



Report of: Director of Public Health

Meeting of	Date	Agenda Item	Ward(s)
Health and Wellbeing Board	12 March 2014	B3	All

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**SUBJECT: ANNUAL PUBLIC HEALTH REPORT
Widening the Focus: Tackling Health Inequalities in Camden & Islington ***

*** Please see appendix, which is to follow***

1. Synopsis

- 1.1 This is the first Annual Public Health Report of the new joint Director of Public Health for Camden and Islington. It is a statutory requirement that each DPH provides an independent of report of health and wellbeing in their area.
- 1.2 The report focuses on the social determinants of health (the ‘causes of the causes’), including the council’s corporate priorities on employment, housing and cost of living. It builds upon the work already being done across Islington, describing how these determinants contribute to health inequalities in Islington and exploring what more can be done to reduce health inequalities.
- 1.3 The Public Health department will use the findings and recommendations in this report as a basis to take forward its work on the social determinants of health. This will be done in collaboration with other departments within the Council, and with partners on the Health and Wellbeing Boards.

Recommendation

- 1.4 To consider the findings and recommendations of this report and to advise on how these can be taken forward to reduce health inequalities.

2. Executive Summary

- 2.1 The social determinants of health — including employment, housing, education and the ability to afford a healthy standard of living — all underpin the stark inequalities in health in Camden and Islington. Reducing these inequalities is a matter of fairness and social justice.
- 2.2 Building upon the existing work of Camden and Islington Councils and their partners, the recent transition of Public Health into local government provides an opportunity to consider what more can be done locally to reduce health inequalities by tackling the social determinants of health. This statutory,

independent report of the Director of Public Health outlines some of those local opportunities and will hopefully be used by Public Health in collaboration with partners to strengthen and prioritise work in this area.

- 2.3 While around half of residents in both Camden and Islington experience comparatively poorer health than the national average, there are differences in how patterns of health inequalities emerge locally, requiring different responses. In Camden, there are clear geographical patterns with residents living in the most deprived wards experiencing poorer health. In Islington, levels of deprivation are more widely spread and a whole borough approach will be required to tackle health inequalities, targeting different groups of people. What is clear is that focussing efforts on only the most deprived and most vulnerable residents, or those experiencing the largest inequalities, will not be enough to tackle health inequalities in Camden and Islington, because so many residents experience poor health.
- 2.4 Helping people find good jobs and stay in work is important for their health and wellbeing and that of their family. There are stark inequalities in the health of employees by occupational group: two-fifths of Camden and Islington residents in routine and manual work report being in poor health compared to about 14% in higher managerial positions. Both Camden and Islington also have a large number of people who are out of work because of ill health, and particularly poor mental health. Supporting people to stay in work and helping people with health problems back to work should be central to reducing health inequalities.
- 2.5 Housing makes a very significant impact on people's health and wellbeing, and homelessness, overcrowding, and cold, damp homes all substantially contribute to health inequalities. People from ethnic minority groups and families with children are overrepresented among homeless and overcrowded households, leading to health inequalities. People living in older housing stock, mainly privately owned, tend to be more vulnerable to fuel poverty. There have already been substantial improvements in the quality of social housing stock and a number of successful initiatives to tackle homelessness, overcrowding and fuel poverty across Camden and Islington. Strengthening the work to identify people in need of housing support early, working with housing providers to promote better health, and better understanding the housing needs of people with complex health problems will all help to reduce health inequalities in the future.
- 2.6 A good education leads to better health outcomes in childhood and in later life. There have been significant strides in improving educational attainment in Camden and Islington in recent years, with very good standards of achievement in local schools. However, inequalities in educational attainment remain, particularly for children who have higher levels of absence (often associated with health problems or appointments with health services) or who are disadvantaged. A number of young people locally are also NEET (not in education, training or employment) with potentially negative impacts on their health and wellbeing, particularly their mental health. Continuing the work to improve educational attainment in disadvantaged groups, encouraging early years' settings and schools to promote positive health and wellbeing, and preventing young people from becoming NEET will all help to reduce health inequalities in Camden and Islington.
- 2.7 Being able to afford a 'healthy lifestyle' is becoming increasingly challenging for people, particularly those on lower incomes, as increases in the cost of living continue to outpace household incomes. To help reduce the level of in-work poverty and to be an exemplar of good practice, both councils have already adopted the London Living Wage and strongly promote it through the procurement of goods and services. Affordable housing is a particular issue for residents in Camden and Islington where house prices and rents are very high. Food poverty is also an area of concern, with a growing reliance on food banks and breakfast clubs for schoolchildren. While many of the levers to help residents be able to afford a 'healthy lifestyle' are outside of the control of local government, Camden and Islington Councils should continue with their efforts to mitigate the impact of poverty and income inequality by supporting the provision of breakfast clubs, helping people to quit smoking to save money, and by influencing statutory sector partners and local businesses to adopt the London Living Wage.

2.8 The next steps proposed for widening the focus on reducing health inequalities in Camden and Islington include:

- Doing more to address the social determinants of health, by embedding them into existing processes, strategies and policies, and making them everyone's business;
- Prioritising our children and young people, to break the cycle of intergenerational health inequalities;
- Focussing on prevention and early intervention to provide better outcomes for residents and increase the sustainability of public services;
- Targeting the right people and the right places at the right scale to ensure that interventions are successful in reducing health inequalities;
- Working better together to address multiple underlying problems – a defining feature of families and communities affected by poor health is that they are often challenged by multiple rather than single issues;
- Making best use of resources to ensure that services and interventions are evidence-based, cost-effective, and are being delivered to achieve maximum impact.

3. Implications

3.1 Financial implications (Islington):

Islington Council receives a ring-fenced Public Health grant from the Department of Health to fund the cost of its Public Health service. The current budget for 2013/14 is £24.74m with an increase for next year bringing the total funding for 2014/15 is £25.43m.

The Council's Public Health expenditure must be contained entirely within the grant funded cash limit indicated above. If any additional pressures are incurred management actions will need to be identified to cover this.

Any plans or strategies derived or agreed in relation to this report should use existing available resources and therefore not create a budget pressure for the Council.

3.2 Legal Implications:

Section 31(5) and (6) of the Health and Social Care Act 2012 requires the Corporate Director of Public Health to publish annual reports on the health of the local population. The Council has a duty to publish the report. The report is intended to help directors of public health to account for their activity and to chart progress over time.

3.3 Environmental Implications:

The environmental impact of producing this report will be kept to a minimum by circulating electronic copies to stakeholders where appropriate, and only printing hard copies where necessary.

3.4 Equality Impact Assessment:

The report focuses on health inequalities and as such equalities is a main theme embedded in the whole report.

4. Conclusion and reasons for recommendations

4.1 The Health and Wellbeing Board is asked to consider the findings and recommendations of this report and to advise on how these can be taken forward to reduce health inequalities.

Background papers: (available online or on request)

The draft full report will be provided to Board members, but will not be published online until it is finalised.

Signed by:



Date 21/02/2014

Julie Billett, Joint Director of Public Health

Received by

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Head of Democratic Services

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Date

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