

REPORT TO: POLICY AND RESOURCES COMMITTEE - 25 JANUARY 2010

REPORT ON: CONSULTATION ON NHS TAYSIDE DRAFT HEALTH EQUITY STRATEGY

REPORT BY: ASSISTANT CHIEF EXECUTIVE

REPORT NO: 8-2010

1. PURPOSE OF REPORT

To advise the Committee of consultation in respect of the NHS Tayside Draft Health Equity Strategy and approve a response to NHS Tayside.

2. RECOMMENDATIONS

It is recommended that the Committee:

- notes the current consultation of NHS Tayside Draft Equity Strategy
- approves the consultation response outlined in para 4.4
- remits the Assistant Chief Executive to submit a further report on the finalised NHS Tayside Health Equity Strategy

3. FINANCIAL IMPLICATIONS

None.

4. BACKGROUND

4.1 Introduction

In 2003, NHS Tayside produced their first Health Inequalities Strategy. This strategy highlighted health inequalities as the differences in health between those who are best off and those who are worst off in society. This difference is often referred to as the health inequalities gap. The Draft NHS Tayside Health Equity Strategy builds on this previous approach. In September 2009, Tayside NHS Board approved the draft strategy to go out to consultation. The consultation period ends 30 January 2010.

4.2 NHS Tayside Draft Health Equity Strategy

The NHS Tayside Draft Health Equity Strategy seeks to close the inequalities gap by aiming for health equity in a generation. In order to achieve health equity, the strategy states that all measures of the health gap which are currently widening need to stop widening within five years and all measures which are currently stable need to start narrowing within the same timeframe. Closing the health inequalities gap by aiming for health equity in a generation is also one of NHS Tayside's strategic aims for the next five years.

The draft strategy also includes an update on the NHS Tayside health inequalities population profile developed to inform the first Health Inequalities Strategy. As before, this draws on data from the Scottish Index of Multiple Deprivation. Within this context, the draft strategy illustrates that the majority of health inequalities across Tayside continue to be focused within disadvantaged communities in Dundee.

The draft strategy recommends that NHS Tayside should radically change the culture of the health service so that on balance the health service promotes health as much as it treats ill health. Within this context, the main thrust of the proposed change is the setting up of a Community Development Programme for NHS Tayside. NHS Tayside currently employs some community development approaches indirectly through its funding of third parties. The draft strategy proposes a new way for the health service as a whole to engage with communities and help foster community wellbeing and improve health. Within this context the draft strategy recommends that NHS Tayside, on an organisation-wide basis, should set up and directly deliver a Community Development Programme.

The draft strategy also recommends a number of service development changes for NHS Tayside in respect of people with the greatest health needs. Within this context, it is recommended that NHS Tayside should:

- enhance and extend the geographical reach of health screening and health services to increase uptake by people from disadvantaged communities;
- improve primary care services in respect of mental health and wellbeing particularly by developing options other than prescribing drugs

A summary of all the recommended actions contained in the NHS Tayside Draft Health Equity Strategy is outlined in Appendix 1.

4.3 Proposed Implementation

The Draft Health Equity Strategy will go back to Tayside NHS Board for final approval in early 2010. Subject to approval, it is proposed that Implementation Plans should be drawn up and included in the next five NHS Tayside Annual Commissioning Plans. The next annual commissioning cycle will begin in April 2010. The draft strategy proposes that the NHS Tayside Director of Public Health should be responsible for ensuring the next five Annual Commissioning Plans include sufficient actions to fully implement the finalised Health Equity Strategy. It is also proposed that progress should be reviewed after the first three years.

4.4 Dundee City Council Consultation Response

- 4.4.1 Dundee City Council would support the principle of NHS Tayside working towards health equity by promoting good health as much as it treats ill health. The draft strategy recommends a number of organisational changes for NHS Tayside, however it does not demonstrate how these changes will lead to health equity. While a radical approach is required, the draft strategy does not present a balanced means of achieving this.

