AGENDA ITEM: 7

Buckinghamshire NHS
Health Authority

A PARTNERSHIP APPROACH TO DEVELOPING AN EQUITY PROFILE AND SETTING EQUITY TARGETS FOR CORONARY HEART DISEASE IN BUCKINGHAMSHIRE AND MILTON KEYNES

1 SUMMARY

1.1 Evidence shows that the risk factors for coronary heart disease are unevenly spread across society with the poorest people often exposed to the greatest risk. As a consequence of this the rates of coronary heart disease vary according to social circumstances, ethnicity and gender. Although the death rate from heart disease is falling among all social groups, the death rate for non-manual workers is falling faster than in unskilled and manual workers. As a consequence of this the health gap between the groups most and least affected by heart disease is widening.

1.2 The Coronary Heart Disease National Service Framework is the core strategy for developing health care services for coronary heart disease and reducing coronary heart disease within the population. As one of a number of initiatives to address the health inequalities in coronary heart disease, the National Service Framework requires Health Authorities to work in partnership with Local Authorities to develop a coronary heart disease equity profile and equity targets.

1.3 As the factors which determine cardiac health are influenced by a wide range of non-NHS organisations, local targets which are developed through an inclusive partnership process, could be a useful vehicle for supporting the co-ordination of activity across a range of sectors and ensuring that the impact on cardiac health is understood and developed through a range of non-NHS led local strategies.

1.4 The lack of a local definition of equity may hinder the development of targets. This paper offers the following definitions:

Equity:-

Equalising opportunity over a wide range of health determinants and planning for services which deliver equal access for equal need

Equity Policies:-

The aim of policy for equity and health is not to eliminate all health differences so that everyone has the same level and quality of health, but rather to reduce or eliminate those which result from factors which are considered to be avoidable and unfair

1.5 This paper sets out proposals for a partnership process to develop an equity profile and local targets for coronary heart disease. Partnership forums and partner agencies are invited to discuss proposed high level equity targets and comment on the continuing process to develop this work.

2 BACKGROUND

2.1 The burden of coronary heart disease is not spread equally in the population. The Director of Public Health's Annual Report 2000 provided an overview of the impact of coronary heart disease on the population of Buckinghamshire and Milton Keynes (Appendix 1). Locally coronary heart disease and other circulatory disease accounts for approximately 38% of all deaths in Buckinghamshire and Milton Keynes. In March 2000 the Government launched the Coronary Heart Disease National Service Framework. This document sets out the core strategy for the delivery of health care services and the development of effective policies and projects to prevent coronary heart disease in local populations. One of the specific milestones of the National Service Framework is that by April 2001 **'All NHS Bodies working closely with Local Authorities will have produced an equity profile and set local equity targets'**

2.2 The prevention component of the Coronary Heart Disease National Service Framework supports a national target for coronary heart disease and stroke set in 'Our Healthier Nation', the national strategy to improve the health of the population. This target is: **'To reduce the death rate in people under 75 by at least two fifths by 2010 with a 25% reduction by 2005'**. Like many other Government strategies tackling inequalities is a central goal in Our Healthier Nation therefore *to achieve this goal organisations should be seeking to target those populations who are most disadvantaged* and as a consequence of this more likely to have poorer health. It is anticipated that the Government will be developing national inequalities targets to support this work.

2.3 The factors which determine cardiac health are many and varied and often within the influence of non-NHS organisations. *Progress on effective prevention programmes will require contribution and good co-ordination across a range of sectors including education, leisure, housing, transport, economic development and primary care.* Also the factors which determine cardiac health links coronary heart disease into a wide range of other policies and strategies such as Crime and Disorder, Neighbourhood Renewal and Local Authority Community Strategies.

3 EQUITY AND EQUITY TARGETS

a) Defining What is Meant by Equity

3.1 Despite the national priority given to health inequalities, there is no local shared definition of equity. While many organisations and individual are supportive of the *concept* of equity there is little clarity locally or nationally as to what this means in practice. The concept of equity in health was discussed in a paper produced by the World Health Organisation (Whitehead 1990).

> ***This paper describes health inequalities as differences in health, which are unnecessary and avoidable but also seen to be unjust and unfair.***

This accepts that there will be variations in health due to factors such as biological differences and freely chosen health damaging behaviour. However the capacity of individuals to attain their full health potential will be affected by a number of constraints which may limit their access to financial and non-financial resources or their ability to convert those resources into good health.

Health choices under equal constraints are equitable. However at the root of health inequalities are those determinants of health which are not freely chosen by the individual and/or which are out of their direct control. Therefore equity could be defined as

'Equalising opportunity over a wide range of health determinants and planning for services which deliver equal access for equal need'.

Action to narrow the gap in health experience should be undertaken within a context of general health improvement and therefore should be achieved through levelling up the worst affected not levelling down the least.

Whitehead suggests that:-

'The aim of policy for equity and health is not to eliminate all health differences so that everyone has the same level and quality of health, but rather to reduce or eliminate those which result from factors which are considered to be avoidable and unfair'

3.2 As a consequence of the environmental, social and economic factors which influence health, differences in the ability to attain full health potential are often clustered in groups and therefore health inequalities are observed between geographical or population groups. Local information on inequalities in coronary heart disease supports this. The production of a coronary heart disease equity profile will identify local vulnerable groups to enable local work programmes to be effectively targeted.

