KPMG

Infrastructure and Government

Leeds City Council & Leeds PCT

Tackling Health Inequalities – final report

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AUDIT

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Contents

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Section one
Introduction

Context and background to this review

Health and well-being is a key national focus for improvement. The promotion of healthier communities has an effect on the well-being and prosperity of the population and investment is likely to yield significant long-term benefit. Addressing such a large issue is not the preserve of any organisational sector alone, but must be addressed through co-operation and shared vision across sectors recognising the key role of the voluntary, charity and faith groups.

Tackling health inequalities is a high priority for the statutory organisations across Leeds. Although the overall health of the city has improved in recent years and compares favourably to other core cities in England, within Leeds, there are significant differences in mortality and morbidity between the poorest and richest parts of the city. The need to reduce these health inequalities is set out as a priority within the Leeds Strategic Plan and the NHS Leeds Strategy.

As a consequence of these risks, we included this joint review of health inequalities within our 2008/09 audit plans for Leeds City Council (LCC) and Leeds PCT (the PCT).

Our overall objective for this review has been to consider the effectiveness of the approach to addressing health inequalities within Leeds to reduce the gap in mortality and morbidity and meet the Local Area Agreement (LAA) targets and World Class Commissioning (WCC) outcomes. This has been achieved by a high level assessment of the strategic development, partnership and commissioning arrangements for the health inequalities agenda as a whole, and how effectively this has been integrated into the mainstream business of the organisations. We have also focused in more detail on two tracer areas and considered the progress that has been made in turning the strategy into action. The tracer areas agreed for the audit were:

- Cardiovascular Disease (CVD); and
- Infant Mortality.

The full scope of our work is set out in the terms of reference for this review, included in Appendix D to the full report.

Purpose of this report

The purpose of this report is to set out the key findings from our review of health inequalities. Our key messages are included within the Executive Summary and both organisations have signed up to an action plan in order to address the strategic issues that we have raised. We have agreed the content of the report with our key contacts and subsequently a wider group of Executive leads within the two statutory bodies. The detailed findings upon which they are based set out within Appendix A to the full report.

Following agreement of the key strategic issues, we have also held:

- A workshop with a wider group of staff focused on the Cardio Vascular Disease tracer and the issues identified. This discussions highlighted the key actions to be taken which will feed into the work of the Health Inequalities programme plan. The issues presented and the output of our discussions are included within Appendix B of the full report.

- A discussion with key players from both organisations regarding the issues identified for Infant Mortality and how these fit with the recent work undertaken by the National Support Team and the action plans being developed from this work. The issues presented and the output from our discussions are included within Appendix C to the full report.

Executive summary

Key message

Leeds City Council and the PCT have well established partnership working arrangements and these have been used effectively to develop a good strategic foundation, in the form of the Leeds Strategic Plan and the NHS Leeds Strategy, from which to tackle the health inequalities agenda. Both these documents highlight health inequalities as a high priority agenda for each organisation. The recent World Class Commissioning process has enabled the PCT to continue to develop its strategic focus in this area, facilitating increasing ownership of the agenda across the organisation. Both bodies recognise that the challenge going forward is putting in place an implementation framework to deliver the strategies in an effective and co-ordinated fashion, and one which ensures delivery of visible outcomes.

A number of ad-hoc initiatives have been developed by both organisations which will help to address some aspects of the health inequalities agenda. To date, the PCT has become increasingly focused on specific issues at a neighbourhood level, whilst the City Council has in general continued to take a much broader approach covering a wider geographical area. The implementation of the Infant Mortality Action Plan shows good practice with two 'demonstration sites' established in two localities although more work is required to set out how the lessons learnt here will be spread across all of the worst 10% SOA areas. To be most effective and deliver outcomes, the PCT and City Council need to ensure that there is a jointly agreed implementation mechanism, effective co-ordination within and across the two organisations, supported by a robust and co-ordinated performance management framework which ensures accountability and ownership of the agreed outcomes.

At a strategic level, the city has identified inequalities as a key theme for action and is a clear priority for the leadership of both Leeds City Council and PCT. We found that the partnership arrangements in Leeds are as strong if not stronger than those seen in other areas where we have reviewed health inequalities. The partnership structures are well established, have been in place for some time and incorporate inequalities issues generally and the health inequalities agenda in particular as a key theme for the structure and work programme. These structures and well established working relationships have provided the strategic foundation and facilitated the development of the Leeds Strategic Plan and NHS Leeds Strategy.

