

**NUNEATON & BEDWORTH BOROUGH COUNCIL
CORPORATE PLAN 2007-2021**

**HEALTH INEQUALITIES SERVICE DELIVERY
PLAN 2010-2011**

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Strategic Context

It has been recognised that there is a health gap across Warwickshire, with health expectations being worst in Nuneaton and Bedworth. There are also health inequalities within the Borough. Health inequalities arise as a result of people's different experiences of a range of issues, known as the wider determinants of health, which include employment status, income, housing, education, living environment, lifestyle choices, ethnicity, etc.

The Local Area agreement as a whole sets targets to address many differences in the wider determinants of health, and will therefore address health inequalities in many ways. The overall impact on health inequalities of this wide range of measures will be measured using National Indicator NI120 (all age all cause mortality rate in Nuneaton & Bedworth) and comparing the rate of improvement with the rest of the county.

The Borough is a "Spearhead Authority" meaning that health expectation is in the bottom fifth of local authorities nationally for at least three key health measures. The Government sets targets for reducing the health inequalities within Spearhead Authorities and publishes annual reports, the latest of which shows that Nuneaton & Bedworth is not on track to meet these targets.

In 2009/10 a Warwickshire Health Inequality Strategy was published by the Public Service Board, the Department of Health's Health Inequalities National Support Team provided feedback on its assessment of multi-agency efforts to address health inequalities in the borough, and the Council's Health Inequalities Scrutiny Working Group produced ten recommendations for action. This strategic activity has helped to clarify where our priorities should be for the next few years. In a resource constrained economic environment we will need to concentrate on making better use of existing resources through better partnership working, better targeting and increased community engagement.

There is good evidence that empowering communities to engage in the management of their own health can have real benefits, but the statutory agencies also need to use their resources to address issues that communities can't influence. The more engaged communities are, the more likely that solutions will be right for them and meet their particular needs, and the more sustainable they are likely to be. Consequently community involvement and outreach work will be important elements in combating health inequalities.

While improving the health of the whole population is important, if we are to narrow the gap in health we must target our actions towards those population groups that are most in need. Often, but not always, these population groups are found within the same geographical areas, so targeting of actions on a geographical basis is often a convenient approach. However, in some cases it may be more appropriate to target specific populations, wherever they live in the borough. Therefore, the only actions included in this plan are those where there is targeted action relating to disadvantaged populations or areas.

Population groups that are subject to discrimination will often be beneficiaries of the actions in this plan, simply because the effects of discrimination make them more likely to be represented among the targeted populations and geographical areas. In some cases there may be actions directed specifically on the basis of ethnicity, gender, sexuality, disability, etc.

Table 1 – Link of Service Activities to Strategic Planning Framework

Activities	How these contribute to the strategic priorities described in the strategic context above	Identified customer views/needs	Key Performance Indicators	Value for Money	Service Unit
Support for the LAA Healthier Communities and Older People's Partnership Board	Ensures the LAA maintains focus on the particular needs of the Borough as having the greatest health needs in the county.	Life expectancy and health during life in the Borough are the lowest in the county, and among the worst 20% in the country	NI120 all age all cause mortality rate in Nuneaton & Bedworth	Costs too small to apportion	Corporate Services Director
Scrutinise local health issues through the county Health Scrutiny Board, and the Council's Social Scrutiny Panel	Provides democratic overview of the development of health care and other health related services to encourage equity of access and focus on reducing health inequalities.	Residents want local access to good quality primary and secondary health care, provided at levels that reflect local needs, and action to tackle health inequalities.		Costs too small to apportion	Legal and Democratic services
Implement the Communities for Health programme, using grant funding to establish community based health inequalities projects that target priority areas and populations.	Increases community engagement and capacity in targeted populations and encourages people and communities to engage more actively in the management of their own health.	Tackling health inequalities requires community engagement in order to ensure that services are appropriate to local needs.	Number of community based projects initiated.	25p per head of population. This work includes the oversight of Department of Health grant funding of approximately £100,000 per year.	Planning & Public Protection
Environmental Health services	Provides a wide range of services to protect health and ensure at least minimum legal standards are maintained in respect of food safety, occupational health & safety, air quality, environmental	The Rogers review identified food safety, occupational health and air quality as national	Completion of planned inspection programmes and speed of response to	£8.61 per head of population	Planning & Public Protection

