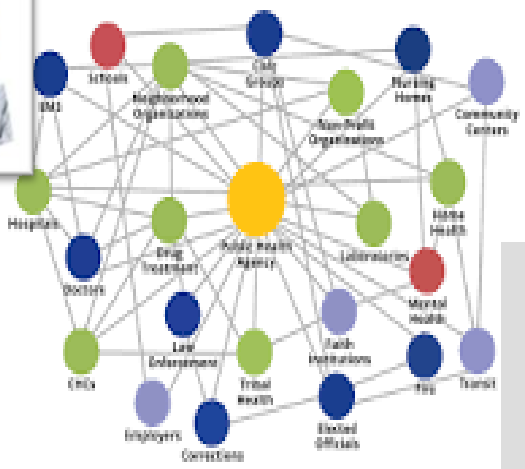
Health System Approach to Equity and Health Inequalities



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Foreword

Health system approach to equity and health inequalities

In NHS Grampian, we are committed to keeping equity and addressing health inequalities at the forefront of what we do.

We need leadership at every level in order to truly embed equity, creating an organisational culture that addresses this systematically, as part of day to day business.

In this document, we have set out the health system approach we are adopting to help us achieve this consistently, building on many examples of current good practice.

Addressing equity and health inequalities makes sense, fits well with current local and national policy, in particular the Grampian Clinical Strategy and Realistic Medicine. The system approach will contribute to tackling some of the significant challenges the health service faces by enabling the people of Grampian to live as well as they can.

We recognise, however, that It is actions with our partners on social policy that provide the most significant opportunities to address the broad fundamental causes that consign too many of our population to poor health in the first instance.

The gap between the very rich and the rest of the population is wider in Britain than in any other large country in Europe. Annual income trumps all other measures of inequality. Nowhere are the repercussions of living with gross inequality more evident than in our health and well-being.

Within that context, and those understandings and limitations, we will use the health system approach to optimise our role as a supportive, health equity sensitive organisation, using the strategic levers at our disposal.

We hope that our partners will favour a similar approach, enabling us all to continue to build an improving, more consistent and more focused effort in Grampian, maximising our leverage to achieve our policy ambitions.

We describe our approach and provide details, largely in the annexes, to enable NHS colleagues and partners to develop a system approach, whether in organisations, services, departments or teams.

This paper and an Executive Summary are available at. https://www.hi-netgrampian.org/people-networks/public-health-directorate/health-inequalities

Health system approach to address health inequalities

Annexes

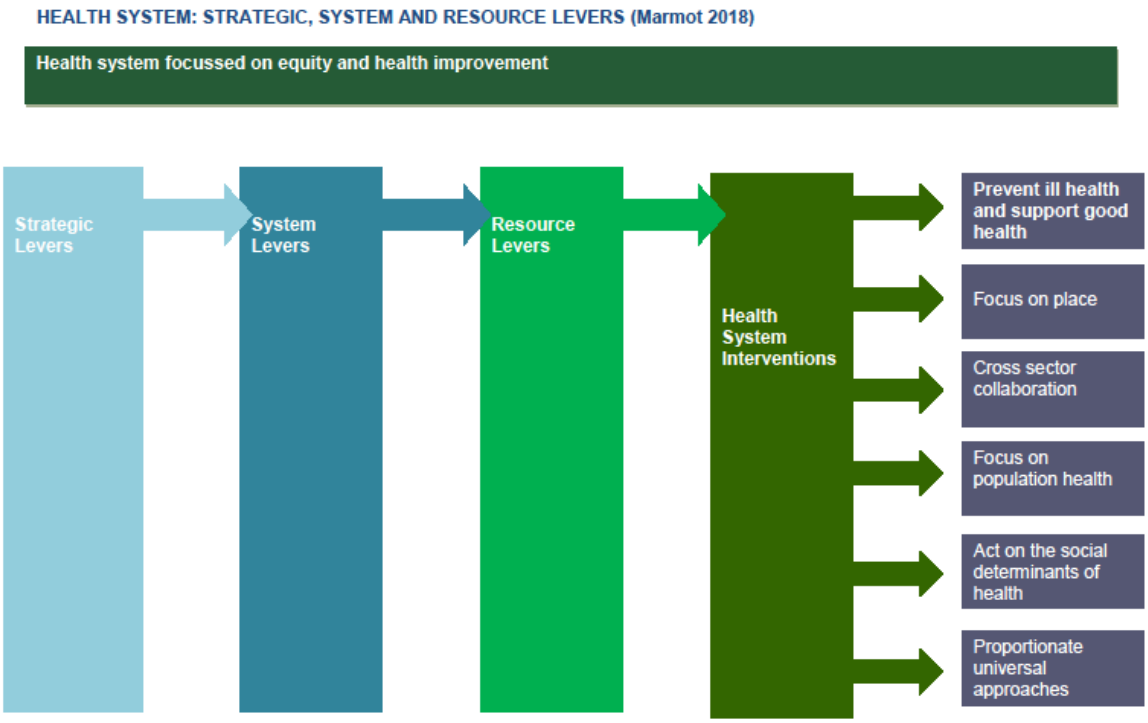
Who is the health system approach for?

1.1 Introduction

The health system approach - best visualised below - aims to improve our influence, and to support and encourage our efforts to increase health equity in the design and delivery of integrated care and other place-based health models. It enables us to frame our efforts and to focus them on strategic benefits, systems, levers and resources.

We hope partners, including Community Planning Partners (CPPs), Integration Joint Boards (IJBs), and other key stakeholders in the broader system will also welcome our explicit, sustainable approach focusing on healthcare - as one determinant of health.

Figure 1 – Health system approach



1.2 Purpose and Benefits

Our objective is to engage in, and enable relevant others to engage in, thoughtful inquiry and focused action as part of an improving organisation to ensure that

organisational culture aligns with NHS Grampian's ambition to address health inequalities (Annex A).

We do not seek to duplicate national and local data illustrating the social gradient[1] or to rehearse discussion of potential interventions. Successive annual reports of NHS Grampian's Director of Public Health have provided evidence of local avoidable variation and examples of action[2]. Health Traffic Lights for Grampian [3] continue to provide an overall sense of local health inequalities, with health outcomes helpfully set alongside socio-demographic issues. The evolving local Health Inequalities Dashboard[4] (Annex B), currently only available within NHS Grampian, provides a range of pertinent evidence. In time, the Dashboard, together with the further development of the Scottish Atlas of Healthcare Variation[5], will also enable internal and external stakeholders planning and redesigning services to strengthen discussion on avoidable variation. This would include options for investing in helping people to maintain their own health *as well as* investing in the consequences of disease.

Our approach builds on existing strategic and operational activity within the organisation to address health inequalities and on the initial achievements of Grampian NHS Board's Health Inequalities Working Group (HIWG).

