WEST DUNBARTONSHIRE COUNCIL

Report by the Director of Community Health & Care Partnership

Community Health and Care Partnership Committee: 19th February 2014

Subject: Report of the Ministerial Task Force on Health Inequalities 2013

1. Purpose

1.1 The purpose of this report is to bring to the Committee's attention the recently published Report of the Ministerial Task Force on Health Inequalities 2013.

2. Recommendations

2.1 The CHCP Committee is asked to:

- note the content of this report; and
- re-affirm its commitment to sustained local action to address the determinants of health inequalities across West Dunbartonshire Community Planning Partners.

3. Background

3.1 Equally Well, the report of the Ministerial Task Force on Health Inequalities, was published in 2008. It was one of three linked social policy frameworks for tackling inequality, the other two being the Early Years Framework and Achieving our Potential (both launched later in 2008).

3.2 Equally Well identified four primary areas for action, i.e.:

- children's very early years;
- mental health and wellbeing;
- the harms associated with violence, drug and alcohol abuse; and
- the big killer diseases (heart disease and cancer), together with their risk factors such as smoking.

3.3 The Ministerial Task Force was reconvened in 2010 to review progress. The main conclusion of the 2010 review was the need for a greater focus on prevention and preventative spend and reinforcement of the general principle that poor health was not simply due to life style choices but that there were links to people's aspirations, sense of control and other cultural factors. This was described then as a 'sense of coherence', in which the external environment is perceived by individuals as comprehensible, meaningful and manageable. The 2010 review also re-emphasised that a more collaborative approach across different public services was required and that Community Planning Partnerships (CPPs) working effectively together would be key.

3.4 The Ministerial Task Force agreed to further reconvene in 2012 to assess progress, and have subsequently published the appended report in December 2013.

4. Main Issues

4.1 As Committee will recall from a related paper presented at its February 2013 (in relation to an Audit Scotland report), the persistence of health inequalities within Scotland has been described as a "wicked issue", i.e. a seemingly intractable problem that is highly resistant to resolution.

4.2 The Committee will recognise the key points of the appended Task Force Report from previous discussions, i.e.:

- Scotland's health is improving;
- Scotland's health is improving more slowly than other European countries;
- mortality rates have improved in deprived and affluent areas at broadly the same rate, leading to an increase in relative inequalities. In order to reduce health inequalities there needs to be a faster improvement in the most deprived;
- Scotland has not always been an unhealthy society compared to the rest of Europe;
- the origins of health inequalities are the inequalities in power, money and resources between deprived and affluent groups which impacts through complex interactions between social, economic, educational and environmental determinants of health;
- conventional approaches to the problem that involve attempts to modify the health related behaviours of poorer people have failed; and
- we must address wider inequalities in society, unless and until we do that health inequalities will persist.

4.3 The Report provides sober if predictable reading in relation to the consequences of health inequalities for Scotland; and although it contains no new insights, it does provide a useful stimulus for reflection amongst agencies and organisations. Rather than make new specific recommendations the Task Force has identified the following priority areas for action:

- support for Community Planning Partnerships (CPPs) and the community planning process;
- development of social capital;
- focus on 15-44 age group; and
- support the implementation of a Place Standard.

4.4 The Report broadly reinforces the existing commitment of both the CHCP Committee and West Dunbartonshire Community Planning Partners to a *determinants-based approach* to health inequalities, with the local-term goal being to have tackled population-level health inequalities by having collectively addressed its root causes – i.e. stimulating sustainable economic

growth and employment; promoting educational attainment and aspiration; and supporting community cohesion and self-confidence.

4.5 As a recent publication on Health Inequalities and Population Health (2012) from the National Institute for Health & Clinical Excellence (NICE) stated: "simply working to narrow the health gap ('raising the health of the poorest, fastest') and focusing on the health needs of a small proportion of the population may not be enough to achieve the biggest impact on local populations. Tackling the social gradient in health requires a combination of both universal (population-wide) and targeted interventions that reflect the level of disadvantage and hence, the level of need (*proportionate universalism*)". Neighbourhood-level asset-based initiatives that promote community cohesion are (hopefully) part of a solution – but only if they are energised within a strategic, long-term and determinants-based effort across community planning partners as has already been agreed within West Dunbartonshire. As such, it is important to not attach too high an expectation on such place-based initiatives to deliver substantial change - as this would amount to repeating the same "errors" that the Task Force Report also recognises in relation to the types of community development projects that the public sector and third sector have supported in Scotland over many decades.

4.6 An unfortunate limitation of the Task Force Report is that it does not materially address or accept the real consequences of re-directing resources (i.e. disinvesting) away from real people with existing/current needs in the hope that they might improve the position for other people in the future. While this might be the "right" thing to do, such decisions do have implications for individuals and communities with actual needs in the present and immediate future which should not be discounted. By the same token, the Report has a somewhat romanticised view of the transformative capacity of CPPs, assuming that strengthening local community planning arrangements will unlock financial resources to be used in "different" ways by partners. However, the Report expresses limited appreciation of the demands on individual CPP partners to meet current needs and deliver upon obligations in an extremely challenging financial environment, whether it be the public sector partners or the third sector partners (who are themselves heavily reliant on funding from different public bodies).

4.7 As the Committee will recall, the CHCP is committed to making a strong and realistic local contribution towards tackling (health) inequalities as detailed within the approved CHCP Strategic Plan. The well-regarded Marmot Review on Health Inequalities (2010) strongly sets out the evidence-based rationale for the contribution of *proportionate universalism* in creating fairer societies – and this is increasingly a key element for how local CHCP services are being developed. This understanding of proportionate universalism has informed how local services are being developed by the CHCP; and indeed will continue to be developed under the auspices of the shadow Health & Social Care Partnership (HSCP - as per the report approved by the CHCP Committee at its November 2013 meeting).

