Tackling Health Inequalities in Haringey - follow-up report

3 September 2009

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1 Executive Summary

Introduction

1.1 As part of our 2007/08 external audits of London Borough of Haringey (the Council) and Haringey Teaching Primary Care Trust (the PCT), we carried out a joint risk based review of Health Inequalities (HIs), to support our 2007/08 use of resources conclusions at the Council and PCT.

1.2 In June 2008 we issued "Tackling Health Inequalities in Haringey", a joint performance report across local government and the health economy in the borough. This raised a number of recommendations around the Joint Strategic Needs Assessment (JSNA), the structure of the Wellbeing Strategic Partnership Board (WBSPB) and the need to address capacity issues.

1.3 This follow-up report looks at progress made to date against the recommendations raised within our June 2008 report.

Key messages

1.4 In general, good progress has been made in implementing our recommendations, with eight of the original eleven recommendations either implemented or on track to be implemented by the agreed deadlines. However, there are some areas where progress has not been made as quickly as planned and the Council and PCT will need to work together, with other partners, to ensure implementation to agreed timescales. We recognise that other pressing challenges faced by the Council and PCT may have played a part in delaying some of the actions in this area. The key messages are summarised in the table below:

Table 1: Summary of progress on implementation of our recommendations

Areas of good progress	Areas where more action is needed
The JSNA has been progressed, with the Phase 1 report being circulated to stakeholders in August 2008 and Phase 2 is underway and due for completion by December 2009	The PCT, Council and other partners will need to ensure that the new partnership structures are finalised as soon as possible and, subsequently, kept under review to ensure that they are working effectively.
Capacity issues have been addressed, with the PCT having now recruited four public health consultants	Ensuring better engagement with acute trusts so that they can effectively contribute to the agenda
The Wellbeing Scorecard is now reviewed on an exception basis which avoids unnecessary detail being presented to the WBSPB	More training on HI issues is needed to support the further development of the JSNA

1.5 These messages are described below, with further detail of our findings and recommendations at Appendix A.

Joint Strategic Needs Assessment (JSNA)

1.6 In June 2008, we recommended that the PCT and Council continue with the development of the JSNA, with Phase 2 to be started by March 2009.

1.7 In August 2008, as a result of Phase 1 of the JSNA the Council and PCT published a report "Towards Joint Strategic Needs Assessment in Haringey." This document provides a high level picture of need in the borough and identifies areas where further work is required to understand need.

1.8 The Phase 2 topics under the JSNA have been agreed as mental health, sexual health, vulnerable children & young people, and population change and growth and its impact on services. Later the vulnerable children and young people's needs assessment was subsumed into the children and young people's needs assessment commissioned by the new Children's Trust.

1.9 The Health Inequalities challenge in Haringey is exacerbated by population changes including short term migration. Together the Council and the PCT need to ensure that services continue to be delivered to their maximum effect to reduce health inequalities, in the context of local population changes and short term migrants that might be excluded from population statistics. The JSNA addresses this issue in that it looks at sources of population change in Haringey and identifies gaps in understanding, for example around mobile populations. The ability to better interrogate data and link data sets via a new IT platform would facilitate better understanding of these issues, and provide the Council and the PCT with a powerful tool to more effectively target HIs in the borough.

1.10 The Newham model IT platform has been agreed as the most appropriate, and a business case is currently being formed. It is planned for the IT platform to be introduced adjacent to the Phase 2 topics. The PCT and the Council need to ensure this IT platform is introduced and supported as soon as possible if further progress is to be made.

Capacity

1.11 We recommended that capacity issues needed to be addressed by August 2008 to ensure that the Phase 1 data set could be developed in a timely manner.

1.12 This recommendation has been fully met, with the PCT having now recruited four Whole Time Equivalent public health consultants. Of these, two were newly created posts, the others were vacancies being filled.

Wellbeing scorecard

1.13 In June 2008, we suggested that the Wellbeing scorecard should be reviewed on an exception basis, due to the high level of information within it and the risk that this would impair the effectiveness of scrutiny.

1.14 This process was introduced in the Autumn of 2008, and we therefore consider this recommendation to be met.

Wellbeing Strategic Partnership Board (WBSPB)

1.15 We recommended that the structure of the WBSPB should be improved, to ensure an appropriate balance between strategy and performance issues.

