

Promoting healthier communities and narrowing health inequalities: a self-assessment tool for local authorities

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This document contains hyperlinks, signified by red text. Click on a hyperlink to go straight to the relevant publication (usually in pdf format) on the web.

Introduction

What's the background to the shared priority on healthier communities?

Promoting healthier communities and narrowing health inequalities is one of the priorities for local public service delivery shared by central and local government. This and the other shared priorities – on improving the quality of life for older people; safer and stronger communities; children and young people; and sustainable communities and transport – will be embedded in comprehensive performance assessment from 2005. The shared priorities will also underpin the development of local area agreements, a new approach to improving coordination between central and local government and its partners, to be piloted in 2005/06.

The Shared Priority Project, sponsored by the Local Government Association and the Department of Health, brings together 12 lead authorities with the aim of generating learning that will enable all councils to work with their primary care trusts (PCTs) and regional partners to promote healthier communities and reduce health inequalities.

Why a self-assessment tool?

As community leaders and the agencies holding many of the local levers for change, councils are uniquely placed to achieve improvements in community health and to narrow the health gap. But because health has not been part of councils' core business, they have not generally been systematic about maximising the positive health impacts of their leadership and services. The public health white paper, *Choosing health* (DH, 2004), highlights the leadership role of councils and proposes that they give a more explicit priority to health improvement and narrowing health inequalities. However, tackling health inequalities is a major challenge – it means councils must aim for a faster rate of improvement in the health of disadvantaged groups than in their population as a whole.

This self-assessment tool aims to help councils consider whether there are gaps in their capacity to tackle the health problems in their area. The lead authorities in the Shared Priority Project have tested and used it in a variety of ways to support planning and organisational development.

The tool focuses on councils' capacity to tackle health inequalities, but assumes that they will be drawing on the capacity of partners in the local strategic partnership (LSP), particularly the resources of PCTs.

How will councils benefit from using the tool?

Comprehensive performance assessment in 2005 will recognise performance on the shared priorities. Using the self-assessment tool as part of planning on health inequalities should help councils to prepare for the new round of comprehensive performance assessment and the roll-out of local area agreements in 2006/07.

The shared priority on healthier communities and narrowing health inequalities relates very closely to the other shared priorities. These are about improving not just services – eg for children and young people – but also the local social, economic and physical environment, which means that they should have a positive effect on health. The self-assessment tool aims to help councils achieve a coordinated approach to planning for health.

The cross-government strategy *Tackling health inequalities* (DH, 2003) makes many recommendations aimed at local authorities (see 'What is the role of councils in tackling health inequalities?' below, and the appendix). These are strongly endorsed in *Choosing health* (DH, 2004). Self-assessment should

help councils play their part in the action programme, meet floor targets and negotiate local public service agreements (LPSAs) on tackling health inequalities.

What's in the self-assessment tool?

The tool offers a framework and checklists for exploring:

- The council's understanding of health inequalities and the role of local government in tackling them
- What the council knows about the health inequalities in its area
- What it is already doing, and whether there is successful work to build on
- Whether it has the capacity to tackle health inequalities.

Using the tool – what are the success factors?

Experience suggests that self-assessment is more likely to be effective when there is:

- Recognition that self-assessment is a key part of planning
- High-level leadership – support from members and the chief executive is essential, and senior officers from relevant service departments and bodies must be signed up
- Early consultation with colleagues in service departments – to gain acceptance of the process
- Understanding of links with other planning activities
- A commitment to draw on work that has already been done
- A rapid appraisal approach, but with time allowed for gathering essential information and advice, consulting with partners and, if necessary, engaging consultancy support
- A clear reporting mechanism so that the self-assessment findings (the 'gap analysis') feed speedily into the next stages of planning
- Project management skills and technical support, whether provided in-house, by partners or by consultants.

What is the role of councils in tackling health inequalities?

There are four main themes in *Tackling health inequalities: a programme for action*:

- Supporting families, mothers and children
- Engaging communities and individuals
- Preventing illness and providing effective treatment and care
- Addressing the underlying determinants of health.

For each theme there are recommendations for councils. These recommendations should be an important reference point during self-assessment and at subsequent planning stages. Appendix 1 summarises the recommendations, mapping them against typical departmental responsibilities.

