

NHS Lanarkshire Board Health Inequalities Plan Update report November 2018

Action	Update	Lead
1. EARLY YEARS		
1.1 NHSL should continue to prioritise actions to address inequalities in Early Years. Focus on Looked After Children, programmes such as Family Nurse Partnership and First Steps and the Children and Young People Improvement Collaborative should continue.	<p>The Lanarkshire Children and Young People's Health Plan 2018-20 aims to improve health outcomes and address inequalities through prevention and early intervention. Programmes of support such as First Steps & Family Nurse Partnership continue to ensure reach to women meeting the agreed criteria to ensure maximum benefit to those most in need. These programmes provide intensive support but are very much part of a whole spectrum of support to parents in the Parenting Support Pathway. Both North and South CPPs have also signed up to deliver the Incredible Years intervention as part of the National PoPP (Psychology of Parenting programme) to children with identified emotional and behavioural concerns. and The stretch aims remain as CPP objectives and targets that NHSL has a big contribution to achieving. Each of the respective Children's Services Plans in North and South have a strong focus on early years and early life adversity and there is a requirement to have a local Child Poverty Action Report which NHSL staff will contribute to the writing and delivery of.</p> <p>A short-life working group has been established to ensure quality and timely delivery of CEL16 health needs assessments for looked after children and young people and assess impact on outcomes.</p>	Geraldine Queen Maria Reid Ashley Goodfellow
1.2 Implement actions to mitigate the impact of Adverse Childhood Experiences. The Public Health Governance Group is asked to report progress to HQAIC.	<p>There has been a schedule of delivering the documentary on <i>Resilience – the biology of stress and the science of hope</i>. This documentary delves into the science of Adverse Childhood Experiences and to date has been delivered and shared with cross sectoral partners (Police Scotland, education, South Lanarkshire elected members and third sector organisations, housing department colleagues in North Lanarkshire, Lanarkshire recovery network, DWP (Dept of Works and Pensions) coaches and NHS/HSCP staff from various areas such as addictions teams, mental health teams and nurses and health visitors). All viewings</p>	Irene Campbell

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	<p>are documented to date. As detailed in the Children and Young People's Health Plan, an Action Plan will be developed which sets out steps to prevent and mitigate the impact of childhood adversity and the delivery of trauma-informed care. This will include our approach to Routine Enquiry of Adverse Childhood Experiences (once national guidance is produced) and links to both north and south HSCP homeless action plans so as to link trauma informed practice and psychologically informed approach training that is planned in relation to mitigating impact of adversity.</p> <p>STILT</p>	
<p>1.3 Non-Executive Board members to actively advocate for investment in Early Years in national, NHSL, Health and Social Care, and Community Planning environments.</p>	<p>NHSL Board members challenged disinvestment decisions when agreeing the budget for 2017/18. NHSL Board members actively advocate for investment to address inequalities in community planning and IJB environment.</p> <p>Complete</p>	<p>Non-Executive Board members</p>
<p>1.4 Non-Executives requested to familiarise themselves with the Health Scotland publication on Advocacy for Non-Executives that was circulated with the pre-seminar papers.</p>		<p>Non-Executive Board members</p>
<p>1.5 NHSL needs to find innovative ways to measure the impact of early years interventions. Whilst routine data such as immunisation rates, developmental outcomes are extremely useful, more expansive data around the overall health and wellbeing of the child and the family is required.</p>	<p>As part of work to implement the Children and Young People's Health Plan, Clinical Quality is supporting the development of a maternal and child health dashboard to provide a broader overview of maternal and child health and performance of health services. This will be finalised end September 2018.</p> <p>The first multi agency Lanarkshire Quality Improvement Practicum has commenced with a wide range of improvement projects being supported by Children's Services staff trained to Improvement Advisor level. This is in addition to a number of quality improvement projects already ongoing in Lanarkshire, progress is being made to measure impact of interventions/projects utilising a variety of quality improvement and measurement tools. These include the use of Pareto Analysis, Fishbone Diagrams, Run Charts, amongst other tools.</p>	<p>Gabe Docherty Ashley Goodfellow Maria Reid Vivian Boxall Irene Campbell</p>

