Plan for the Future
Healthier Together
2022 - 2028

Health Equity Plan 2024-29

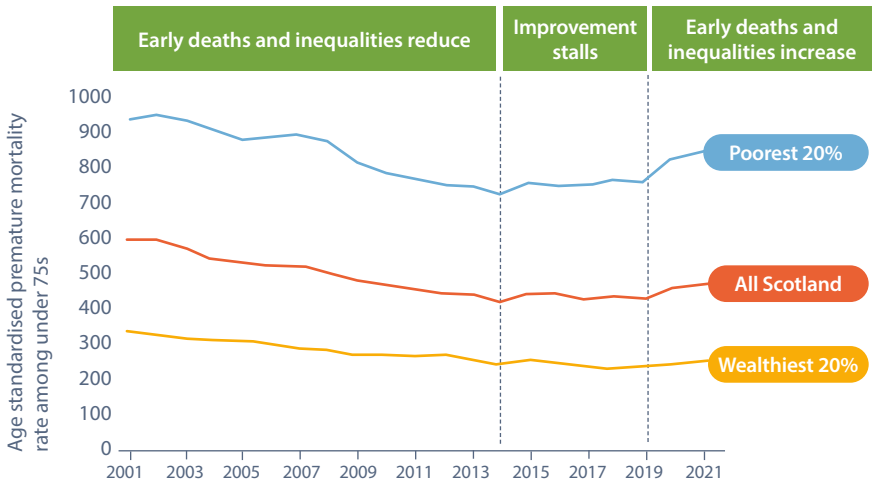
Summary Document

NHS Grampian

Case for change

NHS Grampian's Director of Public Health Report for 2022 (Director of Public Health's Annual Report (nhsgrampian.org) set out the worsening picture of health in the North East, which is occurring at a faster pace in our most vulnerable communities. This worsening trend reflects the pattern in Scotland (Figure 1).

Figure 1: Trend in premature mortality rate for Scotland [1]



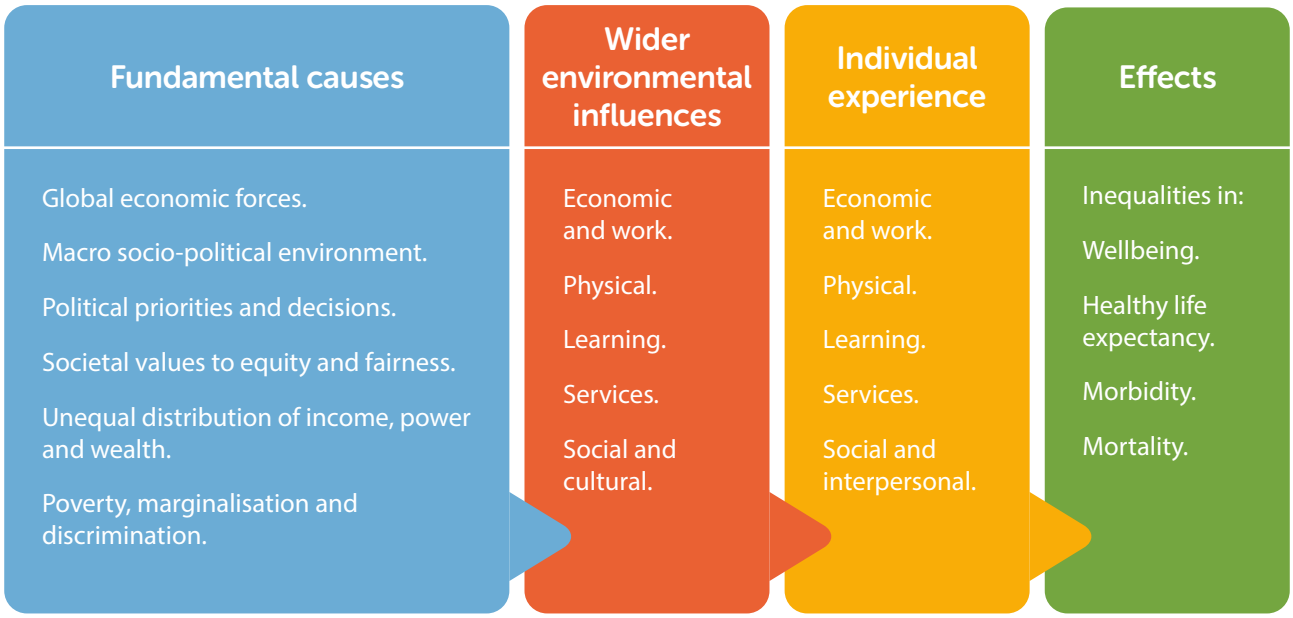
Source: National Records Scotland

Health inequities are the observable differences in people's health across the population and between specific population groups. It is common for the term "health inequalities" to be used inter-changeably with "health inequities". In this plan we use the term inequities.

Health inequities can be seen and measured through the prevalence of health conditions and mortality, behavioural risks to health such as smoking, the wider determinants of health such as housing and employment, access to care and the quality and experience of using healthcare services.

