

Board Meeting
28 November 2018

NHS Lanarkshire
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SUBJECT: Health Inequalities Update

1. PURPOSE

The purpose of this paper is to provide the Board with an update on progress in responding to the request from Paul Gray, Director of General Health & Social Care and Chief Executive NHS Scotland asking Boards to consider the NHS Health Scotland statement on *'Maximising the role of NHS Scotland in Reducing Health Inequality'* with a view to agreeing how best to implement practical actions identified in the statement which was discussed by NHSL Board on 30 August 2017.

For approval	<input type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input checked="" type="checkbox"/>
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2. ROUTE TO THE BOARD

Prepared	<input checked="" type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input type="checkbox"/>
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This paper was prepared by the Director of Public Health (note: several of the issues raised in the report have been considered by the Population Health & Primary and Community Services Governance Committee).

3. SUMMARY OF KEY ISSUES

At the Board meeting in August 2017, it was agreed to utilise the Board's High Level Inequalities Action Plan as a focus for the Board's response to the request from the Director General Health & Social Care and Chief Executive NHS Scotland.

Significant progress has been made in progressing actions to address inequalities. The Board has prioritised actions to address inequalities in Early Years, utilise the Health Board's role as an employer to reduce inequalities and re-shape services to address inequalities.

3.1 Early Years

Family Nurse Partnership (FNP) – this continues to thrive with the second cohort now being supported. A new IT system is being developed by the Scottish Government for reporting of FNP activity and outcomes. Local data however has been sourced with the following outcomes. Outcome data will include breastfeeding, smoking, alcohol and drug use, and those not in education, employment or training, with potential for other ad hoc reporting as necessary. The system is not fully operational yet and therefore full outcome data is not available.

- First Steps continues to thrive with 700 women and their children supported. Outcomes to date include:
 - 90% of clients attending antenatal appointments
 - 45% initiate breastfeeding
 - 50% of clients supported with income maximisation and 65% receiving all entitled benefits
 - 75% of clients have ensured their child is not exposed to second hand smoke
- The Incredible Years programme (psychology of parenting programme) has now commenced and in both local authority areas. It is too early to identify outcomes.
- Adverse Childhood Experiences (ACEs) - there has been a concerted effort to promote understanding of the impact of ACEs upon the future health and wellbeing of children. Presentations have been made to both Community Planning Partnerships, Population Health & Primary and Community Services Governance Committee and both Health & Social Care Partnerships. Commitment has been given by all Community Planning Partners to promote actions to prevent and mitigate ACEs.
- Looked After Children – A short-life working group has been established to ensure quality and timely delivery of CEL16 (2009) health needs assessments for looked after children and young people and assess impact on outcomes.
- A new system for reporting FNP activity and outcomes is being developed. Outcome data will include breastfeeding, smoking, alcohol and drug use, and those not in education, employment or training, with potential for other ad hoc reporting as necessary.

3.2 Employability

NHS Lanarkshire continues to take positive action to promote employability:

- Modern Apprenticeships – NHSL have provided 29 opportunities which outstrips the Scottish Government target of 16.
- Project Search – NHSL was the first Scottish Board to offer Project Search which is now in the 9th year of the programme. This year 24 participated in the programme and to date 9 have secured employment.
- NHSL has confirmed the commitment to achieving accreditation as a Living Wage Employer.
- Employment of Looked After Children – the commitment of both Community Planning Partnerships to guarantee employment for any looked after child has been secured in principle. The ‘mechanics’ of this are currently being developed. Whilst securing opportunities is challenging, the biggest issue will be to ensure that the young people have access to support to help them deal with the challenge to sustain employment.

3.3 Service Redesign to address Inequalities

This work remains challenging however progress has been made in a number of areas:

- Routine Enquiry on financial inclusion is being strengthened and scaled up across midwifery and health visitors.

- The Health Needs Assessment on homelessness has resulted in investment, a test of change being initiated to support frequent users of A&E services.
- Screening programmes have prioritised uptake from areas of deprivation.
- With the support of colleagues from West of Scotland Public Health Network, work is progressing to develop a mechanism to support Board non-executives in their efforts to ensure that inequalities are addressed in Board decision making.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	LDP	<input type="checkbox"/>	Government policy	<input checked="" type="checkbox"/>
Government directive	<input checked="" type="checkbox"/>	Statutory requirement	<input type="checkbox"/>	AHF/local policy	<input checked="" type="checkbox"/>
Urgent operational issue	<input type="checkbox"/>	Other	<input type="checkbox"/>		

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
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Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input checked="" type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input checked="" type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input checked="" type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input checked="" type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

6. MEASURES FOR IMPROVEMENT

The Population Health & Primary and Community Services Governance Committee will bring forward measures for improvement, for endorsement by the NHS Board.

7. FINANCIAL IMPLICATIONS

None, however, as papers progress through the Population Health & Primary and Community Services Governance Committee, it is anticipated that “invest to save” proposals will come forward.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

None.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input type="checkbox"/>	Effective partnerships	<input type="checkbox"/>	Governance and accountability	<input type="checkbox"/>
Use of resources	<input type="checkbox"/>	Performance management	<input type="checkbox"/>	Equality	<input checked="" type="checkbox"/>
Sustainability	<input checked="" type="checkbox"/>				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

Has an E&D Impact Assessment has been completed?

Yes *Please say where a copy can be obtained*
No *Please say why not*

- Equality and Diversity Impact Assessment is required for the individual initiatives that would flow from the implementation of the action plan.

11. CONSULTATION AND ENGAGEMENT

None.

12. ACTIONS FOR THE BOARD

The Board is asked to note the Health Inequalities Action Plan.

Approval	<input type="checkbox"/>	Endorsement	<input type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input checked="" type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>	Ask for a further report	

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact Gabe Docherty
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