Our approach is designed to help underpin commissioning processes and, in particular, to have equity in focus within whole pathways of healthcare across Grampian in order to maximise opportunities and impact, mitigate unintended negative consequences and, most importantly, ensure optimal and equitable outcomes for the population of Grampian.

[1] WHO Social Determinants of Health define social gradient 'The poorest of the poor, around the world, have the worst health. Within countries, the evidence shows that in general the lower an individual's socioeconomic position the worse their health. There is a social gradient in health that runs from top to bottom of the socioeconomic spectrum. This is a global phenomenon, seen in low, middle and high income countries. The social gradient in health means that health inequities affect everyone'.

[2] https://www.hi-netgrampian.org/wp-content/uploads/2018/12/PublicHealthReport_28pp-LGE.pdf

[3] https://foi.nhsgrampian.org/globalassets/foidocument/dispublicdocuments---all-documents/GRAMPIANTraffic_Lights_Pack_2016.pdf

[4] We envisage the Illuminate dashboard becoming the standard platform for data and information on socioeconomic variation and health outcomes. Currently the dashboard includes 10 indicators, with summary and drop down menus. Over time, the number of indicators will increase to illuminate an increasing number of health outcomes and associated geographically based, socioeconomic inequality. Access to the dashboard is available through Health Intelligence Sector Lead (Acute).

[5] ISD Scotland Scottish Atlas of Healthcare Variation. (2018). https://www.isdscotland.org/productsand-services/scottish-atlas-of-variation

The approach will assist our organisation to maintain a sharp focus on health equity, and contribute to NHS Grampian's efforts to ensure a sustainable health system, set out nationally in Realistic Medicine and locally in the Grampian Clinical Strategy.

Our purpose in adopting a health system approach is to recognise the work of the organisation to date, and its fragility and relative fragmentation. A system approach will help us to optimise health equity and reduce avoidable variation - in outcome, access, acceptability and use of services - by generating increasingly distributed leadership. It will also foster greater attention on identifying strategic levers to provide the organisation with a strong platform for coherent influence and action, anchored in systems and processes that secure sustained benefits for the organisation and the population.

The benefits

Strengthening governance

Sharpening performance and mitigating risk by mainstreaming proportionate, equitable action

Increasing focus on high level priorities – whether for example, in realisable longer term savings, increased productivity, compressed morbidity, benefits to other systems

Maximising chains of influence with partners to secure relevant action beyond the gift of NHS Grampian

Addressing the Fairer Scotland Duty

We propose **an interim review of progress** within 18-24 months to assess whether the time is right at that point to streamline governance of equity by integrating it within, for example, Quality and Safety.[6]

[6] A good example is provided by Daley Ullem E, et al White Paper. Boston, Massachusetts: Institute for Healthcare Improvement; 2018 http://www.ihi.org/resources/Pages/IHIWhitePapers/Framework-Effective-Board-Governance-Health-System-Quality.aspx

Health inequalities and health equity

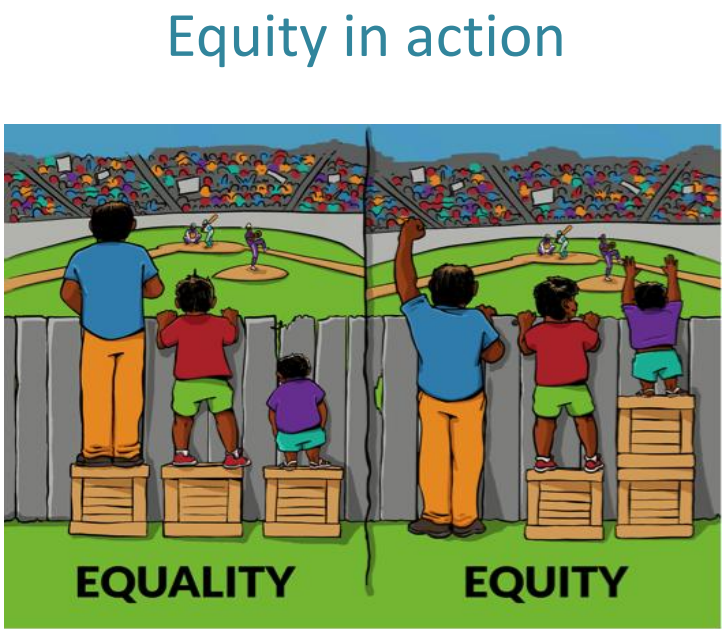
NHS Grampian Board agreed to adopt the definition set out by Health Scotland: *health inequalities are the unjust and avoidable differences in people's health across the population and between specific population groups.*

Health inequalities are widely regarded as complex, and an example of a 'wicked' issue, with no simple or short term solutions.

In setting out our approach, further clarity on equality and equity helps us understand the value in focusing action on process in order to drive change.

The simple image below illustrates the distinction between equality and equity and that distinction can usefully guide strategic and operational principles and action.

Figure 2 – Equity in Action



2.1 Equity as process and equality as outcome

Understanding the difference between equity and equality is important for population health to ensure that resources are directed appropriately, and to support the ongoing process of meeting people and populations 'where they are'. For these reasons, providing the same type and number of resources to all is not enough. To reduce the health gap, underlying issues and needs of vulnerable populations

require recognition and, where possible, amelioration through policy, partnership and/or practice.

There is overwhelming evidence that, in general, people's health outcomes, access to, and use of, health services systematically vary. Clear, persistent inequalities in life expectancy and in disability-free life expectancy for men and women are closely related to levels of neighbourhood deprivation, to which needs assessments and locality plans across Grampian attest.

Importantly, evidence of the social gradient also illustrates that it is not just the most excluded who are at risk. Everyone 'below' the most advantaged, generally, has poorer capacity to benefit from improved wellbeing, resulting in poorer health outcomes.

People who have less education, resources, wealth, income, power, position in society and so on (the 'social determinants') tend to do worse - whether in being able to stay healthy, in being able to access services and provision, in making use of services, and in their response to health and wellbeing interventions.

Whilst our focus is on socioeconomic disadvantage, this is also often associated with the protected characteristics specified in the Equality Act (2010)[7] and the approach we recommend will address equity of health and wellbeing for all.

A health system approach focuses on healthcare, as *one* determinant of health.