The draft strategy recommends a number of service development changes for NHS Tayside in respect of people with the greatest health needs. Dundee City Council would strongly support this recommendation of increasing and extending health services to people with the greatest health needs. Particularly as the draft strategy highlights that the majority of health inequalities across Tayside continue to be focused within disadvantaged communities in Dundee. Given the Council's understanding and experience of engaging with communities, we would be pleased to discuss with NHS Tayside the ways in which future health service developments could be shaped to better meet the needs of disadvantaged communities within Dundee.

- 4.4.2 There is a significant omission in the draft strategy regarding the Dundee Single Outcome Agreement and the current work of the Community Planning Partnership. The

long established partnership work that currently takes place within this framework is not acknowledged to any great degree. This lack of acknowledgement would appear to suggest that no significant partnership activity is taking place. All partnership activity now requires to jointly function under the auspices of the Single Outcome Agreement and Community Planning and NHS Tayside can contribute fully through its membership of the Dundee Partnership.

- 4.4.3 The draft strategy states that the proposed changes will have no cost to NHS Tayside. Radical organisational change of the kind described in the strategy does incur costs and often requires 'pump priming' to give it impetus. The draft strategy proposes that the recommendations should be implemented via inclusion within NHS Tayside's next five Annual Commissioning Plans. Without identified resource to invest in the change process, at the least, health improvement approaches will be competing with direct health care for funding. Given the longer term nature of achieving health equity, it is questionable whether this suggested implementation approach will achieve the degree of change required unless there is an identified transfer of resources from treatment to prevention.
- 4.4.4 The draft strategy illustrates health inequalities data that continue to show the inequality gap across Tayside remains greatest within Dundee. Although the data clearly illustrate the significant degree of health inequalities within the city, there is no acknowledgement as to how this significant population health need will be addressed. There is also insufficient clarity in respect of the term 'deprivation' with the need for a recognition of the full effects of deprivation within an urban environment. Within this context, the continued prominence of health inequalities in Dundee should be more appropriately reflected in the analysis and response of the draft strategy which has addressing health inequalities as its overall aim.
- 4.4.5 The draft strategy advocates that NHS Tayside should make use of "co-production" as a way of addressing health inequalities. Within this context, the notion of introducing a person-centred approach to health service development is interesting. The principle of greater community involvement in developing health services that respond to local need is to be welcomed. Nevertheless, the draft strategy does not expand on how this would work in practice particularly in circumstances where communities do not want to be involved. Within this context, access to health services should not be dependent on participation in co-production. Before co-production as a process can be wholly supported, this approach would benefit from further critical analysis and testing.
- 4.4.6 In the draft strategy there are some comments which need clarification such as the term "fostering dependency" and the notion that it can be more harmful to provide services. Within this context, the draft strategy does not expand on the supporting case behind these statements. Although it may be a matter of interpretation, this seems to suggest a worrying under-current that health services should not be provided across the piece in case they result in dependency and harm. Given the ambiguous nature of this text, this is an area that requires clarification.
- 4.4.7 The recommendation that NHS Tayside adopts a Community Development Programme is to be welcomed. Dundee City Council has long utilised this approach to engage and effectively support people within communities e.g. the nationally recognised Dundee Healthy Living Initiative (DHLI). The draft strategy is unclear as to how the proposed Community Development Programme will be taken forward. Given the local authority experience and skill base in this area, Dundee City Council would be pleased to discuss with NHS Tayside how the health service could capitalise on community development approaches locally in particular how additional health service funding of the DHLI could build on existing work and help to close the health inequalities gap.

Some of the most radical and effective steps that NHS Tayside could take to tackle health inequalities would be to direct more resources at disadvantaged communities, particularly in Dundee, deliver services that are local and barrier free and make a commitment to long term funding to organisations, like the DHLI, who already have an excellent track record on helping to empower communities take better control of their health and factors affecting their health.

5. **POLICY IMPLICATIONS**

This report has been screened for any policy implications in respect of Sustainability, Strategic Environmental Assessment, Anti-Poverty, Equality Impact Assessment and Risk Management.

There is a close relationship between the Council's anti-poverty targets and joint health improvement. The focus of joint health improvement is targeted specifically towards disadvantaged communities where there are strong associations with poorer health and outcomes. Within this context, the overall aim is to improve the health and wellbeing of people living in these communities.