We found a number of examples of good practice and joint working throughout our review. A flavour of this work includes the progress on Infant Mortality including the development of a Task Group and Action Plan, awareness raising through presentations to key groups including the LCC Corporate Leadership Team, close working between the LCC Child Poverty lead and the PCT lead on Infant Mortality, and the establishment of the two demonstration sites described above. We also found a clear desire from this team to learn from best practice demonstrated by the invitation to the National Support Team to review their work. Work is less well advanced within the Cardio Vascular Disease agenda but there is a clear recognition and impetus from both organisations to develop the clear pathways between the work that the PCT is doing in primary care and the links to LCC services in relation to physical activity, weight management and the alcohol strategy.

In order to maintain your success to date, your focus going forward should be on:

- Agreeing an implementation mechanism to take forward the health inequalities agenda. This should be focused at a locality level, bringing together all the agencies and professionals working within that locality as well as community groups and the public to develop their ownership of the issues and gain their input into the solutions.
- Development of joint commissioning and contracting processes, which will deliver the outcomes outlined in the strategic plans. This should be supported by the Joint Strategic Commissioning Board (JSCB), enabling solutions to be jointly procured which address agreed health inequalities priorities.
- The outcomes of the Joint Strategic Needs Assessment (JSNA) should continue to inform the approach taken by both organisations to implement the Health Inequalities agenda. This should focus attention on the localities within the worst 10% SOAs and will inform the programme plan that the PCT is developing.
- Ensuring that the PCT's programme management approach to tackling health inequalities is not undertaken in isolation but is fully joined up and incorporates projects that cross organisational boundaries.
- Raising awareness of health inequalities activities with Leeds City Council so as to engage staff across the directorates. In particular, develop awareness of the breadth of the health inequalities agenda and the influence that policies and actions elsewhere within the Council can have on health inequalities.
- Co-ordinate and strengthen the performance management arrangements for the agenda to remove duplication and potential inconsistencies.

Our key conclusions are based upon our detailed findings which are set out in Appendix A of the full report.

Section three
Recommendations

Flowing from our key messages, we have set out below the recommendations that both organisations should address jointly in order to take forward the issues raised and to translate the good work produced to date into the crucial implementation phase of this agenda.

- At a strategic level, agree the parameters by which these localities can function and the tools that they need to deliver outcomes including joint commissioning and procurement arrangements and the use of financial flexibilities to empower these locality teams to deliver outcomes.
- Develop an implementation mechanism to take forward the agenda. This should include:
    - agreeing the locality map for the city;
    - determining how these mechanisms and localities will link to the work of the Area Management Teams and Area Committees;
    - agreeing the agencies, professionals, community groups to be involved in each locality;
    - agreeing the work programmes and investment mechanisms for these localities supported by the outcomes of the JSNA;
    - identifying the corporate support necessary to empower delivery at the locality level;
    - determining how locality working can draw on the expertise of the disease / inequality specific specialists within both organisations for example Infant Mortality;
    - determining the approach to community engagement at a locality level and identifying how the expertise of the community engagement or Patient and Public Involvement teams can be utilised to support this process.
- The PCT should continue to develop its programme management approach to the health inequalities workstream ensuring that this approach is fully joined up with the local authority and incorporates those projects which cross organisational boundaries. The programme plan needs to support the implementation mechanisms described above and be based upon the outputs of the JSNA. The process needs to be driven by a programme manager who can work across both organisations.
- Leeds City Council should undertake further work to raise awareness of the health inequalities agenda at an implementation level, emphasising the breadth of the agenda and the positive influence that many Directorates and teams can have on the issues if they engage in the agenda.
- The PCT and Leeds City Council should work together to co-ordinate and strengthen their approaches to performance management, developing a single framework to work within which eliminates duplication and potential inconsistencies and ensures a common language and data set supports decision-making.

The recommendations above address the key strategic issues currently facing LCC and the PCT. Within the detailed findings document, we raise further challenges for management at a more operational level. These should also be considered by both organisations as the implementation mechanisms described above are taken forward and the programme management plan takes shape.

