Performance Detailed Report

January 2008

audit commission

Health Inequalities

Southampton City Council and Southampton City Primary Care Trust

Audit 2007/08

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Introduction

1 Over the last year policy from Government (*Our Health, Our Care, Our Say* and *Strong and Prosperous Communities)* has directed local authorities and health bodies to work together to improve health and reduce health inequalities. This approach builds on previous publications such as the Acheson and Wanless reports which demonstrated the importance of prevention in reducing the need for later, costly, interventions, as well as the cost of health inequalities.

2 The NHS operating framework for 2007/08 requires Primary Care Trusts (PCTs), providers and local government to work together in partnership for the benefit of tax payers and patients. The draft national guidance on health commissioning, *Framework for commissioning for health and well being*, emphasises the importance of keeping people healthy and independent, and working in partnership to achieve this. For 2007/08, PCTs are required to focus on the interventions that evidence shows can have the biggest impact on reducing health inequalities.

3 Whilst some action is being taken nationally, the main contribution is made locally. Local authorities and PCTs know that they must act together if they are to address this issue and use their resources effectively. In many areas, joint plans to address health inequalities form part of the Local Area Agreement (LAA). The introduction of local data on mortality rates for all age groups provides the incentive for effective partnership working to deliver the life expectancy aspects of the health inequalities targets. It will also give flexibility for organisations to focus on the interventions that are most important to their local population, including those most at risk of disadvantage and discrimination.

Background

4 Deprivation is dispersed throughout the population with concentration in specific wards which also have the greatest level of health inequalities. Poverty levels in Southampton are higher than the England average with 10,900 children living in low-income households and 30,000 people dependent on means tested benefits. Life expectancy is increasing but there are significant differences between income groups.

5 A Joint Strategic Needs Assessment is being prepared by the PCT and Council. It will identify key health inequality issues and bring them to the forefront of health planning and commissioning.

6 The PCT and Council are developing the healthy lifestyles agenda through initiatives such as smoking cessation, an alcohol strategy and sexual health. The Council and PCT have close working in a number of areas organised through a jointly owned Health and Well-being Strategy with some formal Memoranda of Understanding and pooled budgets.

Audit approach

7 This health inequalities review was an overview of the arrangements in Southampton assessed against the following themes and key questions.

No	Theme	Key question
1	Delivering strategic and operational objectives	Do strategies to address health inequalities exist and are they effective?
2	Delivering in partnership	Do partnerships charged with addressing health inequalities function effectively?
3	Using information and intelligence to drive decisions	Does the available data and intelligence support organisational and shared strategic and operational decision making to address health inequalities?
4	Securing engagement from the workforce	Are the workforce arrangements adequate to address the skills and competencies needed to address health inequalities?
5	Performance management	Are activities which address health inequalities monitored and evaluated as part of a performance management system?
6	Corporate responsibility	Are corporate responsibility principles adequately reflected throughout organisational strategies?

8 In addition to document reviews, we completed a number of interviews across the PCT and Council. The findings will inform our Auditors' Local Evaluation (ALE) of the PCT and our Direction of Travel assessment of the Council in a number of areas including:

- data quality;
- financial planning;
- meeting the health needs of the local population;
- partnership working; and
- improving outcomes on health inequalities.

9 This review has been undertaken in all areas within the South Central Strategic Health Authority (SHA). The key themes will be summarised and shared with the SHA, probably at the Directors of Public Health meeting.

Main conclusions

10 Partners in Southampton are working well together on the health inequalities agenda and have secured some positive arrangements to develop and monitor strategies to address health inequalities. However, progress in reducing the health inequalities gap in the city is mixed between wards and across workstreams.

11 There are effective strategies to support the strategic and operational objectives. All priorities have clear and accountable delivery mechanisms. The Health and Well-being Strategy sits within the LAA. Below this there are specific workstreams to address various issues of health inequalities such as teenage pregnancy. Not all commissioning plans - particularly Practice Based Commissioning Plans - reflect plans to address health inequalities. The impact of this is that services may not be targeted through the agencies best able to address health inequalities.