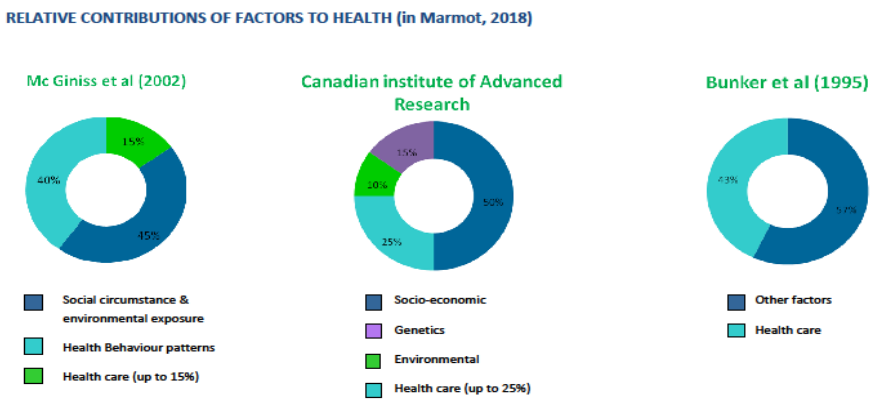
[7] Equality Act (2010) Nine protected characteristics include: age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity

Opportunities in Healthcare

Despite the focus of policy and legislation on health inequalities, evidence reveals persisting inequalities in health outcomes and service experience in the NHS. Clinicians encounter the effects of health inequalities and the impact of poor health outcomes on individuals and communities, over the short and longer term. While these inequalities in health outcomes and access to services are replicated across the NHS, there are ways in which the NHS can help to mitigate the effects of some of these. In that sense, they are not inevitable.

The estimated relative contribution of healthcare to health is widely contested, ranging from 15% - 44% (Figure 2).

Figure 3 – Relative contribution of healthcare to health



The Institute of Health Equity (IHE) analysed opportunities for the healthcare sector - as one determinant of health - identifying how health professionals could make significant impact on health through action on social determinants[8]. The report secured wide ranging endorsement from over 20 professional health groups.

[8] Marmot, M Working for Health Equity: the role of health professionals (2013)

Maintaining or reducing healthcare costs without negatively affecting health outcomes means that cost effective prevention needs to be at the forefront of healthcare. This may require some very difficult decisions with a national approach.[9]

The 2018 report from IHE builds on the role of healthcare to take deliberate action to address issues of equity, to capitalise on greater overall opportunities within the new, more integrated approach.

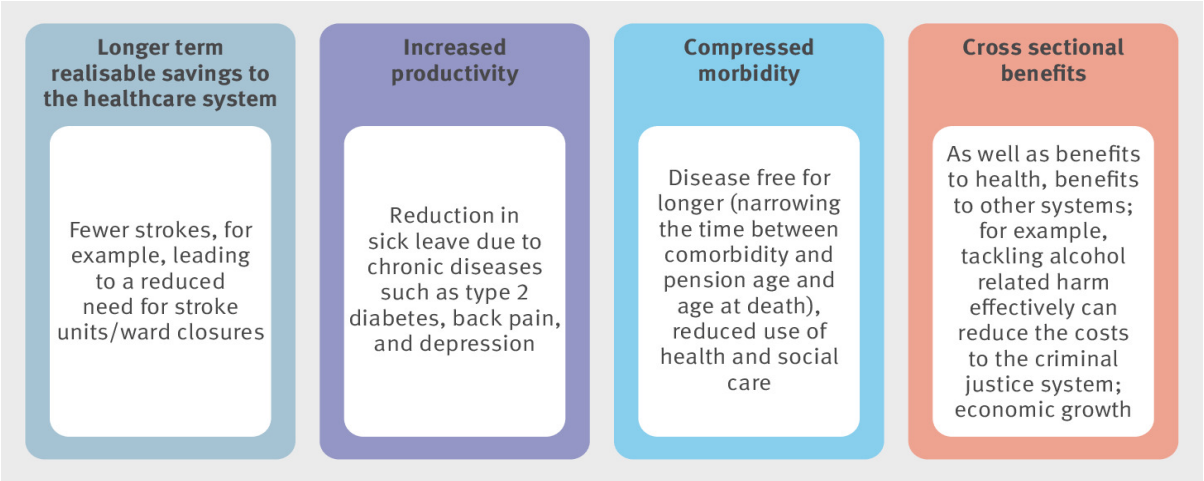
In Grampian, an increasingly integrated approach with a significant place based component is well recognised as the *raison d'être* for localities, with healthcare a key partner. The health system approach we set out here will strengthen the NHS contribution - as one determinant - of health and wellbeing.

Equitable and 'value-based' access to individual-level integrated care services is an important modifiable determinant of population health. With resource constraints and increasing service demands, balanced 'resource optimisation' decisions are required at a population level. Work locally, to strengthen Realistic Medicine, will include an exploration of a 'value-based' integrated care approach building on the existing foundations of effectiveness, cost-effectiveness, quality and safety.

3.1 Strategic benefits

Strategic benefits that can accrue from focusing on healthcare are widely reported to include producing longer term savings to the healthcare system, increasing productivity, compressing morbidity and reducing costs in other systems, illustrated in Figure 4[10].

Figure 4 – Strategic benefits from focus on healthcare as a social determinant



[9] Irvine, HI, (unpublished, 2018) for example, highlights a number of screening procedures in this category where gain is disproportionate to costs to the service and to patients.

[10] Health Scotland (2017)

If we accept the above illustration of some of the benefits of prevention to the system, then sharpening our focus on action within the NHS for greater equity of outcomes will increase the likelihood of realising these and other specific benefits

3.2 Risk

Risk in not optimising strategic, systems and resource levers – will be minimised by using a health system approach. This is set out at 5.3 and Annex C.

3.3 Emerging models of care

Health equity manifests within a wider system. The wider system is grappling with an ageing demography, increasing demand for care - some of which relates to poorer wellbeing outcomes and the earlier onset of long-term conditions for people who are more socio-economically deprived - and fiscal constraints.

It is clear however, from King's Fund reports (2014 and 2018)[11] on developing integrated care models in England and Scotland respectively, that there is a danger that work on population health and reducing inequalities may get lost. We need to be vigilant. The Audit Commission in Scotland (2018)[12] makes clear these are early days for IJBs, and that IJBs need to focus on collaborative leadership, information sharing, and strategic planning for improvement, integrated finance and financial planning, governance and accountability arrangements. Most recently Audit Scotland (2019) has indicated that the pace of transformational change needs to increase.

The Scottish approach to health and social care integration has a specific orientation arising from the Christie Commission, a re-set of public sector values that has built consensus on how supporting communities to achieve their potential is the key purpose of public service.

In its Medium Term Financial Framework (2018) Scottish Government set out its commitment to The National Clinical Strategy - including work on Realistic Medicine, improving population health, reviewing board governance, and continuing to roll out health and social care integration, - as the key drivers to deliver transformational change across health and social care between now and 2030.

[11] King's Fund Alderwick, H et al (2015) Population Health Systems Going beyond Integrated Care and King's Fund (2018) Bayliss A and Trimble A Leading across health and social care in Scotland Learning from chief officers' experiences, planning next steps

[12] Audit Commission (2018) A short guide to integration and Audit Scotland (2019) The NHS in Scotland.

These strategic direction ‘markers’ affirm the need for us to capitalise on integration and within Community Planning make more effective use of the system approach to embed equity in key agendas and strengthen chains of organisational influence.

