

Greater Glasgow NHS Board

Board Meeting

Tuesday 20th July 2004

Board Paper No. 2004/41

Director of Planning and Community Care

Short life working group on improving corporate policy to address health consequences of inequalities

Recommendation:

- **The Board note progress on addressing issues on inequalities policy development and implementation.**

A. Background

- 1.1 A report was presented to the NHS Greater Glasgow Board in March 2004 reviewing progress on the implementation of the previously adopted Glasgow Women's Health Policy. The Women's Health Policy is characterized by an understanding that the origins of many major health problems such as lifestyle related diseases, poor mental health, poor sexual health and addictions have their origins in the inequalities and discrimination faced by different groups in society – in this case, the experience of gender and gender inequality. The policy highlights that an effective response to the health problems of women need to take into account the experience of being a woman in our society by mainstreaming this analysis into health policy, planning and practice.
- 1.2 In addition to a review of progress, the report also sought to identify the barriers and ongoing challenges to further progress with the women's health policy and these focused on two main issues. Firstly, the health service is fundamentally a clinically led organisation and does not have a strong history of developing and implementing policy with implications for service delivery and practice. The result is that there are few accountability mechanisms to ensure implementation of any policies that do exist. Secondly, the paradigm of illness management within the health service ie the biomedical model, has created a culture whereby the origins of poor health problems are rarely assessed or managed. This can lead often to inappropriate or even health limiting forms of care such as prescribing tranquillisers for social problems or not recognizing the risks faced by women experiencing domestic violence. Where there are activities aimed at addressing health inequalities they are focused largely on changing health behaviours amongst individuals rather than on identifying necessary institutional change.

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- 1.3 Following discussion at the Board meeting, it was agreed to establish a short life working group. The aim of the group is to make a series of recommendations as to how the health service in Glasgow could become more efficient and effective in defining policy aimed at addressing different aspects of inequality and health and also in the implementation of such policy. This paper seeks to identify a remit for the group within the context of the current environment of change within the health service in Scotland.

B. Current Context - National

- 2.1 There are four key developments which need to be taken into account in the process of policy development within NHS Greater Glasgow, namely:
- the current health White Paper, Partnership for Care;
 - community planning;
 - health improvement;
 - Fair for All and the Equality and Diversity agenda.
- 2.2 The health service in Scotland is in the process of considerable organisational change. Partnership for Care is Scotland's most recent health White Paper. It seeks to create "a culture of care that is developed and fostered by a new partnership between patients, staff and Government" and builds on "Our National Health: A Plan for action, a plan for change." The essence of its vision is to create a health care system which is more responsive to the needs of its patients, carers and their families, where there is greater standardisation of good practice and better integration between the different sectors of the health service organisation. To achieve this a number of reforms are identified which serve to place greater emphasis on primary care and 'bridge the gap between primary care and secondary care and between health and social care'. Community Health Partnerships are seen as the main mechanism for ensuring that such a bridge is built. Frontline staff are recognised as the key agents of change and workforce planning and development are highlighted.
- 2.3 The outcome of the recommendations has included the abolition of trusts and a shift to a unified organisational system with greater clarity on strategic leadership and policy development requiring to be consistently implemented. The replacement of quasi autonomous trusts by divisions will lead to a high degree of devolved responsibility but a with a greater expectation of consistency and corporateness
- 2.4 Alongside health service reorganisation, there is also a statutory requirement on Local Authorities to ensure a process of Community Planning in conjunction with other statutory bodies including the health service. "Community Planning is about the structure, processes and behaviours necessary to ensure that organisations work together and with communities to improve the quality of people's lives, through more effective, joined up and appropriate delivery of services."
- 2.5 Addressing poor health outcomes and health inequalities is the focus of Health Improvement agenda and current guidance is contained within the Health Improvement Challenge. Four specific areas - early years, teenage transition, workplace and communities are identified as work within which there are 5 risk factors to be tackled - tobacco, alcohol, low fruit and vegetable intake, physical activity levels and obesity. NHS Boards are required to identify plans for taking forward the priorities in the Health Challenge.

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- 2.6 The Equality and Diversity agenda has until recently, been dominated by Fair for All and the Race Relation (Amendment) Act which places a public sector duty on organisations to promote race equality. Each Health Board has been required to identify a Race Equality Scheme. The Scottish Executive Health Department Involving People team are now required to bring forward a more extensive strategy under the auspices of Fair For All which considers needs across 5 other equality issues – gender, disability, age, sexuality and faith. As a potential complement to this work, the Heath Department Women and Children’s Unit has commissioned NHS Health Scotland to produce a report on gender and health. Another arm of the Scottish Executive, the Equality Unit is trying to drive an equalities mainstreaming agenda through all the work of the Scottish Executive.
- 2.7 The new Commission for Equality and Human Rights has recently issued a White Paper which recommends the introduction of a public duty to promote equality for women and men.

C. Translating the National Agenda into Local Implementation

- 3.1 A range of structures are already in existence charged with the responsibility for clarifying the role and process to implement Community Health Partnerships (CHPs) and their links to local authority planning and Community Planning. Part of this responsibility is also to identify the implications for existing structures, organisational arrangements and functions such as planning, health improvement and public health within NHS Greater Glasgow. Emerging from specific pieces of work such as the maternity services strategy is a growing impetus for the development of a whole systems approach to the delivery of certain specialist and acute services in Glasgow. This has the potential for a more consistent and standard approach to policy implementation across the city. The development of CHPs provides the potential for closer alignment between policy and planning functions and operational units. The agenda for CHPs also allows for a closer marriage between social justice aspirations and plans for better health.
- 3.2 In addition to the implementation of the Women’s Health Policy, there are a number of specific initiatives which are already attempting to mainstream an understanding of the role that inequality plays in determining poor health. Examples include the joint appointment across and NHSGG and GCC to address unwanted teenage pregnancy, gender proofing the work of addictions teams and the strategic post working across health and the Homelessness Partnership to improve understanding of the impact of gender based violence on homelessness. The Sandyford Initiative was set up as a city-wide initiative to promote sexual, reproductive and emotional health with an understanding of gender issues within a social model of health.
- 3.3 A lead director and a NHSGG Race Equality Coordinating Committee are in place and action plan for the Race Equality scheme has been prepared.

D. Remit and Functioning of Short Life Working Group

- 4.1 The proposed overall remit of the short life working group is to bring forward recommendations on how to develop and implement policy to make all health services in Glasgow more responsive and effective in tackling the impact of inequalities including gender on health within the context of national and local requirements.

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4.2 It is anticipated that the group will meet 6 times to draw together a report which will be presented to the NHSGG Board in the early part of 2005. Consideration will need to be given to identifying:

- current barriers to the development of a corporate approach to policy making;
- the benefits of improving on the current situation;
- the means for more effective implementation of existing policy;
- scope of new policy development;
- the means for bringing forward evidence to support the planning functions of NHS GG as well as practice development in relation to equalities policy - structures and individuals;
- the means of rolling out policy implementation across the new structures and functions of NHS Greater Glasgow;
- individual and organisational accountability mechanisms.

4.3 Membership of Group:

- Chairperson: Rani Dhir, Non-executive Board member
- Vice Chairperson: Councillor Danny Collins, Non-executive Board member
- Catriona Renfrew
- Harry Burns
- Evelyn Borland
- Sue Laughlin
- Nicky Coia
- David Walker
- Iain Wallace
- Alison Bigrigg
- Maureen Henderson
- Isobel Ferguson
- Linda Fleming
- Colin Lauder
- Alan Boyter
- Liz Curran
- Marian Flynn