



Grant Thornton

HEALTH INEQUALITIES

REPORT TO AUDIT COMMITTEE

24 June 2008

Introduction

The purpose of this document is to provide a brief summary of our findings in respect of the work that has recently been undertaken on Health Inequalities (HI) in Haringey. We have recently presented our main findings to key staff at both the Council and the PCT. This update provides commentary on the Audit Commission's 6 Key lines of Enquiry (KLOES) for this project that we have evaluated, and includes detail on strengths in these areas, in addition to an outline of potential areas that could be developed further. At the Well Being Partnership Board we presented our main recommendations resulting from the review. A joint action plan will be formulated by the partners and reported back later.

Referred to within this document are the results of a 'SNAP' survey - this survey was sent to officers and staff of both the Borough and the PCT and additionally members of the voluntary sector. We received 18 responses to the survey and hence the results cannot be taken as being statistically significant, however we have included some reference to these results to generate discussion.

Overall we have found that, compared to other reviews we have carried out in the South East of England, that Haringey is advanced in its health inequalities agenda and it is important that this momentum is continued and further enhanced.

KLOE 1 Delivering Strategic and operational objectives

1. Review of the various agencies' strategies demonstrates that there are good structural links in place across the partnership to promote health and wellbeing. Each strategy document has its own focus but it is clear to see how the various documents relate to each other with the clearly stated aims of improving well being and reducing HI.
2. A key challenge for the partners going forward will be to look at developing further the Joint Strategic Needs Assessment (JSNA). The development of the JSNA at Haringey is potentially more challenging than other areas given the inherent high mobility of the population in this early part of the 21st century, especially since the admission of the accession states to the EU.
3. Leadership of the HI agenda appears to be sound - there are clear structures in place and a Joint Director of Public Health has recently been appointed which is a key role in leading and driving forward the HI agenda. Public health teams at the PCT and the Council have been instrumental in setting health priorities that have informed strategy development at an organisational and partnership level.
4. A well being scorecard has been developed incorporating targets that are monitored at the Well Being Partnership Board. We see this as a crucial initiative in helping to monitor outcomes and challenge performance.
5. Nearly 90% of staff respondents to our survey agreed that their organisation's financial plans identified resources for achieving the health inequalities plan - clearly very positive. However, when respondents were asked to indicate the extent to which they understood whether a cost benefit analysis of the options for action to reduce HI had been undertaken in the past 2 years, over half said "No". It would appear therefore from the survey and also from feedback in meetings with staff that there is an opportunity to promote a wider understanding of and focus on the cost -benefits of specific courses of action.

KLOE 2 Delivering in Partnership

1. There are examples of strong joint work on specific areas and issues. There is the joint appointment of the Director of Public Health, which is funded via a 50/50 split between the Council and the PCT. There is a clear agreement that there is a shared process with partners for identifying local health inequalities, and Haringey has been recognised within the community for their partnership working.
2. The LAA has recently been updated with significant commitment to 35 challenging targets, some of which focus on health and wellbeing. Once these have been finally agreed it will be important to update the well being scorecard and monitor these targets. There is strong flavour of health and well being within the 35 targets.
3. The Well Being Partnership Board is a key Partnership body in Haringey, and has a busy and full agenda. Its terms of reference state that it is a strategic level body and therefore it is important it continues to have a strategic focus, and operational issues are brought there only if they relate to the Well Being Framework.
4. We took the view that although there has been engagement with provider trusts for the Health Inequalities agenda their presence and focus did not yet reflect their crucial role in taking HI forward. In particular their presence at the front line where HI are presented by a mobile population is a vital source of information as the provider trusts have access to more vulnerable people who habitually visit A&E rather than attend a GP practice.
5. There is a strong relationship with the voluntary sector, in particular with HAVCO, which has provided access to information to feed into the health inequalities agenda. There was agreement however that there is an opportunity to become more involved with research institutions and to potentially identify a university with an interest in HI to join the partnership board.
6. There is evidence that the public have been engaged in developing health strategies, there is also further engagement expected from the Public Health team leading up to the production of the JSNA. However, it was not clear that there were effective mechanisms for members of the community to get involved in developing action on HI - this was supported by our survey results.

KLOE 3 Using information and intelligence to drive decisions

1. The last public health report was in 2006, however the Director of Public Health, since appointment in January 2008, has been working on the JSNA which will in effect become the next public health report. The report will develop in a more interactive fashion than the current public health report, which is a more traditional public sector organisation driven model. It is clear that there will need to be the appropriate IT platform in place to support the functionality that is envisaged for the JSNA.
2. The lack of capacity has been flagged with the Public Health team in terms of analyst skills, as a high degree of effort is required for extraction and interpretation of data and then applying them to Commissioning. There are currently three vacant consultant posts, which once filled will address the current challenges.
3. There has been an Equalities Impact Assessment undertaken in relation to the Primary Care Strategy used to assess access to Primary Care by all groups within the Community. The Public Health team are being quite clear in their approach to the JSNA as to what they do and don't know about their community, they will then devise plans to address those gaps.

4. Consistent with the partnership theme, there is evidence that there has been engagement with the wider community with health strategies however input from provider trusts, research institutions could be engaged further to provide data. The community buy-in is essential to gain momentum with the HI agenda.

KLOE 4 Securing engagement from the workforce

1. The Community Strategy is in place and all partners are signed up to the Well Being Strategic Framework. The Director of Public Health role is already beginning to enhance further the positive working relationships that exist between the Council and the PCT.

2. There is clearly specialist public health skill and capacity that is available to the partners, although the survey undertaken indicated that nearly 75% of recipients had not had joint training with partners on HI. There is potentially an opportunity to enhance joint training in HI at both Non Executive Director and Member level as well as further down the organisation.

KLOE 5 Performance Management

1. The Well Being Scorecard has been developed which has been viewed as a realistic measurement tool. When we attended the Well Being Partnership Board the Scorecard was included with a very full agenda and covered only briefly. We suggest that consideration is given to how the agenda might give greater opportunity to discuss challenges in the outturns relating to the Well Being Strategic Framework. It may be that this is done via a regular report from the Well Being Chair Executive that highlights challenging areas. It may also be assisted by agenda items being clearly labelled with the relevant Well Being Strategic Framework outcomes.

2. The Well Being Scorecard will need to be refreshed after final agreement to the new LAA targets.

3. Our work indicates, and survey results support, that there is not enough information available to show how HI has narrowed in the past two years. We accept that this is particularly challenging in HI as it is difficult to link the impact as a result of the action, however we take the view that more needs to be done to pursue and share trend information over a longer period which would provide empirical evidence.

4. The role of the JSNA is crucial in taking the HI agenda forward, once complete there may be more opportunities to ensure greater recognition of specific HI targets/performance within the wider commissioning strategies, community partnerships etc.

KLOE 6 Corporate Responsibility

1. There have been several examples identified of good practice in relation to wellbeing programmes run for staff at partner organisations. Examples include staff concessions at leisure centres, tips on staying stress free, and programmes at both the Council and the PCT focussing on cycling and walking to work. There is also a scheme in place at the Council known as the Haringey guarantee which is a scheme for tackling worklessness through working with employers and local communities to provide work and skills for local people.

2. Although the programmes identified above are all positive, we have not found evidence of formal corporate responsibility policies in place at partner organisations. If policies were developed, this could assist in promoting corporate responsibility principles more widely and also minimising potential risk (financial and reputational) to organisations from not having clear policies and guidelines in place.

3. Financial implications of corporate responsibility - we have requested additional information in this area to further our understanding and are awaiting receipt of this.



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