

NORTH LINCOLNSHIRE COUNCIL

CABINET

THE INVERSE CARE LAW - ACTION PLAN

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To update on Healthier Communities and Older People scrutiny Panel's Inverse Care Report action plan
- 1.2 To note the impact of changes to the NHS on progressing further action

2. BACKGROUND INFORMATION

- 2.1 The scrutiny panel conducted a review into how GPs' budgets were allocated, and compared these to levels of deprivation and ill-health. The panel also compared vaccination rates, treatment outcomes and patient satisfaction rates with levels of deprivation and ill-health. The panel found that, generally, GP budgets were lower in areas of deprivation.

Similarly, there were generally lower rates of vaccination amongst very young children and lower rates of patient satisfaction in more deprived areas. There was some evidence that practices in poorer areas received fewer Quality Outcome Framework points on their contracts, and generally lower levels of funding. The panel was concerned that this could mean inequalities in people's health became more ingrained.

The panel has made nine recommendations to address this; these are outlined in Appendix 1.

- 2.2 The recent white paper 'Liberating the NHS' outlines plans to radically overhaul the current NHS system. There will be a National Commissioning Board responsible for allocating resources to GP Commissioning Consortia and the remuneration of primary care practitioners. GP Consortia will have responsibility for commissioning health and social care services based on patient need. Currently it is not known how the National Commissioning Board will allocate funds to GPs as Primary care practitioners. It is anticipated that GP Commissioning Consortia will be allocated resources based on a national funding formula, how this money will be allocated within consortia is not yet known.

3. OPTIONS FOR CONSIDERATION

- 3.1 Delay progressing the action plan, until the process for allocations is understood and roll any residual actions from this report into a wider action plan on inequalities that will evolve out of the review the Healthier Communities and Older Peoples Scrutiny panel is currently undertaking on health inequalities in North Lincolnshire
- 3.2 Abandon the action plan completely

4. ANALYSIS OF OPTIONS

- 4.1 Once the allocations process for GP funding is in place and there has been an opportunity to compared this with current levels, It will be possible to understand whether there is an inverse care law in primary care within the new NHS system in North Lincolnshire. The current actions can then be updated and a process put in place to address them.
- 4.2 Abandoning the action plan completely could limit opportunity in the future to address a possible inverse care law in primary care Abandoning the plan would mean no review takes place and therefore it will be unclear as to whether an inverse care law in primary care exists in North Lincolnshire

5. RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)

- 5.1 Time and skills to understand the new allocation formula, analysis and comparison to be made and action plan updated and aligned with the forthcoming Healthier Communities and Older Peoples Scrutiny panel inequalities review and subsequent action plan
- 5.2 Other resource implications not know at this stage

6. OTHER IMPLICATIONS (STATUTORY, ENVIRONMENTAL, DIVERSITY, SECTION 17 - CRIME AND DISORDER, RISK AND OTHER)

- 6.1 There are no other implications associated with this report although there may be further implications when progressing the implementation of the recommendations.

7. OUTCOMES OF CONSULTATION

7.1 Detailed consultations were carried out by the scrutiny panel in preparing its report, the outcomes of which were incorporated in the panel's final report.

8. RECOMMENDATIONS

8.1 Cabinet recognises the impact of the NHS reforms on continuing with the action plan at this point in time

8.2 Cabinet note progress made to date on the action plan (appendix 1)

8.3 Cabinet support the proposal to ensure any residual actions from this report become part of a wider action plan on inequalities arising from the review the Healthier Communities and Older Peoples Scrutiny panel is currently undertaking on health inequalities in North Lincolnshire

SERVICE DIRECTOR LEGAL AND DEMOCRATIC

Pittwood House
Ashby Road
SCUNTHORPE
North Lincolnshire
DN16 1AB
Author: Frances Cunning
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Background Papers used in the preparation of this report

Report of the Healthier Communities and Older People Scrutiny Panel
The Inverse Care Law in North Lincolnshire March 2010

Appendix 1

Recommendations	Lead	Action	Progress
<p>The panel recommends that NHS North Lincolnshire formally acknowledge the existence of an inverse care law in North Lincolnshire, and reflect this in their policies, contracts and service specifications.</p>	<p>Currently NHS NL but likely to move to NHS Commissioning Board in future</p>	<p>NHS NL to identify a process and timetable to move to Fair Share budgets for GPs that goes beyond current guidance.</p>	<p>This will sit with National commissioning board as a result of Liberating the NHS who will have the responsibility of allocating budgets to GP Consortia for commissioning health and social care.</p> <p>The white paper Liberating the NHS and the required financial savings impact significantly on NHS NL ability to deliver on this</p>
<p>The panel recommends that the Director of Public Health, through the WHIP and wider Local Strategic Partnership, should lead on the formulation of a comprehensive, multi-agency targeted action plan on Improving Health in Priority Neighbourhoods. This should address the vision and priorities within the North Lincolnshire Health and Wellbeing Strategy and other key documents, in order to respond to the concerns about health inequality. Furthermore, the panel recommends that a co-ordinated response to the health inequalities Red Flag contained within the Oneplace survey be prepared by the Director of Public Health, and shared with the Local Strategic Partnership, the WHIP,</p>	<p>Director of Public Health</p>	<p>Review of Health and Wellbeing strategy</p>	<p>Following a successful summit and a revisit of the IDeA Peer review team the Health and Wellbeing strategy is being refined Three priorities have been identified Best Start in Life Healthier Communities (wider determinants) and Healthy Aging. A strategic lead has been identified for each priority and current theme work is being aligned to focus on three priorities with the Marmot 6 priority areas underpinning this work. This combined with the Area based working approach and mapping being undertaken</p>