Aim of a health system approach

The aim of a health system approach is to provide a means and processes for further negotiating the shape and nature of corporate actions for NHS Grampian - as service planner and provider, employer, commissioner/procurer, and advocate - in an equity sensitive organisation, providing leadership for health professionals, and assurance and confidence within the organisation and with partners.

This will enable the organisation to build on current momentum to embed consideration of equity in the ways we plan, deliver and govern our services, increasing our effectiveness as a CPP in addressing healthcare, as one social determinant.

Our approach recognises current activity in NHS Grampian which aims to tackle inequalities in health. In turbulent and fast changing environments, anchoring this work within enduring aspirations for a sustainable NHS is essential to benefit population and individual health.

Aligning our strategic work, and clustering our operational work around clearly identifiable system benefits - including, for example, producing longer term savings to the healthcare system, increasing productivity, compressing morbidity and reducing costs in other systems - ensures all work to decrease avoidable variation and increase equity of outcomes, access, and use - will make a distinct, proportionate and coherent contribution.

This more organic approach provides the organisation with a process to drive the transformational change required to realise its ambition. It will act as a pump primer, helping us build horizontally and vertically within the organisation to ensure sustainable, distributed ownership and leadership. In this way, we can work towards a position where every member of staff is clear on his/her responsibility to address equity, and the organisation as a whole is able to put in place simple, light touch processes to capture how this is being achieved.

This includes the strategic contribution of Grampian NHS Board's Health Inequalities Working Group (HIWG) with its key focus on governance, and its work with the Board, Committees and Advisory Groups to build capacity and capability on health inequalities that help shape organisational culture.

This work assists the Board in providing effective scrutiny and challenge to address organisational risk areas including evidence and intelligence - informed strategy, quality and safety, and finance and performance. It is making a significant contribution to ensure an increasingly well supported and coherent approach to health equity.

Data capture of preventive interventions within e-health routine systems remains a challenge, often undermines routine audit, is likely to hamper reporting and may be usefully addressed as part of the evolution of NHS Grampian's evolving system for governing Performance, Assurance, Improvement and Risk (PAIR).

Proportionate evaluation of the overall health system approach can be developed using a framework similar to the process for complex evaluation summarised at Annex D. The resource required for evaluation would be contingent on assessed need.

Six characteristics of a health equity sensitive NHS

A health system approach is based on prevention and health equity. Marmot (2018) offers a ‘guide’ to achieving this, setting out six characteristics: preventing ill-health, population health, ‘place’ and environment, collaborating cross-sector, taking action on social determinants, and developing proportionate universal approaches .(Annex E).

These characteristics are helpful in guiding and focusing action. Each is necessary but not sufficient. Many of these features are already present in NHS Grampian. Each begs the question ‘to what extent’?

Coupled with Scottish Government’s nine National Outcomes for Health and Wellbeing, Scotland’s Public Health Priorities and the Principles of the Public Health Review (Annex F), they set the overall tone for a health system that is working coherently as an equity sensitive organisation.

The recent work of the Board and the HIWG, supported by Public Health, to tackle prevention and equity, provides evolving demonstration of this guidance.

Our formal articulation and acknowledgement of the health system approach as the organisation’s preferred way of working is therefore timely and will help ensure greater transparency and coherence of effort.

5.1 How we get ‘there’ - creating the conditions

Health Scotland advises that planning for and investing in inclusive preventive, sustainable, action can have a positive impact, is unlikely to be entirely resource neutral and can reduce public spending pressures, for example, by

- reducing the length of time people spend in ill health
- preventing ill health
- reducing the demands on, and inappropriate use of, services
- freeing up resources for other users.

The tools Marmot recommends to help us ‘create the conditions’ arise from a hugely significant body of work of global renown.

We have modified these for local use to help colleagues to identify their priorities, strategic, system and resource levers and system benefits - whether for team,

department, division, organisation - to ensure health equity is relevant, embedded and proportionate (Annexes G /1-4).

Used as part of routine processes, the tools provide a consistent core for a health system approach and reflect a simple set of key questions.

Is there evidence of avoidable variation in outcome, access and or use of service?

If yes, can action be taken to address any such variation?

If yes, what levers does NHS Grampian have to address this? What is the role, if any, for NHS Grampian in any action (Including advocacy, targeting influence and so on)?

If yes, is there potential leverage *between or amongst* partners to influence and secure specific outcomes?

If yes, what priority actions are required? Who is leading within what likely timeframe?

Widespread adoption of these questions, or similar, will help those responsible for strategic and operational functions, including resource allocation, to engage in thoughtful inquiry to ensure that organisational performance aligns with the Board's ambition. Using these tools will enable us, as a system, to build from the Board's initial commitments, deepen our understanding, encourage internal partners, such as Managed Clinical Networks (MCNs) and focus opportunities for influencing additional leverage with external partners.

In the interests of consistency, a pragmatic decision to use these, albeit imperfect, tools - always with a view to their improvement - is probably helpful at this stage. Thereafter a review can include learning from their use over the first 18 - 24 months[13].

[13] An integrated tool to support health impact screening, including FSD is at https://www.hi-netgrampian.org/people-networks/public-health-directorate/health-inequalities/. Resources on health inequalities include an overall picture of health inequalities in Grampian is available at http://www.nhsgrampian.org/nhsgrampian/gra_display.jsp;jsessionid=C3CA44B244D5976D4238B61AE1DEF167?p_applic=CCC&pContentID=3146&p_service=Content.show&

These tools and resource deployed consistently and systematically will enhance the robustness of decision-making within NHS Grampian Board, Committees and Advisory Groups, and by extension, within other key Programme Boards, MCNs and groups. The tools will evolve with use. We will learn and improve their fitness for purpose.

In this way, NHS Grampian will more easily be able to draw together the various facets of existing and prospective action to provide a progressively more coherent strategic overview for the organisation – the whole being more than the sum of the parts. It will ensure we optimise the significant leverage which NHS Grampian itself has to help tackle health inequalities. It will maximise opportunities through integrated care and with CPPs.

The inquiring approach will help underpin transformational change, creating an organisational culture that supports tackling health inequalities, where health equity is an integral part of our day to day business, strategically and operationally.

5.2 Leadership in transformation

To embed action to address equity, routinely as a fundamental component of our processes for redesign and system change, depends on a particular form of leadership[14]. It requires people to operate skilfully in an ambiguous landscape to unlock the transformative power of people working together in common purpose.

This would be a further step forwards for the organisation and the population we serve.

5.3 Implications for Performance, Assurance, Improvement and Risk (PAIR)

Performance

We recommend that markers of success in improving the ways the organisation is addressing equity are structural, such as their inclusion within Board Committees' and Advisory Groups' ToRs as well as within other key groupings such as MCNs *and* cultural, which might include approaches to stigma, lived experience and inclusion. Our intention is that these markers of success be co-produced and emergent.

This is increasingly the case for all major pieces of work commissioned for the organisation and for more opportunistic work. It is reflected in the guidance on considering avoidable variation and supported by simple tools to stimulate and focus discussion on system benefits, and agree action.