1.16 Following some delay, the wellbeing partnership arrangements are now being changed. The Wellbeing Chairs Executive has been disbanded in light of new partnership structures being implemented, designed to separate strategic decision-making about the common client group in the NHS and adult social care, and the broader healthy communities agenda.

1.17 These consist of the Joint Health and Social Care Leadership group which has recently had its third meeting, and an emerging set of arrangements for healthy communities which will span the Council and partnerships. A presentation is being made to the Cabinet Policy Forum on 17 September to get direction on taking this forward. An agreed next step is a workshop with previous members of the Wellbeing Chairs Executive on 14 October.

1.18 Although some outcome focused subgroups were working well this was not consistent. The agenda of the 'Improved quality of life and economic wellbeing' group will now sit with the new healthy communities arrangements, while the 'Joint commissioning and performance' group has been subsumed into the new Joint Leadership group.

1.19 The PCT, Council and other partners will need to ensure that the new partnership structures are finalised as soon as possible and, subsequently, kept under reviews to ensure that they are working effectively.

Acute trust engagement

1.20 A further recommendation from June 2008 was that involvement of provider trusts in the HIs agenda could be improved. We agreed an implementation date for this of Autumn 2008.

1.21 However, formal consideration of the most effective ways to engage better with acute trusts has only recently begun to take shape. Acute trusts are included in the membership of the WBSPB. However, the Council and PCT recognise the need to engage with them better to ensure attendance and contribution. The reworked agenda of the WBSPB (first meeting to be held on 22 September) is intended to achieve this. In addition, the upcoming National Support Team health inequalities visit provides opportunities to engage on specific areas of health care delivery and we will use this to identify the best ways to engage with acute trusts on both of the new agendas.

1.22 Partners will need to ensure the effective implementation of current plans for better involvement of the acute sector in the health inequalities agenda.

Health inequalities training and engagement

1.23 We recommended that more training was needed on HI issues to support the development of the JSNA, and an implementation deadline of November 2008 was agreed.

1.24 At time of writing, the Director of Public Health has established a Council corporate public health group focusing on the development of the JSNA. One of the aims is for training to be cascaded through the Council. This has been discussed and the first training session will be on Needs Assessment, led by one of the Public Health Consultants. The date is yet to be confirmed, therefore we do not consider that our recommendation was fully met by the agreed deadline.

1.25 However, progress has been made in that the Overview and Scrutiny Committee (OSC) is becoming more involved in the Health Inequalities agenda. The Committee hosted a workshop in November 2008 which was attended by Councillors, Non-Executive Directors (NEDs) of the PCT and officers, and highlighted how to consider HIs in the work that is being done across both organisations. Delegates were encouraged to come up with ideas of what else could be done to combat HIs, both if resources were not a barrier, or if no resources were available. The session resulted in health inequalities areas being picked up by the OSC work programme. In 2009/10 reviews will be undertaken on sexual health, carers, transport and support to young people at risk of substance abuse. This is a positive example of the proactive work that is being done within Haringey.

1.26 A visit by the Department of Health (DH) National Support Team (NST) for Health Inequalities was planned for July 2009 but has been postponed as two other sets of inspectors were due to come in July. It will now occur in October 2009 and will look at the HIs agenda at an organisational and operational level. There is an extensive list of delegates including Council, PCT, voluntary sector and acute trust staff, and the visit will involve stakeholder discussions and workshops. The multi-disciplinary workshops will look at, for example, Coronary Heart Disease, seasonal excess deaths, cancer, strokes etc. There will also be community engagement focus groups.

1.27 After the visit the DoH will issue a report, including suggested areas of improvement. There will be expertise available from the DoH to support the implementation of recommendations. The NST is visiting bodies nationally, and will therefore be able to share best practice gleaned from their visits.

Way forward

1.28 Further detail on progress in implementing our June 2008 recommendations can be found at Appendix A. Areas for remaining action are highlighted in the Appendix along with updated management plans for implementation.

1.29 We would like to take this opportunity to remind the Audit Committees of the Council and PCT of the need to monitor implementation of these outstanding points.

Acknowledgements

1.30 We would like to thank the Joint Director of Public Health, the Associate Director of Adults & Older People at the PCT, the Head of Corporate Policy at the Council, the Head of Systems Development and Performance at the Council, and the other Council and PCT officers who contributed to this follow-up.

