

Health Select Committee Report on Health Inequalities, 15th March 2009

Summary

The Health Select Committee Report on Health Inequalities was published on 15th March 2009, and has some important implications for local government in England. The Report concentrated in particular on the arrangements in the Department of Health and the National Health Service to tackle health inequalities, and very specifically it did not attempt to cover the question of the social determinants of health which are the subject of Professor Sir Michael Marmot's Review of Health Inequalities beyond 2010. Consequently, the main body of the Report did not say much about local government itself. However, in the text there was discussion about previous initiatives such as Sure Start and Healthy Schools which had involved the sector, and in the recommendations there were some important proposals which related directly to local councils.

Recommendations

The Board is asked to note the publication of the Health Committee Report on Health Inequalities, to welcome the attention given in the Report to health inequalities as a cross-governmental theme, and to reinforce the commitment to working for health improvement that has been shown by local government through the process of Local Area Agreements.

Action

For deliberation by the Community Wellbeing Board.

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Introduction to the Health Inequalities Report

1. The Report with its executive summary can be found here:
<http://www.publications.parliament.uk/pa/cm200809/cmselect/cmhealth/286/28602.htm> .
2. It dealt with two main themes, the evidence about the extent of health inequalities and what has worked to reduce them, and the arrangements made by the Department of Health/NHS to tackle this problem. The Health Committee gave credit to the government for making health inequalities a policy priority, and recognized that progress had been made to reduce infant deaths and extend life expectancy for the population as a whole over the last decade or so. It noted, however, that whilst there had been a general improvement in health status for most people, health inequalities had widened and insufficient attention had been given to gender and ethnicity. The Committee was critical about some lack of clarity in the policy objectives, about the limited extent of cross-governmental integration, about gaps in evidence and evaluation related to some major investments, and about an apparent mismatch between priorities and investment. It was sceptical about those area-based initiatives which had not been properly evaluated from the start.
3. The main focus was on the performance of the DH and NHS. The Committee felt unable to comment on the wider building blocks for good health in advance of the review of health inequalities and the social determinants of health currently being prepared by Professor Sir Michael Marmot and his team (The LGA, IDeA and senior council officers have been asked to give advice to the Review about the implementation of good practice to reduce health inequalities). However, a series of recommendations was put forward by the Health Committee to guide the work of the Review. These included reference to speeding-up the Healthy Schools Initiative, strengthening tobacco control, introducing a national planning policy statement on health, and giving local authorities more power to restrict fast food outlets.

Discussion about the implications for local government

4. The Health Committee Report made only limited comments about local councils and health, and said little about the role of Local Area Agreements and health improvement. Elected Members across the whole of the local government sector have made strong commitments to reducing health inequalities, and there are many examples of good practice demonstrated, eg, by the Beacon Councils for Health Inequalities. A recent Ipsos/Mori poll demonstrated that many local authorities have included health improvement as a key council role.

5. The attributes of local authorities that have made a difference have been well documented – clear leadership, strong community engagement, robust partnerships focused on better health outcomes, good local information and shared priorities, creativity and innovation and the systematic implementation of good practice. The Healthy Communities Programme (HCP) in the IDeA has been working to support local councils to take on a more active role in health improvement, and many (not only in the Spearhead authorities) have recognized that this is the responsibility of the whole council. Work-streams in the extended HCP now cover peer reviews and leadership academies; health, planning and the built environment; the third sector; workplace health and the health promotion role of council staff; the Joint Strategic Needs Assessment and the LAA; and the social determinants of health. There is work underway on health inequalities in coastal areas and in deeply rural areas. The IDeA has also developed a new DH funded programme dealing with the problem of tobacco control. Given the role of local councils in relation to the building blocks for health and their wide range of practical experience in tackling the social determinants of good health such as education, housing and employment, it was perhaps disappointing that the Health Committee had felt unable to explore the impact of their work at this stage.

Implications for Wales

There are none.

Funding and other resources

There are no immediate implications.

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