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| <b>HEALTH AND WELLBEING BOARD</b> | <b>AGENDA ITEM No. 7</b> |
| <b>7 DECEMBER 2020</b>            | <b>PUBLIC REPORT</b>     |

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|--------------------------------|--|-------------------|--|
| Report of:                     | Dr Liz Robin, Director of Public Health  |                   |  |
| Cabinet Member(s) responsible: | Councillor Wayne Fitzgerald, Deputy Leader and Cabinet Member for Adult Social Care, Health and Public Health. |                   |  |
| Contact Officer(s):            | Dr Tony Jewell, Consultant in Public Health  | Tel. 01733 747474 |  |

**REPORT OF THE COVID-19 HEALTH INEQUALITIES RECOVERY WORKING GROUP**

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|--|---------------------------|
| <b>RECOMMENDATIONS</b>   |                           |
| <b>FROM:</b> Director of Public Health   | <b>Deadline date:</b> N/A |
| <p>It is recommended that the Health and Wellbeing Board:</p> <ol style="list-style-type: none"> <li>1. Notes and comments on the report attached at appendix 2</li> <li>2. Suggests interventions or examples of good practice to be explored that may help to address the inequalities identified</li> <li>3. Endorses the approach for driving this work forwards via the Community Resilience Group</li> </ol> |                           |

**1. ORIGIN OF REPORT**

1.1 This report is submitted to the Health and Wellbeing Board following a request from the Chairman.

**2. PURPOSE AND REASON FOR REPORT**

2.1 The purpose of this report is to enable the review of a focussed piece of work undertaken as part of the COVID-19 recovery framework, examining the impact of the pandemic on health inequalities.

2.2 This report is for the Health and Wellbeing board to consider under its Terms of Reference No.

2.8.2.1 To bring together the leaders of health and social care commissioners to develop common and shared approaches to improving the health and wellbeing of the community

2.8.3.4 To keep under review the delivery of the designated public health functions and their contribution to improving health and wellbeing and tackling health inequalities

**3. TIMESCALES**

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| Is this a Major Policy Item/Statutory Plan? | <b>NO</b> | If yes, date for Cabinet meeting | N/A |
|---|-----------|----------------------------------|-----|

**4. BACKGROUND AND KEY ISSUES**

- 4.1 A series of recovery groups have been established as part of our approach to managing the impacts and consequences of the COVID-19 pandemic. One of these groups has provided a focus on recovery from a Public Health and Prevention perspective.
- 4.2 The Public Health and Prevention Recovery Group focussed on five core themes, namely:
- Health inequalities
  - Screening, vaccinations and immunisations
  - Health behaviours
  - Mental health
  - Housing
- The work under each theme was driven forward by small working groups.
- 4.3 Each working group has produced an initial report of its findings, and these have been brought together as a suite of reports via an executive summary. A copy of the executive summary is attached at appendix 1.
- 4.4 Attached at appendix 2 of this report is the initial report from the working group that focussed on health inequalities. The report sets out the context within which the theme has been examined and incorporates a range of evidence to demonstrate both the baseline position and some of the anticipated consequences on health inequalities caused by the pandemic.
- 4.5 Critically, it is now vitally important that the findings of this group to date are converted into positive action, to address the impacts suggested, and to identify, develop and deliver long term and permanent solutions to address the health and associated inequalities that some communities are facing. To drive this forward, the work is now being led via the Cambridgeshire and Peterborough Community Resilience Group (CRG). The CRG was set up at the start of the pandemic as a formal part of the Local Resilience Forum command structure. It brings together a large and diverse group of public and civil society sector partners on a fortnightly basis to jointly problem-solve and collectively ensure that communities are at the core of our COVID-19 responses. Such is the impact the CRG is having, members have agreed to commit long term to the approach, beyond the pandemic, making it the ideal forum for driving delivery of actions and interventions that address health and other inequalities.

## **5. CONSULTATION**

- 5.1 The report at appendix 2 was developed in collaboration with partners within the NHS, and it has been discussed at the system-wide Recovery Cell. The actions that will emerge from the report will be taken forward in close collaboration with the CRG.

## **6. ANTICIPATED OUTCOMES OR IMPACT**

- 6.1 It is anticipated that the Health and Wellbeing Board recognises the significance of the work carried out to date, and that there is now a unique opportunity to develop and deliver innovative and practical interventions that make a lasting difference.

## **7. REASON FOR THE RECOMMENDATION**

- 7.1 Agreement to endorse the report and the approach being taken will ensure clear accountability to address health and other inequalities.

## **8. ALTERNATIVE OPTIONS CONSIDERED**

- 8.1 Work to address health inequalities could continue in the ways it was being delivered prior to the pandemic. However, COVID-19 has impacted significantly on many individuals and communities, drawing the issue of health inequality into sharper focus, and so continuing without review and reset is not considered to be appropriate.

## **9. IMPLICATIONS**

### **Financial Implications**

9.1 None at this stage.

### **Legal Implications**

9.2 None.

### **Equalities Implications**

9.3 At the heart of this report is the theme of addressing health inequalities.

## **10. BACKGROUND DOCUMENTS**

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

10.1 None

## **11. APPENDICES**

11.1 Appendix 1: Public Health and Prevention Recovery Group Executive Summary  
Appendix 2: Health Inequalities Working Group Report

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