[14] King's Fund case studies (2018)

Assurance
For those tasked with leading on major pieces of work there is a legal requirement of 'due regard' and 'due diligence' in fulfillment of the Fairer Scotland Duty (FSD), to include a summary of their methods and any resultant action. Simple guidance is readily available https://www.hi-netgrampian.org/people-networks/public-health-directorate/health-inequalities/ . Colleagues can anticipate that in line with the Board's ambition, considering avoidable variation and equity are integral to the scrutiny processes of a learning organisation.

Improvement
Steps taken to consider avoidable variation and equity are important contributions to improvement with the expectation of proportionate and appropriate action, where necessary and feasible, including redress, mitigation, advocacy and influence to improve relevant priorities. *Equally important is inclusion of evidence of no avoidable variation, or an indication of no available evidence*.

Risk
In any area of work for which there is identified avoidable variation and no apparent recourse to address this by accessing system or strategic levers and resources, the expectation is that the risk would be escalated along with evidence of the actions taken to date, to the ultimate risk holder for Quality and Safety. In this way, oversight and any patterning of risks can be the basis of further clarifying the issues with a view to the health system optimising its leverage with relevant partners locally and nationally.

Summary

In adopting a health system approach NHS Grampian can anticipate

- Optimising its strategic, system and resource levers
- Increasing distributed leadership and role clarity
- Increasing routine use of simple tools to ensure Health in All Policies
- Increasing routine use of metrics on avoidable variation to inform decision making
- Encouraging leads' use of the checklist at Annex H
- Strengthening governance, sharpening performance and mitigating risk by mainstreaming proportionate, equitable action.
- Increasing focus on benefits - expressed in realisable longer term savings, increased productivity, compressed morbidity, and benefits to other systems - and maximising influence with partners to secure relevant action within their gift
- Fulfilling its legal responsibility under The Fairer Scotland Duty
- Improving and sharpening whole system influence (Annex H) for equitable population health and wellbeing.

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Annex A

NHS Grampian Board Ambition & Actions

Ambition

NHS Grampian Board has an important leadership role in creating an organisational culture that supports tackling health inequalities, in conjunction with partners.

Actions

- NHS Grampian Board will review health inequalities metrics and how these are being used to inform strategic decision making, at least annually.
- NHS Grampian Board will provide healthcare services which are inequalities-sensitive in design, development and delivery.
- NHS Grampian Board will be an inclusive employer and procurer.
- NHS Grampian Board members will work in partnership within Grampian's three Integrated Joint Boards and Community Planning Partnerships, supported by the three actions above.

Annex B

Health Inequalities Dashboard

The health inequalities dashboard is being developed by NHS Grampian Health Intelligence. It uses the Tableau visualisation platform. This contains the indicators shown below. All with the exception of life expectancy are available at HSCP level.

1. Outpatient DNA rate
2. Emergency admissions
3. 15-44 years all cause mortality
4. Amenable deaths
5. Vaccination Rates: Five in one; flu vaccine; Hib/ MenC; HPV first dose;
6. HPV second dose; Men B; MMR; PCV; PCVB; Rotavirus.
7. Screening rates: Abdominal Aortic Aneurysm (AAA); bowel; cervical.
8. Detect cancer early: breast; colorectal; lung.
9. Teenage pregnancy: under 18 years; under 20 years.
10. Delayed discharges: number in month; number at census; bed days in month.
11. Life expectancy: male; female.

Annex C

NHS Grampian Risk Register - Recommended addition - Quality & Safety -

Risk

NHS Grampian is not optimising strategic, system and resource levers - and its role and contribution to quality services, effective partnership, workforce capability and capacity, mitigation, and advocacy in addressing equity - in the context of increasing integration of health and social care.

Controls

Work is in hand to implement progressively a health system approach to increase momentum for Grampian NHS Board's ambition and action to address health inequalities, as part of a culture of quality, increasing sustainability and coherence and optimising equity of outcomes, access and uptake of acceptable services. Annex H includes a checklist to assist policy, strategy, programme and project leads to embed action to address equity and health inequalities.

The Board established the HIWG. The HIWG provided a paper for the Board and led a seminar on the development of a Health Inequalities Dashboard (January and February 2019). The HIWG agreed a programme for 2019-20 focusing on governance, lived experience, NHS Grampian employer role, scaling up good practice, and building board capacity and capability on health inequalities to shape organisational culture.

HIWG led a Board Seminar in July 2019 to promote and build capacity and capability for governance of health equity and support further ongoing engagement with Committees and Advisory Groups in a co-produced approach to the governance of health equity

Gaps in controls

Papers to NHS Grampian Board in 2018 described a more corporate approach with more distributed leadership to address health inequalities. Adoption of a health system approach will create the basis for ongoing development with internal stakeholders. It will facilitate engagement and identification of system, levers and resources to address relevant actions. Engagement with Board Committees to learn more about how Committees can build on any initial step to support the Board's ambition and actions, including improving the governance of equity across the organisation will include the following milestones:

- Learning about any key existing actions of the Committee
- Identifying any future actions
- Understanding any existing work within which to integrate elements of the inequalities agenda
- Identifying any contribution to share with Board members and/or other Board Committees