The recommendations cover many possible areas for council action. For example some services – such as tailored joint social care and health services for vulnerable people – have a direct impact on the health of individuals. Other services – such as education, housing, planning, transport, environment, leisure, culture and sport – promote community wellbeing by tackling some of the underlying determinants of health. Their impact on health is less direct, but hugely significant.

Tackling health inequalities uses the model in Figure 1 to illustrate the relationship between themes and underpinning principles for action.

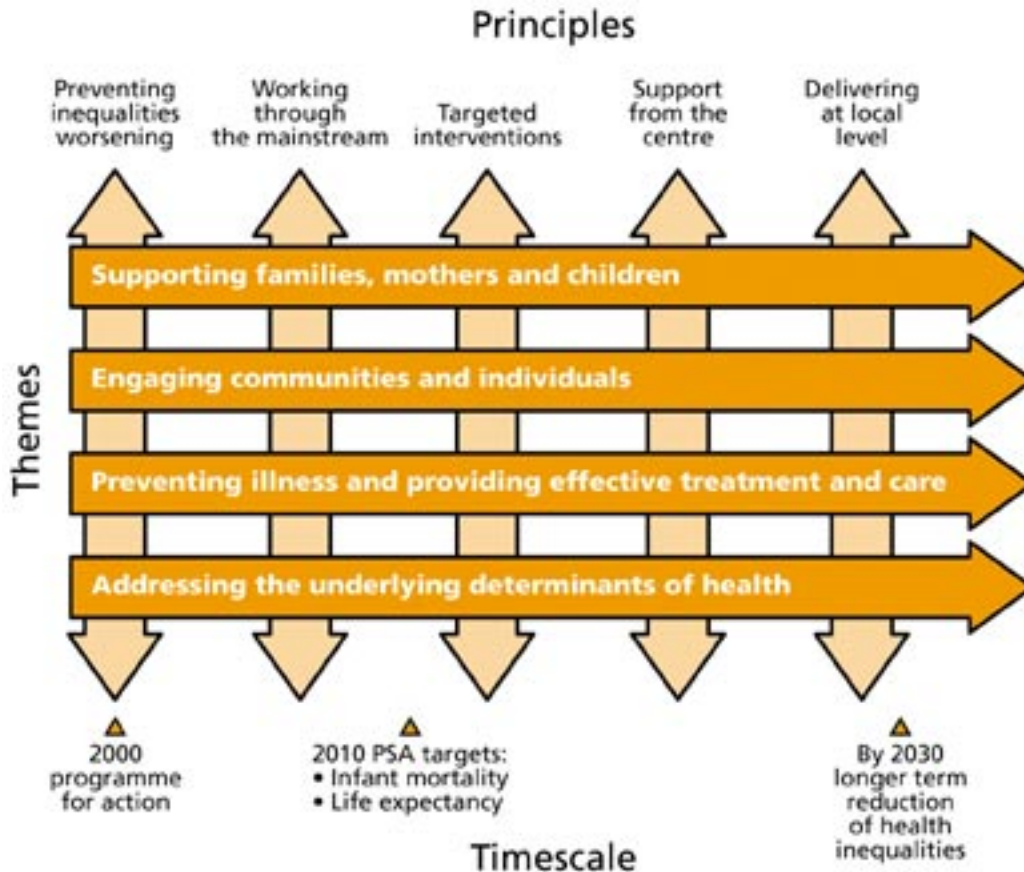
Thinking about health inequalities

The following definitions may be helpful in thinking about health inequalities and the inequities that produce them:

- **Health inequalities** are **differences in health experience and health outcomes** between different population groups – according to socio-economic status, geographical area, age, disability, gender or ethnic group
- **Health inequities** are the **differences in opportunity** for different population groups that result in unequal life chances and unequal access to health services, nutritious food, adequate housing, and so on. These can lead to health inequalities.

The big question for planners, therefore, is **whether resources are distributed fairly in relation to the health needs of different groups**. These resources include services, facilities, and determinants of health including employment and education (from APHO and HDA, 2003, *Health equity audit made simple*; see page 4 for more on the determinants of health).

