



Haringey Council

Audit Committee

Date: 25th March 2010

Subject: Tackling Health Inequalities Audit Report and Action Plan

**Report Author: Susan Oti, Acting Joint Director of Public Health,
Haringey Council and NHS Haringey**

1. PURPOSE

1.1 To update the Audit Committee on the progress made in addressing the recommendations in the Grant Thornton *Tackling Health Inequalities* audit report.

2. SUMMARY

2.1 Grant Thornton, the appointed external auditor for both Haringey Council and NHS Haringey, undertook an audit of work to assess how we were tackling health inequalities in the borough. While the audit report June 2008 was very positive, a number of areas for improvement and challenges were identified. A Health Inequalities Audit Action Plan was developed and an update of this plan can be found at Appendix 1. All recommendations are 'green' except for one that has 'amber' status. Progress has slipped on this recommendation as the Public health Team experienced tremendous pressure responding to the Flu Pandemic between May 2009 to January 2010 and members of the workforce were diverted to work on this public health priority.

3. RECOMMENDATIONS

3.1 The Audit Committee note the Health Inequalities Audit recommendations and update of the Action Plan and recognise progress in the light of pressures experienced by the Public Health team responding to the Flu Pandemic from May 2009 to January 2010).

4. BACKGROUND INFORMATION

4.1 Grant Thornton, the appointed external auditor for both Haringey Council and NHS Haringey undertook an audit of work to assess how we were tackling health inequalities in the borough. This audit covered work within both the Council and NHS Haringey and across the Haringey Strategic Partnership (HSP). The audit produced useful recommendations to support tackling health inequalities.

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

4.3 An Action Plan has been developed to take forward the recommendations made in the audit report to help reduce the health inequalities gap. The Action Plan was taken to the Audit Committee in October 2008.

4.4 Grant Thornton presented the 'Tackling Health Inequalities in Haringey - follow-up report' to the Audit Committee on 1st February 2010 and an update on progress against the action plan was requested.

5. ANALYSIS

5.1 Outside of the Grant Thornton action plan a number of positive developments should be noted by members.

5.2 **Progress towards the national Life Expectancy target** - One of the two national health inequality targets is a reduction in the gap in life expectancy by at least 10% between 'routine and manual groups' and the population as a whole by 2010. To track progress against this target the Life Expectancy Action Plan for Haringey was drawn up in 2006. The plan focused on 12 key areas of activity (agreed at a consultation event to facilitate development of the action plan). In autumn 2009 a progress report was presented to the Well Being Partnership Board. The report provided a half way progress report on improving life expectancy in Haringey.

5.3 Life expectancy in both males and females is increasing. Between 2001-2003 and 2005-2007, life expectancy in Haringey has increased 1.5 years for men and 3 years for women. Male life expectancy (2005-07) in Haringey is 1.5 years lower than England. Female life expectancy (2005-07) is now 1.1 years higher than England.

5.4 The latest national report against the health inequalities target¹ published by the Department of Health states that **Haringey is on target to achieve its contribution towards the National Life Expectancy Target for Males and Females, based on 2004-06 rolling averages**. This is an encouraging sign and indicates that we are continuing to make solid progress towards improving life expectancy in Haringey.

5.5 Since the 2006 Haringey Life Expectancy Action Plan was published, the landscape has changed, notably several key strategic initiatives have been developed, such as, the Sustainable Community Strategy, the Local Area Agreement and the Primary Care Strategy and partnerships have strengthened the actions that have contributed to increasing life expectancy. Addressing health inequalities was identified as a priority area for improvement in the Comprehensive Area Assessment 2009.

5.6 However life expectancy is not evenly distributed in Haringey. At the two extremes, male life expectancy in Tottenham Green (70.6 years) is 8

¹Tackling Health Inequalities: 2007 Status Report on the Programme for Action. Department of Health. Available at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_083471

years lower than male life expectancy in Alexandra (78.9 years). Male life expectancy tends to vary with deprivation in Haringey. The gap in female life expectancy between the wards with the highest and lowest life expectancy is 8.4 years.

5.7 A number of programmes have been developed and implemented to target the borough's deprived areas in order to address the health inequalities experienced within the borough, for example smoking cessation services and physical activity programmes.