1.31 This report has been prepared for the London Borough of Haringey and Haringey Teaching Primary Care Trust, and should not be relied upon by any third parties.

Grant Thornton UK LLP
3 September 2009

Appendix A Detailed findings and recommendations

No.	June 2008 recommendation	June 2009 status	Conclusion / August 2009 recommendation	Management Response	Implementation details
1.	**To continue the development of the Joint Strategic Needs Assessment (JSNA)** **Priority: High** **Deadline: March 2009**	The Phase 1 Core data set report has now been uploaded onto the JSNA area of the Council's website. News of the report, 'Towards Joint Strategic Needs Assessment in Haringey', was circulated in a letter in August 2008 from the Council and the PCT. The letter was sent to the Haringey Strategic Partnership (HSP) members, chair and thematic boards, GPs, Haringey People magazine, PCT staff and schools amongst others. Criteria were set for selecting the Phase 2 areas of need for the JSNA. There were three first order criteria: 1. Local area agreement (and sustainable community strategy) target 2. Gap identified in *Towards JSNA in Haringey* 3. Impact on commissioning/ financial sustainability as well as several second order criteria. Three areas are being progressed in Phase 2: mental health, sexual health, and population change & growth and its impact on services. Discussions have been	On track (Joint Director of Public Health December 2009)	N/A	N/A

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		occurring on what will happen after Phase 2 i.e. the process of developing the JSNA is ongoing. Phase 2 is due for completion by December '09. A web based consultation of officers across the partnership lasted for a month from mid-April 2009. The questions were around the Phase 1 core data set and respondents were asked to identify the areas they had found most helpful. Responses were received from thirteen officers. Key findings were: • 75% of respondents said they had used the information within the JSNA document; • 67% of respondents said they had used the information for commissioning or designing; and • 58% had used it for assessing need in Haringey.			
2.	**To improve cost/ benefit analysis of options to reduce Health Inequalities (His)** **Priority: Medium Deadline: Ongoing**	The principles of cost/benefit analysis were applied to the PCT's investment prioritisation exercise during Autumn 2008, which was part of the 3 year Investment strategy as agreed by the Board in July 2008. The Investment strategy is in line with the Commissioning strategy. Planned investment has been mapped against expected performance on key targets. Individual projects have	On track (Joint Director of Public Health and Director of Finance Ongoing)	N/A	N/A

No.	June 2008 recommendation	June 2009 status	Conclusion / August 2009 recommendation	Management Response	Implementation details
		been reviewed for outputs, outcomes and for expected financial phasing. The prioritisation criteria for suggested projects included 'Cost effectiveness - How many people will benefit from the proposed investment? How much do they benefit? (relative to the proposed level of investment) and / or Will the proposed investment deliver a significant improvement in quality or safety of clinical service to existing patients?' The mapping of expenditure to health outcomes was a key component of the recent World Class Commissioning (WCC) assessment. Although the WCC panel scored the PCT at the minimum level of 1 overall on the Competency of 'Prioritise investment according to local needs, service requirements and the values of the NHS', within their feedback the panel stated that the PCT had described a process of prioritising proposed initiatives, and evaluating the impact on activity, health benefit and costs. This is in line with our understanding of the processes in place at the PCT. The PCT has changed its internal risk rating status for this recommendation from red to amber as a result - i.e. this recommendation is not yet fully implemented but good progress has been made.			

No.	June 2008 recommendation	June 2009 status	Conclusion / August 2009 recommendation	Management Response	Implementation details
3.	**Improve structure of Health and Wellbeing Partnership Board (WBSPB)** **Priority: High** **Deadline: July 2009** .	In preparation for the suggested Overview and Scrutiny Committee (OSC) review of HIs in 2009/10, the Joint Director of Public Health ran a training session for Councillors, NEDs of the PCT and officers in November 2008. The event was titled 'Health: Everyone's Business', and stressed the need for everyone to consider the HIs agenda in their work. There was good attendance (approx 40 delegates, including 12 councillors and 4 NEDs) and we are told it was a very positive, participative session. A report went to the OSC in April 2009, which details that a gap analysis was undertaken to identify exactly how OSC involvement can add value to the HIs agenda. The areas of suggested focus for the OSC are sexual health, housing, physical activity and green spaces. Following some delay, the wellbeing partnership arrangements are now being changed. The Wellbeing Chairs Executive (WBCE) has been disbanded now in light of new partnership structures being implemented, designed to separate strategic decision-making about the common client group in the NHS and adult social care, and the broader healthy communities agenda. These consist of the Joint Health and Social Care Leadership group which has recently had its third meeting, and an emerging set of arrangements for healthy	In progress **Recommendation:** The PCT, Council and other partners will need to ensure that the new partnership structures are finalised as soon as possible and, subsequently, kept under review to ensure that they are working effectively.	Agreed	Joint Director of Public Health and Director of Adults, Culture and Community Services December 2009

