

South East England Regional Assembly – Select Committee on Poverty and inclusion

Submission on behalf of the Surrey Sussex Public Health and Health Inequalities Network

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We welcome the current work by the south east regional assembly and its select committee on poverty and inclusion to examine the extent to which public agencies and others in the region are meeting the needs of excluded communities or supporting local initiatives.

Promoting social inclusion and tackling health inequalities and social exclusion is a priority in the southeast as in other parts of the country. The current variations are unacceptable and remediable and require focus and attention. Despite the regions affluence there are significant pockets of deprivation and need in the area. Also as highlighted in the region's Social Inclusion Statement, exclusion can be experienced by people with reasonable level of income, and that goals of inclusion reflect an ambition to integrate many different types of individuals, places and communities of interest. Therefore as well as economic consideration there is critical need to consider social, mental, environmental and spiritual needs of individuals, families and communities as key elements of any strategic framework. Such other issues are often neglected and perhaps are particularly important in this region.

The pockets of deprivation and need require interventions that need to be locally sensitive and may be different from those where such need exist on larger scale. The references to ethnic and minority communities has been limited in the various strategies. While the numbers and proportions are limited there continues to be needs which need to be understood and met.

The region has a hierarchy of spatial, economic and social planning statements and strategies that have social exclusion located within them. While “social progress which recognises the needs of everyone” is one of the four broad groups of objectives in the regional plan it is important to specifically note role of social cohesion as key to social progress. Particularly in the south east there is need to evaluate the social, environmental and other impacts and implications of economic development and recognise the fundamental importance of health impact assessment as part of such developments.

The discussion paper in 3.9 usefully notes the confusion between indicators and key contributors to social inclusion. In 3.10 it notes its hope that regeneration initiatives in the Sussex coast will impact on social exclusion. There are of course questions to methodologies in measuring such impacts and relationships. One possible option could be that in addition to measuring the five indicators (3.8) and IMD there could be consideration of longitudinal cohort study of socially excluded populations over appropriate timescales. This would involve study of possible benefits or otherwise and also important question as to whether indeed interventions may have displaced

the original population by a new, possibly less socially excluded population, attracted to the area as result of the regeneration in the area.

We note with interest the conclusion that the sheer complexity of the inter-relationships between different tiers of regional, subregional and local planning, funding and delivery is beginning to cause confusion and hinder service provision. We fully recognise the critical role of effective focused systematic partnership working and that Local Strategic Partnerships are well positioned to coordinate and integrate services at a more local level and that Local Area Agreements provide real opportunities to move focused agendas locally.

The Surrey Sussex health inequalities framework (appendix 1) fully acknowledges central role of promoting social inclusion and reducing poverty as key elements of tackling health inequalities in the area. It clearly acknowledges the need to target resources at people, places and programmes in areas of most need. There is though some evidence that there is widening gap between areas of most need and most affluent areas in Surrey Sussex, for example considering death rates from coronary heart disease. The key issue in the framework is that policy makers and practitioners need to seriously Mind the gap and target mainstream resources, programmes and policies to bridge the significant, unacceptable and preventable gap in health inequalities in the area.

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Appendix 1

The Surrey Sussex health inequalities framework acknowledges the need to target resources at people, places and programmes in areas of most need.

The key issues identified in the local framework are that:

- Health inequalities do matter and a cause for concern since they not only effect people and communities at the present but also future generations and the health and well being of families, communities and societies. They are fundamentally a matter of social justice, unacceptable, requiring urgent action. There is firm evidence that they are preventable and remediable through appropriate remediable actions.
- While overall Surrey Sussex is an affluent healthy area compared to other areas in the Country there are clearly significant widening variations in health status across Surrey Sussex with pockets of deprivation.
- The four key strategic areas for tackling inequalities in health should include:
 - Supporting mothers, families and children
 - Addressing underlying determinants of health
 - Engaging individuals, families and communities
 - Preventing illness and providing effective treatment and care

- There is need to ensure that the work is mainstreamed, sustainable, and more ambitious in scope.
- Effective partnerships are key to success in all areas of work in particular in addressing the underlying determinants of health.
- There is case for targeting interventions at people, places and programmes in areas of most need
- Working with and for communities and effective community engagement strategies are key to success.
- One size does not fit all and local solutions and programmes need to be developed locally to meet local needs and aspirations. There is need for action oriented outward looking collaborative approach to program development, which would include reflection, consultation and further refinement of actions.
- In summary the key issue in the framework is that policy makers and practitioners need to seriously Mind the gap and target mainstream resources, programmes and policies to bridge the significant, unacceptable and preventable gap in health inequalities and health inequalities in across Surrey Sussex.