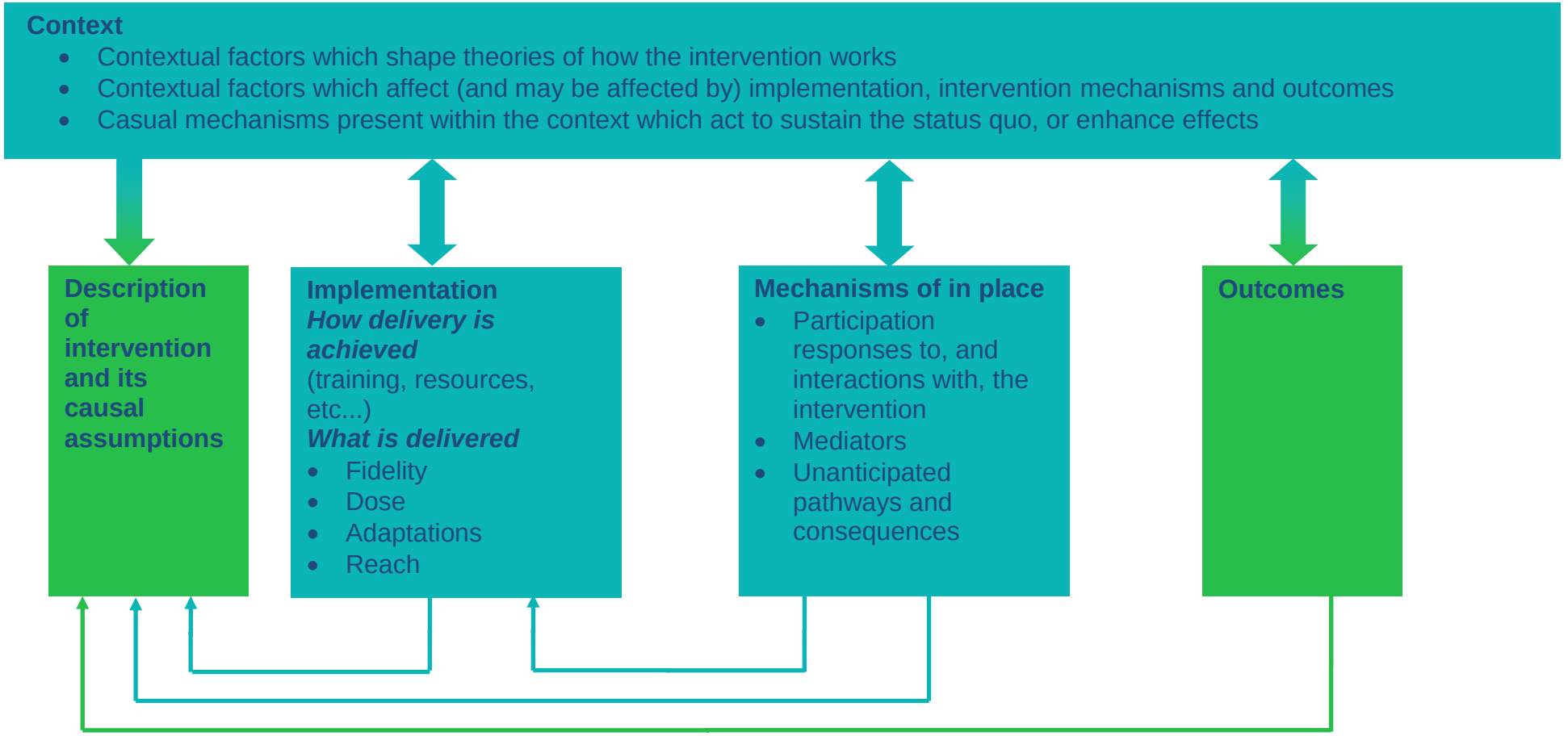
- Identifying and co producing any guidance Board and Committee members may require t assist them to contribute to the Board ambition and actions.

Related Risks

Intelligence informed strategy, finance and performance.

Annex D

FUNCTIONS OF PROCESS EVALUATION



Note: Blue boxes -components of process evaluation, informed by causal assumptions of intervention, and inform interpretation of outcomes *Source: Marmot 2018 from Moore G, Audrey S, Barker M, Bond L, Bonell C, Hardeman W, Moore L, O'Cathain A, Tinati T, Wright D, Baird J(2015) Process evaluation of complex interventions: Medical Research Council guidance (38).* https://mrc.ukri.org/documents/pdf/mrc-phsrn-process-evaluation-guidance-final/

Annex E

Characteristics of a health system based on prevention and health equity

[Marmot (2018 11]

• **Focuses on preventing ill health and supporting good health as well as treating ill health -** involves moving from reactive services that focus solely on treatment for people who are already ill towards services that work to improve the conditions in which people live, which in turn will improve their health.

• **Focuses on place –** supports a focus on small areas, and seeks to influence the environment and social and economic conditions of the place in order to improve the health of residents, especially for the most disadvantaged areas.

• **Collaborates cross-sector –** requires close collaborations between multiple organisations and sectors reaching beyond health care, public health and social care. These may include, for instance, housing, early years services, and training and education, all of which profoundly influence health.

• **Focuses on population health –** acknowledges and acts on the importance of understanding local population health and health risks for groups and areas. This requires health assessments that include the broader social and economic drivers of health as well as a focus on and inclusion of particular communities that are at risk of poor health.

• **Takes action on the social determinants of health as well as medical treatment –** affirms there is much that health professionals and healthcare organisations can do to take action on social, economic and environmental factors that would significantly drive improvements to health outcomes and health inequalities.

• **Develops proportionate universal approaches –** designs interventions and strategies that respond to local health risk and need that requires additional resources and actions for more deprived communities and areas. Approaches that focus on improving health equity may look quite different to those that focus only on improving average population health, as they are responsive to those with greatest levels of need and the highest risks of poor health.

Annex F

National Health & Wellbeing Outcomes, Public Health Priorities & Principles

9 National Health and Wellbeing Outcomes

1. People are able to look after and improve their own health and live in good health for longer	2. People including those with disabilities or Long Term Conditions or are frail are able to live independently at home or in a homely setting in their community	3. People who use Health & Social Care services have positive experiences of those services and have their dignity respected
4. Health & Social Care services are centred on helping to maintain or improve the quality of life of people who use those service	5. Health & Social Care services contribute to reducing health inequalities	6. People who provide unpaid care are supported to look after their own health, including to reduce any negative impact of their caring role on their own health
7. People who use Health & Social Care services are safe from harm	8. People who work in Health & Social Care services feel engaged with the work they do and are supported to improve	9. Effective resource use

- **National Public Health Priorities for Scotland**

A Scotland where we:

- live in vibrant, healthy and safe places and communities.
- flourish in our early years.
- have good mental wellbeing.
- reduce the use of and harm from alcohol, tobacco and other drugs.
- have a sustainable, inclusive economy with equality of outcomes for all.
- eat well, have a healthy weight and are physically active.
- reflect public health challenges that are important to focus on over the next decade to improve the public's health.

Continued

Annex F (continued)

- **National Public Health Reform Principles include:**

Reducing Inequalities

Tackling health inequalities is a matter of social justice. Reducing the health inequalities will be the primary objective of collaborative action through all of our public health priorities.

Collaboration and engagement

Effective services must be designed and delivered with, and for, people and communities. Early and meaningful engagement will be an essential element of action on Scotland's public health priorities

Prevention and early intervention

Action on Scotland's public health priorities will prioritise preventative measures to reduce demand and lessen inequalities.

Empowering people and communities

Work in a way which supports services and communities to produce the change they want to see together, and co-design the services they will use. Our goal will be to put people and communities at the heart of change

Fairness, equity and equality

Approach based on the principles of fairness and equity, taking account of avoidable differences in health among groups of people and providing access to the resources needed to improve health. Everyone has the right to the highest attainable standard of health and everyone should have equal opportunity to realize this right without discrimination

Intelligence, evidence and innovation

Action on Scotland's public health priorities will be evidence-led. We will apply public health expertise, data and intelligence and draw on our communities' lived experience. Challenges need new thinking and new solutions, particularly, in data science and technology, and use of digital solutions in enabling, driving and supporting change.

