SOUTH EAST WALES REGIONAL COMMITTEE

HEALTH INEQUALITIES: THE HEALTH AUTHORITY PERSPECTIVE - JOINT PAPER FROM BRO TAF, GWENT AND IECHYD MORGANNWG HEALTH AUTHORITIES

Executive summary

- The determinants of health are complex and inter-related, and the three health authorities support the 'joined-up' approach being promoted.

- The concept of community health development is exciting, and the NHS wishes to play a full part in partnership with local authorities and others. The NHS also has an important role to play in health impact assessment and health advocacy, and we are keen to deliver that developing role.

- The predominant picture of ill-health is one of chronic disease which while not amenable to cure is also developed over many years. Hence, health inequalities are most likely reduced by preventive policies directed through partnership working at the determinants of health, and improvements are likely to take many years to be apparent.
- Therefore, unless the current generation which is already ill is to be neglected, the NHS will be compelled for the foreseeable future to support the burden of established and developing ill health through care and symptomatic treatment, at a level similar to that which prevails currently.

- The NHS in Wales faces a considerable financial deficit, and will need to make hard choices to ensure a return to financial balance. Those choices will need to be made in partnership with the Assembly, and there will need to be a national steer on relative priorities, such as the importance of waiting times when compared with the broader health agenda.

- In the absence of real 'new' money, the reduction in health inequalities will require a serious and informed debate on the redistribution of resources within and between health authority areas. The Assembly needs to be clear on the implications in terms of the reduction or closure of facilities in some areas.
- We support the aim of targeting deprived communities, and would ask the Assembly to review the formula which allocates finance between health authorities so as to include deprivation as a factor.
- Deprivation and health inequalities are **the** South East Wales regional issue, and a

regional rather than a local perspective is crucial.

- Further organisational change is not the answer – rather, more developed partnership working is, including partnership with the Assembly.

In conclusion, the three health authorities are committed to playing a full part in the work needed to take the inequalities agenda forward; we wish to work closely with the Assembly identifying the key priorities for the NHS.

Promoting Health Equity in South East Wales

The links between socio-economic deprivation, ill-health and premature mortality now form the basis of much government policy and the current focus on health inequalities has been given further impetus by the 1998 Acheson Report (1). Taking the Bridgend area as an example, marked differences can be seen between the least and most deprived population groups, those in the most deprived quintile having a 50% higher death rate from circulatory disease than those in the least deprived quintile. Objective One funding should go some way towards improving the economy of deprived areas in South East Wales, bringing new commercial ventures and improvements to the infrastructure. This should result in better health both directly for those who gain employment, and indirectly to the whole population as general economic regeneration takes place.

Improving health information for Wales

Deprivation is usually represented by a composite score such as the Townsend index of social and material deprivation, which includes unemployment, car ownership, housing tenure and overcrowding. The variables are combined to produce an index standardised to the area of study, scores greater than zero indicating higher than average deprivation, and those below zero indicating areas that are less deprived than average. Data presented at unitary authority level often masks within-borough heterogeneity and encourages generalisations to be made which may lead to neglect of deprived communities located in predominantly affluent authorities.

Taking Monmouthshire as an example, it is possible to demonstrate a need for small area data to inform equitable targeting of resources, but similar findings apply across South East Wales. The first map (*fig 1)* shows that Blaenau Gwent within Gwent Health Authority and Merthyr Tydfil within Bro Taf Health Authority are the two most deprived areas in Wales, but deprivation also occurs in more prosperous areas. Figure 2 shows that even in Monmouthshire, the least deprived area in Wales there is heterogeneity, with some wards around the larger towns that are as deprived as some in Blaenau Gwent.

Routine national statistics on births and deaths from ONS are available, but there are no small area data on a wide range of lifestyle and health outcome data, such as smoking, excess alcohol consumption, or prevalence of coronary heart disease and stroke. The sample size

used in the Welsh Health Survey results in robust data analysis only at unitary authority level. Research to obtain small area data is currently being undertaken in Gwent, in the Caerphilly Health & Social Needs Study and the Info2000 European project with Torfaen CBC.

Figure 1. Townsend index of deprivation Welsh Unitary Authorities

Figure 2. Townsend index of deprivation Gwent wards

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However these studies are subject to the vagaries of successful research funding applications and these data, which should be a core part of the HOWIS minimum data-set, cannot be collected systematically across south east Wales without central funding. Valid and reliable routine information at small area level is needed in order to target interventions and resources at communities most in need in order to reduce health inequalities.