Action plan

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
Strategic parameters and tools to support local delivery Agree the parameters by which locality teams can function and the tools that they need to empower them to deliver outcomes including: • joint commissioning; • joint procurement; and • use of financial flexibilities.	High	Discussion with staff Review of documentation	C7(a) & (d) – principles of sound corporate governance and value for money.	An effective approach to delivering both organisations' strategies and achieving the required targets and outcomes for the LAA and WCC.	Inability to deliver strategic aims, meet LAA and WCC targets and improved outcomes within worst 10% SOAs.	None	LCC 22/07/09 PCT 01/06/09	Carol Cochrane Dennis Holmes/ John England	July 09
Implementation mechanism Develop an implementation mechanism to take forward the agenda focused on the locality level, the links to existing forums such as the Area Management Teams and the corporate support necessary to empower delivery at the locality level.	High	Discussion with staff Review of documentation	C7(a) & (d) – principles of sound corporate governance and value for money.	An effective approach to delivering both organisations' strategies and achieving the required targets and outcomes for the LAA and WCC.	Inability to deliver strategic aims, meet LAA and WCC targets and improved outcomes within worst 10% SOAs.	None	LCC 22/07/09 PCT 01/06/09	John England Christine Farrar/ Janette Munton	October 09
Programme management approach Ensure that the programme management approach being developed by the PCT is fully joined up with the local authority, incorporates those projects which cross organisational boundaries and is owned by staff from both organisations.	High	Discussion with staff Review of documentation	C7(a) & (d) – principles of sound corporate governance and value for money.	Joined up approach to implementing the agenda, facilitating joint working and development of staff engagement from both organisations.	Two organisations working in isolation will not be able to effectively deliver their strategic aims, meet LAA and WCC targets and achieve improved outcomes.	None	LCC 22/07/09 PCT 01/06/09	Brenda Fullard John England	July 09
Raising staff awareness Leeds City Council should undertake further work to raise awareness of the health inequalities agenda amongst managers and at an operational level emphasising: • the breadth of the agenda; • the positive impact that their Directorate and team can have on the issues; and • the benefits of staff thinking about their work with the public in a more holistic manner.	Medium	Discussion with staff Review of documentation	C7(a) & (d) – principles of sound corporate governance and value for money.	Improved engagement of LCC managers and operational staff in the health inequalities agenda and enhanced joint working.	Without joint working and engagement throughout LCC, both organisations will find it difficult to deliver their strategic aims, improved outcomes and LAA and WCC targets.	None	LCC 22/07/09 PCT 01/06/09	Sandie Keene/ John England	Autumn 09 (awaiting further feedback)

Action plan (continued)

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
Performance management Develop a single performance management framework for the health inequalities agenda across both organisations. This should eliminate duplication and potential inconsistencies and ensure a common language and data set supports decision making.	High	Discussion with staff Review of documentation	C7(a) & (d) – principles of sound corporate governance and value for money.	Effective performance management arrangements will support decision making.	Duplication of effort and potential inconsistencies in the way each organisation monitors performance and determines priorities and actions.	None	LCC 22/07/09 PCT 01/06/09	Sandie Keene/ John England / Steve Clough Anna Frearson/ Nichola Stephens	Quarter 2 2009/10
Tracer: Cardio Vascular Disease Gain agreement that the Health Inequalities Programme Board is the appropriate forum to drive forward the CVD agenda. Incorporate the issues raised from our work into the programme plan and relevant project plans including: • developing locality working for CVD and links to the AMTs; •developing more effective joint working between the PCT and LCC staff; • improving the quality and timeliness of information and the more effective sharing of information across organisations; • challenging the LCC business model for some areas as well as developing more joined up services; and • developing a co-ordinated community engagement process.	Medium	Discussion with staff Review of documentation	C7(a) & (d) – principles of sound corporate governance and value for money.	Establishing an effective mechanism to address the CVD agenda across both organisations.	Lack of structured forum to co-ordinate and deliver the CVD agenda will result in both organisations struggling to achieve the relevant strategic aims, LAA and WCC targets and improved outcomes.	None	LCC 22/07/09 PCT 01/06/09	Ian Cameron/ Brenda Fullard John England	July / August 09
Tracer: Infant Mortality Implement the agreed action plan resulting from the NST visit and report.	Medium	Discussion with staff Review of documentation	C7(a) & (d) – principles of sound corporate governance and value for money.	Establishing an effective mechanism to address the Infant Mortality agenda across both organisations.	Lack of structured forum to co-ordinate and deliver the Infant Mortality agenda will result in both organisations struggling to achieve the relevant strategic aims, LAA and WCC targets and improved outcomes.	None	PCT 01/06/09	Sharon Yellin Sarah Sinclair	July 09