Borders NHS Board

Meeting Date: 1 April 2021

Approved by:	June Smyth, Director of Planning and Performance Tim Patterson, Director of Public Health
Author:	Phillip Lunts, General Manager, Transformation/Strategic Planning Lead Fiona Doig, Head of Health Improvement/Strategic Lead Alcohol and Drug Partnership

MAXIMISING THE IMPACT OF NHS BORDERS ON REDUCING HEALTH INEQUALITIES

Purpose of Report:

The purpose of this report is to seek approval from the Board to pursue a programme of work to maximise the impact of NHS Borders on reducing health inequalities.

Recommendations:

The Board is asked to:-

1. **Reconfirm** commitment to addressing Health Inequalities as a priority for NHS Borders
2. **Accept** the draft framework as an approach to undertaking work
3. **Confirm** establishment of a Programme approach to delivery of this work

Approval Pathways:

This report has been endorsed by the NHS Borders Executive Team, NHS Borders Recovery Group and the Health Inequalities Steering Group. The approach has also been shared with and supported by the Public Governance Committee.

Executive Summary:

Health inequalities are the unfair and avoidable differences in people's health across social groups and between different population groups. A recent paper highlights the non COVID-19 impact of inequalities on health. It suggested that the preventable deaths related to suicide, drugs and inequalities are equivalent to the impact of 6 ***unmitigated*** pandemics in 10 years[1].

This paper proposes adopting the five practical actions outlined in the Marmot report and set out within the NHS Health Scotland publication 'Maximising the role of NHS Scotland in reducing health inequalities[2].

---

[1]McCartney et al (2020), Scaling COVID-19 against inequalities: should the policy response consistently match the mortality challenge? https://jech.bmj.com/content/jech/early/2020/11/03/jech-2020-214373.full.pdf
[2]http://www.healthscotland.scot/media/2103/strategic-statement-english.pdf

These are:

1. Quality services with allocation of resources proportionate to need including prevention
2. Training the workforce to understand their role in reducing inequalities
3. Effective partnership with different sectors to help reduce health inequalities
4. Mitigation of inequalities through employment and procurement processes
5. Advocating to reduce health inequalities

The paper outlines five areas of work in line with these practical actions and proposes taking a Programme approach to delivery over two years.

The paper identifies the requirement for additional Project support to deliver on the programme.

Impact of item/issues on:	
Strategic Context	The Fairer Scotland Duty came into force in 2018 and places a legal responsibility on public bodies including Health Boards, to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage, when making strategic decisions.
Patient Safety/Clinical Impact	Adopting a focus on inequalities will maximise the impact of NHS Borders on reducing health inequalities and should increase access and outcomes for people experiencing or at risk of experiencing health inequalities.
Staffing/Workforce	This programme of work will require dedicated Project Manager and Project Officer Support.
Finance/Resources	Adopting an inequalities lens may lead to reallocation of resources based on assessed clinical/socioeconomic need. There will be a cost associated with delivering the project.
Risk Implications	Failure to adopt this approach will compound the existing health inequalities. A co-production approach to service development will ensure services are fit for purpose and reflect identified need. If services fail to prioritise this area of work outcomes may not be achieved.
Equality and Diversity	A Health Inequalities Impact Assessment will be completed for the action plan. Services are required to undertake an HIIA for any development or change.
Consultation	The approach has been endorsed by the Board Executive Team, Head of Communications, Public Governance Committee. Discussions with key colleagues in Scottish Borders Council have been positive and endorsed a commitment

	to partnership working.
Glossary	HIIA – Health Inequalities Impact Assessment

Situation

1. Health inequalities are the unfair and avoidable differences in people's health across social groups and between different population groups. A recent paper highlights the non-COVID-19 impact of inequalities on health. It suggested that the preventable deaths related to suicide, drugs and inequalities are equivalent to the impact of 6 unmitigated pandemics in 10 years[3].

2. There is a strong strategic national policy direction to ensure that health boards and others address health inequalities[4]. NHS Borders has a commitment within our organisational objectives to 'reduce health inequalities and improve the health of our local population' and has previously endorsed a 'Health in All Policies' approach and has recognised its role in reducing health inequalities.

3. There is growing support for the concept of 'anchor institutions' – using the resources and influence of large organisations such as NHS Borders to support and drive action to address inequalities within our local communities[5].

