



Integration Joint Board
Transformation, and Innovation/Futures Committee

10th August 2023

This Report relates to
Item 10 on the Agenda

Tactical Priority 3 Health Inequalities Prevention and Early Intervention

Paper presented by Valerie White

Noting

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| List of Background Papers: | None |
| Appendices: | None |

1. Introduction

- 1.1 This paper provides an overview of the work that will be explored as part of the NHS Boards Tactical Priority 3 Work across the health and social care systems with our local communities to tackle health inequalities and support a shift towards a focus on prevention and early intervention.

2. Recommendations

- 2.1 **The IJB Transformation, and Innovation/Futures Committee is asked to:**
- **take assurance that several areas of work are being taken forward to address this tactical priority which links to the IJB strategic commissioning intentions 12 and 13.**
 - **note that the nature of these areas of work are long term in nature.**

3. Background and Main Report

- 3.1 Dumfries and Galloway Integration Joint Board agreed 7 Strategic Commissioning Intentions (SCI). NHS Dumfries and Galloway and Dumfries and Galloway Council are required to deliver against these SCIs. There are 2 SCIs that are of particular relevance in relation to this area of work:

3.2 SCI2 – Fewer people experience health and social care inequalities

3.3 SCI3 People and Communities are enabled to self-manage and supported to be more resilient are key areas of focus.

3.4 These SCIs complement the commitment of NHS Dumfries and Galloway to develop its Anchor Organisation status to benefit our local population. Work to address inequalities and embed prevention and early intervention happens across a range of aspects of service delivery and involves a cultural shift from focus on treating ill health to promote good health and enable individuals to manage their own health conditions to maximise their health and wellbeing.

3.5 NHS Dumfries and Galloway has committed to a Tactical Priority of working across the health and social care system with our local communities to tackle health inequalities and support a shift towards a focus on prevention and early intervention. This work is system wide and will need ongoing focus.

Figure 1 summaries the narrative in relation to Tactical Priority 3 presented at the NHS Board in April 2023, it outlines some of the key areas of strategic work that will be undertaken from 23/24 onwards in relation to this priority area.

Figure 1 - Summary of Tactical Priority 3 Agreed at NHS Board April 2023

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|-------------------------------|--|
| Priority Title | 3. Work across the health and social care system with our local communities to tackle health inequalities and support a shift towards a focus on prevention and early intervention |
| Priority Description | <ul style="list-style-type: none"> Annually from 2023/24 we will reassign part of our budget to initiate, test and mainstream a range of new initiatives that will offer alternatives to traditional services, encourage responsibility for self care and management, and deliver preventative and proactive care, all aimed at helping people to live the healthy, happy, active life they want. Proactively engage with our Partners in the Third Sector and Independent Sector to identify opportunities to enhance our approach to supporting people to live well for longer in our communities Operationalising the Health and Wellbeing Model with Home Teams Strengthening a preventative approach within Home Teams through the Prevention and Early Intervention Workstream Working with our partners to deliver the agreed actions within the Poverty and Inequality Partnership Action Plans Continue our development journey as an Anchor Organisation |
| Lead Director | Director of Public Health |
| Governance Committee | Public Health Committee |
| Performance Measures | It is probably impossible to identify tangible performance measures for this, apart from reporting on progress on work in these areas. |
| Link to Corporate Risk | Health Inequalities and Population Health and Wellbeing. |
| Achievable In-Year or Ongoing | Ongoing |

Assessment

3.6 There has been work ongoing in the areas outlined what follows describes further areas of focus for 23/24:

Annually from 23/24 we will re-assign part of our budget to initiate, test and mainstream a range of initiatives that will offer alternatives to traditional services, encourage responsibility for self care and management and delivery preventive and proactive care, all aimed at helping people to live the healthy happy active lives they want.