6. **CONSULTATIONS**

The Chief Executive, Depute Chief Executive (Support Services) and Director of Finance have been consulted in the production of this report.

7. **BACKGROUND PAPERS**

NHS Tayside Health Inequalities Strategy 2003
NHS Tayside Draft Health Equity Strategy 2009

Chris Ward
Assistant Chief Executive

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18/01/2010

NHS TAYSIDE DRAFT HEALTH EQUITY STRATEGY

SUMMARY OF RECOMMENDED ACTIONS

Health Board Policy

- Make "Contributing to Achieving Health Equity Within a Generation" our most important aim, integrating the ideas in this strategy in all work
- Only approve strategies/plans that are responsive to very local needs and the variations in such health and social needs across our communities
- See all these actions as necessary and inter-related despite them covering short, medium and long term actions
- Systematically redesign mainstream services within resources instead of using projects based on non-recurring funding
- Manage performance so that the whole strategy is implemented fully, and in a co-ordinated way across NHS Tayside and our partners
- Target new resources and those freed up by redesign at these priorities
- Take progressively bolder actions to re-allocate resources if these approaches fail to achieve the required changes within three years

Commissioning Early Years Improvements

- Prioritise the improvement of "Early Years" supporting parents to help themselves and creating communities which are positive places to grow:
 - identify vulnerable young families and provide preventative interventions
 - tailor anti-natal programmes to meet health and social care needs
 - develop evidence-based young parenting programmes
 - promote mutual support networks for parental collaboration
 - work with young people to help them improve their environment and create opportunities for active recreation and fostering aspiration
 - support young people's mentoring and befriending programmes
 - develop measures of childhood development as proxies for long term success in reducing inequalities

Organisational Development

- Promote community networks, resilience and social capital for example by:

- involving people more in the design of services, especially where they can also take back the delivery of services (co-production)
- developing time-banks
- building a community development programme with our partners
- supporting mainstream services to promote social capital
- Developing reporting mechanisms covering current positions, trends and trajectories for services and committees

NHS Tayside Workforce

- Develop training and development so that all staff see health inequalities as the most important issue, and understand how they can help

Public Health and Health Strategy

- Support behaviour change more effectively for example by:
 - using social marketing techniques
 - asking people who have already changed to healthier behaviours to help us lead the continued effort
 - asking employers, charities, voluntary groups etc to carry out health checks and support people with desired changes
- Increase screening uptake in deprived areas using social marketing and community development techniques
- Continue to refine ideas and build evidence on effective means of tackling health inequalities
- Develop and agree measures of progress with our communities and partners including:
 - progress on integrated measures of improved mental health and well being, less long term ill health and less early death
 - social capital and childhood development
 - replacing targets that seek average improvements with targets on closing the inequalities gap
 - improving our evaluation capacity
- Develop understanding of differential sources of mental well being, ill health and early death
- Expand capacity on inequalities health intelligence. For example, to link monitoring systems and expand them to include other useful measures
- Alignment of staff and strategies in line with the topics in this strategy

NHS Tayside Delivery Unit

- Improve service access in areas of greatest need for example by:
 - extending the reach of services that are known to be effective specifically to increase uptake by people in poorer areas
 - adapting principles from the Unmet Needs Pilots to services caring for poor mental health, long term ill health and early death
- Ensure that increased access to care does not promote dependency, but ideally promotes resilience and social capital
- Improve primary care's ability through for example:
 - increasing social prescribing
 - longer consultation times for people with socially complex problems
 - increasing GP empathy and patient enablement
- Integrate services with partner agencies so they are easier to access, and provide more holistic services for people's social and health needs
- Engage fully with the voluntary sector as part of all these efforts
- Systematically support volunteering in a much wider range of settings
- Improve wealth of poorer communities by, for example:
 - expanding the HealthCare Academy so that we routinely employ significant numbers of people from deprived areas
 - expanding work like Discovery Opportunities
- Use Improvement Methodology and Triple Aim as methods of co-producing further ideas and implementing this strategy
- Ensure that work to implement the Scottish Government's "Towards a Mentally Flourishing Scotland" and "Equally Well" is integrated with this work