Figure 1 Health inequalities programme for action: themes and principles



Box 1 Dimensions of inequality

- Inequality of the **wider determinants of health** (housing, education, transport, employment, nutrition)
- **Financial and geographical** inequality (some areas may receive disproportionate financial resources which are not based on need)
- Inequality of **service provision** (services vary unfairly between populations)
- Inequality of **access to services** (unequal opportunity to use services, inaccessibility to some members of the community)
- Inequality of **service use** (poor uptake of benefits advice, lack of awareness of services or the right to use them)
- Inequality of **health and illness** between individuals and groups (different illness and death rates for people from different social and ethnic groups, and for men and women).

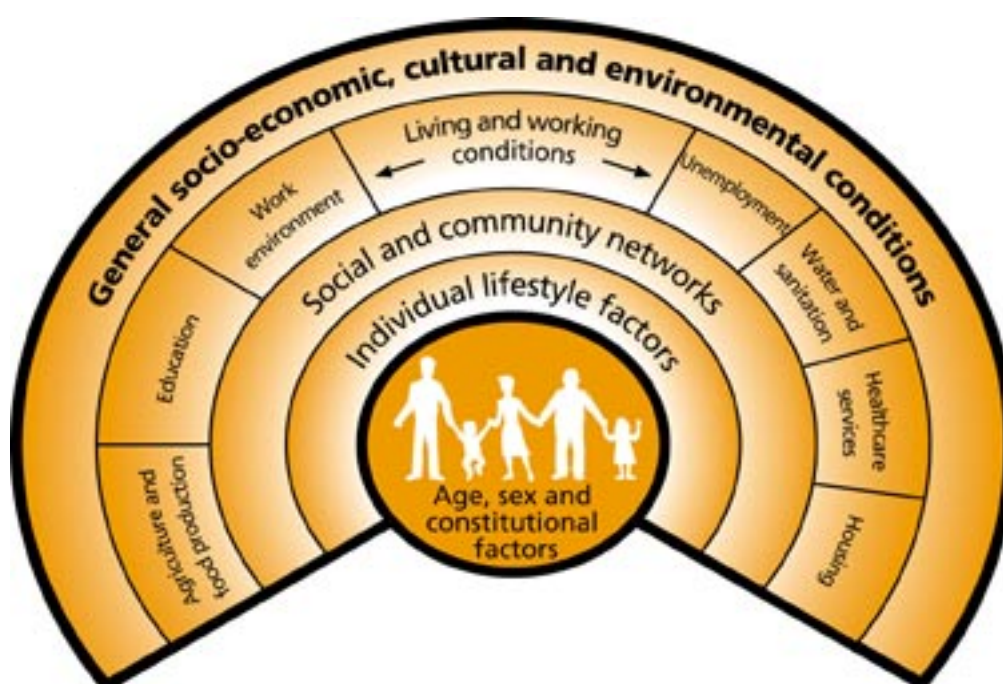
(From Bull and Hamer, 2001)

Box 1 shows how health planners in Norfolk tackled this question in their health inequalities and modernisation plan. Without this kind of approach it is impossible to tailor and target interventions to meet the particular needs of segments of the population, and there is an increased risk of making inequalities worse.

A social model of health underpins current public health policy (Figure 2). The determinants of health can be considered as 'layers of influence' on the individual. The model suggests where there is potential for council leadership – eg on aspects of living and working conditions, social and community networks and, in partnership with the PCT and others, individual lifestyle factors.

It is often supposed that action on the determinants of **health** automatically tackles the determinants of **health inequalities**. In fact, positive trends in health determinants can go hand-in-hand with widening inequalities in their distribution among the population – eg rising levels of overall educational attainment could mask a growing gap in attainment between the highest and lowest social groups (Graham and Kelly, 2004). This underlines the importance of understanding the relationship between health **inequities** and health **inequalities**. It also explains why local strategies concerned with the underlying determinants of health need to be assessed for their health impact.

