

WIRRAL COUNCIL

CABINET – 23 JULY 2009

REPORT OF THE JOINT DIRECTOR OF PUBLIC HEALTH

WIRRAL HEALTH INEQUALITIES PLAN

EXECUTIVE SUMMARY

This report provides Cabinet members with a final draft of the Health Inequalities Plan for comment and approval. The plan was first drafted in March 2009 and has been amended following discussion and consultation with stakeholders. It is currently being submitted to committees within Wirral Local Strategic Partnership and NHS Wirral in addition to Cabinet and any amendments as a result will be incorporated into the final version.

The Plan outlines three timescales for action and achieving improved outcomes; 2011, 2013 and 2025. These timescales are linked to national targets and local strategies.

Wirral is currently below trajectory for achieving the national health inequalities target for life expectancy and the Local Area Agreement target for all age all cause mortality. The Health Inequalities Plan identifies priority actions that need to be set in place if these targets are to be met.

1. Background

- 1.1. Life expectancy in Wirral is increasing but at a slower rate than for England as a whole. The latest data show a gap in life expectancy of 2.0 years for males and 0.9 years for females between Wirral and England. This is an increase from the baseline year of 1995/97. Approximately 35% of the Wirral population live in the most deprived lower super output areas nationally. Life expectancy within this group has improved at a slower rate than for the rest of Wirral and the gap has therefore, widened.
- 1.2. In January 2009, Wirral invited the National Support Team for health inequalities to visit the area and scrutinise current plans and actions for reducing health inequalities. A large number of stakeholders took part in the visit which included individual interviews and group workshops. The visiting team provided a report detailing recommendations for partnership action and have since returned and praised progress that has been made. One of the overarching messages that emerged from the visit was that Wirral needed to plan interventions that were sufficiently equivalent to the scale of need. Recommendations from the visit have been incorporated into the Health Inequalities Plan.
- 1.3. Actions to meet three overarching health outcomes are grouped together under five strategic priorities:

- Address the underlying determinants of health
- Improve access to high quality public services for people with poor health and well-being
- Engage communities and individuals, supporting them to improve their health through the health and well-being choices they make
- Improve opportunities for children, young people and families
- Improve and share data and intelligence on health and well-being

1.4 A lead organisation for the completion of each action has been identified in addition to partners who will be integral to its success. An executive leadership group is to be established to ensure full engagement and drive the implementation of the plan. This group will report to the Health and Well-being Partnership Co-ordination Group and produce regular progress reports for Wirral Local Strategic Partnership Executive, Cabinet and NHS Wirral Board as requested.

2. Financial implications

There are no direct financial implications as a result of this report. However, financial constraints and future funding decisions relating to the economic downturn in particular, could impact on Wirral's ability to achieve reduced health inequalities and health impact assessment may be required.

3. Staffing implications

Wirral Council is the designated lead agency for many actions within the Plan. This may have an impact on the workload of individuals and groups of staff, working to deliver the agreed priorities. In the main, these are not new areas of work but may require additional time resource to complete the actions within the timescales

4 Equal opportunities implications

The Health Inequalities Plan aims to improve the health and well-being of individuals and groups who have the poorest health outcomes in Wirral. This will require considerable consultation and engagement which is included within the Plan.

5 Community safety implications

There are no community safety implications arising directly from this report

6 Local Agenda 21 implications

There are no local Agenda 21 implications arising directly from this report

7 Planning implications

The Plan includes use of health impact assessment of major plans such as Wirral Waters to ensure positive impacts are maximised and negative impacts minimised.

8 Anti poverty implications

The Health Inequalities Plan will support action to reduce child poverty and worklessness.

9 Social inclusion implications

Successful implementation of the Plan will lead to improved access to public services and community engagement for currently excluded groups.

10 Local Member Support implications

The Plan prioritises service improvements and support for people with poor health and well-being. This will lead to improvements being targeted to groups and geographical areas rather than equally applied throughout Wirral.

11 Background papers

The draft Health Inequalities Plan is attached.

4. RECOMMENDATIONS

- 4.1. Cabinet members are asked to approve the Health Inequalities Plan and to request further updates on progress.

Marie Armitage
Joint Director of Public Health

23 July 2009