



Haringey Council

Report of: Eugenia Cronin, Joint Director of Public Health, Haringey Teaching Primary Care Trust and Haringey Council

Audit Committee

DATE 28th October 2008

Subject: Tackling Health Inequalities Audit Report and Action Plan

Report Author: Helena Pugh, Head of Policy and Strategy, ACCS

1. PURPOSE

1.1 To update CEMB of the findings of the *Tackling Health Inequalities* audit report and of actions taken to address the recommendations made in the report.

2. SUMMARY

2.1 Grant Thornton, the appointed external auditor for both Haringey Council and Haringey Teaching Primary Care Trust, undertook an audit of work to reduce health inequalities in the borough. While the audit report June 2008 (Appendix 1) was very positive, a number of areas for improvement and challenges were identified. Many of these challenges have since been addressed and the remainder will be delivered as set out in the Health Inequalities Audit Action Plan. (Appendix 2).

2.2 It should be noted that the audit and report addressed aspects of the well-being partnership board and therefore have an adults focus. Further audits should have a children's or a whole age spectrum scope.

3. RECOMMENDATIONS

3.1 That CEMB note the Health Inequalities Audit recommendations and the Action Plan to address these recommendations.

4. BACKGROUND INFORMATION

4.1 Grant Thornton, the appointed external auditor for both Haringey Council and Haringey TPCT, undertook an audit of work to reduce health inequalities in the borough. This audit was based on new guidance from the Audit Commission (published May 2007), and covered work within both organisations and across the Haringey Strategic Partnership (HSP).

4.2 The audit report was delivered to the Well-being Partnership Board in June 2008, and was considered by the PCT's audit committee in September 2008.

5. ANALYSIS

Focus of the audit

5.1 Reducing health inequalities is a key priority for the Haringey Strategic Partnership (HSP), which is working to meet challenging national targets to reduce the gaps in life expectancy and infant mortality between deprived areas and the population as a whole. This is a big and complex agenda, and therefore the auditors focused their audit on a defined issue which can be studied in more depth, from which recommendations for the partnership can be drawn.

5.2 The audit focused on work to reduce premature mortality (under 75 years) from cardio-vascular disease (CVD), given that it is a major cause of premature mortality of which a large proportion is preventable, and therefore worked with the well being partnership board. Reducing CVD mortality in under 75s is also a NHS Local Delivery Plan (LDP) and Local Area Agreement (LAA target), and a key aspect of the HSP's Life Expectancy Action Plan (LEAP) and Well-being Strategic Framework. It also links directly to the Sustainable Community Strategy priority outcome of 'Healthier people with a better quality of life'.

5.3 The review examined six main issues:

- How partners set and deliver strategic and operational objectives in relation to health inequalities
- How partners work together to tackle health inequalities
- How partners use information and intelligence to drive decisions
- How partners have engaged their workforce in the health inequalities agenda
- How partners manage performance and
- How partners are approaching the issue of corporate social responsibility

5.4 It was not an inspection, but the audit produced useful recommendations to support investment in cost-effective prevention and early intervention services that are key to tackling health inequalities. An Action Plan has been developed to take forward the recommendations made in the audit report to help reduce the health inequalities gap.

Key Findings of the Audit

5.5 The audit found that:

- Haringey is advanced in its health inequalities agenda compared to elsewhere in the South East of England
- There are good structural links in place across the partnership to promote health and well-being
- There are examples of strong joint working such as the appointment of the Director of Public Health and there is clear agreement that there is shared process with partners for identifying local health inequalities
- There is a strong relationship with the voluntary sector which has provided information to feed into the health inequalities agenda

5.6 The key areas for improvement and challenges are:

- Further development of the Joint Strategic Needs Assessment including putting in place an appropriate IT platform
- Use of information about people who present regularly to A&E who suffer from health inequalities, to enhance understanding of health inequality issues within the borough
- The Well-being scorecard to be updated in light of the LAA update and be given appropriate level of attention/focus at the Well-being Partnership Board
- There is currently a shortage of analyst skills within the public health team
- Joint training in public health needs to be enhanced at all levels
- While a number of examples of good practice in relation to well-being programmes run for staff were identified, corporate responsibility policies should be in place in all partner organisations

Many of these challenges have since been addressed and the remainder will be delivered as set out in the Health Inequalities Audit Action Plan.

5.8 The Action Plan is going to the Audit Committee on 28th October.

6 FINANCIAL IMPLICATIONS

The following comments relate to those items which have direct financial implications:

- Recommendation 1 - The PCT has agreed further investment of JSNA as part of its investment strategy, and support is continued to be provided by the Council's Policy and Performance Service .
- Recommendation 7 – The public health team within the PCT will grow by 1.6 WTE consultants during autumn 2008, as a result of the investment strategy. One of these posts is a new Associate Director in Public Health with a specific remit around children and young people. Additionally a longstanding consultant vacancy has also recently been filled.
- Recommendation 8 – The cost of the Overview and Scrutiny health inequalities event, as currently planned, will be modest (around £500 maximum) and can be contained within its budget.

7 RECOMMENDATIONS

7.1 That CEMB provide comments if wished by 15th October (to meet the deadline for the Audit Committee)

APPENDICES

Appendix 1: Tackling Health Inequalities in Haringey Audit Report 2008

Appendix 2: Health Inequalities Audit Action Plan