12 There are effective partnership arrangements in place within the city to address health inequalities. All partners, including Southampton University Hospitals NHS Trust, are involved in plans to address health inequalities. There is positive support from councillors and PCT non executive directors.

13 There is effective use of information to drive decisions within the workstreams. However, the systems to capture this at the LAA level are still being developed. In plans to reduce health inequalities, partners are finding it hard to show how one input leads to an outcome as there are lots of co-dependencies which need to be considered and addressed in analysing the impact of any initiative.

14 Council and health staff are engaged in developing health inequalities strategies and implementing action plans. Where possible staff resources are targeted to specific areas to address issues and improve outcomes.

15 Performance management arrangements relating to health inequalities are still being developed. There are good performance management arrangements to report on the LAA and individual workstreams, but these cannot easily be pulled together to assess progress on health inequalities. Individual partnerships are trying to get systems across the Council and PCT to be compatible. Additionally the PCT and Council need to reflect these targets within their performance plans.

16 Corporate responsibility is not specifically noted in strategies to address health inequalities although it is implicitly considered.

17 We have made recommendations for improvement. The resultant action plan has been agreed with the Council and PCT to ensure that the health inequalities agenda can be progressed in Southampton.

Way forward

18 Following discussion and agreement on the key issues facing Southampton at our feedback meeting in November, we will consider the risks relating to health inequalities when developing our 2008/09 Audit Plans. The 2008/09 Audit Plan could consider a review of the effectiveness of a sample themed partnership within the LSP and LAA to deliver improvements which reduce health inequalities across the city (ie close the gap).

19 The findings from this review will be used to inform our 2007/08 ALE assessment for the PCT and the 2007/08 Direction of Travel assessment for the Council.

20 The recommendations in the action plans at Appendices 1 and 2 are identical but are presented in health and local government formats. The different formats are required by the Audit Commission to share findings and recommendations of reviews with other inspectorates.

21 Following agreement of the final report it will be presented to the:

- Council's Audit Committee in January 2008;
- Public Health Scrutiny Panel in February 2008; and
- PCT's Audit Committee in February 2008.

Detailed report

Delivering strategic and operational objectives

22 Effective strategies and plans to address health inequalities are in place through the LAA and the Priority Neighbourhoods work. The over-arching strategy is the Health & Well-being Strategy which is clearly based on identified health needs and supported by other strategies and work plans which are targeted at specific neighbourhoods. Strategies and plans to address health inequalities are being targeted into specific areas and populations but this is not clearly reflected in PCT commissioning plans - particularly for GPs and Practice Based Commissioning (PBC) - with the impact that services may not be targeted through the agencies best able to address health inequalities.

23 There is effective leadership of the strategies and plans relating to health inequalities. Officers and councillors are engaged in the process with leadership and accountability being clearly defined. Specific workstreams, such as smoking cessation, are monitored at all levels and progress is reported through to the partnership boards and the LAA Delivery Board.

24 There are clear accountability and delivery mechanisms for strategic priorities. However, progress in reducing the health inequalities gap across the city is mixed and acknowledged by the partners. There are no clear links from the strategies to the underlying plans. Individual plans, such as smoking cessation, are aligned to resources, public health data and service planning but it is unclear how the strategic priorities on the health inequalities agenda drive resource allocation.

Recommendation	
R1	*To determine the key priorities within the health inequalities agenda and, as part of future commissioning plans, acknowledge the co-dependencies which impact upon the effectiveness of underlying plans in narrowing the gap in health inequalities.*

Delivering in partnership

25 There is effective partnership working in the delivery of the health inequalities agenda which is encompassed in the Health and Well-being Strategy. There is good engagement from all partners, including Southampton University Hospitals NHS Trust and the voluntary sector, who are involved in the partnership boards. In addition the Public Health Scrutiny Panel constructively challenges progress in addressing health inequalities. There are also well established links outside of the LAA for senior officers and chairs. However, there is limited PCT commissioning team involvement in partnerships with the main involvement being through the provider arm. The PCT and Council expect that the Joint Strategic Needs Assessment will help improve this by formalising the need for increased joint working. There is some concern that GPs are not fully engaging in partnership working; the PCT is seeking to address this through PBC to ensure that services commissioned address health prevention and inequalities.

