

REPORT TO: Executive Board

DATE: 2 April 2009

REPORTING OFFICER: Director of Health Strategy &
Strategic Director, Health & Community

SUBJECT: National Support Team for Health Inequalities

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 The purpose of this paper is to provide the Board with the key messages arising from the visit by the National Support Team (NST) for Health Inequalities during the week beginning 9th February 2009. The paper also proposes the next steps that the PCT and its partners need to take in response to the recommendations arising from the visit.

2.0 RECOMMENDATION:

That the Executive Board:

- i) Receive and comment on the feedback reports from the NST Health Inequalities Team;**
- ii) Approve the next steps in responding to the recommendations as outlined in section 7;**
- iii) Receive a further report in July 2009.**

3.0 SUPPORTING INFORMATION

3.1 National Support Teams (NSTs) have, in the past, provided tailored support to local NHS organisations facing the greatest challenge to achieve key delivery areas. The Department of Health determined that such a process may be beneficial for public health, and has set up seven public health NSTs – sexual health, tobacco control, health inequalities, teenage pregnancy, childhood obesity, alcohol harm reduction and infant mortality.

3.2 The NST for Health Inequalities is one of a number of support teams established by the Department of Health to help PCTs and Local Authorities designated as spearhead areas deliver on public health priorities and targets. The NST for Health Inequalities focuses on the public service agreement (PSA) targets aimed at reducing the gap in life expectancy and mortality from the major causes of death.

- 3.3 The Health Inequalities NST offers support to PCTs and local health partnerships in their efforts to reduce inequalities in health and achieve the PSA targets addressing health inequalities as outlined in relevant documents such as Choosing Health, Department of Health national priorities and the NHS Operating Framework for 2007/08.
- 3.4 An NST visit is **not** an audit, nor is it part of performance management; rather it is designed to support the local health economy to improve performance.
- 3.5 The NST seeks to understand the local context and assess barriers to and opportunities for making progress at a population level. While a systematic process of enquiry is employed using frameworks of key questions, these are designed to be free/open and frank discussions rather than formal interviews.
- 3.6 The NST has provided a report, based on the findings of the interviews and the workshops. The report outlines the key strengths of the local health economy, and other areas with potential for improvement. The NST has also identify areas where support can be provided – be this human or, in some cases, a small financial resource.
- 3.7 The visit focused on the Halton & St Helens primary care trust and local authority areas, and took place over four days. A team of reviewing officers conducted a series of one to one interviews with selected individuals from NHS Halton & St Helens, Halton Borough Council, St Helens Council, Warrington & Halton Hospitals NHS Foundation Trust, St Helens & Knowsley Hospitals NHS Trust. In addition to a Community Engagement Focus Group, they also ran six workshops covering cardiovascular disease (CVD) secondary prevention, Acute CVD & Strokes, Alcohol, Cancer, Chronic Obstructive Pulmonary Disease and Seasonal Excess Deaths. These workshop themes are areas that have been identified nationally as offering the greatest opportunity for change and positive impact on health and life expectancy in the short term. Feedback was provided at a plenary session, and a follow-up meeting is scheduled for June 2009 for reflection and a discussion of proposed actions in response to the findings.

4.0 KEY ISSUES

4.1 Strengths:

The NST team commented that they had found the visit to be a very positive experience and had enjoyed meeting with all the participants. Some of the strengths highlighted in their report include the following:

- Leadership across all partners is committed and

passionate to narrow the gap and reduce health inequalities.

- The NST perceives that there is genuine commitment to partnership across the PCT and the two Boroughs with apparent high levels of trust and willingness to share responsibilities for action. There would appear to be, to a large extent, a shared vision for the area and a good measure of agreement about priorities.
- There are well informed and passionate champions for health inequalities among Elected Members in both LAs.
- The Voluntary Sector is well developed in both Boroughs with good infrastructure support from CVS St. Helens and Voluntary Action Halton. The sector is well represented on both Local Strategic Partnerships and their significant sub-groups.
- The NST has been impressed by the extent to which health inequalities has been brought to the centre of the agenda in the main partnership organisations in Halton and St. Helens and the understanding and passion brought to the subject by the executive leadership.
- Health Inequalities has been identified as a priority in the main vision and planning statements of the key organisations. It runs as a golden thread through the Sustainable Community Strategies, the LAAs, the corporate plans of the LAs and the Commissioning Strategic Plan (CSP) of the PCT.
- The priority for health inequalities has been reinforced through elements of the many consultative processes across the Boroughs.
- As part of the World Class Commissioning assessment process the PCT received two green and an amber rating overall, and has been deemed good in terms of partnership working and governance.
- Warrington & Halton NHS Trust recently turned round a major financial deficit and achieved Foundation Trust status. St Helens and Knowsley Teaching Hospital NHS Trust is one of few non-Foundation Trusts nationally to achieve “double excellent” assessment from Health Care Commission.
- The 5 Boroughs Partnership Trust (mental health) was also congratulated for engagement of service users in service development.
- At the highest level, there is perceived to be a cadre of strong clinical leaders who engage well with each other and share a common understanding and vision of the wide health and service agenda, including health inequalities.
- The conversion of the Director of Public Health post into the Director of Health Strategy is seen to be an important move. It brings Public Health / Population Health