Annex G/1

Embedding Health Equity - self assessment for decision-makers

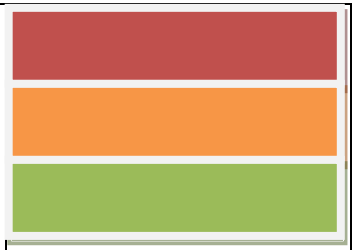
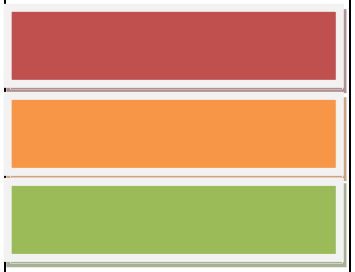
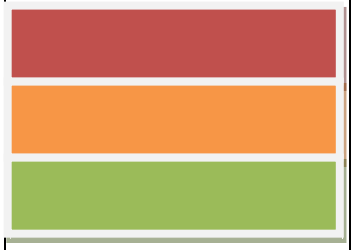
NHS Grampian Board is providing leadership for an organisational culture which addresses equity, routinely. The Board set up a Health Inequalities Working Group to improve the governance of equity. NHS Grampian Senior Leadership Team agreed a health system approach to equity to ensure that NHS Grampian embeds this in its business. By working as a health system, and in conjunction with partners, we will continue to improve our contribution to improving health and wellbeing more consistently and systematically to support national and local aspirations set out in Realistic Medicine and the Grampian Clinical Strategy. We will also deliver on our legal obligation to have 'due regard' for the Fairer Scotland Duty.

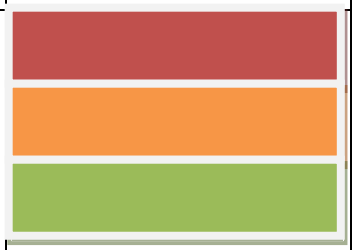
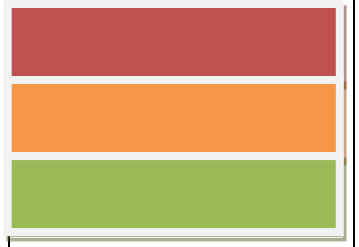
We are testing a straightforward self assessment that sets out key considerations that should be included in all decision-making that involves a measure of resource allocation at system, policy, programme and project levels. Your use and feedback will help us to refine this.

The key considerations - and most importantly, your responses - will assist all who have a governance role to be clear about the expectations of the system and enable effective scrutiny.

The simple traffic light helps decision makers to come to **a rounded view** of the extent to which they have the information and evidence sought. Bulleted, evidenced responses are encouraged wherever possible. **Broadly interpreted,** red = do not have this information/evidence at national or local level; amber = recognise we do not have sufficient and have set out how we will get what is required, and green = have set out all that we believe is required to inform equity embedded decision making.

Embedding Health Equity - self assessment for decision-makers

• **Key data on avoidable variation in health outcomes access and use of services relevant to our population/issue(s)?** • **Key policy links?**		
• **Differences anticipated?** Examples • Compressed morbidity? • Increased productivity? • Longer term saving to healthcare? • Benefits to other systems? • Other benefits?		
• **How our decisions are being informed by the views of people with lived experience of socioeconomic disadvantage**		

• **Our priorities**		
• **Our improvements** Examples • Interventions • Tests of change • Revised processes/protocols • Other		
• **Monitoring & Evaluation** • **Our markers of success**		

Annex G/2

Embedding Health Equity (2)

BENEFITS, STRATEGIC, SYSTEM AND RESOURCE LEVERS

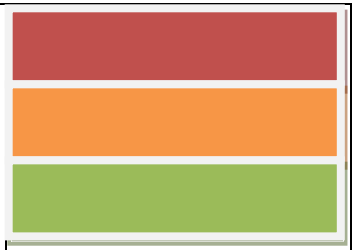
Adapted from Marmot (2018) and Health Scotland (2018)

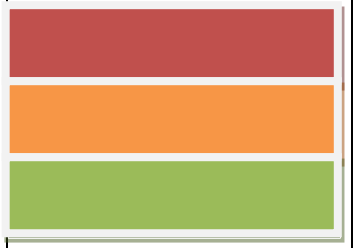
Quality Services	**BENEFITS** **For example** Longer term savings to heath care Increased productivity Compressed morbidity Benefits to other systems Other(s)	**STRATEGIC LEVERS** [Identification of significant issues and effective channelling and influencing within formal partnerships etc]	**HEALTH SYSTEM LEVERS/ INTERVENTIONS** {Governance system/service wide mitigation, advocacy etc]	**RESOURCE LEVERS** [Workforce capability & capacity, integrated in business cases etc]
Workforce capability & Capacity				
Effective partnership including drawing on the views of those with lived experience of poverty and disadvantage				
Mitigation				
Advocacy				

Annex G/3

Preparation for Health Inequalities Strategic Approach

Worked example/ work in progress- General Health Protection, Tuberculosis Control, Immunisation

Health Inequalities for your area of work	• Inequalities in immunisation uptake as detailed in the NHS Grampian Annual Immunisation report • Individuals with alcohol misuse form a substantial proportion of patients diagnosed with active TB • Cases of notifiable diseases frequently have complex social circumstances including social and economic deprivation.	
Differences anticipated in 5-10 years	• Differences in immunisation uptake between socioeconomic groups reduced • Unlikely to be much change in the distribution of TB disease between socioeconomic groups • Unlikely to be much change in the socioeconomic distribution of notifiable diseases	
Your priorities	Improve immunisation uptakes to exceed 95% so that herd immunity offers better protection to unvaccinated individuals in all socioeconomic groups	

Your interventions *What works/ interventions you lead on* **In hand** **Prospective**	We know what works in improving immunisation uptakes. Responsibility for immunisation programme performance is distributed across a diverse range of managers in the HSCPs. For each, it forms a small area of their managerial responsibilities and is consequently of low priority. As we do not manage the staff delivering immunisation at present we can only hope to try and persuade the relevant managers of its importance and the actions required to improve uptakes. What works = an efficient system of call/recall, vaccine delivery by expert staff, a flexible and responsive approach to offering appointments, effective public facing communications. The Vaccination Transformation Programme provides an opportunity to develop a single Grampian-wide vaccination service, delivered by expert dedicated immunisation staff, with a single line of managerial accountability for performance. Such an approach has the potential to offer a more resilient service and a more flexible and accessible service to the public. We are actively pursuing this.	
Evaluation	The effectiveness in changes delivered by the VTP will be evaluated against immunisation uptake and reduction in vaccine administration errors.	

