

**EXECUTIVE SUMMARY**Overview  
& Scrutiny

*Inequalities in Health:*  
*A report from Sefton's Overview & Scrutiny Management Board*

**INTRODUCTION**

Within Sefton there is a long and successful history of partnership working, both across the public sector organisations and with the voluntary, community and faith sector. Consequently, we (Sefton Councillors) have been working with partners in NHS Sefton to understand how health inequalities impact upon the lives of people and their families in our local communities.

A lot of statistical information was received from NHS Sefton and from our own departments. The information we looked at clearly said that there were differences in life expectancy dependent upon where a person lived in the Borough.

Whilst we accepted that life expectancy was not the only measure of good health, it did provide us with a baseline for further investigation.

We know that nationally the age a person can expect to live to can vary depending on where they live in the country. In Sefton the average life expectancy age for men is 74.7 years old, and for women it is 79.8 years old. Within our Borough people who live just a short distance away from each other another can have a difference in their life expectancy of between 8 and 11 years. In the Litherland Ward of the Borough the life expectancy for men is 72.6 years old and for women is 78.7 years. In comparison, the life expectancy for men living in the Ainsdale Ward 76.6 years old and for women is 84 years. We wanted to understand why this variation occurs.

We decided to look at the factors which could be having an effect upon people's health and wellbeing in Sefton, including what families eat; where they go and what they do; what already works well in communities; what could be improved and what were the future aspirations of our communities.

When we were considering how to undertake the review, it was felt that the focus should be around local schools. We chose to work closely with year 1 and 2 pupils of Lander Road Primary School (Litherland); St Elizabeth's RC Primary School (Litherland); and Kings Meadow Primary School (Ainsdale).

We listened to the people who lived and worked in the communities where the schools were based. These included, pupils; parents/carers; teachers and school staff; and people who worked in the community providing a service (whether paid

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or voluntary) for example, local youth clubs, health centres, church based activities etc.

We recognised that this topic was broad and would deal with very complex issues. We felt, however, that through addressing these issues we would be able to have an impact upon the future planning, and service provision that would tackle the problem of health inequalities within Sefton.

### HOW WE APPROACHED THE REVIEW

We worked closely with officers based in the Council and with our partners in NHS Sefton. We were also fortunate that Canon Roger Driver (a local vicar) became involved in the review and provided a valuable perspective from the voluntary, community and faith sector. The first meeting of the Working Group took place on 16<sup>th</sup> February 2010 and established the terms of reference for the review. Once we had identified the local schools that we would be working with we set out a timetable for the following activities:

1. Information gathering; We knew that a lot of statistical information had been gathered by the council and NHS Sefton and we wanted to have an understanding about what this information told us about the health of our local communities.
2. Walkabouts of local area; We felt that it was important to be familiar with the areas surrounding the schools we would be working with, so that we would be able to relate to, and understand the views of the people we would be listening to. Not all of the councillors undertaking the review were familiar with the local areas so we arranged visits so that we could get to know the local community as well as possible.
3. School visits; The main part of the review was working with the pupils of the three primary schools so it was important to meet with the Head Teachers and other school teachers and staff in order to gather their views about their local area, the role of the school, and what factors may be affecting the health of the local community.
4. Working with the children; – We employed the services of a Community Artist who worked with the pupils of the chosen schools over a period of 5 weeks. Through this work we provided a way for the children to tell us about their day to day life and their views of the community.
5. Talk to the parents / carers of the pupils taking part in the review; We gave the parents / carers of the pupils involved in the review the opportunity to speak about the issues concerning them, or to tell us about the good work happening in their local community. We arranged a meeting with parents/

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carers at each of the schools, and also sent out a questionnaire to ask about their views of a healthy lifestyle.

6. Talk to local community organisations; We spoke representatives of those organisations who provided services in our local community and we arranged a meeting in the Ainsdale and Litherland areas.
7. Meet with the Health Professionals; We gathered the views of the health professionals (for example doctors, health visitors) who worked in the community. We arranged a meeting in the Ainsdale and Litherland areas.
8. Training and capacity event; We brought together representatives of all those organisations involved in tackling health inequalities to discuss the factors affecting health inequalities. We arranged an event and invited Councillors, officers from NHS Sefton, representatives from the voluntary, community and faith organisations and the local schools concerned.

## WHAT WE HAVE FOUND OUT

- Health inequalities exist across the country, as well as within Sefton, and it is not just access to health services that affect the health of our community. There are other factors such as having a job, having a good education and good social support that affect the health and well-being of our community;
- The aspirations of our children are affected by the expectations of teachers and families. The children who took part in our review are aware of the people who play a part in their community and are influenced by their contact with them, as well as the lifestyle of their parents / carers;
- There is a real commitment to partnership working across the Borough, with many examples of the different organisations working together;
- We have a wide range of community assets to help us tackle health inequalities. There is a lot of support available within our community from the voluntary, community and faith sector;
- Providing healthy meals during the day has an impact upon the children's ability to learn and concentrate throughout the day as well as promoting healthy food choices. In exploring the activities related to promoting healthy eating we noted that not everyone who is entitled to free school meals takes advantage of this;
- The role of our schools and their staff is crucial in providing our children with the best start in life. The Head Teacher can provide a role that supports the relationship between families and schools, and work as a community leader;

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- There are many examples of schools working with children and their parents / carers in supporting children to adopt a healthy lifestyle and encourage aspirations for the future (for example children growing and cooking their own food at school, drop-in facilities for parents / carers. and courses for parents held at the schools);
- Information needs to be available, and used in planning services, at a very local level. Combining the statistical knowledge available with local knowledge will provide a more accurate representation of the local area, and help organisations to provide services that tackle health inequalities;
- The expectations of local people are not always understood by those who provide services, and this can then lead to the public having a poor perception of the service;
- Health professionals can provide insight into the problems facing our community, particularly for those issues which people feel they cannot be vocal about.

### RECOMMENDATIONS FOR THE FUTURE

Our recommendations have been presented to the decision makers within the Council, and those within NHS Sefton.

1. We found many examples of good work in promoting healthy eating and lifestyles within our primary schools, and we have recommended that this type of work should be supported by the Council, NHS Sefton and other organisations within the community.
2. We believe that our local schools are valuable assets for the local community, and we have recommended that the Council and our Schools should work together in making sure that we use these assets for the benefit of the community, for example in hosting community services and activities and providing a place for parent / carers to meet.
3. We were impressed with the contribution made by our Head Teachers within the local community, and we have recommended that the Council and our schools should promote this community role of the Head Teacher, and include this role within any job description and person specification when recruiting for new positions.
4. Across the Borough of Sefton there are many physical assets that are available to help the local community in tackling the health inequalities that

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exist. We feel that it would help those organisations providing services to plan service provision more effectively if this information was available and could be shared with those organisations.

5. There are a lot of services and help available to the local community, and we have recommended that the Council and NHS Sefton work together to make sure that the local community are aware of what is available to them, and this could be achieved through better communication.
6. There is a wide range of knowledge available in our local community, and we have recommended that the Council and NHS Sefton work with our community leaders when planning the provision of services for tackling health inequalities.
7. We have recommended that the service use of the Ainsdale Health and Well Being Centre be considered by the appropriate service provider.
8. In undertaking this work, we have adopted a different approach than in previous reviews, and we have recommended that the methods and principles we have used be considered by other councillors when looking at issues affecting our local community.
9. We are aware that there are many changes occurring within the local health service and its structures. We have therefore recommended that NHS Sefton pass on the findings of our report to the appropriate people within these new structures, and ensure that we continue to develop and support the good partnership working that exists in our Borough.