

Brighton & Hove City Council

Council

Agenda Item 35

Subject: Advancing Health Equity in Brighton & Hove

Date of meeting: 28 March 2024

Proposer: Councillor Hill

Secunder: Councillor Goldsmith

Ward(s) affected: All

Notice of Motion

Green Group Amendment

That deletions are made as shown with ~~striketrough~~ below and additional recommendations are added as shown in ***bold italics*** below:

This council notes:

- 1) The health of Brighton & Hove's population one of our most vital assets **should be a key focus for the council and its partners.**
- 2) Since 2010, the amount of time people spend in poor health has increased across England.
- 3) In our city some areas are in the 20% most deprived areas in England, while others have double the amount of average income, and these extremes of affluence and deprivation create significant disparities in health outcomes, wellbeing and qualities of life.
- 4) People in the most disadvantaged parts of Brighton & Hove spend more than twelve years longer in poor health than people from the least disadvantaged areas.
- 5) More policy interventions can mitigate health inequalities across our city.
- 6) **The work of Coventry City Council which gained their Marmot City status through the development of a steering group that brought key stakeholders from across the city together such as the police, voluntary and community sector, fire service, and various health partners.**
- 7) **That Coventry City Council's Marmot City approach did not receive any funding, except time as a resource, and was about trying to achieve public health objectives with diminishing resources under austerity.**
- 8) **The vital role that Healthwatch plays in tackling health inequities, especially within Brighton & Hove**

Therefore, Full Council resolves to call for an officer report to the Health & Wellbeing Board which addresses the following:

- ~~6~~ 9) How the council can advance their work on health equity across the city
- ~~7~~ 10) Results of continued work in close partnership with the NHS to enhance health equity with targeted place-based models
- ~~8~~ 11) Explorations of the frameworks and policies that Coventry introduced to become a Marmot city and how Cheshire and Merseyside became a Marmot Region.

- 9)12) How more policy interventions can be explored to mitigate health inequalities across our city, and an exploration of new performance indicators to ensure measurable progress.
- 10)13) Implications of embedding new health equity considerations into all council policy to ensure the best health outcomes for Brighton & Hove's most vulnerable and deprived populations.
- 14) Implications of not having a standalone Health Overview and Scrutiny Committee and the possible harms of having the legally required HOSC functions fulfilled by the People Scrutiny Committee rather than a dedicated committee.**
- 15) How the Council can develop a Marmot City steering group based on the work of Coventry City Council to bring key stakeholders together.**
- 16) How the Council can work with Healthwatch in light of possible new governance arrangements to ensure they can fully carry out their purpose to understand the needs, experiences and concerns of people who use health and social care services, and to speak out on their behalf.**

Proposed by: Cllr Hill

Seconded by: Cllr Goldsmith

Recommendations to read if carried:

This council notes:

- 1) The health of Brighton & Hove's population one of our most vital assets should be a key focus for the council and its partners.
- 2) Since 2010, the amount of time people spend in poor health has increased across England.
- 3) In our city some areas are in the 20% most deprived areas in England, while others have double the amount of average income, and these extremes of affluence and deprivation create significant disparities in health outcomes, wellbeing and qualities of life.
- 4) People in the most disadvantaged parts of Brighton & Hove spend more than twelve years longer in poor health than people from the least disadvantaged areas.
- 5) More policy interventions can mitigate health inequalities across our city.
- 6) The work of Coventry City Council which gained their Marmot City status through the development of a steering group that brought key stakeholders from across the city together such as the police, voluntary and community sector, fire service, and various health partners.
- 7) That Coventry City Council's Marmot City approach did not receive any funding, except time as a resource, and was about trying to achieve public health objectives with diminishing resources under austerity.
- 8) The vital role that Healthwatch plays in tackling health inequities, especially within Brighton & Hove

Therefore, Full Council resolves to call for an officer report to the Health & Wellbeing Board which addresses the following:

- 9) How the council can advance their work on health equity across the city

- 10) Results of continued work in close partnership with the NHS to enhance health equity with targeted place-based models
- 11) Explorations of the frameworks and policies that Coventry introduced to become a Marmot city and how Cheshire and Merseyside became a Marmot Region.
- 12) How more policy interventions can be explored to mitigate health inequalities across our city, and an exploration of new performance indicators to ensure measurable progress.
- 13) Implications of embedding new health equity considerations into all council policy to ensure the best health outcomes for Brighton & Hove's most vulnerable and deprived populations.
- 14) Implications of not having a standalone Health Overview and Scrutiny Committee and the possible harms of having the legally required HOSC functions fulfilled by the People Scrutiny Committee rather than a dedicated committee.
- 15) How the Council can develop a Marmot City steering group based on the work of Coventry City Council to bring key stakeholders together.
- 16) How the Council can work with Healthwatch in light of possible new governance arrangements to ensure they can fully carry out their purpose to understand the needs, experiences and concerns of people who use health and social care services, and to speak out on their behalf.

