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## Report of the Director of Adult Social Services

### Executive Board

Date: 9 December 2009

Subject: KPMG Health Inequalities Report

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#### Electoral Wards Affected:

Ward Members consulted  
(referred to in report)

#### Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Eligible for Call In

Not Eligible for Call In

(Details contained in the report)

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## EXECUTIVE SUMMARY

- 1.0 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.
- 1.1 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 organisations which contains recommendations and an action plan, was finalised in May 2009.
- 1.2 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. The Executive Summary of the audit is attached at Appendix 1.
- 1.3 Many of the recommendations in the report focus on strengthening partnership arrangements, with a particular focus on a more integrated approach to commissioning and service delivery at the locality level. Actions are already underway to address the recommendations, however as the need to tackle health inequalities is a key performance issue for the city, there is scope for further innovation in support of the activities already agreed. This report sets out some options for further development

- 1.4 Members are requested to consider the audit report and the responses to the recommendations contained within the report, and consider what further action the Council should take to raise awareness and strengthen performance in tackling health inequalities across the city.
- 1.5 Both the Corporate Governance and Audit Committee in July and the Health Scrutiny Committee in September have considered the KPMG report and recommendations. However, neither committee received the joint action plan at that stage.

## **2.0 Introduction**

- 2.0 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.
- 2.1 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 (JSNA)). The Leeds Strategic Plan has the reduction of inequalities in mortality rates as its prime health improvement priority.
- 2.2 The audit was carried out through assessment of written materials, interviews with elected Members, NHS Leeds Board members, senior managers and other key specialists, and two workshops on cardiovascular disease and infant mortality.
- 2.3 A joint Action Plan has been agreed in relation to the recommendations. This is attached at Appendix 2. Some actions were already in train.
- 2.4 The Audit Report and actions in relation to the recommendations will be included in the Comprehensive Area Assessment.
- 2.5 This report focuses on the recommendations.

## **3.0 Content of the Audit**

- 3.0 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.
- 3.1 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 Primary Care Trust (PCT). They were less strong within the City Council and in National Health Service (NHS) secondary and tertiary care commissioning.

- 3.2 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**

- 4.0 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
- 4.1 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.
- 4.2 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
- 4.3 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.
- 4.4 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 and Governance.**

- 5.0 Action to deliver on the recommendations is already underway, although there are significant challenges on the way. These recommendations combined with the significant performance challenge of tackling health inequalities within the city, prompts reconsideration of role of the Director of Public Health. In many areas this post is already established as a joint appointment between the NHS and the local authority, and in the majority of cases the joint appointment is combined with an integrated team focused on tackling health inequalities for the authority. Now is an appropriate time for the City Council and NHS Leeds to consider the options for city.
- 5.1 **Area Delivery:** Area based Health and Well Being Partnerships are now established in all three Area Management areas. Each partnership is being supported by a

Health and Well Being Improvement Manager; a post which is a joint appointment between NHS Leeds and Leeds City Council. These posts are located within the Area Management Teams. These posts will be working to improve the governance structure for joint commissioning or integrated service delivery for health and social care at a locality level.

- 5.2 **NHS Leeds Health Inequality Programme:** Recent evaluation of Healthy Leeds partnership arrangements has highlighted the need for greater coherence and less duplication in work programmes taking place in both statutory organisations, and across the partnership. Whilst a formal programme management structure will have benefits for the delivery of actions plans, there is agreement that it should complement rather than add to existing governance arrangements. The Joint Strategic Commissioning Board ( of Healthy Leeds Partnership) has supported in principle a proposal to establish one leadership team for tackling health inequalities across the city. A report is to be prepared which will address the governance issues for both partners, and make recommendations on a way forward.
- 5.3 **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, however current systems and processes do not support the aim of an integrated performance management system. Various options are being tested with the short term aim of collecting both data, information and analysis on a single system, on behalf of the partnership. In the longer term the City Council's investment in knowledge management systems will provide an infrastructure able to support integrated performance management for the partnership.
- 5.4 **Engagement of the Local Authority Workforce:** This recommendation is given a medium priority in the KPMG report, 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. Drawing on examples from other cities and guidance from the Department of Health regarding innovative approaches to workforce engagement, plans to implement this recommendation are being developed.
- 5.5 **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. Appendix 3 contains a progress report
- 5.6 **Cardiovascular Disease:** The audit recommends a more structured joint approach, which will in fact be delivered if the other recommendations are followed. Appendix 3 contains a progress report.

## 6.0 Legal and Resource Implications

- 6.0 These recommendations are deemed as essential to achievement of the Leeds Strategic Plan Health Improvement priorities. Some actions are already in train and others can be achieved within existing work programmes and the Healthy Leeds Partnership. Ultimately, the majority of mainstream services have an impact for the health of the population. The challenge that all service providers face is to understand the impact their service is having and work to ensure that health benefits are maximized.

6.1 There are a number of legal issues which will arise from work on strengthening the governance framework, and utilizing Health Act flexibility where it is appropriate to do so. Existing City Council frameworks, for example the Partnership Governance Framework, should provide appropriate assurance for the work that is required.

## **7.0 Conclusions**

7.0 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.

7.1 Work to improve performance in this area can be linked to improved performance across the improvement priorities of the Leeds Strategic Plan

## **8.0 Recommendations**

8.0 Members are recommended:

- i) to welcome the findings of the KPMG audit on health inequalities, and endorse the action plan (at appendix 2) which has been prepared in response to the recommendations.
- ii) to note the implications for Council policy and governance set out in section 5.
- iii) to request that the Director of Adult Social Services prepares further reports as appropriate on the development of partnership working with NHS Leeds.

## **9.0 Background documents referred to in this report:**

**KPMG Tackling Health Inequalities**

**Action Plan**