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2. EMPLOYABILITY		
<p>2.1 Continue to support to programmes such as Project Search and the Modern Apprenticeship initiative. It was agreed to set a more challenging target for NHSL. The current target to be raised from 27 to 50.</p>	<p>Project Search is now an established model designed to support individuals with a disability to gain employment. NHS L was the first Scottish site and remains the most successful in terms of outcomes. Search is now recruiting for year 8 students to commence in September 2018. The delivery of Modern Apprenticeships in NHSL remains a key strand of our commitment to Developing our Young People's Workforce, the promotion of NHS Lanarkshire as an employer of choice and engagement with the community we serve. Whilst it is important to set challenging targets NHS L have always placed a greater emphasis on quality and positive outcomes as a core objective in all supported employment initiatives. In terms of the numeric, NHS L had a target set by SGHD to achieve 38 MA's during 2017 and achieved 51. Any target set should be informed by analysis of vacancy information and workforce planning intelligence. Evidence of the success of this approach is the MA programme currently being delivered in Theatres for Assistant Practitioners. We remain ambitious as we strive to deliver appropriate MA's.</p>	<p>John White</p>
<p>2.2. The Board are to be commended for its work on the Living wage for NHSL employees however the issue of poverty with regards to part-time NHSL employees was raised. It was agreed that the issue of under-employment would be reviewed.</p>	<p>NHS L has confirmed the commitment to achieving accreditation as a Living Wage Employer. There has also been progress in the reduction of under-employment (part-time working) where the service can support/has a requirement for full time working. Successful examples of this approach can be found in Portering and Transport Services. The review process will continue as and when service opportunities arise.</p>	<p>John White Lilian Macer</p>
<p>2.3 The issue of employment of Looked After Children was raised within the context of NHSL's responsibilities as a Corporate Parent.</p>	<p>Work to support individuals from "looked after or accommodated" backgrounds continues as a blended approach. This model allows NHS L to work with local authority partners in the identification of individuals further from opportunity due to particular life circumstance. NHS L then prioritise access to supported employment and enhanced work experience. The metric in this group is not an exact measure as individuals do not always wish to be "categorised" but there is evidence of success from our partner agencies. At a recent joint North and South Lanarkshire CPP event, positive</p>	<p>John White</p>

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	<p>destinations for care experienced young people were identified as a priority for collaborative working to ensure outcomes are maximised. Work is underway to map existing opportunities and support for this group of young people and what is required going forward to ensure availability and sustainability of post school destinations.</p>	
3. SERVICE REDESIGN TO ADDRESS INEQUALITIES		
<p>3.1 It was agreed to continue to develop and promote inequalities sensitive practice amongst NHSL staff. NHSL will continue to promote routine enquiry regarding gender based violence and promote financial inclusion during routine contact with patients. All Executive Directors will promote this work.</p>	<p>There has been commitment from the USC Programme Improvement Board to progress interventions and preparatory work been undertaken to support this, e.g. consideration of setting up alert for patients attending ED 12 times or over in the past 12 months. The reducing reliance on EDs work is also taking the recommendations from the report for progressing work in this front. USC event next week – outputs could clarify which interventions are likely to be implemented. Data from ISD awaited to review current list to implement interventions. Outcomes are unlikely to be known until the interventions have been in place until for a period of time, e.g. six months or so.</p> <p>As part of our response to the Child Poverty (Scotland) Act 2017. Routine Enquiry on financial inclusion will be strengthened and scaled up across midwifery and health visiting services.</p>	
<p>3.2 It was agreed that NHSL needed to make better use of demographic information to inform systems development and processes. Particular emphasis should be placed upon the uptake of services by those who are vulnerable or live in our most deprived areas. It was agreed to continue to support the work of both Health and Social Care Partnerships in relation to vulnerable populations such as the homeless and frequent users of services.</p>	<p>Health needs assessment undertaken on homelessness and action plans are being taken forward in North and South HSCP's to improve outcomes for this client group. Further to the work in Lanarkshire a national data set has now been developed to link health and housing data for people experiencing homelessness which will allow for progress in this area to be monitored.</p> <p>A test of change will be taken forward in Wishaw and Motherwell in 2018 to review individual case data and develop care models to better support frequent users of services.</p> <p>A second stage bid has been submitted in partnership with the Third</p>	<p>Josephine Pravinkumar Elspeth Russell Alana McGlynn Craig Ross McGuffie</p>

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	<p>sector to improve uptake of screening services by people experiencing homelessness.</p> <p>A detailed analysis of the data on very frequent attendees has been undertaken including a case notes and literature review with a summary report to be completed in the next few weeks highlighting possible interventions.</p> <p>As part of the Health Promoting Health Service Programme, linking into Modernising Outpatients and the North Inequalities, Prevention and Anticipatory care workstream a Test of Change has been identified looking at improving DNA rates in vulnerable patients. Initial data analysis has identified the “Provoked Seizure” cohort of patients as having higher DNA rates particularly in SIMD 1 and 2. A more detailed data extract of these patients is being prepared which will be examined closely to look at age, SIMD, locality, date/time of clinic and type of clinic. This data will be used to help understand the system and identify change theories for testing moving forward.</p>	
<p>3.3 It was agreed to undertake focused work on analysing users of services from an inequalities perspective. The DPH to lead this work with the potential to investigate DNA rates by deprivation.</p>	<p>A detailed analysis of the data on very frequent attendees has been undertaken including a case notes and literature review with a summary report to be completed in the next few weeks highlighting possible interventions.</p>	<p>Gabe Docherty</p>
<p>4. COMMUNICATION</p>		
<p>4.1 Review communication regarding progress made in addressing inequalities and highlighting challenging areas.</p>	<p>Following review number of media releases have mentioned inequalities in the last couple of year including:</p>	<p>Calvin Brown</p>

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	<ul style="list-style-type: none">• Lockhart/Healthy Valleys Doors Open Event• Oral health inequalities• Lanarkshire Money Worries App• Health and Social Care Partnerships <p>There have also been numerous articles in The Pulse relating to inequalities over the same period.</p> <p>Going forward, the Communications Department will work with Health Improvement colleagues to ensure such communications are part of a planned programme focusing on priority areas.</p>	