

WEST DUNBARTONSHIRE COUNCIL

Report by the Director of Community Health & Care Partnership

Community Health and Care Partnership Committee: 20th February 2012

Subject: Audit Scotland Report on Health Inequalities in Scotland

1. Purpose

- 1.1 The purpose of this report is to bring to the Committee's attention the recently published Audit Scotland Report on *Health Inequalities in Scotland*.

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 Audit Scotland have published a report of an audit that sought to assess how well public sectors organisations were working together to tackle health inequalities.
- 3.2 West Dunbartonshire CHCP staff contributed evidence to the audit through 2012 on behalf of the local Community Planning Partnership.

4. Main Issues

- 4.1 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. Any official report into the issue of health inequalities – and that acknowledges clearly that "*tackling health inequalities is challenging*" – is to be welcomed.
- 4.2 The report helpfully re-states a variety of well-established facts, notably that:
- "*There have been long-term increases in average life expectancy in Scotland and considerable improvements in overall health*".
 - "*However, there are still significant differences in life expectancy and health depending on deprivation, age, gender, where people live and ethnic group*".
 - "*Health inequalities are influenced by a wide range of factors including access to education, employment and good housing; equitable access to healthcare; individual's circumstances and behaviours such as their diet and how much they drink, smoke or exercise; and income levels.*"

- 4.3** The report provides sober reading in relation to the consequences of health inequalities for Scotland, and provides a useful stimulus for reflection amongst agencies and organisations, particularly within the context of Community Planning Partnerships. This is timely given the recent guidance from Scottish Government and COSLA on how to develop the next round of Community Planning Partnership Single Outcome Agreements (SOA), as “health inequalities and physical activity” has been specified as one of the six priority areas for local action.
- 4.4** The primary determinants of health are now recognised as economic, social and environmental – and that health inequality is a product of and a contributor to a host of inter-related and inter-dependent issues/factors. The challenge then is about how “we” tackle inequalities across society as a whole, the effects of which can negatively affect health status amongst many other things. This position has been strongly reinforced by the World Health Organisation’s Commission on Social Determinants of Health. When health equity is the goal, the priority of a determinants-oriented strategy is to reduce inequalities in the major influences on people’s health.
- 4.5** Unfortunately Audit Scotland have fundamentally limited the value and usefulness of the report through their decision not to undertake any detailed consideration of the impact of wider policies (e.g. education, employment and housing) on reducing health inequalities. The rationale given for this was “the scale and complexity of the problem”, which is problematic given that any thoughtful consideration of this important issue reasonably requires an appreciation and exploration of the wider determinants of both health and health inequalities (as above).
- 4.6** The report has also significantly limited its authorativeness by not having appeared to consider the evidence-base and critical reviews of the issues from outwith Scotland, such as the range of well-regarded publications produced by the National Institute for Health & Clinical Effectiveness (NICE). This may go some way to explaining why the audit has fallen into the trap of narrowly focusing on health care interventions and expenditure (which are admittedly more convenient from a financial accounting perspective). Unfortunately by doing this, the report actually distracts attention from the reality that tackling the determinants of health inequalities must be more properly about tackling the unequal distribution of health determinants.
- 4.7** As Scotland’s Chief Medical Officer stated in his recent evidence to the Scottish Parliament’s Public Audit Committee (December 2012) following the publication of the Audit Scotland Report:

“I, too, welcome anything that shines more light on health inequalities. For me, health inequalities are the biggest issue facing Scotland. They are not only a problem but a manifestation of the social inequalities, social complexity and social disintegration that drive criminality, poor educational attainment and a whole range of things that we would want to be different in Scotland. The more attention that is paid to those drivers, the better. The unfortunate thing about the report is that if it had come out 20-odd years ago, it would have

been really helpful. It does not pay much attention to the complex science that we now understand underlies the problem of health inequalities.”

- 4.8** In fairness to Audit Scotland, from a technical standpoint the economic appraisal of interventions to tackle health inequalities – especially across organisations - is intrinsically difficult. However emphasising prevention strategies solely targeted at ‘high risk’ groups (as crudely advocated through the report) fail to acknowledge the distribution of disease within populations, and the disproportionately positive (health) impact that universal/whole-population action can have on more disadvantaged groups.
- 4.9** As the Committee will recall, the CHCP is committed to making a strong 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 use of “*proportionate universalism*” to create a fairer societies – and this is increasingly a key element for how local CHCP services are being developed.
- 4.10** The CHCP has worked with partners to refine the local community planning approach towards improving health and tackling health inequalities In a manner that is determinants-oriented in nature. As Committee will recall, the current West Dunbartonshire SOA has prioritised economic regeneration, education (particularly within, but not exclusive to, early years) and community safety. These three priorities are framed within the three key policy frameworks of *Achieving our Potential*; *Early Years Framework*; and *Equally Well* – and all of which are underpinned by the principles of early intervention and prevention. Specifying that “health and wellbeing” has had to be an explicit element within the community planning programmes that deliver these priorities reflects a progressive approach to addressing health inequalities in a streamlined and integrated manner (and one that can be further strengthened as the local SOA is refreshed in response to the new guidance as per 4.3) .
- 4.11** Locally, the CHCP has also invested considerable energy in de-cluttering the partnership landscape (as has been separately recommended by Audit Scotland). Fundamental to this has been confirming the role and mandate of the CHCP as the joint vehicle for the planning, allocation and management of WDC and NHS GGC health and social care resources (both strategically and operationally). As encouraged and endorsed by the Committee, the CHCP has been developed as a clear manifestation of community planning in practice; and the commitment of its corporate “parents” (i.e. WDC and NHS GGC) to the principles of community planning. A good example of how the CHCP has expressed such visible and joined-up leadership across Community Planning Partners can be best exemplified by the well regarded work undertaken in relation to alcohol licensing by the Alcohol & Drug Partnership (which has recently been awarded with a COSLA Excellence Bronze Award).
- 4.12** 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 now been established within West Dunbartonshire). So the Audit Scotland report is well-timed in reinforcing the importance of this 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. However, it is important that the CHCP is able to continue to evidence that it retains a focus on the issues set out within the Report (as recognised within the Mid-Year Organisational Performance Review feedback separately reported to Committee at this meeting); and that the CHCP Committee – and indeed other local Community Planning Partners - clearly and publicly articulates its collective support for the lead provided by the CHCP on this issue.

8. Equalities Impact Assessment (EIA)

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

9. Consultation

8.1 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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Appendices: Audit Scotland Report on Health Inequalities in Scotland

Background Papers: West Dunbartonshire CHCP Strategic Plan 2012/13

Marmot M (2010) Fair Society, Health Lives The Marmot
Review: Strategic Review of Health Inequalities in
England post-2010: www.ucl.ac.uk/marmotreview

Wards Affected: All