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		communities which will span the Council and partnerships. A presentation is being made to the Cabinet Policy Forum on 17 September to get direction on taking this forward. An agreed next step is a workshop with previous members of the Wellbeing Chairs Executive on 14 October. Although some outcome focused subgroups were working well this was not consistent. The agenda of the 'Improved quality of life and economic wellbeing' group will now sit with the new healthy communities arrangements, while the 'Joint commissioning and performance' group has been subsumed into the new Joint Leadership group. The PCT, Council and other partners will need to ensure that the new partnership structures are finalised as soon as possible and, subsequently, kept under reviews to ensure that they are working effectively.			

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4.	**Effective involvement of provider trusts** **Priority: Medium Deadline: Autumn 2008**	The major acute providers (Whittington to the West and North Middlesex to the East of the borough) are already members. The best ways to engage better with acute trusts, including sub-groups, was due to be explored in the WBCE workshop in May '09. However, due to the swine flu outbreak this workshop was postponed. Formal consideration of the most effective ways to engage better with acute trusts has only recently begun to take shape. Acute trusts are included in the membership of the wellbeing partnership board (WBSPB). However, the Council and PCT recognise the need to engage with them better to ensure attendance and contribution. The reworked agenda of the WBSPB (first meeting to be held on 22 September) is intended to achieve this. In addition, the upcoming NST health inequalities visit provides opportunities to engage on specific areas of health care delivery and we will use this to identify the best ways to engage with acute trusts on both of the new agendas.	In progress **Recommendation:** Partners will need to ensure the effective implementation of current plans for better involvement of the acute sector in the health inequalities agenda.	Agreed	Joint Director of Public Health and Director of Commissioning/West November 2009
5.	**Improve engagement with the public and communities of interest**	The Making a Positive Contribution outcome focused-group has been set up. It is co-chaired by the Chief Executive of the Haringey Association of Voluntary and Community Organisations (HAVCO) and the Director of the HAVCO Wellbeing theme group.	On track (Joint Director of Public Health Ongoing)	N/A	N/A

No.	June 2008 recommendation	June 2009 status	Conclusion / August 2009 recommendation	Management Response	Implementation details
	Priority: Medium Deadline: August 2008	The Public Health team is maintaining links with the University College London (UCL) Institute of Child Health on childhood obesity issues, building on previous collaborations (in 2007) regarding barriers to healthy lifestyles. Opportunities are being developed to work together with Middlesex University and to utilise their research, for example within the Health & Social Care faculty. There is scope for Middlesex University students to come to the PCT to do some work locally. In May '09, the WBSPB approved inviting a representative from Middlesex University to join the Board. The HSP is formulating a Community Engagement Framework. This was discussed at the WBSPB on 2/3/09, and it was confirmed that it will make a specific reference to empowerment and the positive effect this has on people's health. Consultation on the Framework occurred in March 2009 and ended at the end of April. In Phase 1, the priorities of the JSNA were based on the feedback received from stakeholders at the 'Healthier Haringey' event. For Phase 2, each of the topics will have an element of collecting stakeholders' views e.g. a participation strategy for young people will form part of the Children & Young People's topic.			

