



DERBY CITY COUNCIL

AUDIT AND ACCOUNTS COMMITTEE 26 June 2008

Report of the Director of Environmental Services

HEALTH INEQUALITIES AUDIT OF DERBY CITY COUNCIL AND DERBY CITY PCT

RECOMMENDATION

1. To note the report.
2. To agree the actions undertaken by managers in response to the Grant Thornton audit.

SUPPORTING INFORMATION

- 2.1 Between December 2007 and February 2008 Grant Thornton UK, appointed auditors to both the Council and Derby City PCT and carried out a combined audit of health inequalities activities within both organisations.
- 2.2 This was the first audit of its kind. It focussed on five organisational themes:
 1. Delivering strategic and operational objectives
 2. Delivering in partnership
 3. Using information and intelligence to drive decision
 4. Securing engagement from the workforce
 5. Performance management

To assess progress on each of these themes, the auditors used three 'tracers', smoking by young people, adult obesity and early deaths from cardio-vascular disease and stroke.

- 2.3 The auditor's report is very positive about the health inequalities work undertaken by both the Council and the PCT. The 'headlines' reported within each of the five themes include the following comments:
 - The PCT and Derby City Council are recognised to be good organisations with strong ambitions
 - There are many strong examples of good joint working between the PCT and the Cit Council
 - There is good general awareness of public health issues from existing data, but there is scope to make further improvements and improve access to information
 - There are good skill mixes in most teams and particularly good use is made of Pharmacy Services

- The City Council operates a strong performance reporting and management system in support of the actions taken by itself and on behalf of the Derby City Partnership.

- 2.4 Whilst recognising the progress made by the City Council and PCT the auditors have made a number of recommendations for further improvement. These, together with the responses from relevant managers within the Council and PCT are set out in Appendix 2 to this report. It should be noted that all of these recommendations have been complied with or are in the process of being completed.
- 2.5 Shortly after Grant Thornton had completed their audit of health inequalities, a review of **all** health inequalities work across the city was undertaken by the Strategic Health Authority's Regional Support Team (RST). The review, which was a regional pilot, extended beyond the activities of the Council and PCT, incorporating the work of the voluntary sector, NHS Trusts and other agencies. The aim was to identify good practice and areas for further action, and to make recommendations for the partnership to make sustained progress on health inequalities.
- 2.6 The feedback from the RST highlighted some excellent examples of good practice and the Council and PCT were commended for their leadership, enthusiasm, innovation and aspiration in this area. They also identified a number of opportunities for further improvement and these are currently being considered by the 'Improving Health Group' (which reports to the Healthy City Executive) with a view to producing an Action Plan. This will be presented to the Council Cabinet and PCT Board in due course.
- 2.7 Both the Grant Thornton audit and the RST review provided a very helpful overview of progress in tackling health inequalities. Although quite different in their approach, perspectives and scope, they are viewed as complimentary and will inform future work in this key area.

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| Background papers: | None |
| List of Appendices: | Appendix 1 – Implications Appendix 2 – Action Plan |

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| IMPLICATIONS |
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Financial

1. None arising from the Grant Thornton audit.

Legal

2. None.

Personnel

3. Additional training for Council and PCT officers as Performance Eye has been completed.

Equalities impact

4. The audit specifically targeted health inequalities within the city. Both the Council and PCT are committed to tackling these issues. The audit recommends improving the quality of data on the nature, needs, problems and expectations of their economic improvements. The Council and its partners are currently examining ways of achieving this as a fundamental requirement of the Sustainable Community Strategy.

