



Report of the Director of Adult Social Services

Corporate Governance and Audit Committee

Date: 29th July 2009

Subject: KPMG Health Inequalities Report

Electoral Wards Affected:

All



Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

1.0 Purpose Of This Report

- 1.1 KPMG, the appointed auditors for the City Council and NHS Leeds, have included a review of health inequalities within their 2008/9 audits of the two organisations.
- 1.2 The audit was carried out from December 2008; an initial feedback report was made available in March 2009 for consultation and the final report, which has been discussed at senior level in both organizations which contains recommendations and an action plan, was finalized in May 2009.
- 1.3 The audit identified significant areas of good practice and joint working; it also highlights areas for development some of which are specific to the City Council. In particular it recommends that the Council should undertake further work to raise awareness of the health inequalities agenda amongst managers and at operational level.
- 1.4 Members are requested to consider the audit report and the response to the recommendations contained within the report, and consider what further action the Council should take to raise awareness of health inequalities across the city.

2.0 Introduction

- 2.1 Recognition of the national importance of this area of action had already led to joint audits by KPMG in other local authority areas and they considered that Leeds faced particular challenges.
- 2.2 Although life expectancy for all groups in Leeds has been rising, the gap between the ward with the highest life expectancy (Adel and Wharfedale) and the lowest (City and Hunslet) has remained fairly consistently at around 10 years (Leeds Joint Strategic Needs Analysis). The Leeds Strategic Plan has the reduction of inequalities in mortality rates as its prime health improvement priority.

- 2.3 The audit was carried out through assessment of written materials, interviews with elected Members, NHS Leeds Board members, senior manager and other key specialists, and two workshops on cardiovascular disease and infant mortality.
- 2.4 An outline Action Plan has been agreed in relation to the recommendations. Some actions were already in train. Next year's audit will comment on progress.
- 2.5 The Audit Report and actions in relation to the recommendations will be included in the Comprehensive Area Assessment.
- 2.6 This report focuses on the recommendations.

3.0 Content of the Audit

3.1 The Audit considered

- Delivering strategic and operational objectives;
- Securing engagement from the workforce;
- Delivering in partnership;
- Performance management
- Using information and intelligence to drive commissioning decisions
- Corporate responsibility.

3.2 The detailed findings are attached as appendix 2 to this report.

3.3 In general the audit pointed to the high priority given to health inequalities in key documents and commitments, both within each organisation and jointly. Partnership arrangements in Leeds were considered to be as strong if not stronger than those seen in other areas where KPMG has reviewed health inequalities. The work on Infant Mortality was seen as an excellent model for other pieces of work to follow. Commissioning arrangements for health inequalities were found to be at their strongest in primary care and public health commissioning within the PCT. They were less strong within the City Council and in NHS secondary and tertiary care commissioning.

3.4 Joint working was found to be well established at senior level, but less so at area and operational levels and the audit did not yet find a well coordinated community engagement process although there were good single examples. The JSNA was found to have been a useful process for taking forward data and information issues although these had not yet been integrated into performance management. The audit found good practice within the City Council on Corporate Social Responsibility which was less advanced within the local NHS. Workforce engagement around health inequalities was identified as an issue for both organisations – the Audit states that the workforce needs to have an understanding of key issues in the local area and how they can help address them.

4.0 Main Recommendations

4.1 The main thrust of the recommendations (p 4 of Appendix 1) is around assisting the Council and NHS Leeds to build on the good work so far in order to deliver effective implementation

4.2 The first two recommendations of the audit refer to establishing an effective structure for area and locality working supported by information and commissioning processes which relate directly to areas. This includes establishing agreed locality boundaries for both organisations.

- 4.3 The third recommendation refers to the PCT's programme management approach to health inequalities which has been established as one of their World Class Commissioning Priorities. KPMG recommend that it should be fully joined up with the local authority and owned by both organisations
- 4.4 The fourth recommendation addresses Leeds City Council in particular, recommending further work to embed understanding throughout the Council of the positive effects which the work of different directorates can have on the issues if they engage with it.
- 4.5 The final recommendation addresses the need to build up a joint approach to performance management, eliminating duplication and supporting improved decision making.

5.0 Implications For Leeds City Council Policy

- 5.1 Work on several of the recommendations is already in hand although there are considerable challenges on the way.
- 5.2 **Area Delivery:** Workshops have been held in each of the three areas to identify local issues and approaches. These are the first step to establishing more formal locality partnerships for health improvement and the work will be supported by three new Joint Health Improvement Managers based with Area Management Teams.
- 5.3 **NHS Leeds Health Inequality Programme:** The programme manager has been in detailed discussions within the Joint Strategic Commissioning forums to establish mutual understanding, effective linkages and clear accountability. These will be laid out in a report to the Joint Strategic Commissioning Board of the Healthy Leeds Partnership.
- 5.4 **Performance Management:** This was already recognised as an issue. The basis for joint working has been established through the Local Area Agreement and joint work on the JSNA and the Council's corporate intelligence project. A joint workshop has been held to identify further issues particularly with for the Strategic Plan's Health Improvement Priorities and this has led to further work in developing sensible action trackers.
- 5.5 **Engagement of the Local Authority Workforce:** This recommendation is given a medium priority but a failure to address it will hamper the ability of both organisations to deliver. The audit points to the ability of an engaged workforce to gather and assess information, identify problems, relate them as appropriate to health inequalities, and devise joint solutions whether at the community or individual level. Joint training for elected Members and PCT non-executive directors is recommended, plus, as part of a workforce capacity plan, further action to develop appropriate skills and knowledge at different levels. There are a number of avenues to address this and, through the Core Cities Health Improvement Collaborative, discussions are being held with those authorities (of which Nottingham is the most prominent example) which have developed a modular training programme around health inequalities.
- 5.6 **Infant Mortality:** The audit recommends continuation with the Infant Mortality Action Plan which has already won the support of the Department of Health's Improvement Support Team.
- 5.7 **Cardiovascular Disease:** The audit recommends a more structured joint approach, which will in fact be delivered if the other recommendations are followed.

6.0 Resource Implications

- 6.1 These recommendations are deemed as essential to achievement of the Strategic Plan Health Improvement priorities. Some actions are already in train and others can be achieved within existing work programmes. Implementation of the specific recommendation around training will require further discussion. It will also require effective leadership and commitment throughout the Council's structures and there will be training opportunities both for elected Members and for staff, starting with some of those groups identified by KPMG including housing officers and social workers.

7.0 Conclusions

- 7.1 The KPMG Audit on health inequalities has been a useful exercise in focusing attention on how we are delivering on our priorities, demonstrating that we have a good basis on which to build and suggesting how the Council and NHS Leeds can work together to improve our delivery.
- 7.2 Work to improve performance in this area can be linked to improves performance across the improvement priorities of the Leeds Strategic Plan

8.0 Recommendations

- 8.1 Members are recommended:
- i) to welcome the findings of the KPMG audit on health inequalities;
 - ii) to note that, where work is not already in hand, joint action plans are being prepared;
 - iii) to consider whether any additional action needs to be taken in relation to locality working to improve health;
 - iv) to refer the KPMG Health Inequalities Report to the Health Scrutiny Board for their consideration and the Executive Board for endorsement of the action plan.

9.0 Background documents referred to in this report:

KPMG Tackling Health Inequalities – final report and appendices

Leeds Joint Strategic Needs Assessment

Leeds Strategic Plan