Date: 25 May 2000

Venue: Committee Room 1, National Assembly for Wales

Title: Health Action Zones

Purpose

1. This paper has been prepared to assist a discussion by the Committee at the request of Plaid Cymru. The paper provides members with background information on Health Action Zones and the National Assembly's position on comparable developments.

Summary/Recommendation

2. There is a different policy context for health improvement in Wales. Strategies and approaches to health improvement more suited to the needs and circumstances of Wales are already in place or being developed. Wales may best be seen as a Health Action Zone in itself with Local Health Alliances providing the vehicle for a focus on local needs and priorities. Overall there appears to be little evidence for changes and improvements that are attributable to the specific development of local Health Action Zones, as opposed to what might have emerged anyway from a changed climate of consultation and partnership locally with an associated focus on health improvement. While Local Health Groups and Local Health Alliances should be encouraged to learn about the advantages of focused efforts and partnerships from them, Health Action Zones are not recommended for Wales.

Timing

3. The paper has been prepared at the request of the Committee.

Background

4. The purpose of Health Action Zones in England, expenditure on them by the Department of Health and some early outcomes are described in the annex.

Consideration

The Welsh Context

5. **Better Health, Better Wales, Wales' own public health document**, sets out the agenda for tackling health and well being in Wales. It recognises that health is influenced by a complex combination of lifestyle and environmental factors, which must be taken into account if real improvement is to be achieved. This is a long-term challenge, which will involve collaboration across public services, the voluntary and private sectors and communities. It sets out to address the special circumstances, which have generated wide variations in health experience from one community to another. The evidence is stark of growing inequalities in health in Wales and decisive action is required, as *Better Health, Better Wales* recognises.

Better Health, Better Wales

6. *Better Health Better Wales, The Strategic Framework* sets out ways of achieving the aims of *Better Health, Better Wales* and identifies a number of **specific** objectives for Wales relating to:-

- sustainable health alliances
- sustainable communities
- children and young people
- healthy environments
- healthy lifestyles
- measuring progress and investing in the future.

It identifies the drivers for action on community health including the establishment of:-

- a Wales Centre for Health and a Public Health Network;
- Local Health Alliances;
- a national health promotion strategy;
- Sustainable Health Action Research;
- Health Impact Assessments.

Work is in hand on all of these. **Much of this is unique to Wales.**

Communities First

7. There is clearly a need to look closely at various **existing and new** schemes and initiatives to ensure that they do not duplicate and confuse. *Communities First* will offer an opportunity to focus on improvements in health along with other measures to strengthen and regenerate the most deprived communities in Wales. The developing Local Health Alliances will have a key part to play in this wider process and could in time become the locus for new liaison, planning and working arrangements between a wide range of local organisations and interests in

partnership.

8. As the example of *Communities First* shows, the National Assembly is currently working to rationalize the number of separate policy and funding streams that on the ground may lead the same organizations and individuals to strive to work together in the name of apparently distinct but actually similar initiatives.

Health and Well Being Task and Finish Group

9. The Local Government Partnership Council's Health and Well-being Task and Finish Group has now started its work and will produce its report early next year. The report will provide a clearer picture than is currently available of the opportunities and obstacles to local action for health improvement.

10. As the above examples demonstrate, thinking and policies in Wales have moved on further since the development of Health Action Zones in England. Health improvement and other programmes in Wales are now set in a policy context that is distinctively different from that in England. Through these and the opportunities offered through Objective 1 Funding, we now have the ability to take a coherent and holistic approach to social and economic development that can be focused to meet the particular and diverse needs of the people who make up our communities in Wales, **targetting our most disadvantaged communities via Local European Partnerships.**

11. Integrated planning between health and local authorities, Local Health Groups and Local Health Alliances will be important, providing strategic direction and a foundation for co-ordinated action. The Assembly's recently published consultation document *Promoting Health and Well being* provides a platform for this in terms of co-ordinated health promotion action, in effect making Wales itself a Health Action Zone.

Contact Point

12. Peter Farley, Head of Programme Development Branch, Health Promotion Division.

Action for Subject Committee

13. To discuss Health Action Zones.

Annex

What are Health Action Zones?

1. In April 1998 the Department of Health invited bids from Health Authorities in England, in partnership with Local Authorities and other local agencies, to become Health Action Zones.