Figure 2 Influences on health (Dahlgren and Whitehead, 1991)

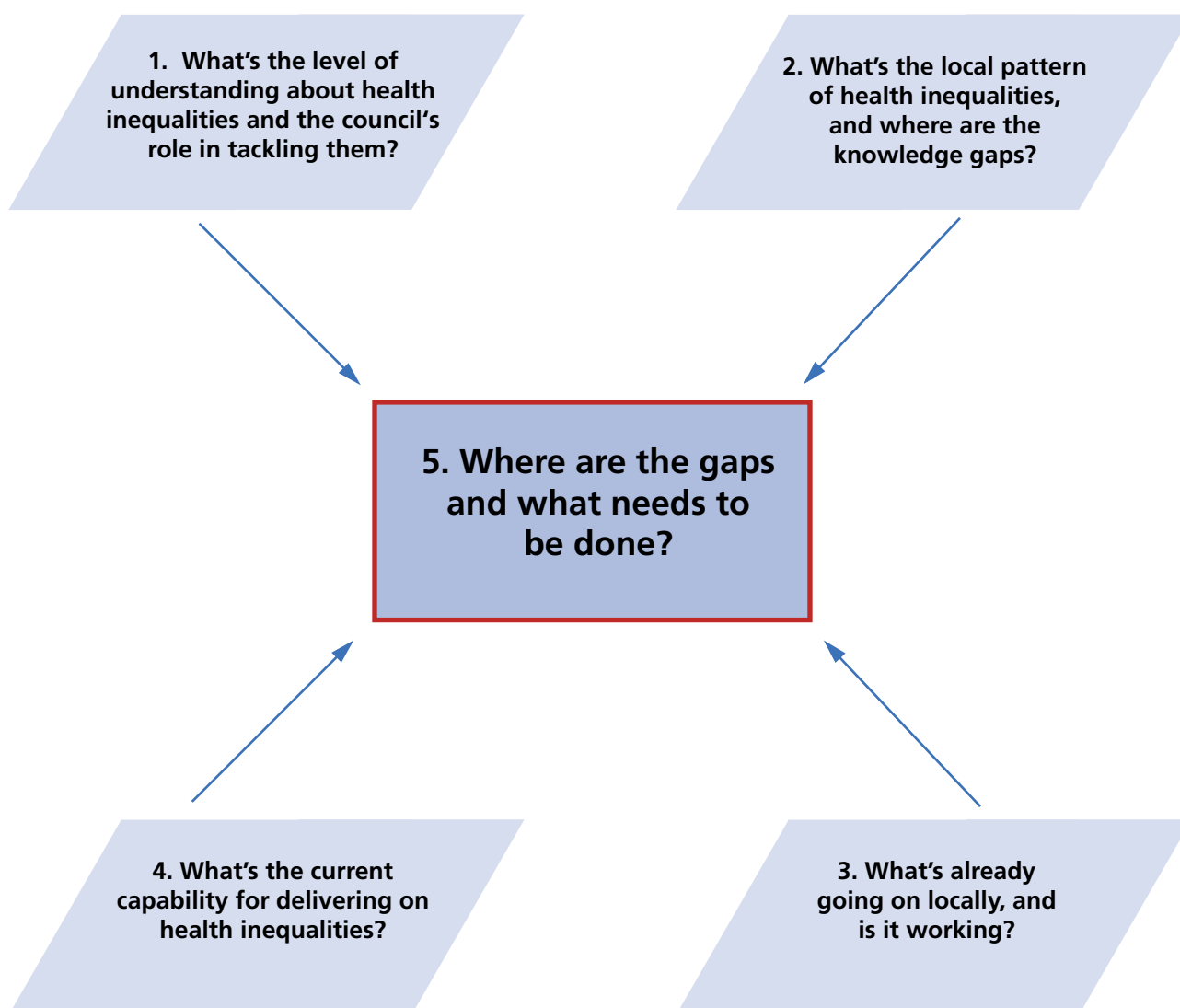


Self-assessment framework and checklists

Self-assessment is the first stage of a planning process for tackling health inequalities. The findings of the assessment should result in action to plug gaps in capacity as a preliminary to discussion on priorities and objectives. Before starting, it is important to consider whether the conditions for an effective self-assessment are in place (see 'Using the tool – what are the success factors?', page 2).

In Figure 3, boxes 1–4 set out the aspects of capacity covered by the checklists in the following pages; box 5 is about considering the findings obtained from using the checklists.