Corporate priorities

5. Work on tackling health inequalities supports the Council's priority of **Helping us all to be healthy, active and independent.**

Action Plan and Recommendations

| Recommendation | Priority | Management Response | Target Date and Responsible Officer |
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| Health Inequalities Strategy 1. <i>Healthy Derby</i> should be taken to the City Council and to the DCP, and any necessary adjustments made, prior to ratifying it formally as the Partnership's health inequality strategy. | Medium | <i>Healthy Derby</i> will be presented to both organisations. It will form the bedrock of a comprehensive action plan on health inequalities for Derby. Comments received from the City Council & DCP, together with the overall findings of this audit and the complementary RST Health Inequalities visit will be incorporated into our service planning. | Dr Andrew Wakeman, Director of Public Health, Derby City PCT and Derby City Council John Tomlinson, Assistant Director (EH&TS), Derby City Council September 2008. |
| Partnership Arrangements 2. The Healthy City Executive needs to explore whether additional representation would add value to its deliberations and decision-making processes. | Low | The Healthy City Executive and the Public Health Forum are assessing the current membership of these groups to ensure that the appropriate range of partners are involved closely in the working of the two groups. | Mike Sandys, Derby City PCT – July 2008 |
| Data and intelligence driving decisions 3. The PCT and City Council should set a priority to find out more about the needs, problems and expectations of new economic migrants from Eastern Europe in 2008. In particular, the PCT should consider how best to record 'country of birth' information for Derby's new economic migrants. | Medium | The PCT is undertaking a demand modelling project reflecting the likely impact on Derby of international migration. Additionally, the PCT is engaging with the population to deliver Aim 3 of the Healthy Derby Strategy. The expectations of the Eastern European community will be reflected in this work. This will be reflected in the Joint Strategic Needs Assessment for 2008/09. | Dr Andrew Wakeman, Derby City PCT/ DCC Dr Anne Wright, Derby City PCT, Gill Collinson Director of Engagement – |

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| | | The Council and its partners are currently examining ways of improving data quality in this area and, in particular, how to bring together various different data sets to provide reliable intelligence for the Sustainable Communities Strategy. | March 2009 John Parnham, Research and Strategy Officer, DCC – April 2009 |
| Data and intelligence driving decisions 4. The PCT should consider how best to incentivise practices to collect better ethnicity data. | Medium | Initial discussion to be taken to PEC and executive directors. | Dr Andrew Wakeman September 2008 |
| 5. The PCT needs to find ways to encourage primary care practices to measure and weigh more patients. | Medium | We agree that this is an important source of information. A locally enhanced service has been put in place to incentivise practices to collect data on height and weight. This has improved performance in relation to obesity measurement | Jon Topham Senior Public Health Manager, Derby City PCT - completed |
| 6. The PCT should include within its review of the Derwent Shared Services SLA a consideration of how best to improve access to health inequalities data for its Public Health managers. | High | Public Health representatives have been interviewed as part of the 'courtyard project' which will inform the review of knowledge management and information. The newly appointed Director of Performance Information and Knowledge Management will provide strategic direction to the SLA when in post. | Christine Urquhart, Rakesh Marwaha – August 2008 |
| Workforce issues 7. The PCT needs to consider whether the promotional capacity and skills within Fresh Start are adequate to meet its referral targets. | High | As part of the social marketing campaign being implemented in Derby on smoking, the successful firm is undertaking a review of stakeholders' views on the adequacy of promotional materials. The social marketing campaign will put in place further promotional capacity designed to increase uptake of the service. | Fresh Start Service Iain Little – action plan to be in place for 08/09 target – June 2008. |

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| 8. The PCT and the City Council need to think through the implications of moving towards the 52 week service, and the types of additional support this service is likely to need. | Medium | Our success in achieving our target for 52-week 'quitters' within the LPSA2 project demonstrated the value of this approach. However, the cost-benefit of this will need to be considered against resourcing the work on our 4-week quit targets and priorities for targeting hard-to-reach groups within the community. | Iain Little - Service Development Manager, Fresh Start Service to PSG July 2008. John Topham, Public Health, Derby City PCT – to CAP May 08 Jenny Mugglestone, DCC – Tobacco Control Strategy to PHF July 08 |
| 9. The PCT and the City Council should explore what other specialist smoking support services other authorities are providing for new migrants, and their staffing requirements. | Low | The PCT has identified, as a priority, a need for the stopping smoking service to further develop services to meet the needs of groups that are traditionally seen as being 'hard to reach'. This will be included within the new Tobacco Control Strategy for Derby. | Iain Little – Service Development Manager, Fresh Start Service Jenny Mugglestone, DCC – as point 8. |
| Workforce issues 10. Fresh Start service should find out what other comparable services are doing to help smokers in the 16 to 24 age group. | Medium | The Fresh Start Service is developing the action plan to meet the 08/09 4 week quit target, and developing proposals to address perceived gaps in the service (such as 16-24 age group). | Iain Little – Service Development Manager, Fresh start Service – July 08 (as part of points 8&9) |