Bro Taf has similar problems to Gwent in that the health inequalities issue is generally seen as a north-south divide with deprivation in Merthyr and Rhondda Cynon Taf compared with relative affluence in Cardiff and the Vale. Whilst this is largely true, it is an over simplification, as there are some relatively privileged areas in the north and some profoundly deprived areas in the south. In order to target health inequalities effectively, all agencies need to target those in greatest need and the commissioning by the National Assembly for Wales of a Welsh Index of Deprivation is welcomed. This will provide comprehensive and up to date information on different ‘domains’ of deprivation at ward level.

Whilst socio-economic inequalities can be identified at ward level, inequality in access to health services is more difficult to demonstrate, as current sources of routine data do not provide the right information in sufficient detail and accuracy for robust conclusions to be drawn.

Action at health authority level

The South East Wales Health Authorities are actively working to combat health inequalities within their most disadvantaged communities, for example:

- In Gwent joint working both with local authorities and in collaboration with European colleagues has produced small area data on lifestyle and health outcome
- Bro Taf has a Health Equity Strategy and Health Inequality Impact Assessment has been introduced.
- All three authorities have broad strategies to tackle inequalities in health, and are working in line with them.
- All three authorities are working with initiatives such as Sure Start, Healthy Living Centres and Crime Reduction Programmes to improve the health of their most disadvantaged communities.

New initiatives on tackling health inequalities in Bro Taf began with a 1998 Masterclass (2), where experts from across the UK discussed determinants of health and shared their practical experience. The day concluded with the Bro Taf Declaration pledging the Authority to co-operate in partnership with others to reduce health inequalities and this has been displayed at the European Network of Health Promoting Agencies in Brussels. The theme of health inequalities has been continued in the Annual Reports of the Director of Public Health: the 1999 report (3) featured chapters on determinants of health, equity and collaboration and this year's report, focussing on children, discusses the effects of deprivation on family health (4). As a practical step towards tackling health inequalities, Bro Taf has produced a Health Equity Strategy (5) including plans for staff development, health inequality impact assessment, research and development.

In the past the focus has been on health gain and, though some targets have not been reached, measurable improvements to health in Wales have been achieved. In order to respond to the current priority of narrowing the health divide, cultural change must take place within health authorities. In Bro Taf internal research (6) has fed directly into organisational development as practical measures have been taken to meet staff needs for training and information. Seminars on equality and racial awareness, an electronic health equity bibliography and a short summary of research on interventions to combat health inequalities are now available to all members of staff.

Evidence based planning has led to the introduction and evaluation of structured health visiting in Merthyr and Cynon, targeting resources towards the most needy families in two of Wales' most disadvantaged areas. In collaboration with the Grangetown/Butetown Regeneration Forum, the Health Authority has carried out a staged consultation in order to prepare information for a Health Living Centre application. Both the Local Authority and the Health Authority support this important attempt to improve health in this multicultural area, which includes one of the most disadvantaged wards in Wales.

Health Inequality Impact Assessment (HIIA) is a vital component of the Bro Taf Health Equity Strategy. However, it should be emphasised that this is not regarded as a panacea, but rather as a tool to make explicit the problems of dealing with health inequalities and to promote solutions leading to equitable healthcare. The first stage of HIIA has been to develop a policy checklist that serves to remind those who are planning and commissioning services of compliance with the Health Improvement Programme, promoting informed choice and planning for equity by prioritising disadvantaged groups. A methodology has also been developed for rapid appraisal and this is presently being piloted by planning groups. In order to disseminate local experience throughout Wales, a symposium entitled 'Narrowing the Gap: practical approaches to achieving equity in health' will be held at the Cardiff County Hall on 6th April.

Conclusions

In order to narrow the health divide, new economic policy initiatives, including Objective One, should be subject to Health Impact Assessment. Whilst it is true that socio-economic factors

are the fundamental determinants of health, the NHS can make an important contribution and establishing the Wales Centre for Health at the earliest opportunity will give added impetus to reducing health inequalities. Information at ward level needs to be improved and resource allocation must be adequate and equitable, giving due weight to material disadvantage, both at the all Wales level and within health authorities.

The Assembly needs to be aware that for the NHS to deliver fully, in partnership with others, on the wide agenda of inequalities will require huge strategic change, not least very significant re-allocation of expenditure from wealthier to poorer areas within health authority boundaries. Large political repercussions would be expected from this reallocation, and the Assembly would need to be fully cognisant of the likely implications, before authorities proceed.

Furthermore, if the Assembly is as serious as it claims in tackling the causes and effects of health inequalities (7), then it will also need to consider either:

- providing additional resources to health authorities serving the most deprived communities, or
- reviewing the resource allocation formula so as to redirect resources between health authorities according to deprivation.

References

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