Activities	How these contribute to the strategic priorities described in the strategic context above	Identified customer views/needs	Key Performance Indicators	Value for Money	Service Unit
	conditions that are prejudicial to health and the control of dogs and pest infestations.	health priorities, and other services are strongly driven by local public demand.	service requests.		
Implement and monitor the Sport and Active Recreation Plan 2007-11 priorities relating to health inequality	Seeks to increase participation in sport and active recreation	Participation in Sport –lowest in the County	NI 8	Community Recreation Budget per head of population: £27.41 (08) £25.63 (09)	Public Amenities
Strategic Housing	<p>This function is responsible for all the overarching strategic housing aims, including;</p> <p>Working with partners to develop and deliver solutions to housing and support issues, especially to vulnerable groups of people, such as working with organisations to deliver services for vulnerable young people and older and or disabled vulnerable people.</p>	The provision of appropriate housing and services is a fundamental requirement of vulnerable people who are at particular risk of experiencing health inequalities	NI120 all age all cause mortality rate in Nuneaton & Bedworth	Not available	Housing
Home Improvement Agency	The aim of this service is to provide assistance to and maximise the number of vulnerable people who receive assistance to improve their homes to a decent standard – improving energy efficiency and reducing utility costs – and access adaptations to assist vulnerable and disabled people to remain in their own home.	The provision of appropriate housing and services is a fundamental requirement of vulnerable people who are at particular risk of experiencing health inequalities	Increased proportion of older people supported to live in their own homes	Based on our population of 121,200, the Home Improvement Agency costs £0.97 per head of population	Housing

Activities	How these contribute to the strategic priorities described in the strategic context above	Identified customer views/needs	Key Performance Indicators	Value for Money	Service Unit
Affordable Warmth	This function works to secure energy efficiency improvements to homes within the private sector to ensure that people are living in safe, warm homes to ensure that their health and wellbeing is protected.	The provision of energy efficiency measures that ensure households are able to affordably warm their homes is vital for those who are at particular risk of experiencing health inequalities	NI120 all age all cause mortality rate in Nuneaton & Bedworth	Capital Grant funding of £100,00 available for Warmer and Safer Homes	Housing

NB Maximising benefit uptake is an important health inequality service provided by the Council that is described within the Benefits Service Delivery Plan. The council also promotes health and wellbeing in its own workforce, which is described in the Human Resources service delivery plan.

Table 2 – Priority Actions for Coming Year

Priority Actions (including equal opportunities and diversity actions)	Link to Corporate Delivery Plan	Customer focused outcomes / milestones	Lead Officer	Partners & Staff Resources	Budget Impact	Timescale
Build partnerships between organisations and communities and develop innovative community based health improvement working with and for populations within priority Super Output Areas.	Increases health inequalities outreach work. Targeting resources at priority areas.	Several community based projects will have been delivered that have increased people's engagement in the management of their own health.	Health Inequalities Officer	HIWeB partners. Time of Health Inequalities Officer.	Projects funded by Department of Health grant.	Projects to be completed and evaluated according to grant conditions

Priority Actions (including equal opportunities and diversity actions)	Link to Corporate Delivery Plan	Customer focused outcomes / milestones	Lead Officer	Partners & Staff Resources	Budget Impact	Timescale
Obtain accurate and up to date health data at Super Output level to assist in the targeting of services, to include disease prevalence for minority ethnic groups.	Enables effective targeting of service developments to disadvantaged priority populations	Enables effective targeting of service developments by all partners to priority disadvantaged populations where interventions will have the greatest benefit.	Corporate Services Director	Primary Care Trust , George Eliot Hospital Trust and Warwickshire Observatory and time of NBBC Health Inequalities Officer	Within existing resources.	End of March 2011
Ensure that the Core Strategy includes the right policies to support and encourage the development of appropriate local health services	Encourages and supports appropriate investment in the health care infrastructure and a built environment that is healthy by design	Successful adoption of the Core Strategy	Assistant Director – Chief Executive's office	Primary Care Trust, George Elliot Hospital, County Council. Planning Policy Team.	Within existing Core Strategy resources	July 2012
Work with partners to investigate the feasibility and scope for projects addressing food poverty and access to and preparation of healthier food.	Findings will be used to make decisions about future community based initiatives.	Subject to identifying viable future initiatives – increased availability and consumption of local affordable healthy food.	Health Inequalities Officer	Warwickshire Food for Health Group, Voluntary & community organisations. Food businesses. Health Inequalities Officer	Within existing resources	End of March 2011
Work with partners to encourage the Health Trainer service to become an effective		More locally accessible capacity within communities to promote healthy choices and referrals to health care	Health Inequalities Officer	Health Trainers, N&B Leisure Trust, Healthy Living	Within existing resources	March 2011