The health inequalities observed in relation to coronary heart disease can be tackled by reducing the risk factors for coronary heart disease among the most affected groups and where those risk factors cannot be reduced ameliorating their impact. It is recognised that tackling inequalities is a challenging agenda for organisations working within financial constraints and therefore:-

- It is essential to appreciate the impact on cardiac health of any new national or local strategies and capitalise on new opportunities.

- To ensure that any resources deployed to this objective are used as effectively as possible

b) Working in Partnership

3.3 The development of equity targets for coronary heart disease is a national requirement. However if these targets are developed through a *partnership process* they can offer a valuable opportunity to demonstrate the inter-relationship between a number of apparently diverse local plans and strategies. The development of joint targets and monitoring of locally relevant indicators, which reflect the contribution of all agencies, can provide a useful vehicle for local organisations to monitor and develop local programmes to tackle local health inequalities and to gauge the effectiveness of partnership working to achieve shared outcomes.

3.4 As the determinants of coronary heart disease are wide this work does link into a number of existing initiatives. There is a need to integrate the existing work in areas such as community safety, regeneration initiatives, economic development, and agenda 21 where work on targets to tackle inequality may already be underway. In order to avoid duplication and ensure co-ordination it will also be important to utilise the planning and reporting mechanisms of these strategic partnerships. Progress on coronary heart disease equity targets could be reported through a number of existing mechanisms including the Director of Public Health Annual Report, Community Safety Plans, Agenda 21 Reports, Local Authority Performance Plans Community Strategies/Plans and the Health Improvement Programme.

c) Getting Started

3.5 Work has already been under development to begin the process of producing an equity profile and developing equity targets. Led by the prevention sub group of the Coronary Heart Disease

National Service Framework Local Implementation Team (which includes representatives from Local Authority's and the NHS) and in partnership with other agencies; the key elements of the work are:-

- An equity audit framework identifying the evidence based main determinants of cardiac health and initiatives to address those determinants has been produced (Appendix 2).
- Information sources for the factors identified in the equity audit framework have been mapped.
- A multi-agency workshop has been undertaken to begin the process of developing targets
- Work to analyse existing information sources to develop the first equity profile is underway

4 CHALLENGES

4.1 Implementing a fully inclusive process to develop this work is complicated by the wide number of agencies and multi-agency forums who can make a contribution to reducing levels of coronary heart disease. This agenda has relevance to forums such as Health For All, Bucks Partnership Forum, Milton Keynes Health Forum, Economic Development Partnership, Lifelong Learning etc. It will also link with a number of strategic processes.

4.2 In addition to the Coronary Heart Disease National Service Framework and Our Healthier Nation other non-health led strategies will be driving the development of targets in areas which impact on the factors which determine cardiac health and this needs to be incorporated into the coronary heart disease work.

4.3 The lack of a locally agreed definition of equity may hinder the development of joint targets.

5 PROPOSALS

5.1 Many of the points discussed in this paper were raised at the multi-agency workshop and the production of this paper for discussion aims to communicate the key issues and promote discussion both within individual organisations and multi-agency partnerships.

5.2 In order to add value to local planning processes coronary heart disease equity targets must provide both a medium / long term direction for activity but also shorter term targets against which local progress can be monitored and reported annually to assist the development of local plans. A proposed structure for the development of the targets is:

- A long term inequalities target
- Medium to long term symbolic targets, which identify the medium to long term direction of travel
- Medium to long term specific targets, which focus on the determinants of health. These targets will include a set of shorter term indicators which can be monitored annually. These indicators will allow progress to be monitored and reported on annually and contribute to the annual review of the coronary heart disease Local Implementation Plan. The set of indicators for each target will also reflect the contribution of all partners.

5.3 Following the multi-agency workshop, proposals for the inequalities and higher level targets have been developed. The medium to longer term targets are based on the key areas identified in the equity audit framework and focus on the following areas:

- Socio-economic
- Supporting healthy choices
- Environment
- Access to health care services

The socio-economic, supporting healthy choices and environment targets can encompass issues and targets relating to access to a range of non-NHS services and the impact of these services on cardiac health is acknowledged. However while these three areas cover the major determinants for coronary heart disease and therefore are central to prevention standards and targets, they do not encompass issues around the treatment and care of individuals with coronary heart disease and/or predisposing medical conditions. For this reason a target specifically on access to health care services has been included.

The proposed targets are provided in Appendix 3.

An example of how specific targets and indicators could be attached to these targets is provided in Appendix 4.

5.4 To deliver the Coronary Heart Disease National Service Framework the inequalities and high level targets should be agreed by end of April 2001. A process of consultation with local partnerships can then develop lower level targets and indicators.

6 RECOMMENDATIONS

Multi-agency partnerships are requested to:

- **Consider the paper and proposals**
- **Consider accepting the proposed definitions of equity and equity policies**
- **Comment on the proposed inequalities and medium / long term symbolic targets**
- **Make recommendations as to the process to integrate the work of the existing strategic planning forums into the coronary heart disease equity profile and target work**

REFERENCES

WHITEHEAD, M (1990) **The Concepts and Principles of Equity and Health** A discussion paper prepared for the Programme on Health Policies and Planning World Health Organisation Regional Office for Europe

Responses to this paper to be directed to: Tracey Ironmonger, OHN Strategy Manager, Buckinghamshire Health Authority, Verney House, Gatehouse Road, Aylesbury, HP19 8ET
Tel: 01296 316710