5.8 Department of Health (DH), Health Inequalities National Support Team (HINST) visit – October 2009 - NHS Haringey is a Spearhead PCT,² to support Spearheads the DH established the HINST. The HINST has visited PCTs across the country to support areas to improve performance. The HINST visited Haringey in October 2009. The aim of the visit was to review what we are doing in relation to reducing adult health inequalities in the borough. They were particularly interested in keeping up the momentum around the national 2010 life expectancy targets against which Haringey is currently on track for both men and women. The HINST held interviews, workshops and a community engagement focus group to understand the local context and assess barriers to and opportunities for continued progress at a population level. The visit benefited from the input of many individuals within the Council, NHS Haringey, the North Middlesex Hospital and the voluntary and community sector. The HINST congratulated all partners on their commitment and passion for this area; on NHS Haringey's 'visionary' primary care strategy; on the adults' wellbeing arrangements; and on a variety of other aspects of our collective work to make progress on health inequalities.

5.9 The HINST identified a number of high level recommendations to enable Haringey to remain on track to achieve the target and to address the inequalities within the borough. A number of the recommendations have been achieved and the remainder are being addressed by all partners. The HINST are returning to Haringey in late March 2010 to discuss progress.

6 FINANCIAL IMPLICATIONS

The following comments relate to those items within the action plan which have direct financial implications:

- Recommendation 1 - NHS Haringey continues to invest in the JSNA as part of its investment strategy and support continues to be provided by the Council's Policy and Performance Service.

² Identified as local authorities with a combination of factors including high levels of deprivation, relatively low life expectancy and high mortality rates for major killers such as heart disease and cancer

- Recommendation 7 – The public health team within the PCT has expanded since autumn 2008 with new consultant posts and additional investment identified with the creation of a health economist post.

Appendix 1: Updated Health Inequalities Audit Action Plan

Page no.	Recommendation	Priority 1 = high 2 = medium 3 = low	Responsibility	Comments milestones	Progress January 2009	Progress January 2010	RAG Status
8	<p>Recommendation 1 - to continue the development of the Joint Strategic Needs Assessment</p> <p>Haringey has decided to go beyond the minimum data set in developing the Joint Strategic Needs Assessment and it is likely there will be considerable planning required to obtain detail for secondary analysis. There are also potential difficulties in developing a Joint Strategic Needs Assessment given the high mobility of the population; therefore partners will need to ensure that proper arrangements are in place to ensure development of the Joint Strategic Needs Assessment is successful. If this is the case, it is highly</p>	1	<p>Joint Strategic Needs Assessment Steering Group</p> <p>Susan Otit</p>	<p>Phase 1: Core data set to be discussed at:</p> <ul style="list-style-type: none"> • Council Chief Executives Management Board 29 July • Primary Care Trust Board 6 July <p>Core data set available on the website August</p> <p>Phase 2:</p> <ul style="list-style-type: none"> • Project Brief to be finalised August • Consultation Plan to be agreed and undertaken from Sept. • Area(s) focus to be decided by March 2009 <p>(Links to recommendation 6 and 7)</p>	<p>Core data set uploaded on the website</p> <p>Phase 2 topics agreed and being progressed</p> <p>Information on JSNA web page circulated</p> <p>Consultation plan and user survey agreed. Web based consultation</p>	<p>The JSNA continues to help us understand local need and inform the commissioning cycle. We have completed reports on population projections, social segmentation analysis and needs assessments on sexual health, alcohol and mental health.</p> <p>As part of the ongoing programme of JSNA HSP organisations will work together to look at:</p> <ul style="list-style-type: none"> • Carers • CAMHS to adult services transition • Older People's Needs Assessment Phase 2 	G

Page no.	Recommendation	Priority 1 = high 2 = medium 3 = low	Responsibility	Comments milestones	Progress January 2009	Progress January 2010	RAG Status
	likely that benefits will arise in the form of more effective commissioning aimed at improving health and well-being and reducing health inequalities.				currently being developed.	<ul style="list-style-type: none"> • Kurdish Community • Supporting People • Physical Disabilities – Adults (including sensory impairment and long term conditions) • Economic assessment (duty to provide this begins April 2010) • Updating the Children and Young People's Needs Assessment 	
9	<p>Recommendation 2 - to improve cost/benefit analysis of options to reduce HI.</p> <p>We recommend that partners further promote a wider understanding of and focus upon the costs and benefits of options of specific courses of action to reduce Health Inequalities.</p>	2	<p>Joint Commissioning Group</p> <p>Keith Edmunds/ Margaret Allen</p>	Cost-benefit analysis is not currently undertaken, however, under World Class Commissioning, the Primary Care Trust is planning a major piece of work to understand how expenditure is related to health outcomes, which will necessarily include impact on health inequalities. This	Principles of cost/benefit analysis were applied to the PCTs investment prioritisation exercise during Autumn 2008. This approach will become further refined as the PCT develops its WCC	NHS Haringey has developed a Prioritisation Framework. This has been applied to guide investment decisions for 10/11.	G