Background

4. The gaps between those with the best and worst health and wellbeing still persist, and some are widening. At the moment the difference in life expectancy in Borders for women in the most deprived communities compared to least deprived is 13.9 years (76.4 compared to 90.3) while for men it is 10.6 years (83.6 compared to 73).

5. The COVID-19 pandemic has highlighted the impact of health inequalities on different communities in the Scottish Borders.

   - Teviot and Berwickshire (which have many of the more disadvantaged communities in the Borders) have had the highest proportion of positive cases by population and Cheviot and Eildon the lowest; the Teviot rate was 2.3 times higher than Eildon rate
   - 54% of hospital admissions and 70% of deaths were amongst people over the age of 75
   - 50% of workplace outbreaks were within health and social care settings

6. Locally, work on addressing inequalities, particularly the Child Poverty Action Plan and the Scottish Borders Council Anti-Poverty Strategy is a priority area for the Community Planning Partnership[6].

7. A range of small-scale projects to address health inequalities are also underway within NHS Borders:

---

[3] McCartney et al (2020), Scaling COVID-19 against inequalities: should the policy response consistently match the mortality challenge? https://jech.bmj.com/content/jech/early/2020/11/03/jech-2020-214373.full.pdf

[4] Public Health Scotland (2020), Inclusion health principles and practice: An equalities and human rights approach to social and systems recovery and mitigating the impact of COVID-19 for marginalised and excluded people

[5] https://www.health.org.uk/news-and-comment/charts-and-infographics/the-nhs-as-an-anchor-institution

[6] https://scotborders.citizenspace.com/customer-communities/antipovertystrategyconsultation/consult_view/

- Screening programmes targeting populations with lower uptake (e.g. mental health, learning disabilities)
- Drop-in clinics (e.g. sexual health, alcohol and drugs)
- Shared working e.g. whole systems approach Eyemouth
- Living Wage Award
- Modern apprentices
- Project Search

8. There is a groundswell of commitment across the organisation to take action to create more equitable and fairer health services following the pandemic. Fully addressing Health Inequalities inevitably involves a need to work with a wide range of partners and stakeholders. However, we feel there is a need for work specifically within NHS Borders to ensure that our organisation is focused on addressing health inequalities.

9. A group of senior stakeholders from all areas of NHS Borders has come together as a Health Inequalities Steering Group to develop a plan. The focus is on:

- Supporting clinicians and service users to develop practical actions that can be taken at an individual level to help reduce health inequalities
- To embed an understanding of health inequalities at all levels of the organisation and adopt an 'inequalities lens' when undertaking service improvement and development and when considering resource allocation.

10. Actions will be based on the 5 areas identified in the Marmot report and set out within the NHS Health Scotland publication 'Maximising the role of NHSScotland in reducing health inequalities[7]'. These are:

    1. Quality services with allocation of resources proportionate to need including prevention

    2. Training the workforce to understand their role in reducing inequalities

    3. Effective partnership with different sectors to help reduce health inequalities

    4. Mitigation of inequalities through employment and procurement processes

    5. Advocating to reduce health inequalities

Assessment

11. Based on conversations to date this paper proposes a 2-year NHS Borders Programme around Health Inequalities. The Programme will have 5 workstreams;

    1. Data – to develop baseline 'Picture of Health in the Scottish Borders', monitoring datasets and deep dive analyses for individual services

    2. Engaging with communities and individuals - linking with existing and planned consultation work, engaging with local Third Sector and other representative

[7] http://www.healthscotland.scot/media/2103/strategic-statement-english.pdf

bodies and working directly with groups and individuals who experience health inequalities to develop new ways of delivering services

3. Delivering Service change
    a. Initial phase working with 4 'test' services/teams to
        - Undertake service-level deep dive analysis
        - Engage users and services in developing ways of addressing inequalities
        - Co-design service changes
    b. Further phases of work with other services across NHS Borders
    c. Embed Health Inequalities Impact Assessment application in all areas

4. Role of NHS Borders as an 'anchor' organisation: Using our place in and effect on the local community to reduce health inequalities – employment, procurement, buildings etc

5. Working with Partners: supporting SBC Place engagement and Anti-Poverty Strategy work, development of Local Area Partnerships as community engagement functions and work with Third Sector, Housing and other groups to address health inequalities

The high level programme plan and timescale will be:

12. The Programme will be delivered as a large-scale Service Improvement Programme and will supported by a Programme Manager and appropriate resources to enable clinicians, service users and other staff to engage fully.

13. This programme will require significant commitment at all levels of the organisation.