4.8 The CHCP has provided local leadership through working with partners to refine the local community planning approach towards improving health and tackling health inequalities in a disciplined manner that is both determinants-oriented in nature and streamlined in organisation. The Task Force Report recognises that the misguided tendency for many policy-makers and public health advocates to emphasise the "health" element of "health inequalities" all-too-often leads to structures and interventions that target lifestyle choices and individual behaviours change at the expense of focusing attention and energy on the more fundamental determinants of inequity. This re-affirms the decision of West Dunbartonshire Community Planning Partners not too distract their attention or dilute their resources/structure for health inequalities.

4.9 As members will recall, the CHCP Committee is the formal forum for overseeing and scrutinising the "health inequalities" (as well as the "older people") indicators within the local SOA on behalf of Community Planning Partners (all of which are included within the CHCP's suite of Key Performance Indicators within its Strategic Plan, and routinely reported on within the formal Performance Review Reports regularly scrutinised by Committee). The "upstream" action by Community Planning Partners to tackle the determinants of inequity are reflected in the work programmes of the three dedicated Delivery and Improvement Groups (DIGs) now established, i.e. Employability & Economic Growth; Children & Families; and Safe, Strong & Involved Communities (with the Older People's Change Fund Implementation Group effectively discharging the "DIG" function for the SOA priority on older people). The CHCP Director is a key member of the local CPP Management Group; and senior officers within the CHCP are actively engaged in shaping and contributing to different CPP workstreams and DIGs. The benefits of this are evidenced by the local Older People's Change Fund Plan from day one being taken forward as a joined-up community planning process; and the local integrated children's services plan being developed as a community planning vehicle to ensure the local Early Years Collaborative activities build on the more comprehensive approach to Getting It Right For Every Child (GIRFEC). Importantly, these community planning programmes of work reflect an emphasis on early intervention and prevention - and with action to address health inequalities seen as a joined-up part of those ambitious and challenging agendas, e.g.:

- the local Older People's Change Fund Plan investment to develop an innovative networked LinkUp scheme in partnership our local WD CVS to build on community capacity/social capital, including befriending services and support to carers; and
- the Early Years Collaborative micro-testing focus on smoking cessation, vulnerable pregnancies, dental health, 30 month health check compliance, and parental choice.

4.10 With respect to the scope for a HSCP (as the successor entity to the CHCP) to further strengthen the above, Committee will recall that the Policy Memorandum accompanying the Public Bodies (Joint Working)(Scotland) Bill 2013 explains that the premise underpinning integration of budgets is that the allocation and utilisation of resources should recognise the interdependencies

between health and social care services; and that the service imperative of integrating all aspects of care (from prevention through to specialist treatment) should be reflected in, and enabled by, integrated resource models. The eventual ability to look at overall expenditure, and to use budgets flexibly, should ensure that needs are met in the most appropriate and cost-effective way. This is very much in line with the aspirations of the recent national *Agreement on Joint Working on Community Planning and Resourcing*, which further underlines the importance of the shadow and then eventual final HSCP arrangements being appreciated as a manifestation of strategic community planning in practice (as is true for the existing CHCP).

4.11 As Committee will recall, the CHCP's formal submission to the Scottish Government's consultation on the new health and social care partnerships argued for these new partnerships having a lead role for health inequalities on behalf of and to provide leadership to local community planning partnerships (such as has been the case within West Dunbartonshire). It is surprising that the Task Force Report makes no mention of the potential leadership role for the new Health and Social Care Partnerships (HSCPs) within Community Planning Partnerships (particularly those whose remits are mature enough to include all children's community health and social care services). However, given the recent approval of shadow HSCP arrangements within West Dunbartonshire (as endorsed by the CHCP Committee at its November 2013 meeting), the publication of the Ministerial Task Force Report is well-timed in reinforcing the importance of what is a long-term and multi-faceted agenda.

5. People Implications

5.1 There are no specific personnel issues associated with this report.

6. Financial Implications

6.1 There are no specific financial implications associated with this report.

7. Risk Analysis

6.1 No risk assessment was necessary to accompany this report.

8. Equalities Impact Assessment (EIA)

8.1 No significant issues were identified in a screening for potential equality impact of this report.

9. Consultation

9.1 None required for this report.

10. Strategic Assessment

10.1 All of the priorities within the Council's Strategic Plan have a relationship with health inequalities, both within West Dunbartonshire; and between West Dunbartonshire and other areas of Scotland.

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Date: 19th February 2014

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Appendices: Report of the Ministerial Task Force on Health Inequalities 2013

Background Papers:

- CHCP Committee Report: Audit Scotland Report on Health Inequalities in Scotland (February 2013)
- CHCP Committee Report: Proposed Response to Scottish Government Consultation on Integrated Health and Adult Social Care Partnerships (August 2012)
- CHCP Committee Report: West Dunbartonshire Older People's Change Fund Plan (May 2013)
- CHCP Committee Report: West Dunbartonshire CPP Integrated Children's Services Plan 2013-15 (May 2013)
- CHCP Committee Report: Establishing a Shadow Health and Social Care Partnership for West Dunbartonshire (November 2013)
- West Dunbartonshire CHCP Strategic Plan 2013/14
- Marmot M (2010) Fair Society, Health Lives The Marmot Review: Strategic Review of Health Inequalities in England post-2010: www.ucl.ac.uk/marmotreview
- NICE (2012) Health Inequalities and Population Health: http://publications.nice.org.uk/health-inequalities-and-population-health-lgb4
- Scottish Government & COSLA: Agreement on Joint Working on Community Planning and Resourcing (2013) www.scotland.gov.uk/Resource/0043/00433714.pdf

Wards Affected: All