Figure 3 Self-assessment framework



Checklist 1

What's the level of understanding about health inequalities and the council's role in tackling them?

- Are members/chief officers aware of the national health inequalities targets and other public health priorities?
- Are they aware of current policies on the role of councils in tackling health inequalities?
- Do they know that community leadership now includes responsibilities for promoting a healthier community and narrowing health inequalities?
- Do they recognise that the pattern of health inequalities in the area is linked to the pattern of deprivation, educational attainment, employment, social cohesion, housing and environmental quality, and access to good quality council services?
- Are they aware that tackling health inequalities means tailoring and targeting services and initiatives so that they reach those who need them most, and that there is a risk of widening health inequalities if they do not do so?
- Do they know that the PCT and other local NHS organisations are expected to work with the council and other local partners to tackle health inequalities?

Checklist 2

What is the local pattern of health inequalities, and where are the knowledge gaps?

- Is there enough information about health inequalities to enable the council to assess the needs in its area effectively? For example, does the council know:
 - who has the worst health outcomes
 - according to socio-economic group, ethnicity, sex, disability, age, sexual orientation, and faith community?
 - which neighbourhoods are both the worst for health and the most deprived?
 - whether there are particular groups with a high likelihood of poor health – eg refugees, asylum seekers, travellers, homeless people?
- Are there arrangements for filling information gaps by using the PCT's information resources, the expertise of the director of public health, and the regional public health observatory?

- Is there information that has already been used to plan services and initiatives for disadvantaged areas and groups – eg the local neighbourhood renewal strategy, Sure Start local programmes, children's centres, extended schools?
- Are there sources of 'softer' intelligence, eg:
 - public and community views on health priorities?
 - knowledge and views of elected members?
 - views of partners in the LSP and other partnerships, including voluntary and community organisations?
- Are there relevant findings or recommendations from health or other scrutiny exercises?

Checklist 3

What's already going on locally, and is it working?

- Have there been new partnership arrangements or service developments explicitly aimed at improving health or reducing health inequalities, eg:
 - joint public health posts with the PCT?
 - pooling of resources and joint commissioning?
 - integration of services for families, mothers and children?
- Are services and initiatives already targeted at disadvantaged areas and vulnerable groups, and are their expected health outcomes specified, eg in an LPSA?
- Has the council made changes to any services because it has identified inequities in access to them?
- Does the council work with the PCT on health promotion programmes (eg tobacco and alcohol control, physical activity, healthy eating, accidents, healthy schools)?
- Does the council use impact assessment techniques to ensure policies, service developments and initiatives have a positive effect on the health of local people, particularly disadvantaged groups?
- Are there community assets to underpin action on health inequalities, eg social capital and high levels of community engagement, or as a result of community development programmes and initiatives such as neighbourhood management and Sure Start?
- Can the council point to evidence of progress in narrowing health inequalities, whether as a result of joint health promotion programmes or through services or initiatives concerned with underlying health determinants?

Checklist 4

What's the current capability for delivering on health inequalities?

- Do the corporate vision and strategy give a strong sense of the difference the council intends to make in the most disadvantaged communities, and to the lives of the most disadvantaged individuals?
- Is there evidence of strong commitment to tackling health inequalities among leading members and chief officers?
- Are the resources of partners routinely factored into assessments of capacity for tackling health inequalities?
- Are there robust joint planning arrangements between the council and the PCT?
- Are there effective mechanisms for enabling communities to participate in the development and evaluation of action on health inequalities?
- Is there a clear line of accountability in the council for work on health inequalities?
- Is the council's system for performance managing action on health inequalities aligned with the PCT's, and is there a joint review procedure?
- Are sufficient skills available, and is an infrastructure of skills in place to deliver the work on health inequalities?

Checklist 5

Where are the gaps and what needs to be done?

