

## Health Inequalities Priorities for East Lothian CHP 2011-2014

### Introduction

*“The main function of health improvement is to find ways of preventing ill-health, protecting good health and promoting better health – this is closely linked to quality of life and the concept of well being. This is achieved by working with local communities and organisations across public, private and voluntary sectors to address the personal, socio-economic and cultural factors that influence the health of each person. Relevant interventions are at the level of group, (inter) organisation, community, whole population and systems. This should be distinguished from clinical interventions that treat individual patients”.*

The purpose of this paper is to identify the Community Health Partnership’s (CHP) health improvement and health inequalities priorities which underpin the local Health Improvement Fund priorities for 2011-2014 and to provide details of the funding bid parameters.

### Background

CHP priorities are shaped by key policy documents and initiatives produced by the Scottish Government. These include:

1. **Single Outcome Agreements (SOA)**<sup>1</sup> – Now form the basis for agreement between the Scottish Government and Community Planning Partners (CPP) on priority outcomes.
2. **Equally Well**<sup>2</sup> – Report from the Ministerial Task Group on Health Inequalities. Implementation Plan sets out priority actions for reducing health inequalities. East Lothian is a pilot site for Equally Well, and this pilot is supported from the Start which runs until 2011<sup>3</sup>. The Equally Well Implementation Plan sets out the key actions required across Scotland and the agencies involved. The plan identifies examples of key actions for CHPs to enable them to contribute to reducing health inequalities. These are outlined in Appendix 1
3. **Scottish Government’s National Priorities**<sup>4</sup> – Sets out the purpose, key priorities, objectives and measures for the Government and public sector delivery in Scotland.
4. **Health Improvement Performance Management framework**<sup>5</sup> – Takes an outcomes approach to delivery for health improvement priorities;
5. **Better Health, Better Care**<sup>6</sup> – Sets out the Scottish Government’s priorities for Health.
6. **HEAT Targets**<sup>7</sup> – Performance measurement targets for area NHS Boards
7. **Marmot Review**<sup>8</sup> – Recent report on tackling health inequalities in England & Wales. This document is also of considerable relevance here in Scotland. A summary of the key points of the review is available in Appendix 2.

<sup>1</sup> <http://www.eastlothian.gov.uk/downloads/ELCP SOA2009.pdf>

<sup>2</sup> <http://www.scotland.gov.uk/Resource/Doc/229649/0062206.pdf>

<sup>3</sup> <http://edubuzz.org/blogs/equallywell>

<sup>4</sup> <http://www.scotland.gov.uk/About/scotPerforms/purposes>

<sup>5</sup> <http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/17273>

<sup>6</sup> <http://www.scotland.gov.uk/Resource/Doc/206458/0054871.pdf>

<sup>7</sup> <http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/17273/targets>

<sup>8</sup> <http://www.ucl.ac.uk/ghcg/marmotreview/FairSocietyHealthyLives>

### **Social capital: a positive impact on health inequalities<sup>9</sup>**

The resources people develop and draw on to increase their confidence and self-esteem, their sense of connectedness, belonging, and ability to bring about change in their lives and communities. This links directly with priority nine in Marmot (2010).

Health inequalities arise when some people have less access than others to resources that support health and well-being. There are many risk factors which contribute to health inequalities including poverty, low educational achievement, poor environment, and lack of self-esteem and hope. These can result in lower levels of physical and mental health, reduced well-being and shorter life expectancy.

Developing social capital is one way to tackle the health inequalities that result from social isolation, low levels of support and low self-confidence. Benefits include:

- Increased confidence and self-esteem
- A sense of connectedness and belonging
- The ability to bring about change in your own life or in your community.

Evidence shows that all of these are all protective factors in relation to health.

### **Types of social capital**

- **Bonding:** strong supportive ties which occur within a group, e.g. a family, circle of friends, club, religion, ethnic group etc.
- **Bridging:** weaker ties that connect people across group boundaries, for example with work colleagues, acquaintances, individuals from different communities etc. These are critical to providing access to new ideas, resources, communities and cultures.
- **Linking:** connections between those with different levels of power or status. They connect people that may have similar ideals but who move in different social classes and circles. Linking ties are important for strategic outcomes, and for increasing the ability of individuals and communities to influence change.

### **Community Health Partnership role**

The CHP is a key player in the delivery of local services to address major drivers of health inequality. Improving health and reducing health inequalities requires implementation across the whole NHS system, alongside co-ordinated action with partner organisations. The CHP needs to collaborate with community planning partners to identify communities' needs and priorities and to agree plans and programmes of activity to address health inequalities. In recent years that effort has been directed through a series of Joint Health Improvement Plans.

Single Outcome Agreements identify high level joint outcomes for Community Planning Partnerships. These high level outcomes need to be supported by more detailed planning 'below the waterline'. For health improvement, the focus should be on identifying and agreeing local needs and priorities, and delivering activities and

---

<sup>9</sup> From - Social Capital, Health and Wellbeing: a planning and evaluation toolkit - Edinburgh Health Inequalities Standing Group

programmes to address these. This requires a locally agreed and systematic approach.

