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Report of Head of Scrutiny and Member Development

Report to Scrutiny Board (Health and Well-Being and Adult Social Care)

Date: 18 April 2012

Subject: Reducing Health Inequalities - Clinical Commissioning Groups perspective

Are specific electoral Wards affected?	☐ Yes	⊠ No
If relevant, name(s) of Ward(s):		
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	⊠ No
Is the decision eligible for Call-In?	☐ Yes	⊠ No
Does the report contain confidential or exempt information?	☐ Yes	⊠ No
If relevant, Access to Information Procedure Rule number:		
Appendix number:		

Summary of main issues

- 1. In July 2011, the Board identified Reducing Health Inequalities as one of the priority areas for inclusion in its work schedule during the current municipal year.
- 2. As part of this work the Scrutiny Board has considered the development and production of the Joint Strategic Needs Assessment (JSNA) alongside some of the associated data sets. Specifically the Board also considered details associated with two specific Medium Super Output Areas (MSOAs) from the City to help highlight and demonstrate some of the health inequalities that exist across the City.

Health and Wellbeing City Priority Plan (2011-15)

- 3. Draft action plans from the Health and Wellbeing City Priority Plan (2011-15) were presented (for information) to the Shadow Health and Wellbeing Board at its meeting on 26 January 2012. The draft action plans focus on delivering the following strategic priorities:
 - Priority Action 1: Help protect people from the harmful effects of tobacco
 - Priority Action 2: Support more people to live safely in their own homes
 - Priority Action 3: Give people choice and control over their health and social care services
 - Priority Action 4: Make sure the people who are the poorest improve their health the fastest

- 4. Priority Action 4: Make sure the people who are the poorest improve their health the fastest, essentially relates to addressing health inequalities across the City and outlines the following priority actions with a range of supporting activities:
 - Priority Action 4a: Minimise the impact of poverty on health of under 5s
 - Priority Action 4b: Action on housing, transport and environment to improve health and wellbeing
 - Priority Action 4c: Support people back into work and to healthy employment
 - Priority Action 4d: Increase advice and support to minimise debt and maximise income
 - Priority Action 4e: Ensure equitable access to services that prevent and reduce ill-health
- 5. In the main the above priority areas have been used to provide the focus for a series of working group meetings to deliver this aspect of the Scrutiny Board's work.
- 6. The purpose of this report is to enable the Scrutiny Board to consider Priority Action 4e: Ensure equitable access to services that prevent and reduce ill-health and specifically the future role of the emerging Clinical Commissioning Groups (CCGs) in Leeds.
- 7. The draft action plan for Priority Action 4e (Ensure equitable access to services that prevent and reduce ill-health) is attached at Appendix 1. The written submission provided by the Leeds CCGs, namely Leeds North CCG, Leeds South and East CCG and Leeds West CCG, is attached at Appendix 2. Appropriate representatives have been invited to attend the meeting to outline the details presented in Appendix 2 and address any questions identified by the Board.

Recommendations

8. To consider the information presented in this report and supporting appendices and:

- (a) Identify any specific matters for inclusion within the Boards report on Health Inequalities:
- (b) Identify any matters that warrant further scrutiny and determine any associated activity.

Background documents 1

• Health and Wellbeing City Priority Plan (2011-15) – draft action plans

The background documents listed in this section are available for inspection on request for a period of four years following the date of the relevant meeting. Accordingly this list does not include documents containing exempt or confidential information, or any published works. Requests to inspect any background documents should be submitted to the report author.