The following statements, based on checklists 1–4, sum up where councils need to be to ensure their planning on tackling health inequalities is as effective as possible. The self-assessment exercise should prompt action to fill gaps in capacity by indicating whether the council:

- **is where it needs to be already?**
 - **has some way to go?**
 - **has a long way to go?**
- The council understands the policy context for action on health inequalities and the part councils are expected to play, and is aware of key implications for delivery of services and initiatives.
 - The council can bring together information from a variety of sources to produce a detailed analysis of the health inequalities in its area.
 - The council has an overview of the progress it has already made in focusing policies and action on tackling health inequalities, and has a clear picture of community resources.
 - The leadership, partnership arrangements and community engagement necessary for effective action on health inequalities are in place, along with key staff to take things forward, and appropriate performance management.

Sources of information and advice

Publications and websites

Public health policy

DH (2003) **Tackling health inequalities: a programme for action**. London: Department of Health.

DH (2004) **Choosing health: making healthier choices easier**. London: Stationery Office.
(Executive summary at: www.dh.gov.uk/assetRoot/04/09/47/51/04094751.pdf)

Understanding health inequalities

Acheson, D. (1998) **Independent inquiry into inequalities in health**. London: Stationery Office.

Dahlgren, G. and Whitehead, M. (1991) *Policies and strategies to promote social equity in health*. Stockholm: Institute of Futures Studies.

Graham, H. and Kelly, M.P. (2004) **Health inequalities: concepts, frameworks and policy**. London: Health Development Agency.

Planning tools for tackling health inequalities

APHO and HDA (2003) **Health equity audit made simple. A briefing for primary care trusts and local strategic partnerships**. Stockton on Tees: Association of Public Health Observatories/London: Health Development Agency.

Aspinall, P.J. and Jacobson, B. (2005) *Health equity audit: a baseline survey of primary care trusts in England*. London: Health Development Agency (forthcoming).

Bull, J. and Hamer, L. (2001) **Closing the gap: setting local targets to reduce health inequalities**. London: Health Development Agency.

DH (2003) **Health equity audit. A guide for the NHS**. London: Department of Health.

DH (2003) **Health equity audit. A self-assessment tool**. London: Department of Health.

Fitzpatrick, J. and Jacobson, B. (2003) *Local basket of inequalities indicators*. Stockton on Tees: Association of Public Health Observatories/London: Health Development Agency.
www.lho.org.uk/Health_Inequalities/Basket.htm
and
www.lho.org.uk/Health_Inequalities/Attachments/Word_Files/Local_basket_of_inequalities_indicators.doc

HDA (2002) **Health needs assessment workbook**. London: Health Development Agency.

HDA (2002) **Introducing health impact assessment: informing the decision-making process**. London: Health Development Agency.

HDA (2003) **Addressing inequalities through health impact assessment**. London: Health Development Agency.

HDA (2004) **Clarifying health impact assessment, integrated impact assessment and health needs assessment**. London: Health Development Agency.

For more on health impact assessment see Health Impact Assessment Gateway, www.hiagateway.org.uk

Effective joint planning

Hamer, L. (2003) **Planning with a purpose. Local authorities and the NHS: planning together to improve health and wellbeing across the LSP**. London: LGA/HDA/NHS Confederation.

Hamer, L. (2004) **Pooling resources across sectors. A report for LSPs**. (Summary: www.hda-online.org.uk/Documents/pooling_resources.pdf)

Hamer, L. and Easton, N. (2002) **Community strategies and health improvement: a review of policy and practice**. London: Health Development Agency.

Hamer, L. and Easton, N. (2002) **Planning across the LSP: case studies of integrating community strategies and health improvement**. London: Health Development Agency.

HDA (2004) **NHS as partner with local authorities and others**. London: Health Development Agency.

Neighbourhood renewal and health

DH and NRU (2002) **Health and neighbourhood renewal. Guidance from the Department of Health and Neighbourhood Renewal Unit**. London: Department of Health and Neighbourhood Renewal Unit.

For more on health and neighbourhood renewal see www.renewal.net

Healthier communities – local government and public health

For information, resources and learning on local government's contribution to public health and about the Shared Priority Project, go to IDEa Knowledge at www.idea-knowledge.gov.uk, click 'Improving your services', register and then click 'Healthier communities' under 'Topics'.

Scrutiny

DH (2003) *A guide to the NHS for members and officers of health scrutiny committees*. London: Department of Health.

Hamer, L. (2003) *Local government scrutiny of health: using the new power to tackle health inequalities*. London: Health Development Agency.