Page no.	Recommendation	Priority 1 = high 2 = medium 3 = low	Responsibility	Comments milestones	Progress January 2009	Progress January 2010	RAG Status
				will be started during Autumn (October) 2008.	capacity.		
11	<p>Recommendation 3 - improve structure of WBPB</p> <p>Consider the agenda of Haringey's Well Being Partnership Board to have a balance between strategy and performance issues with specific linkages to the Well Being Strategic Framework.</p> <p>Following embedding of the Implementation Plans consideration should be given to involving Overview and Scrutiny to challenge the progress made against the Health Inequalities agenda.</p>	1	<p>Well-being Chairs Executive</p> <p>Susan Otiti</p>	<p>Restructured Well-Being Partnership Board and Well-Being Chairs Executive agendas to link items to the 7 Well-Being Strategic Framework outcomes beginning</p>	<p>WBCE agenda has now been restructured to reflect the 7 outcomes. Similar restructuring of WBPB agenda planned.</p> <p>In addition, a WBCE workshop will take place in May 2009 to review operation of Executive and outcome groups, to strengthen connection with Well-being strategic framework.</p>	<p>The Well-being Strategic Framework and Partnership Board structures are being reviewed following a workshop in October 2009. (The May 2009 workshop was postponed due to the outbreak of the H1N1 virus and the need to focus public health resources on the response).</p> <p>A Joint Leadership</p>	G

Page no.	Recommendation	Priority 1 = high 2 = medium 3 = low	Responsibility	Comments milestones	Progress January 2009	Progress January 2010	RAG Status
				Discuss performance using the well-being scorecard exception reporting beginning (Links to recommendation 9 and 10)	Well-being scorecard exception reporting now covered by both agendas.	Event will be held in April 2010 to agree the vision, outcomes and priorities of the new Well-being Strategic Framework and the new governance structures. A draft of the new Well-being Strategic Framework will go the Well-being Partnership Board July 2010.	
11	Recommendation 4 - effective involvement of provider trusts There are opportunities to improve the effectiveness of	2	Joint Commissioning Group	Major acute provider Trusts already members. Clarify how to engage more effectively with provider	The best ways to engage better with acute trusts will be explored in the WBCE workshop on	The Mental Health Trust and acute trust attend the Well-Being Partnership Board.	G

Page no.	Recommendation	Priority 1 = high 2 = medium 3 = low	Responsibility	Comments milestones	Progress January 2009	Progress January 2010	RAG Status
	provider trusts within the health inequalities agenda. In particular, they could provide further information on Accident and Emergency attendance levels.		Keith Edmunds/Susan Oti	trusts, including in sub-groups. Joint Commissioning Group to review which other providers should be represented and how.	1.5.09	The Mental Health Trust, acute trust and provider organisation are invited to the Joint Leadership Team on a regular basis to discuss key strategic developments.	
12	Recommendation 5 - improve engagement with the public and communities of interest Opportunity exists to engage with research institutions to understand what their role could be in the health inequalities agenda. Once engaged that resource could be used to commission further studies on areas where gaps currently exist.	2	Well-being Chairs Executive Susan Oti	Making a Positive Contribution group set up (May 2008) Building on relationship with Institute of Child Health re: obesity (ongoing)	MPC group has been set up The Public Health team will continue to link with the Institute of Child Health on childhood obesity issues, building on previous collaborations regarding barriers to healthy lifestyles	The Haringey User Payment Policy was agreed at the Well-being Chair's Executive Board in 2009.	G

Page no.	Recommendation	Priority 1 = high 2 = medium 3 = low	Responsibility	Comments milestones	Progress January 2009	Progress January 2010	RAG Status
				Director of Public Health to explore possibilities with Middlesex University, School of Health and Social Care (Autumn 2008)	Discussions are underway with Middlesex University to identify opportunities to connect	<p>In September 2009 Middlesex University joined the WBSP Board</p> <p>The Community Engagement Framework was agreed in 2009 and reaffirms the HSP's understanding of and commitment to community engagement.</p> <p>Service users sit on all Partnership Boards for example the Older People's Partnership Board and the Carer's Partnership Board.</p> <p>Haringey LINK continues to look at Health and Social Care issues within the</p>	