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| <p>11. The PCT and City Council should give thought to the general use of dance and dance trainers, in reducing adult obesity generally and more specifically in BME groups.</p> | <p>Low</p> | <p>We agree that dance can make a valuable contribution to tackling adult obesity.. The City Council's Sport and Leisure Department employs a Dance Development Officer to increase opportunities for people to access dance in both an education and community setting. We also have recently launched 'Kickstart' which is an interactive website designed to encourage adults to become more active by taking up exercise. (www.bactivederby.com/kickstart/) Kickstart in to Dance is an important feature and programme that aims to target adults through a range of have a go dance programmes.</p> <p>This will form part of the comprehensive obesity strategy currently being developed by the Obesity Task Force.</p> | <p>Jon Topham – Senior Public Health Manager, Derby City PCT</p> <p>Andrew Beddow, DCC – obesity strategy to be led overall by Healthy City Executive with consultation planned to commence July 2008.</p> |
| <p>12. The PCT and City Council should consider jointly producing a DVD for BME groups covering the links between lifestyle and health.</p> | <p>Low</p> | <p>We would need to be convinced that stand-alone DVDs without other support mechanisms would be an effective use of resources. We will need to consider available information/data from similar approaches in other areas of the country.</p> | |
| <p>13. The PCT needs to find ways to better engage its GPs within its plans to reduce health inequalities.</p> | <p>High</p> | <p>The PCT has appointed a Director of Engagement to ensure the achievement of Aim 3 of the Healthy Derby Strategy – including the achievement of the active engagement of GPs in the PCT.'</p> | <p>Gill Collinson – Director of Engagement, Derby City PCT – Sept 2008.</p> |

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| 14. The PCT and City Council should introduce a formal monitoring system to help make sure that report recommendations are more promptly acted upon. | High | We agree. Update reports on health improvement will be taken to Trust Board, Council Cabinet and Healthy City Executive. Progress on implementation of Healthy Derby Strategy to be reported to these organisations who will receive updates on Local Area Agreement implementation. | Dr Andrew Wakeman, Director of Public Health, Derby City PCT/DCC John Tomlinson, Assistant Director (EH&TS), DCC July 08 onwards |
| Performance management 15. Further training is provided for all accountable officers on their performance responsibilities and the need for high quality commentaries to support performance data in <i>Performance Eye</i> . | Medium | Training sessions delivered by 'Performance Eye' officers have been set up – initially for DPH, Senior Public Health Officers, and information staff. This will be rolled out to all relevant PCT staff. Managers within the Council have already received this training. | Rajesh Marwaha – Heather Greenan, Planning and Performance Manager, DCC October 2008. |
| Performance management 16. The City Council needs to assure itself that the risks involved with remote data input are properly understood and minimised. | Medium | A new Citrix solution is being implemented for both Performance Eye and Data Warehouse to enable secure remote data entry by partners into both systems. Each partner, including the PCT, will be given appropriate training on entering accurate data on Performance Eye to ensure risks are minimised e.g. entering commentary, use of end-of year forecast figures, appropriate sign off of data. In addition, Performance Eye is being restructured over the summer in light of the new national performance framework. This will facilitate greater use of permissions for particular scorecards of data. | June 2008 Heather Greenan / John Parnham July 2008 Heather Greenan September 2008 Heather Greenan |