Recommendation
R2 To better direct resources to address health inequalities, increase the involvement of social care and health commissioners, including GP, in partnership working.

Using information and intelligence to drive decisions

26 There is effective use of information to drive decisions. The comprehensive health needs assessment, which will be replaced by the Joint Strategic Needs Assessment in 2008/09, contains details of inequity and considers the issues of diverse communities. It is shared with commissioners in the PCT and Council and used to inform initiatives to address health inequalities. The Joint Strategic Needs Assessment is being completed in advance of national requirements to inform the 2008/09 planning process and, where practical, will be used to implement change during the year. There is effective and efficient use of data analyst skills and capacity in identifying health inequality issues.

27 The Council is developing processes to collect and use data to inform the LAA and overarching health inequalities agenda. A significant amount of data exists within the individual partners, which is fed into work streams to inform decision making. Consideration of what information is needed to inform the measurement of strategic targets is ongoing. The partners are improving the collection and sharing of data, for example for reporting on LAA targets.

28 The PCT and Council have difficulty in directly linking inputs to outcomes. The health inequalities agenda has lots of co-dependencies which influence outcomes. As mentioned above consideration of these need to be reflected in strategies.

Securing engagement from the workforce

29 Multi-agency and multi-disciplinary teams address health inequalities as part of their role. Where necessary additional training is given to ensure that they have the required skills to cover all aspects of health prevention and inequality. Staff resources are targeted at specific areas of the city to help address the inequalities. The public health team is seeking to share knowledge across organisations to ensure that inequalities issues can be addressed.

30 Councillors and PCT non-executive directors are effectively involved in identifying health inequalities. The Chair of the PCT Trust Board and the Cabinet Member for Adult Social Care and Health co-chair the Health and Social Well-being Partnership Board and are therefore aware of the issues and often challenge initiatives.

Performance management

31 Performance management is developing in relation to the LAA and partners. The Council has a new performance management system which enables the LAA partners to directly report performance against LAA targets. The partnerships are also trying to get systems across the Council and PCT to be compatible. They are looking at what information the partners have got and need. There are acknowledged problems relating to timelags and small numbers in the data sets which cause sensitivity of data.

32 The Council's Plan and the PCT's Performance Report do not specifically reflect the LAA targets. Partnership boards rely on the individual workstreams to set clear SMART targets for which outcomes are measurable and then monitor performance and feedback. Workstreams are reporting progress on their plans back into the relevant organisation at the relevant level.

Recommendation
R3 To inform the health inequalities agenda, continue to develop performance management arrangements within the Council and PCT.

Corporate responsibility

33 Corporate responsibility is not specifically noted in strategies relating to health inequalities. However, the partners have adopted a corporate responsibility approach in most strategies and documents such as the Public Health Annual Report, although this may not be explicit. They are aware of the interrelationships of actions and some schemes specifically seek to address other inequality issues such as housing and employment which will lead to improved health. Additionally the PCT and Council are aware of their responsibilities as employers, for example the need to stop smoking in all Council buildings, which will lead to improved health.

Appendix 1 – Action plan – Local Government

The recommendations in the action plans at Appendices 1 and 2 are identical but are presented in health and local government formats. The different formats are required by the Audit Commission to share findings and recommendations of reviews with other inspectorates.