Page no.	Recommendation	Priority 1 = high 2 = medium 3 = low	Responsibility	Comments milestones	Progress January 2009	Progress January 2010	RAG Status
						borough. The Primary Care Trust consulted on its Neighbourhood Development Plans at a number of Area Assemblies.	
13	Recommendation 6 - move forward the JSNA The Public Health Team should continue with the development of the Joint Strategic Needs Assessment, specifically the IT platform that is envisaged should be further explored to ensure that users can interrogate the data set for their needs.	2	Joint Strategic Needs Assessment Steering and Technical Groups Eugenia Cronin / Eve Pelekanos	Considering appropriate IT platform options such as those used in other authorities by March 2009, such as: <ul style="list-style-type: none"> ○ the Newham model developed by Geowise using a product called Instant Atlas ○ Expanding the Geographical Information Systems internet solution developed by e spatial to 	Platform options considered at JSNA Steering Group-Newham model agreed. Business case being worked up,	We have brought together on our website a comprehensive library of data, linking the JSNA, needs assessments, borough profile, consultations and surveys to the six priorities of the HSP's Sustainable Community Strategy: <u>Haringey: Our Place</u> . As well as current data, this includes future plans with proposed publication dates. The IT Platform has been agreed at the	G

Page no.	Recommendation	Priority 1 = high 2 = medium 3 = low	Responsibility	Comments milestones	Progress January 2009	Progress January 2010	RAG Status
				encompass the partnership		<p>Council IT Board. Potential suppliers being identified ABG funding for the IT Platform being agreed.</p> <p>The internet solution developed by e spatial can be accessed on the Council website at:</p> <p>http://harinet.haringey.gov.uk/index/maps-online.htm</p>	
13	<p>Recommendation 7 - address capacity issues</p> <p>To ensure that the data set can be developed on a timely basis it is imperative that the public health team is at full capacity. Consideration should be given to use any capacity within the Borough Council for analyst skills.</p>	2	<p>Director of Public Health</p> <p>Susan Oti</p>	<p>Joint Strategic Needs Assessment Technical Group established and shares data</p> <p>NHS Haringey has increased its capacity by successfully recruiting to 4 consultant posts</p> <p>The Primary Care Trust and</p>	<p>Ongoing discussions on sharing resources & developing joint analysts. Further resources have been identified in the PCT's investment strategy for the Phase 2.</p>	<p>NHS Haringey has recruited a Health Economist to provide additional resource to the Public Health team.</p> <p>In January 2010 NHS Haringey and Haringey Council held 'Needs Assessment Training' for council officers to</p>	G

Page no.	Recommendation	Priority 1 = high 2 = medium 3 = low	Responsibility	Comments milestones	Progress January 2009	Progress January 2010	RAG Status
				Local Authority have identified further resources to support the Joint Strategic Needs Assessment (Primary Care Trust via Investment Strategy and Local Authority via dedicated time within new Information Officer post). (August)		develop their skills and understanding.	
15	Recommendation 8 - more training on HI issues There is potentially an opportunity to enhance joint training in Health Inequalities at both Non Executive Director and Member level as well as further down the organisation.	2	Director of Public Health Eugenia Cronin	Director of Public Health has established London Borough of Haringey corporate public health group, with aim of cascading training through London Borough of Haringey. Director of Public Health with Assistant Chief Executive Policy Performance Partnerships and Consultation is convening an event for elected	A health inequalities conference was held in November 2008. It was well attended by elected members and NEDs, as well as senior officers.	A second 'Health: Everyone's Business' partnership event to look at health inequalities is planned for summer 2010 to build on the work from the 2008 event and beyond. It is proposed to have this as a joint event between OSC and the WBSP Board to share the findings of the Marmot Review – Fair Society, Healthy Lives. The event will be	G G