3.7 During 23/24 we will seek to understand the current landscape of preventative spends across the health and social care system and the range of activity connected to this. This will help us to understand current spend levels and also support identification of the best ways to direct our resources going forward. This is not anticipated to be an easy task and we will look to work with other NHS Boards to identify ways to do this. It is important to ensure that we direct resources on activity which can have the biggest impact and not duplicate work across the system. This will require careful planning and collaboration with partners across council, third sector and independent sectors.

3.8 An initial focus will be;

- Understanding the current landscape of preventative spends
- Identifying activities/work already underway or planned aligned to early intervention/prevention
- Identify areas of potential duplication in 2. above
- Agree a plan and priorities

3.9 The priority areas of:

- Proactively engage with our Partners in the Third Sector and Independent Sector to identify opportunities to enhance our approach to supporting people to live well for longer in our communities.
- Operationalising the Health and Wellbeing Model within Home Teams
- Strengthening a preventive approach within Home Teams through the Prevention and Early Intervention Workstream.

3.10 Are very closely aligned and part of a whole systems approach to supporting delivery of the Integration Joint Board Model of Care that seeks to:

‘Support local people to live healthy, happy, active and fulfilling lives’

3.11 In 2019, a Health and Wellbeing Model for Dumfries and Galloway set out a framework to ensure that all community-based health and wellbeing support services are in line with the evidence base. It is a social model, underpinned by psychological principles, that supports those providing Public Health Improvement (PHI) support in working collectively to reduce ill health and inequalities. The model prioritises working with both communities and individuals. Our communities are at the heart of where we live. They are places that have great potential for driving the population’s health and wellbeing and this requires an awareness of what communities have to offer. It also requires the health and social care workforce to work closely with communities, building relationships and partnerships to maximise opportunities for improved health and wellbeing outcomes.

**Table 1 - NHS Dumfries and Galloway Health and Wellbeing Model, 2019
Interconnected approaches to supporting communities and individuals**

| Approaches to supporting communities | Interconnection between the two approaches | Approaches to supporting individuals |
|---|--|--|
| Helping communities to identify and prioritise needs | Focus on reducing health inequalities | Developing safe and effective person-centred relationships (therapeutic relationships) |
| Supporting collective approaches to bring about social change, working collaboratively and across sectors | Strengths-based approach to improving health and wellbeing (as opposed to deficit model) | Applying specific behaviour change skills e.g. goal setting, structuring of sessions, using self-monitoring, problem solving, planning endings |
| Capacity building, for example by supporting learning and skills development, identification of community resources and strengthening of groups | Focus on building motivation, confidence and resilience | Applying specific behaviour change techniques e.g. around motivation development, action on motivation and using prompts and cues |

3.12 Areas for collaborative action during 2023/24 to support the above priority area above are as follows:

- ***Proactively engage with our Partners in the Third Sector and Independent Sector to identify opportunities to enhance our approach to supporting people to live well for longer in our communities.***

3.13 Two Community planning events were held in December 2022 and January 2023. The outcome of this is a framework agreement for Locality Planning and Delivery

which includes working with partners in developing Community Transformation Collaborative.

- 3.14 Strategic Planning and Public Health Improvement colleagues are working alongside Third and Independent Sector colleagues to ensure that supports available from third sector and independent sector partners are known to and available to Home Teams as they undertake to assess and deliver care and support to people. The supports from third sector and independent sector partners often focus primarily on prevention and early intervention.
- 3.15 Exploring delivery of the concept of Local Area Co-ordination (LAC) in Dumfries and Galloway. LAC is an asset-based approach to community development. This involves identifying the assets, strengths and skills that already exist within an area, including the personal skills, qualities and expertise that people, families and communities themselves offer. Enabling communities to support their own needs prevents the need for health and social care services and has the potential to deliver early intervention activities. Work is underway to explore the variety of supports that currently exist within communities that are not necessarily delivering health and social care and support or are linked to Third Sector Interface Dumfries and Galloway and identify any potential gaps where we can strengthen our approach to supporting people to live well for longer.
- 3.16 Early discussion with Third Sector Interface Dumfries and Galloway colleagues is taking place to explore how we maximise the contribution of Third Sector by exploring co-commissioning approaches. The contracts and commissioning team are developing our methodology for the commissioning of Third Sector provision and this has identified potential to align that activity more effectively to the development of the IJB model of care.
- 3.17 Intrapreneurship - The Health and Social Care Partnership funded a successful pilot of an intrapreneurship programme during 22/23 with a focus on encouraging ideas on how to help people to stay at home for longer. Work is underway to explore potential further expansion of the programme.