### **East Lothian HIF previous priority areas**

The previous areas supported by HIF were:

- Physical Activity (although not in recent years – funding ceased in 2003/4)
- Mental health improvement (now mainstreamed for young people within the CAMHS team and covered elsewhere by Choose Life to some degree)
- Small Project Grants
- Food & Health Development Worker (due to be mainstreamed by ELC)
- Young Carers

### **Proposed new priority areas**

All funded work will be expected to focus on aspects of promoting social capital and addressing inequalities – work targeted specifically to address well defined health inequalities across and within East Lothian such as those associated with socioeconomic deprivation; literacy; numeracy; gender; age; ethnicity and religious affiliation; disability status; sexual orientation; occupational social class<sup>10</sup>.

In addition it is expected that applications will specifically focus on at least one of the following priority areas:

- **Community food & health**, to improve availability of and access to healthy food choices.
- **Early years** – work targeted and supporting the best possible start in life focused on those areas / communities labouring under the greatest disadvantage. Embed learning from ‘Support from the Start’.
- **Physical activity and wellbeing**
- Focussed public health interventions on reducing the **social gradient** of inequalities in any given topic or issue area.

### **Funding bid parameters**

The HIF funds available to the CHP allow for a number of different types of bids to be considered. There will be three levels of awards subject to the overall amount available and the number and range of bids submitted. Bids are welcome of all sizes within the following categories.

1. Grants of up to £20,000 per annum for three years
2. Grants of up to £5,000 per annum for three years
3. Grants of up to £2,000 on a one off non-recurring basis

---

**This paper was produced by the East Lothian Public Health Team on behalf of East Lothian Community Health Partnership**

**June 2010**

---

<sup>10</sup> <http://www.equalities.gov.uk/pdf/NEP%20Report%20bookmarkedfinal.pdf>

## Appendix 1<sup>11</sup>

<b>Key CHP actions identified in <i>Equally Well</i></b>
Range of actions to improve mental health and wellbeing
Support vulnerable families with very young children
Community nursing role in supporting looked after and accommodated children
Nursing support for schools to deliver the Curriculum for Excellence health and wellbeing outcomes and meet children's health needs through an integrated approach
Establish working links with local colleges
Promote health benefits of employment and support patients and customers to remain in or re-enter work
Encourage "social prescribing", for example of physical activity
Drug and alcohol services, planned and delivered as part of local Alcohol and Drug Partnerships
Targeted health checks and anticipatory care
Improve access to primary care and other health services for vulnerable groups
Manage the development of professional roles and skill mix in the workforce
As a commissioner and funder of Third Sector and community-led activities that promote health and tackle the underlying causes of health inequalities
Promote equality and eliminate discrimination in service provision
Engage the community on planning and delivering of CHP services
Promote and facilitate the partnership approach locally, within the overall community planning arrangements
As a large employer of staff and an investor in the local community
Update their Scheme of Establishment and operating plans to incorporate critical action on both causes and consequences of health inequalities; Action must align with community planning outcomes and support the SOA
Track progress towards short-term and intermediate health inequalities outcomes

<sup>11</sup> <http://www.scotland.gov.uk/Resource/Doc/229649/0062206.pdf>

## Appendix 2<sup>12</sup>

<b>Key messages of the Marmot Review – Fair Society, healthy Lives</b>	
1	Reducing health inequalities is a matter of fairness and social justice.
2	There is a social gradient in health. Action should focus on reducing the gradient in health.
3	Health inequalities result from social inequalities. Action on health inequalities requires action across all the social determinants of health.
4	Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently.
5	Action taken to reduce health inequalities will benefit society in many ways.
6	Economic growth is not the most important measure of our country's success. The fair distribution of health, well-being and sustainability are important social goals.
7	Reducing health inequalities will require action on six policy objectives: <ul style="list-style-type: none"> <li>• Give every child the best start in life</li> <li>• Enable all children young people and adults to maximise their capabilities and have control over their lives</li> <li>• Create fair employment and good work for all</li> <li>• Ensure healthy standard of living for all</li> <li>• Create and develop healthy and sustainable places and communities</li> <li>• Strengthen the role and impact of ill health prevention</li> </ul>
8	Delivering these policy objectives will require action by central and local government, the NHS, the third and private sectors and community groups.
9	Effective local delivery requires effective participatory decision-making at local level. This can only happen by empowering individuals and local communities.

<b>Five Key Priority Public Health Proposals from Marmot</b>	
1	Reduce smoking in the most marginalised groups by focusing on price and availability, while providing stop smoking services targeted to help the poorest groups quit.
2	Improve availability of and access to healthier food choices amongst low income groups
3	Improve the early detection and treatment of cancer, diabetes and cardiovascular disease, especially among the more susceptible groups.
4	Introduce a minimum price per unit for alcohol.
5	Improve physical healthcare for people with mental health problems and mental healthcare for people with physical health problems.

<sup>12</sup> <http://www.ucl.ac.uk/gheg/marmotreview/FairSocietyHealthyLives>