Page no.	Recommendation	Priority 1 = high 2 = medium 3 = low	Responsibility	Comments milestones	Progress January 2009	Progress January 2010	RAG Status
				members.(October/November 2008) Director of Public Health in discussion with Non Executive Directors on training needs. (Autumn 2008)		open to all HSP and Theme Board members. The HINST led a PCT Board seminar in January 2010 to discuss a number of the recommendations and share good practice. The session was open to all HSP members	
16	Recommendation 9- Well Being Scorecard We recommend that the Well Being Scorecard is reviewed on an exception basis and that appropriate consideration is given to the performance agenda, this may require review by the Well Being Chair Executive prior to the Well-being Partnership Board meeting.	2	Well Being Chair Executive Sarah Barter	At Well Being Chair Executive on 20 June agreed to discuss performance using well-being scorecard exception reporting as standing item on Well Being Chair Executive and Well-being Partnership Board		Haringey has an effective Well-Being Partnership Board which is co-chaired by the Cabinet Member for Adult Social Care and Wellbeing, and the Chairman of NHS Haringey. This Board has provided robust governance and oversight to the Wellbeing agenda as reflected in improving	G

Page no.	Recommendation	Priority 1 = high 2 = medium 3 = low	Responsibility	Comments milestones	Progress January 2009	Progress January 2010	RAG Status
						<p>joint performance against LAA targets.</p> <p>Performance Summary/ Exception report detailing the performance on the indicators within the Thematic Board and exception report focusing on indicators missing targets are produced and presented to the Well-being Partnership Board by the ACCS Performance Manger. Issues that may affect performance reporting on these indicators are also discussed at Well Being Strategic Partnership - Agenda Setting Meetings.</p>	
19	Recommendation 11 - develop formal plans and	2	Performance	Both the Council and Primary Care Trust are	NHS Haringey has agreed an Associate	NHS Haringey has identified the key	A

Page no.	Recommendation	Priority 1 = high 2 = medium 3 = low	Responsibility	Comments milestones	Progress January 2009	Progress January 2010	RAG Status
	<p>procedures for corporate social responsibility Partner organisations should develop formal corporate social responsibility plans or policies, which recognise their significant influence as local employers, commissioners, property owners and developers, and neighbours to the local community. These plans should identify how partners can use their full range of services to stimulate health improvement and address health inequalities, and consider the financial implications of doing so.</p>		<p>Management Group</p> <p>Mun Thong Phung/ Eugenia Cronin</p>	<p>seeking to develop plans for integrating corporate social responsibility (March 2009).</p> <p>The Council is developing a People Strategy to cover all aspects of employment including corporate social responsibility. The Strategy will be considered at Management Board and committee stage in September 2008; it contains a series of actions that will co-ordinate corporate social responsibility activities</p> <p>An overarching policy of Corporate Social Responsibility can be developed between NHS Haringey, Haringey Council and local voluntary and community groups, this needs discussion and agreement, initially through the Performance</p>	<p>Director for Public Health will be their named lead to work with LBH</p> <p>The People Strategy, agreed by Members in Sept 08, covers all aspects of organisational and people management - corporate social responsibility is central theme running through it. An enthusiastic discussion was also had about CRS at Management Board in January 2009. Developing a CSR Plan will be a Leadership Programme project which is likely to be completed in August 2009.</p>	<p>perspectives on CSR relating to health.</p> <p>Work Is underway linked to the Greenest Borough Strategy.</p> <p>Haringey Council and NHS Haringey are working together to maximise the use of its estate and identify shared usage.</p>	

Page no.	Recommendation	Priority 1 = high 2 = medium 3 = low	Responsibility	Comments milestones	Progress January 2009	Progress January 2010	RAG Status
				<p>Management Group London Borough of Haringey. Agreement to develop a joint policy would need to be raised through the Haringey Strategic Partnership and agreed at that forum.</p> <p>It should be noted that there are key work streams, initiatives, projects and strategies that correlate with corporate social responsibility not least the Greenest Borough Strategy, the Haringey Guarantee, Child Poverty Strategy, Well being and Safer Communities Executive Board work streams amongst many others. There are also schemes within the local authority which encourage staff volunteering, and provide work experience and</p>			

Page no.	Recommendation	Priority 1 = high 2 = medium 3 = low	Responsibility	Comments milestones	Progress January 2009	Progress January 2010	RAG Status
				<p>apprenticeships for Haringey residents.</p> <p>There is a need to pull this work together with overarching principles for working as ethical and socially responsible public services and employers, with a commitment and tangible evidence of creating and investing in a culture of corporate social responsibility.</p>			