Priority Actions (including equal opportunities and diversity actions)	Link to Corporate Delivery Plan	Customer focused outcomes / milestones	Lead Officer	Partners & Staff Resources	Budget Impact	Timescale
outreach and community based service.		services.		Network		
Review the Council's strategy for the provision of parks and leisure facilities so that it focuses more on the promotion of community based physical activity	Ensure local people are engaged with sports and activities to influence service delivery within their own community	Support and stronger communication between organisations and sports bodies Improved Participation indicators OSP Work group to look at this issue Nov 2009	Asst Director Public Amenities	Local voluntary groups involved in Sport and Recreational activities Leisure Trust	Utilise existing budgets	To be determined based on OSP Work Group findings
Ensure that health inequalities are considered as part of all service and policy reviews and included as part of report summary sheets.	Aim 1 Priority 2	Health Inequalities will be embedded into the Council's normal decision-making process	Asst Director Legal & Democratic Services	Democratic Services Officers	None	1/4/10
Regeneration of Camp Hill	1.1 1.2 3.2	To replace poor housing stock, improve the infra structure, external environment and life chances of the residents. Reduce health inequalities in the area	Environmental Services Director	Housing, Building Control, Planning Policy, PinCH	Kickstart funding	On-going
Financial Inclusion – LA owned Housing Stock	1.3	Income will be maximised thus ensuring an increased ability of vulnerable households in particular, to choose healthy foods and activities	AD Housing	Assistant Director – Finance and Procurement	Within existing resources	On-going

Priority Actions (including equal opportunities and diversity actions)	Link to Corporate Delivery Plan	Customer focused outcomes / milestones	Lead Officer	Partners & Staff Resources	Budget Impact	Timescale
Review the approach to Home Improvement Agency provision	1.1, 1.3		AD Housing	Assistant Director – Legal Services Financial Planning Manager	IEWM Funding SP Funding	March 13
Implement Homelessness Strategy Action Plan	1.1	Development and delivery of services, properties, procedures and protocols to deliver appropriate housing and support solutions to vulnerable groups. Impacts upon health inequalities within this group.	Housing Strategy Manager	Assistant Director – Chief Executive’s Office RSL’s PSL’s Voluntary Organisations	Homelessness Grant	March 11

Table 3 – Risk Assessment

Risk Ref No	Risk [Potential Cause(s)]	Potential Consequence(s) of Risk	Risk Owner	Relevant Corporate Aims & Priorities	Mitigation Control(s) (Control Environment)	Action plan for mitigation not yet in place		Risk after all planned mitigation				Sources of Assurance (How Monitored?)
						Who	When	L	I	T	P	
1	Reduction or termination of Communities for Health grant	Unable to continue financial support to community and outreach health inequality projects	Asst Director – Planning & Public Protection	1.3	Regular liaison with Dept of Health. Do not commit resources beyond levels of confirmed grant. Seek financial exit strategy from all funded projects.			4	2	8	L	Asst Director monthly review
2	Super Output Area data not forthcoming from partner organisations	Unable to target work as planned leading to suboptimal use of resources	Corporate services Director	1.3	Maintain positive working relationships with partners. Partnership working through Public Service Board.			3	1	3	L	Health Inequalities Scrutiny Working Group
3	Partners do not give sufficient priority to supporting actions in this plan.	Delay to, or inefficient implementation of actions	Asst Director – Planning & Public Protection	1.3	Maintain positive working relationships with partners. Partnership working through Public Service Board.			3	2	6	L	Asst Director monthly review

L = Likelihood; I = Impact; T = Total (L x I = T); P = Priority (Total of 1 to 8 = Low, 9 to 12 = Med, 15 to 24 = High).

Note: Refer to NBBC scoring descriptors to achieve consistency across service units.