Page no.	Recommendation	Priority	Responsibility	Agreed	Comments	Date
8	R1 To determine the key priorities within the health inequalities agenda and, as part of future commissioning plans, acknowledge the co-dependencies which impact upon the effectiveness of underlying plans in narrowing the gap in health inequalities.	Medium	John Beer, Executive Director of Communities, Health and Care; Andrew Mortimore, Public Health Director; Chris Hawker, Head of Strategic Development	Yes	The Council is engaging in a Healthy Communities 'Peer Review' being conducted by IDeA in February in order to establish how it can draw on best practice ideas in this area. The outcomes from this, alongside the challenges identified in the Joint Strategic Needs Assessment, will feed into the joint commissioning priorities and the Local Area Agreement.	By June 2008
9	R2 To better direct resources to address health inequalities, increase the involvement of social care and health commissioners, including GP, in partnership working.	High	John Beer, Executive Director of Communities, Health and Care; Andrew Mortimore, Public Health Director; David Paynton, Managing Director, Commercial Services; Chris Hawker, Head of Strategic Development	Yes	The Joint Commissioning Plans being developed by the PCT and the City Council need to include the wider contribution from across the Council. These will also need to be shared with the PCT's Professional Executive Committee which includes representatives from the three area based GP teams. A strategy will be identified to include Practice based Commissioning in the overall process.	By May 2008
10	R3 To inform the health inequalities agenda, continue to develop performance management arrangements within the Council and PCT.	Medium	Dave Shields, Health & Wellbeing Strategy Manager; Jenny Jung, Information Manager	Yes	The LAA and Joint Commissioning Process will include the development of an associated Joint Performance Programme which will be refined and shaped to demonstrate progress on health inequalities.	June 2008

Appendix 2 – Action plan – Health

The recommendations in the action plans at Appendices 1 and 2 are identical but are presented in health and local government formats. The different formats are required by the Audit Commission to share findings and recommendations of reviews with other inspectorates.

Page no.	Recommendation	Priority	Link to evidence	Link to relevant standards	Positive outcome expected (savings, reduced risks, better value for money)	Consequences of failing to implement recommendation	Cost of recommendation (where significant)	Date reported to the Board	Officer responsible	Implement by when
8	R1 To determine the key priorities within the health inequalities agenda and, as part of future commissioning plans, acknowledge the co-dependencies which impact upon the effectiveness of underlying plans in narrowing the gap in health inequalities.	Medium	Whilst strategies to reduce health inequalities exist the co-dependencies across service areas are not clearly linked.	ALE 5.1: The organisation has put in place proper arrangements for securing strategic and operational objectives.	Clear acknowledge-ment of co-dependencies	Lack of clarity.	Not significant.	February 2008	John Beer, Executive Director of Communities, Health and Care; Andrew Mortimore, Public Health Director; Chris Hawker, Head of Strategic Development	By June 2008

Page no.	Recommendation	Priority	Link to evidence	Link to relevant standards	Positive outcome expected (savings, reduced risks, better value for money)	Consequences of failing to implement recommendation	Cost of recommendation (where significant)	Date reported to the Board	Officer responsible	Implement by when
9	R2 To better direct resources to address health inequalities, increase the involvement of social care and health commissioners, including GP, in partnership working.	High	Whilst there is good engagement from all partners involved in the Health and Well-being Strategy some key partners are not yet fully involved.	ALE 5.4: The organisation has established arrangements for managing its financial and other resources which demonstrate value for money is being managed and achieved.	Better targeting of resources through PBC etc.	Resources not targeted.	Not significant.	February 2008	John Beer, Executive Director of Communities, Health and Care; Andrew Mortimore, Public Health Director; David Paynton, Managing Director, Commercial Services; Chris Hawker, Head of Strategic Development	By May 2008

Page no.	Recommendation	Priority	Link to evidence	Link to relevant standards	Positive outcome expected (savings, reduced risks, better value for money)	Consequences of failing to implement recommendation	Cost of recommendation (where significant)	Date reported to the Board	Officer responsible	Implement by when
10	R3 To inform the health inequalities agenda, continue to develop performance management arrangements within the Council and PCT.	Medium	Performance management arrangements in the Council and PCT are still developing.	ALE 5.3: The organisation has put in place proper arrangements for monitoring and reviewing performance, including arrangements to ensure data quality.	Efficient performance management arrangements with no duplication of data across systems.	Extra time spent gathering and manipulating data.	Not significant.	February 2008	Dave Shields, Health & Wellbeing Strategy Manager; Jenny Jung, Information Manager	June 2008