No.	June 2008 recommendation	June 2009 status	Conclusion / August 2009 recommendation	Management Response	Implementation details
6.	**Move forward the JSNA, specifically the IT platform that is envisaged should be further explored to ensure that users can interrogate the data set for their needs** **Priority: Medium** **Deadline: March 2009**	The planned IT platform will allow better interrogation of data, and is due to be introduced adjacent to the Phase 2 topics. It will be a Haringey data observatory - a central point where all partners can leave datasets that can be accessed by partners. This will improve information sharing across the partnership, providing easy access to key research such as the Borough profile and the core data set of the JSNA. The options for the platform were considered at the JSNA Steering Group at the end of January '09 and it was agreed to adopt the Newham model. The business case for this was due to be discussed at the JSNA Steering Group meeting in July.	On track (Head of Corporate Policy March 2010) The revised business case for the data platform will be discussed at the JSNA Steering Group on 23 Sept and at the Council's IT Board on 30 Sept.	N/A	N/A
7.	**Address capacity issues** **Priority: Medium** **Deadline: August 2008**	Ongoing discussions are being held between the Council and the PCT regarding the sharing of resources. The PCT now has four whole time equivalent public health consultants in post. Each consultant has an area of focus: adults & older people, children & young people, commissioning or general public health. There is also a Head of Community Development in post. This means that the senior management team is now all in place.	Completed	N/A	N/A

No.	June 2008 recommendation	June 2009 status	Conclusion / August 2009 recommendation	Management Response	Implementation details
		Partnership working between the PCT and the Council is prioritised in agendas and workstreams. The data platform will further encourage joint working. The JSNA Technical Group has been established and shares data. The Council has identified further resources to support the JSNA via dedicated time within Information Officer posts. It is trying to get funding for an Information Manager to further support the JSNA. If recruited this person would need to work closely with the Public Health team at the PCT.			
8.	**More training on HI issues** **Priority: Medium** **Deadline: November 2008**	The Director of Public Health has established a Council corporate public health group focusing on the development of the JSNA. One of the aims is for training to be cascaded through the Council. It has been agreed that the first training session will be on Needs Assessment led by one of the Public Health Consultants. The date is to be confirmed. A health inequalities conference was held by the Director of Public Health in November 2008. It was well attended by elected members and NEDs, as well as senior officers. See comments at Recommendation 3 above.	Not on track **Recommendation:** The planned Needs Assessment training should be provided to the Council at the earliest possible opportunity.	Agreed	Joint Director of Public Health November 2009

No.	June 2008 recommendation	June 2009 status	Conclusion / August 2009 recommendation	Management Response	Implementation details
9.	**Well Being (WB) Scorecard - review on an exception basis** **Priority: Medium** **Deadline: July 2008**	Review of the WB Scorecard on an exception basis was introduced in Autumn of 2008. This means that only those targets with red or amber status are included, in order to avoid unnecessary detail being presented. The scorecard goes in its entirety to the WBCE monthly and the WBSPB quarterly. Emphasis is placed on areas that need attention, for example in March '09 there was a presentation around alcohol admissions.	Completed	N/A	N/A
10.	**Revise Scorecard for the LAA targets** **Priority: Medium** **Deadline: June 08**	This was completed in the Summer of 2008.	Completed	N/A	N/A
11.	**Develop formal plans and procedures for corporate social responsibility (CSR)** **Priority: Medium** **Deadline: March 2009**	Council Members agreed a People Strategy for 2008-16 in September 2008. This covers all aspects of employment, with CSR as a thread throughout the document. There is a leadership programme in place for officers who are potential leaders. CSR is treated as a project for those officers - they have responsibility for implementing it. In addition, there are already initiatives, projects and	On track (Associate Director of Public Health March 2010)	N/A	N/A

No.	June 2008 recommendation	June 2009 status	Conclusion / August 2009 recommendation	Management Response	Implementation details
		strategies that correlate with CSR at the Council and PCT. For example: the Greenest Borough Strategy 2008-2018, the Haringey Guarantee / Trade Local, School work experience placements and the Supported Reading scheme. In January '09 the Chief Executive's Management Board (CEMB) at the Council received a presentation on CSR from the Head of Organisational Development & Learning, Philippa Morris, who is the named person pushing the CSR agenda forward at the Council. The PCT has agreed that one of its Public Health consultants will be its named lead to work with the Council. The PCT is planning to replicate the introduction of plans and procedures that are now in place at the Council, in order to avoid duplication of work. As identified by the bodies themselves, an overarching policy of CSR could be developed between the PCT, the Council and local voluntary and community groups. However this needs discussion and agreement, initially through the Performance Management Group (PMG) at the Council. Agreement to develop a joint policy would need to be raised through the HSP and agreed at that forum.			

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