Legal Implications

- 5.1 There are no legal implications arising directly from this report.

#### 6. Diversity Implications

- 6.1 There are no diversity implications arising directly from this report

#### 7. Staffing Implications

- 7.1 There are no staffing implications arising directly from this report.

#### 8. Background Papers

Brent's Health and Well Being Strategy  
Joint Strategic Needs Assessment

9. Contact Officers

9.1 Cathy Tyson, Assistant Director of Policy

PHIL NEWBY  
Director of Policy and Regeneration