- ***Operationalising the Health and Wellbeing Model within Home Teams***

- 3.18 A significant proportion of our Public Health Improvement (PHI) workforce is now integrated within Home Teams and they will work closely with the regional PHI Team to plan and deliver the Health and Wellbeing Model for Dumfries and Galloway by focusing activity on early intervention and prevention with vulnerable communities and individuals. This requires proactively engaging with colleagues, communities and partners to build and strengthen a 'community led' regional approach to PHI using community development methodology. The key areas for delivery of this work for 23.24 are:

- Designing, implementing and evaluating outcome focused, evidence driven projects and programmes.
- Delivering and developing the Community Link Service, as part of the Primary Care Transformation Programme.
- Building professional, personal and collective PHI skills, knowledge and capacity across Home Teams and with partners and communities.
- ***Strengthening a preventive approach within Home Teams through the Prevention and Early Intervention Workstream.***

3.19 Delivering 2023/24 Prevention and Early intervention work plans for PHI staff within each Home Team and regionally to deliver the following collective objectives:

- a) Actively involve and work with local people/community groups/partners to build partnerships and approaches that build community resilience and participation in decision making
- b) Provide person centred support and opportunities to improve individual and community health and wellbeing; and contribute to delivery of the Public Health Priorities for Scotland
- c) Actively support development of the prevention and early intervention function of Home Teams
- d) Work with and influence action within Health and Social Care and with partners and communities to address persistent poverty and health inequalities
- e) Collaborate across the PHI workforce to maximise opportunities for system-wide impact, learning and development
- f) Develop consistent workforce system for PHI reporting, data collection, monitoring and timely evaluation - capturing impact, local intelligence, qualitative and quantitative measures and health, social and economic evidence against system drivers.
- g) The development of a Self Assessment Tool for each Home Team to complete on a regular basis in order to ensure progress, practice development, learning and partnership building.
- h) The development of Community Profiles for each Home Team area; in partnership with Public Health Scotland and our local partners.

Work with our partners to deliver the agreed actions within the Poverty and Inequalities Partnership Action Plans.

3.20 Poverty is a key determinant of health and work to reduce this across our region is key for the long term health of the population. This area of work is a key priority for our Community Planning Partnership (CPP) and in 2021 the CPP established a multi-agency Poverty and Inequalities Partnership. The objectives of this partnership are:

Objective 1: Tackling severe and persistent poverty and destitution

Objective 2: Maximising income of people facing poverty

Objective 3: Reducing the financial pressures on people in poverty

Objective 4: Building individuals and communities' resilience to deal with the effects of poverty

Objective 5: Building organisations capacity to better tackle poverty

Objective 6: Addressing barriers to accessing services

3.21 The Partnership has 4 sub-groups as outlined below:

1. Tackling severe & persistent poverty & destitution & building individual & communities ability to deal with the effects of poverty
2. Maximising income and reducing debt of people facing poverty
3. Reducing financial pressures on people facing poverty
4. Approaches to Child Poverty and Child Poverty Action Plan and Report

3.22 Each Sub-group has a prioritised action plan and reports progress to the Poverty and Inequality Partnership. The Director of Public Health sits on the Poverty and Inequality Partnership on behalf of the NHS Board and the Public Health

Improvement Team is represented on each of the sub-groups and actively contributes to the work of these sub-groups to progress agreed actions. Sub-group 4 is currently chaired by a member of our Public Health Improvement Team. Current areas of focus for this year include:

- Supporting the Poverty and Inequalities Partnership to deliver Challenge Poverty Week 2023,
- Delivering a programme of training and follow on development sessions to eight Home Teams which focuses on supporting Home Teams to collectively understand their role in contributing to action which reduces inequalities and tackles poverty
- Scoping and undertaking work with NHS Dumfries and Galloway Finance Department and local Credit Unions to establish a system which enables staff to make direct salary payments to Solway and Stranraer Credit Unions
- Undertake a scoping exercise which sets out partnership and potential funding opportunities to deliver a Warm Homes on Prescription scheme
- Continuation of support to D&G Food Providers Network to ensure food is reaching those most in need and providing D&G Food Providers Network to develop cluster funding bids where need is identified
- Development of our Digital Champions Programme within the Health and Social Care Partnership which focuses on digital inclusion and provides assistance to get on line for those experiencing poverty
- Delivery of the Welfare and Financial Advice in Rural GP Practices in partnership with GP Practices, D&G Citizens Advice Service and the Scottish Government's Improvement Service
- Supporting partners to finalise a map of local family support systems (from perspective of families navigating support for child poverty)
- Continuation of training for Public Health Nurses, Midwives, Community Children's Nurses to raise awareness of and actions that can be taken to reduce poverty and inequalities (including awareness of referral pathways and partnership opportunities)
- Working in partnership with D&G Citizens Advice Service, Children's Services and local communities to deliver welfare and financial advice in family settings

Continue our development as an Anchor Organisation.

3.23 This area of work will build on work undertaken during 22/23 to further embed our approach to tackling inequalities through maximising our anchor organisation status and mainstreaming this into the business of the Health and Social Care Partnership and NHS Board ensuring appropriate monitoring and governance mechanisms are in place. It also outlines how we will connect with partners through community planning to develop both the anchor and community wealth building concepts across partners through our refreshed Local Outcome Improvement Plan.

Key areas for action during 23/24 include:

- Results of mapping of activity against Joseph Rowntree Foundation Anchor Organisation Progression Framework (JRFAOPF) presented to Public Health Committee.
- Benchmarking against JRFAOPF (or Scottish Equivalent) completed for each dimension
- Continued Implementation of Public Health Scotland/D&G Localised Working Programme to support CPP with Public Health specialist support and expertise
- Agreement of new Local Outcome Improvement Plan with CPP partners

- Sharing learning with CPP around Anchor work and Community Wealth building
- Refreshed indicators for health inequalities are identified and developed and reported on
- Implementation plan developed for 23-26 to support embedding of Equality and Diversity Impact Assessments (EQIA) with priority actions completed during 23/24
- Annual monitoring report for EQIA completed

Performance Measures

3.24 The initial report to NHS Board outlined the complexity of tangible performance measures as any action will at best contribute to changes in long term outcomes in population health and inequalities and it will prove impossible to establish clear causal mechanisms. However, we have committed to developing a refreshed set of inequalities indicators during 23/24 and looking to build on this in future years. It is likely that updates in relation to the areas of work under these priority actions will need to take the form of narrative reports.

4. Conclusions

4.1 The work provides the IJB Innovation and Transformation Committee with an overview of the work ongoing which align with SCI 12 and 13.

5. Resource Implications

5.1 There are no direct financial implications as a result of this paper. Individual projects associated with this paper will have financial implications assessed as part of their development.

6. Impact on Integration Joint Board Outcomes, Priorities and Policy

6.1 This report relates to the National Health and Wellbeing Outcomes 1, 2 and 5 and SCI 12 and 13.

7. Legal and Risk Implications

7.1 There are no legal risks associated with this paper.

8. Consultation

8.1 There has been no consultation on the content of this report as it is an update on activity which is ongoing within the Health and Social Care system.

9. Equality Impact Assessment

9.1 An impact assessment has not been undertaken on this report as it is an update on ongoing activity.

10. Glossary

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| EQIA | Equalities Impact Assessment |
| IJB | Integration Joint Board |
| SPDC | Strategic Planning, Delivery and Commissioning |