Annex G/4

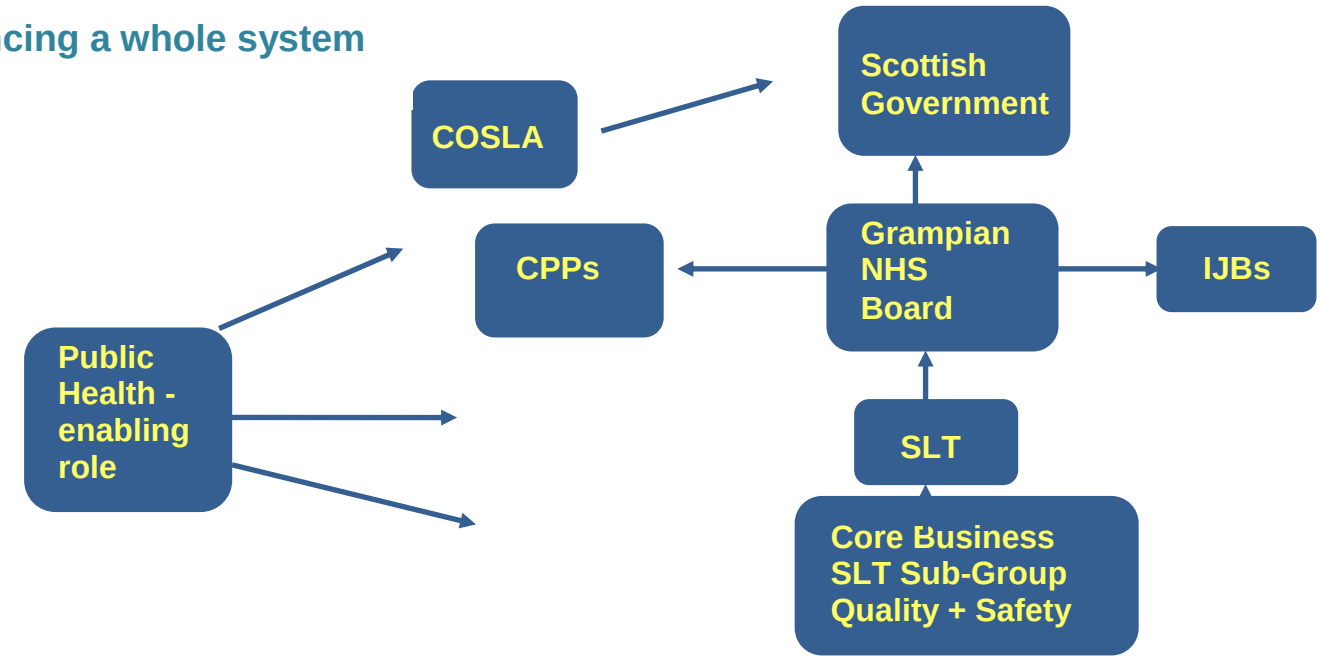
Benefits, Strategic, System and Resource Levers

Worked example/ work in progress – General Health Protection, Tuberculosis Control, Immunisation

	BENEFITS	STRATEGIC LEVERS	HEALTH SYSTEM LEVERS/ INTERVENTIONS	RESOURCE LEVERS
Quality Services	**Immunisation**: • Prevention of death and serious disability • Long term savings to health care and wider society • Prevention of outbreaks with associated societal consequences **Tuberculosis** Same as above **General Health Protection**: same as above	Work with others through the Scottish Health Protection Network to influence Scottish Government policies	Provision of information with analysis and narrative to managers Membership of relevant groups/committees Use Public Health legislation (or the threat of it) in certain circumstances	We are trying to influence the way IJBs use their Primary Care Improvement Funds with respect to immunisation services.
Workforce capability & capacity	NHS Grampian has the skills but insufficient staff. Excessive workloads are leading to resignations, early retirements and difficulties in recruitment. Managerial policy - of seeking to dispense with a post when vacated and/or recruit at a lower level of skill - militates against effective delivery of services and achievement of improved outcomes.	None	From recent experience – virtually none as we can't even maintain our own HP team capacity.	None (we have difficulty hanging on to our own existing HP team workforce!)
Effective Partnership	We have developed a joint process with Aberdeen City Council to support destitute people with Tuberculosis	None	We actively seek out partnerships to address issues We have very effective working partnerships with	None

	We are finding it difficult to engage with IJBs around immunisation due to differing priorities and resource constraints. Lines of governance are confused (Board/IJB/HSCP/Community Planning partnerships).		Environmental Health services in all three councils and with Scottish Water. We also have effective partnerships with different services within Health care.	
Mitigation	?	?	?	?
Advocacy	We routinely act as advocates for people (and their families) with notifiable disease – actively intervening on their behalf to help them negotiate health and social services, benefits, & compensation for exclusion from work.	None	We consistently advocate for patient centred services, with variable results.	None

Influencing a whole system



Practising a consistent integrated approach to equity

- Include data on (avoidable) variation where possible in all pathway, service and other re-design to inform decision-making
- Embed equity metrics within core performance e.g. waiting times, patient safety, emergency hospital admission, discharge
- Screen for health inequalities impact (including for Fairer Scotland Duty and Equalities)
- Identify any issues of equity
- Prioritise
- Identify any issues which NHS Grampian can address and action
- Identify strategic, system and/or resource levers and escalate if influence is required
- Summarise in business case/key papers
- Integrate/ align with PAIR

Tools **Annex I**

Health inequalities – Fairer Scotland Duty
https://www.hi-netgrampian.org/people-networks/public-health-directorate/health-inequalities/
Considering equity as part of commissioning by focusing on vulnerable groups
Inclusive service (re) design – a rough guide
Considering equity as part of due diligence – Equality Budget Setting (EBS)
Considering equity as part of due regard for the Fairer Scotland Duty (FSD) – Easy steps health inequalities impact screening in policy and planning.
Considering your/ team/partnership contribution to addressing health inequalities self-assessment https://www.nhshisa.net/

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System leadership for Equity Strategic, System and resource Levers **Annex I/1-4**

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Health intelligence/data/metrics Grampian Health Inequalities Dashboard For access contact Health Intelligence Sector Lead (Acute)

Scottish Atlas of Healthcare Variation
https://www.isdscotland.org/products-and-services/scottish-atlas-of-variation/view-the-atlas/
Scottish Government Equality Evidence Finder
https://scotland.shinyapps.io/sg-equality-evidence-finder/

Health Traffic Lights for Grampian (2016)
http://www.nhsgrampian.org/nhsgrampian/gra_display_simple_index.jsp?pContentID=3146&p_applic=CCC&p_service=Content.show&

Deprivation in Grampian from SIMD 2012 to SIMD 2016
https://www.hi-netgrampian.org/people-networks/public-health-directorate/health-inequalities/deprivation-in-grampian-from-simd-2012-to-simd2016/

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Role of the NHS NHS as an 'anchor' organisation (Health Foundation 2019). Brief guides to role of employer, service provider and procurer, commissioner and steward and the opportunities and constraints within each , as part of a health system approach at https://www.hi-netgrampian.org/people-networks/public-health-directorate/health-inequalities/

Role of NHS Non-Executive Board Members https://www.hi-netgrampian.org/people-networks/public-health-directorate/health-inequalities/

Inclusive Service Design – The Scottish Approach (2019) with locally constructed power point and notes for leads at https://www.hi-netgrampian.org/people-networks/public-health-directorate/health-inequalities/