For more on health scrutiny see Centre for Public Scrutiny, www.cfps.org.uk/home/index.php

Health and deprivation information

- Indices of deprivation:
www.neighbourhood.gov.uk/indices.asp?pageid=40
- Neighbourhood statistics:
www.neighbourhood.statistics.gov.uk
- Health poverty index (HPI) visualisation tool:
www.hpi.org.uk
- PCT-level health information provided by Regional Public Health Observatory:
www.pho.org.uk

Organisations

Audit Commission:
www.audit-commission.gov.uk

Department of Health – health inequalities:
www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/HealthInequalities/fs/en

Faculty of Public Health:
www.fph.org.uk

Health Development Agency:
www.hda.nhs.uk

Improvement and Development Agency (IDeA):
www.idea.gov.uk

Local Government Association:
www.lga.gov.uk

National Institute for Clinical Excellence (NICE):
www.nice.org.uk

Regional Public Health Observatory:
www.pho.org.uk

Appendix: Tackling health inequalities: a programme for action – recommendations for local authorities

<i>Housing</i>	
Themes	Recommendations
Supporting families, mothers and children	Develop clear guidance on arrangements for homeless families and their children
Engaging communities and individuals	Underline the links between the quality of local environments and people's physical and emotional wellbeing Eliminate the use of B&B accommodation for homeless families with children
Addressing the underlying determinants of health	Ensure all housing meets the decent homes standard by 2010 Ensure that 80,000 vulnerable households in the private sector have been helped to make their homes decent by 2005/06 Introduce a housing health-and-safety rating system to enable local authority action, particularly on multiple-occupation housing Take action on poorly insulated homes

<i>Education</i>	
Themes	Recommendations
Supporting families, mothers and children	Narrow the gap in educational achievement for young people from disadvantaged backgrounds Focus the Healthy Schools Programme on disadvantaged areas and strengthen the teaching of personal, social and health education Act locally to reduce truancy Develop sports facilities through the New Opportunities PE and Sports Programme, and roll out the school sport coordinator infrastructure Use culture and creativity to increase engagement and improve school attendance
Engaging communities and individuals	Greater use of school facilities to deliver services
Addressing the underlying determinants of health	Create better and safer local environments Develop consistent transport and land-use planning policies so that people can get to work and key services, and take more exercise Improve the job prospects of black and ethnic minority groups (with JobCentre Plus and Connexions services)

<i>Transport</i>	
Themes	Recommendations
Engaging communities and individuals	Improve access to local services by improving transport and the location of services
Preventing illness and providing effective treatment and care	Reduce illness and death from accidental injury – children in low-income families and vulnerable older people
Addressing the underlying determinants of health	Reform patient transport services and hospital travel costs scheme

<i>Planning and environment</i>	
Themes	Recommendations
Engaging communities and individuals	Underline the links between the quality of local environments and people's physical and emotional wellbeing
Addressing the underlying determinants of health	Create better and safer local environments

<i>Community involvement</i>	
Themes	Recommendations
Supporting families, mothers and children	Involve young people in designing and evaluating the impact of public sector services
Engaging communities and individuals	Engage communities in the planning and provision of services Promote community networks to increase participation, taking account of learning from Sure Start local programmes

<i>Social care</i>	
Themes	Recommendations
Supporting families, mothers and children	Develop multi-disciplinary family support teams, working with Sure Start local programmes, PCTs and voluntary organisations
Engaging communities and individuals	Implement the recommendations of the <i>Valuing people</i> white paper to tackle health inequalities for people with learning disabilities

About the Health Development Agency

The Health Development Agency (www.hda.nhs.uk) is the national authority and information resource on what works to improve people's health and reduce health inequalities in England. It gathers evidence and produces advice for policy makers, professionals and practitioners, working alongside them to get evidence into practice.

About the Public Health electronic Library

The Public Health electronic Library (PHeL, www.phel.gov.uk) is a gateway which aims to provide knowledge and know how to promote health, prevent disease and reduce health inequalities.

If you would like to be informed as soon as HDA publications are available please join our email alert system:
email: publications@hda-online.org.uk

You will be held on our central database for this purpose. You have the right to receive a copy of the data we hold on you and to correct any errors.

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