perspectives and competencies into the centre of the organisational strategic and planning process.

- Examination of the strategic plans has established that there is an excellent basis for addressing the wider determinants of inequality which will impact on mortality in the longer-term. Also, there is the basis of excellent programmes to address middle-term objectives around lifestyle and behavioural issues, which are built on knowledge of the need for systematic and scaled up approaches. The basis for action in the short-term has been established, although some of the detail is still under development.

4.2 It was also recognised that Halton has a good record of community engagement and that the following were identified as good practice by the NST team:

4.2.1 ***Neighbourhood profiles and action plans***

Neighbourhood Management profiles describe neighbourhoods, set baseline, include 6 monthly statistical update and update of facilities and services.

4.2.2 ***Community Consultation***

An active programme of community consultation. Creative and active forms of consultation e.g. 'Praise and Grumble Walks' (Environmental Audits or Neighbourhood Inspections).

4.2.3 ***Staffing for Community Engagement***

Neighbourhood Managers in three areas. Employment and Engagement workers are Working Neighbourhood funded. The PCT has funded Mental Health Community Development workers. Children's services post for engagement with young people. Halton Borough Council Community Development team working across the Borough, youth workers attached to area forums.

4.2.4 ***Neighbourhood Service Centres***

Extended schools have teams who link community groups into schools.

4.2.5 ***Service Organisation for Community Engagement***

Halton Strategic Neighbourhood Management Board is part of the LSP structure including PCT, Police, Fire & Rescue, Adult Social Care, Children and Young People, Environment, Urban Renewal and sits above the 3 Neighbourhood Boards.

5.0 MAIN RECOMMENDATIONS

5.1 The NST has advised that achieving a percentage change in life expectancy can be pursued in three main ways:

5.1.1 *Population Health Level*

Direct input at population level through legislation, regulation, taxation, mass media etc. (eg preventing smoking in enclosed public spaces)

5.1.2 *Personal Health Level (Frontline Services)*

Applying effective personal health interventions (eg. cholesterol management with statins, affordable warmth) so systematically, and at a scale that improvements add up to population level change

5.1.3 *Community Health Level (community engagement)*

Engaging, developing and empowering communities effectively and systematically enough that resulting health improving and health seeking behaviours result in percentage change at population level.

6.0 IMPLEMENTING THE RECOMMENDATIONS

6.1 In general terms, achieving improvement in health inequalities through a combination of these factors will depend on 'the organised efforts of society'. The whole must be driven by committed leadership fostering engagement, effective local strategic partnership, and locally owned, coherent vision and strategy. Interventions must be provided effectively with system and scale by frontline services pro-actively pursuing health outcomes.

6.2 Community development should be addressed in a systematic, rather than ad-hoc approach, targeting engagement and support to the weakest, and least capable of responding alone. A range of processes should connect frontline services into the heart of communities, reaching out to 'seldom seen, seldom heard' groups and individuals.

6.3 Some of the key recommendations in relation to vision and strategy relevant to the Local Authority are that:

1) The two boroughs both have relatively high rates of unemployment. The statutory sector in general employs 30-40 % of the workforce. While there are a number of small schemes which harness the employment potential to address worklessness, the NST would recommend the partnerships develop a much more systematic and scaled-up approach to

exploiting that potential.