2. The principal aim was to tackle inequalities in health in the most deprived metropolitan areas of England through health and social care service modernisation programmes with opportunities to address other interdependent and wider determinants of health such as housing, education and employment. The action zone approach has also been used in other policy areas, such as education and employment, with some communities included in more than one type of zone, which have not been applied in Wales.

3. Twenty-six Health Action Zones were selected across England, having first passed a needs threshold based on a basket of health, healthcare and deprivation indicators. They cover more than 50% of the population living in deprived areas in England and over 13 million people. Different health as well as service priorities were addressed within each Health Action Zone. The first wave started to implement their programmes at the beginning of 1999 and the second wave later in the year. The populations covered by individual zones range from 250,000 to 750,000.

4. The key objectives of Health Action Zones were to reduce health inequalities, improve services and secure better value from the total resources available. Partnerships were seen as the key means of achieving these objectives and as a means to help modernise and reshape services to help improve health outcomes for local populations.

5. Health Action Zones were seen to be important in England in bringing together all those contributing to the health of the local population to develop and implement a locally agreed strategy for improving health through multi-agency programmes.

6. Health Action Zone status would be long term, spanning five to seven years, in recognition of the need for a strategic approach. There would be a need to demonstrate evidence of change throughout that period and not only at the end of a Health Action Zone's life.

What do they cost?

7. Although Health Action Zones are about making better use of existing resources through new ways of working, £230m of additional funding is being made available over the period 1999/00 – 2001/02, according to the Department of Health.

8. The cost of an equivalent scheme in Wales, based on the Barnett formula, would be £13.6 million, according to Health Finance Division.

What have they achieved?

9. Feedback on the progress of Health Action Zones to date suggests that:

- There has been some progress in developing partnership working and relationships have been strengthened, particularly between the NHS and local government;

- There is local enthusiasm to develop partnership working further, but effective partnership working takes time;

- Communities have been involved in decision making;

- They provide a means to establish good foundations for joint planning and evaluation.

10. There are problems with evaluating this kind of complex initiative:

- Some aspects, such as needs assessments, have been overused;

- Lack of evidence has been highlighted;

- There are still many issues that need to be answered around ‘what works for whom and in what circumstances’;

- There is some feeling that Health Action Zones have ambitious goals but are not necessarily good at ‘filling in the middle’, for example in articulating and specifying interventions;

11. Examples of outcomes from early Health Action Zone work addressing coronary heart disease include:

- In Tyne and Wear, an evidence based six-week home cardiac rehabilitation programme is using the Edinburgh Heart Manual, following acute myocardial infarction. Forty new patients suffering recent heart attack have been referred to date, but with a 50% acceptance rate, 240 patients per annum will have improved survival and a substantially improved quality of life. Following the first year of introduction, a 3% reduction in deaths is expected (50 cases) rising to 10% by year 5 (180 cases).

- A programme in Northumberland has had a direct impact on reducing mortality, reducing admissions to hospital for heart attack and stroke and reducing demand for revascularisation and thereby potentially impacting on waiting lists. Evidence over the last 12 months suggests that 1,500 additional people have received the maximum

possible benefit. This means that between 100 and 250 strokes or heart attacks will be prevented over the next five years.

- In East London, 83% of people on the coronary heart disease register are taking aspirin (reducing the risk of heart attack) as compared to 60% in 1998; 400,000 people are covered by a raised blood pressure data set, audit and quality / performance review as compared to 250,000 in 1998; 60% of general practices participate in a coherent coronary heart disease management programme and 50% in a raised blood pressure management programme, increasing at 10% per annum with a target of over 80% within the current Health Action Zone programme. It is estimated that this programme has prevented heart attacks in at least 200 people, saved at least 50 lives and had a comparable impact on stroke since 1998.

- 18,000 people in Sandwell have been trained in the bystander cardio- pulmonary resuscitation training programme 'Heartstart', which teaches members of the general public what to do if someone complains of chest pain or collapses. The evidence for benefits of this training comes from the United States, where the chances of surviving cardiac arrest are four times higher than in Britain.

12. Overall there appears to be little evidence for changes and improvements that are attributable to the specific development of local Health Action Zones, as opposed to what might have emerged anyway from a changed climate of consultation and partnership locally with an associated focus on health improvement. The National Assembly for Wales' distinct policy approach, based on Welsh needs, highlighted in *Better Health, Better Wales*, *Communities First* and *Promoting Health and Well Being*, all provide a platform for action across Wales in tackling health inequalities and improving health.