Case-study 8.1.1

Implementing health inequalities impact assessment in Bro Taf

Kate Smith

Introduction

The UK Government's recognition of the link between socio-economic deprivation and ill health presents an opportunity for health authorities to act more effectively to narrow the gap between the best and the worst off in society. Although most of the determinants of health are outside the control of the National Health Service, health authorities can contribute to tackling inequalities by planning their services equitably.

Work to tackle health inequalities in Bro Taf

The Bro Taf region encompasses some of the most deprived and the most privileged areas in Wales, and tackling the health divide has become a priority in the Health Improvement Programme. In 1998, in line with the Green Paper, Better Health – Better Wales, and in response to recommendations in the Acheson Report, Bro Taf Health Authority took significant steps to address the health inequalities agenda.
This was accomplished through three main activities:

- holding a Masterclass on health inequalities, to which the health authority's partners and the public were invited;
- issuing a Declaration on Health Inequalities, in which the health authority pledges in partnership with others to reduce health inequalities;
- carrying out a staff survey to determine the level of involvement in inequalities issues, and the needs for training and information.

The outcomes of this work were:

- publication of proceedings of the Masterclass;
- issuing a copy of the Declaration was given to every member of staff
- improvements to the information systems;
- development of a Health Equity Strategy for Bro Taf;
- the institution of a continuing programme of staff training sessions and seminars.

Although it was apparent that many people in the health authority had a high degree of commitment to the work, a need was identified to establish a system to ensure that the issue of inequalities was not sidelined by other demands.

Health inequalities impact assessment: a practical means of prioritising equity

To mainstream action on health inequalities, Bro Taf health authority are developing a model for health inequalities impact assessment (HIIA) based on the Merseyside Model of health impact assessment (*see* Section 6.2). The health authority's intention is that HIIA is a process that can be used to check whether its policies, strategies, programmes, and projects support its overall aim to tackle inequalities in health.

As a first stage in HIIA model development, it was decided to devise an appropriate system of audit for proposals, to be carried out during the development of new policies, programmes and projects. To this end, an Equity Checklist was compiled (*see* Box BT1) for use as a prospective tool to inform the planning process. Ideally, it should be applied at an early stage of planning in order to raise awareness of the needs of various groups who are already disadvantaged in terms of health determinants, and who could benefit from more sensitive planning.

The main purpose when applying the checklist is not necessarily to obtain a precise answer, but to initiate a process whereby greater attention is paid to tackling health inequalities during decision-making. A proposal with many negative responses may indicate that the decision on the proposal should be deferred for further investigation/consideration.

The checklist was piloted on specialist registrars in public health, policy-makers, and commissioning teams for the following projects:

- extended community mental health team services;
- infant auditory screening;
- structured health visiting;
- prescribing statins;
- fluoridation of milk;
- a local regeneration project in which the health authority is one of the partners.

Comments were also invited from finance, information services, and patient representatives.

Learning points

Barriers to progress

Tackling inequalities in health has not historically been an integral part of achieving health improvement within the overall population. In fact, the reverse is true, in that as population health has improved, the health inequality gradient has grown steeper. Building a mechanism into the way in which colleagues do their work so that tackling health inequalities is always a conscious priority involves a degree of cultural change which, by its nature, is a gradual process. Introducing an assessment tool as a planning aid as opposed to a retrospective audit seemed to represent a conceptual leap that could not happen overnight.

The requirement for all new policies, projects and programmes to be subject to a HIIA was introduced at a time of great upheaval within the health authority: Local Health Groups were just about to be set up and the health authority was in the process of changing its Chief Executive. In short, people were suffering from “change-fatigue”, so there was some initial difficulty in embracing another new procedure. Furthermore, the health authority was in considerable financial deficit, which may have been perceived as a more pressing priority.

Successes

Considerable progress has been made in terms of raising general awareness around issues of health inequality, not only within the health authority but also within Local Health Groups, who are now beginning to use the HIIA as an integral part of their business case development. Some progress has also been made towards involving local NHS Trusts in the same way, although this is a slower process.

Another development is that the integration of the HIIA has raised questions about resource allocation, and discussions are underway to explore the complexities of equitable distribution.

Resources

Health inequalities impact assessment using the Equity Checklist should be resource neutral if staff are adequately briefed about the methodology, and if the tool is used properly. The checklist takes no more than 30 minutes to complete, although the questions it raises should be in the forefront of the planners’ minds from an early stage.

Current work

Bro Taf Health Authority hosted an all-Wales symposium entitled “Narrowing the Gap: Practical Approaches to Achieving Equity in Health” in April. Professor Margaret Whitehead was the keynote speaker. The aim was to share the HIIA methodology with colleagues from health authorities, local authorities, and voluntary organisations throughout Wales, and to explore its applicability in the wider arena.

Work is underway to pilot a rapid appraisal tool, which represents a more complex level of the HIIA process. It is envisaged that using the rapid appraisal tool will be more time-consuming, and take a multi-disciplinary team around three days to complete.

Based on the experience of using the Merseyside Model of health impact assessment, it is likely that a comprehensive health inequalities impact assessment would take 4-6 months for a full-time consultant and a researcher to complete. In view of this, proposals would have to be screened to aid prioritisation of those appropriate for appraisal. There are plans to develop a tool for comprehensive HIIA in the future.

Box BT1:

Health inequalities impact assessment: a policy audit checklist for Bro Taf

Title of project

1. What problem does the project address?

2. Whose needs will be met by the project?
   (e.g. whole population or a named prioritised group)

3. Is the project consistent with the Authority's aims as expressed in the health improvement programme (HIP)?
   Yes/No *Please give details*

4. Will it promote informed choice?
   Yes/No *Please give details*

5. Have you considered the particular needs of the following group and how the project might promote or limit access to better quality services for them?
   Please circle as appropriate and give details below.

- Material disadvantage, including low income (consider access to car), unemployment, the homeless and travellers
  Promote/Limit/No change
- Culture and ethnicity, including those who find communication in English difficult
  Promote/Limit/No change
- Families with children, pregnant women, young children and teenagers
  Promote/Limit/No change
- Vulnerable people, including those who are mentally or physically disabled, frail older people, and those with learning disability
  Promote/Limit/No change
- People who may be disadvantaged by reason of their gender or sexuality
  Promote/Limit/No change

6. Having completed this checklist, are there any user groups whose needs you may not have considered?
   Yes/No
   If yes, what action do you intend to take?

7. How will you monitor the impact this policy will have on meeting the needs of disadvantaged groups?

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Bibliography

1. Lester, C., Hayes, S, Griffiths, S., Lowe, G. and Hopkin, S. (1999) Implementing a strategy to address health inequalities: a Health Authority approach. Public Health Medicine 1(3); 90-3.

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