- 2) There is a recognition that the CSP at present is regarded largely as an NHS document and efforts should be made to broaden ownership across partnerships. This could be achieved by engaging partners early in the development and implementation phases. It would also help to mainstream within the partnership if Programme Boards from CSP had established links across to the appropriate points in the health partnerships.
- 3) In commissioning and procurement of 3rd sector inputs and activity, the NST would endorse moves towards increased collaborative working, (e.g. between the two local authorities and PCT) – developing common standards and procedures, sharing knowledge about contractor capacity, ensuring bids do not duplicate service provision – all ultimately achievable through a common application process.
- 4) There is a need, as Practice Based Commissioning (PBC) develops, to integrate it better into partnership structures, and to involve the Local Authority.
- 5) There is a perception that within the partnerships overall performance management processes could be strengthened. The development of programme management and delivery planning systems should establish a framework to address this.
- 6) The information within community profiles, which is slightly differently aggregated in the two boroughs currently has not been updated with health information for a significant period. It will be important to use this opportunity to populate community profiles with health data that is meaningful at the level of small populations and relevant to current agendas. The NST can point to good practice in this area.
- 7) The NST recommends the development of a **Health Gain Schedule** for all provider services, making at least tobacco, alcohol and weight management everybody's business. This should involve:
 - key screening questions for frontline staff to use
 - brief intervention training and updates
 - referral pathways
 - an activity monitoring system
- 8) A version of this, as a **Health and Wellbeing Schedule** could also be used by Local Authority commissioners with respect to their providers in relation to the contribution that can be made by front line staff.

- 9) The NST recommends that in the longer term, 'natural neighbourhoods' are used as the building blocks for area-based service delivery. A structure of natural neighbourhoods can be particularly important to:
- Ensure that the geography of service provision does not ignore the perceptual boundaries that have meaning for local residents. This can prevent serious errors in locating community facilities close to a perceptual boundary that residents will not cross.
 - To help service providers to gear their services to local need, i.e. calibrating the intensity of service to the intensity of deprivation, and gearing the mix of services to local need.
- 10) The quality of local Neighbourhood Management work appears to be excellent. However, because there can be serious issues in areas which lie outside the most deprived, the NST supports the thinking that a borough-wide structure for Neighbourhood Management should be an important aim. This will allow the intensity and mix of service provision to then be calibrated to local need.
- 11) There needs to be a clear mechanism for reporting progress against targets to improve health and reduce health inequalities between partner agencies. This should have a clear 'golden thread' from the inequalities strategies, partnership and organisational plans to performance management systems in all organisations.

7.0 NEXT STEPS

- 7.1 A response to the recommendations is being collated, which will include actions to deliver agreed areas for improvement. These will be submitted to the Executive Board by the end of July 2009.
- 7.2 Further workshops on Infant Mortality and Diabetes will be run in April, which may result in further recommendations for local action.
- 7.3 The PCT is proposing to develop its Commissioning Strategic Plan by supplementing it with a cross-cutting "eighth" stream – Health Inequalities 2010, which would be responsible for providing oversight delivery of the systematically applied, and industrially scaled, actions identified in the feedback reports. This would ensure appropriate leadership, timelines and linkages with the other seven CSP streams. Cross partner engagement and leadership will be critical to the delivery of this programme. Particularly important will be the development of the roles of frontline staff and effective care pathways.
- 7.4 It is proposed that the action plan for Health Inequalities 2010

should be owned by the Local Strategic Partnership, and that oversight of delivery should be carried out within the Borough via the Health Specialist Strategic Partnership.

8.0 POLICY IMPLICATIONS

8.1 Failure to address the Health Inequalities of the Borough will lead to a deterioration in the health needs of individuals living in our communities.

9.0 FINANCIAL IMPLICATIONS

9.1 To be determined after further consideration of the recommendations.

10.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

10.1 Children & Young People in Halton

The feedback makes reference to a wide range of education and prevention work being undertaken with Children & Young People and a local approach needs to be taken to address issues such as under age drinking and obesity.

10.2 Employment, Learning & Skills in Halton

Reducing the psycho-social and economic impact of depression will enable more people to enter the job market.

10.3 A Healthy Halton

In order to improve health outcomes and to improve people's experience of health services, the Council will continue to work in close partnership with Halton & St Helens PCT and St Helens Council towards the re-shaping and re-direction of health services.

10.4 A Safer Halton

The NST feedback advises that a well co-ordinated, multi-agency approach (Police, PCSO's, Youth Services) would help ensure that vulnerable people are identified early and are provided with advice and support on a range of services.

10.5 Halton's Urban Renewal

None identified.

11.0 RISK ANALYSIS

11.1 Without concerted effort by the Council and its NHS partners,

patterns of health and equality are likely to continue.

12.0 EQUALITY AND DIVERSITY ISSUES

The successful delivery of the outcomes set out in the Health Summit will result in greater consistency of health outcomes across the Borough.

13.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

None.