<p>clinicians and the public.</p>			<p>across all the theme boards will help identify what is currently being done in NL and therefore giving clarity on gaps and targeting.</p> <p>The proposed Public sector reforms coupled with the financial implications of the comprehensive spending review for NL will have an impact on the key priorities and the pace of change</p>
<p>The panel recommends that NHS North Lincolnshire routinely and regularly gather evidence regarding the impact of current and future 8-8 or walk-in provision on existing GP practices within the Scunthorpe area. The panel further recommends that this information be shared annually with NHS North Lincolnshire's Board and Clinical Executive Committee, and this scrutiny panel.</p>	<p>Associate Director of Contracting NHS NL</p>		<p>The PCT routinely monitors activity at the 8-8 centre and other practices offering extended hours. The overall continuation of extended hours is subject to ongoing review In the future 8-8 centre will become part of the service from the new Health and Social care centre There is a lack of clarity as to where the responsibility for extended hours sits in the future.</p>
<p>The panel recommends that NHS North Lincolnshire adopt a medium term (3 year) strategy to wholly align indicative budgets with Fair Shares guidance. We believe this timescale allows for a fuller</p>	<p>Director of Finance NHS NL</p>		<p>This will sit with National commissioning Board as a The establishment of Health and Wellbeing Boards should support these issues result of Liberating</p>

<p>understanding of health inequalities, referral patterns, etc. and for GPs to become accustomed to revised budgets. We note that, for the majority of practices, this will have a minimal financial impact.</p>			<p>the NHS who will have the responsibility of allocating budgets to GP Consortia for commissioning health and social care Budgets for 2011/12 currently subject to national guidance from 2011 and beyond GP consortia will have actual budgets</p>
<p>the panel recommends that NHS North Lincolnshire, provides annual briefings for GPs, Practice Based Commissioning leads and practice managers on local demography, priority issues, etc. This will better inform primary care workers, and could lead to improved treatment, planning and commissioning.</p>	<p>Associate Director of Performance NHS NL /Director of Public Health</p>		<p>NHS NL public performance report currently includes practice dashboards These reports are in the public domain. Practice profiles based on QOF produced and available on NHS NL website (PHO also develop practice profiles) Currently disease specific profiles have been developed and will also be available on NHS NL website and shared with practices</p> <p>This work needs to continue as the NHS reforms play out in NL</p>
<p>The panel recommends that NHS North Lincolnshire work closer with Practice Based Commissioning consortia to identify and overcome barriers to effective Practice Based Commissioning, and to share learning from leading practices both within and outside of North Lincolnshire. It may be appropriate to develop and share a</p>	<p>Director of Clinical Commissioning NHS NL</p>		<p>The development of PBC has continued through the offer of the PBC incentive scheme 2010/11 backed up by senior support from NHS NL to GP practices The NHS reforms impacts on the current future shape development and responsibilities of PBC. PBC</p>

<p>register of specialist skills and treatment pathways provided in primary care.</p>			<p>is committed to assisting GPs in formulating new GP consortium recognising that this must be driven by GPs themselves. GP views recognise there needs to be one consortium moving forward although this may not be the final format.</p>
<p>The panel recommends that NHS North Lincolnshire publish easily accessible, plain English annual decisions on funding allocations to GPs and elsewhere. The decision on where this information is published should be at the discretion of NHS North Lincolnshire, but should include consideration of accessibility, ease of understanding and the aims of the Publication Scheme. We would expect information to be distributed widely, including in individual GP practices.</p>	<p>Director of Quality and Engagement / Director of Strategy & Joint Commissioning NHS NL</p>		<p>Currently indicative allocations to GP practices is based on historical spend levels compared to fair shares calculations In future as a result Liberating the NHS white paper budgets will go to GP consortia and in future the expectation that allocations will be based on need rather than historical spend</p>
<p>The panel recommends that every effort be made by NHS North Lincolnshire and North Lincolnshire Council to protect public health and preventative budgets where there is evidence of cost-effectiveness and beneficial health and social outcomes, particularly where public health measures are linked to tackling health inequalities. Whilst NHS North Lincolnshire is key to addressing health inequalities, due to their history and knowledge base, the panel recognises that effectively tackling inequality is</p>	<p>Chief Executive NHS NL/Chief Executive NL Council</p>		<p>Liberating the NHS has indicated ring fenced budgets allocated for PH, the responsibility for health improvement moves from NHS to LA it also establishes a National PH Service. The PH white paper that clarifies some of these issues is due out in December 2010</p> <p>The establishment of Health and Wellbeing Boards should support</p>

<p>the duty of many organisations, groups, agencies and individuals in the area. It will require a much wider focus than the NHS if the causes of inequality are to be addressed. This is set out in the Sustainable Communities Strategy and includes, but is not limited to, providing employment, education and training, quality housing, a reduction in crime and disorder and the provision of leisure and cultural facilities.</p>			<p>these issues</p>
<p>The panel recommends that the Chair of the Local Strategic Partnership (LSP) ensures that all key agencies represented on the LSP, including the private and Voluntary and Community Sector, recognise the opportunities to work together in a concerted effort to reduce inequality (including health inequality) across North Lincolnshire.</p>	<p>Chair LSP</p>	<p>Reduction of Inequality is a key priority for the LSP and within the updated Sustainable Communities Strategy</p>	<p>Within the Sustainable Community Strategy, currently being updated, Inequality is being considered as a priority. The NLP is currently pulling together all activity within the Theme Boards to address health inequality and mapping this against the 6 Marmot priorities The marmot priorities have a direct read across into the developing Sustainable Community Strategy One of the key means of delivery with in this new strategy is the Area based working approach which the NLP are developing</p>