

REPORT TO: Community Planning Implementation Group

MEETING DATE: 4 September 2008

BY: Strategic Planning – NHS Lothian

SUBJECT: Equally Well – Report of the Ministerial Task Force on health inequalities

1 PURPOSE

- 1.1 The purpose of the report is to update and inform the Community Planning Implementation Group on 'Equally Well', the report of the Ministerial Task Force on health inequalities.

2 RECOMMENDATIONS

- 2.1 To discuss and note the key themes and priorities of the Equally Well report.
- 2.2 To agree to establish a short-term working group to identify and report on the key actions and implications for the community planning partnership based on the recommendations within the Equally Well report.

3 BACKGROUND

- 3.1 The Scottish Government launched 'Equally Well' on 19 June, which sets out the key challenges for addressing health inequalities in Scotland. The report was produced by the Ministerial Task Force, which brought together ministers from across the Scottish Government as well as representatives from the Convention of Scottish Local Authorities, NHS, third sector and academia.
- 3.2 The process of producing the report involved engagement with a range of stakeholders including frontline staff, service users, young people, the business community and key public sector agencies. It also looked at the evidence base of what works, with a view to rolling some of this out across Scotland.
- 3.3 The work identified the need to address both the causes and symptoms of health inequalities, recognising that the solution to this goes beyond health policies and health systems alone. There is clear direction within the report for the need for continued and increased joint working between the NHS, local government, third sector and others within community planning partnerships.

- 3.4 In order to reduce inequalities in healthy life expectancy and wellbeing generally, the Task Force identified priorities where action is most needed:
- Children's very early years, where inequalities may first arise and influence the rest of people's lives
 - The high economic, social and health burden imposed by mental illness, and the corresponding requirement to improve mental wellbeing
 - The "big killer" diseases: cardiovascular disease and cancer - some risk factors for these, such as smoking, are strongly linked to deprivation
 - Drug and alcohol problems and links to violence that affect younger men in particular and where inequalities are widening
- 3.5 In the light of these priorities, and evidence about what causes inequalities in health, the Task Force has agreed key principles to drive the work:
- Improving the whole range of circumstances and environments that offer opportunities to improve people's life circumstances and hence their health
 - Addressing the inter-generational factors that risk perpetuating Scotland's health inequalities from parent to child, particularly by supporting the best possible start in life for all children in Scotland
 - Engaging individuals, families and communities most at risk of poor health in services and decisions relevant to their health
 - Delivering health and other public services that are universal, but also targeted and tailored to meet the needs of those most at risk of poor health – need to prevent problems arising in the future, as well as addressing them if they do
- 3.6 Within the report, the Fairer Scotland Fund is identified as a resource for contributing to work on health outcomes and improving life expectancy. The East Lothian 3-year plan on Creating a Fairer East Lothian reflects these outcomes and will clearly support this direction of travel.
- 3.7 Overall, the report contains 78 recommendations that will need to be taken forward in order to begin the longer-term process of reducing health inequalities. To support this, the Government will produce an implementation plan by the end of 2008 setting out how the recommendations will be turned into action, identifying responsibilities at a national and local level.
- 3.8 As noted in 3.3 above, the key role of community planning partnerships is clearly noted within the report and there are wide ranging actions and recommendations for community planning partnerships as well as for individual agencies.
- 3.9 NHS Lothian, through Public Health, are currently mapping existing activity against the appropriate recommendations to note what is already in place and to begin the process of what needs to be done. This report will be shared with community planning partners once completed.
- 3.10 In order to identify the key actions and implications for the community planning partnership based on the recommendations within the Equally Well report, it is recommended to establish a short-term working group to take this forward and to prepare a report for CPIG.

4 POLICY IMPLICATIONS

- 4.1 The launch of Equally Well sets out an emerging policy context for tackling the significant health inequalities facing Scotland. The resulting Implementation Plan will set out further policy implications for community planning partners.

5 RESOURCE IMPLICATIONS

- 5.1 Financial - The resource implications, beyond the Fairer Scotland Fund, have not been finalised and will form part of the Implementation Plan.
- 5.2 Personnel - This is still unclear and will depend on the Implementation Plan, which is due from the Scottish Government by the end of 2008.

6 BACKGROUND PAPERS

- 6.1 The full report of Equally Well can be downloaded through the following link:
<http://www.scotland.gov.uk/Publications/2008/06/25104032/0>

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