Health inequities are unjust and go against the principles of social justice because they are avoidable. They do not occur randomly or by chance. Health inequities are fundamentally caused by an unequal distribution of power, income and wealth due to wider global, political and societal influences. They are socially determined by circumstances largely beyond an individual's control. These circumstances impact on the wider environment in which people live, work, grow and play, which shapes their experiences and consequently their health. Differences in employment, income and housing (social inequities) mean that large groups of people are disadvantaged and this limits their chance to live longer, healthier and fulfilled lives. The existence of health inequities in Grampian, and in Scotland, means that the right of everyone to the highest attainable standard of physical and mental health is not being enjoyed equally across the population. Action needs to focus on undoing the fundamental causes, preventing harmful environmental influences and mitigating negative individual experiences (Figure 2).[2]

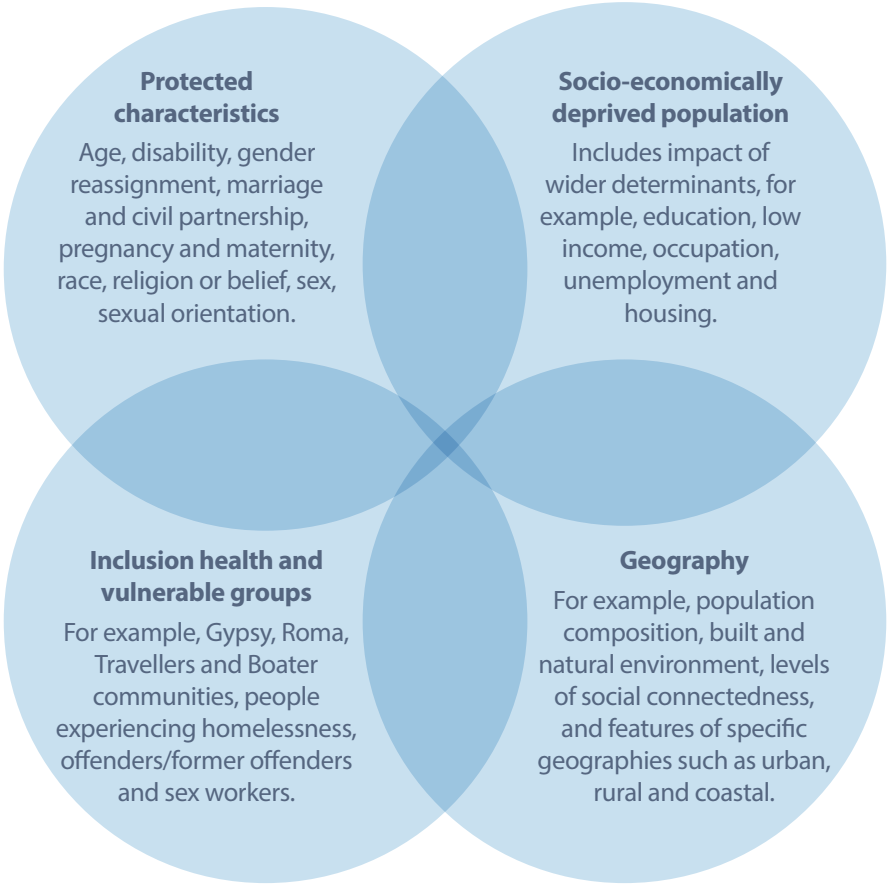
Figure 2: Action to address the factors that drive health inequities



Health inequities can be experienced by people grouped by a range of different factors (see Figure 3). These factors often overlap, meaning people can fall into more than one category compounding the severity of health inequities experienced.

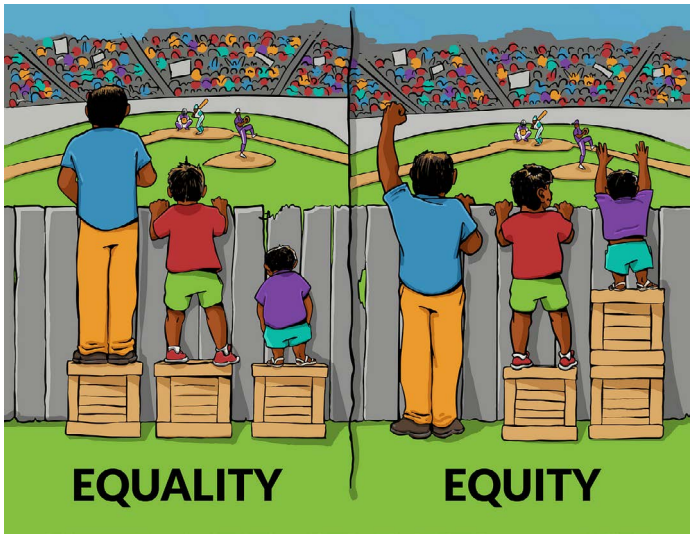
Figure 3: Groups at risk of health inequities

(Source: Public Health England) [3]



Individuals have unique needs based on their circumstances. Treating everyone equally may therefore not lead to equitable outcomes because different people require different levels of support (Figure 4). We can address this by resourcing and delivering universal services at a scale and intensity proportionate to the degree of need. Services are therefore universally available, not only for the most disadvantaged, and are able to respond to the level of presenting need. This approach (known as proportionate universalism), combines a focus on improving the health of the most disadvantaged groups, whilst also reducing the entire social gradient.[4]

Figure 4: Equality versus equity



Health inequities in Grampian

- The population in Grampian is ageing.
- Life expectancy had stalled across Grampian since before the pandemic, and currently varies across our Local Authority areas, ranging from 77 to 79 years for men and 81 to 82 years for women. The difference in life expectancy between the most and least vulnerable groups across our Local Authority areas ranges from 2.8 to 8.1 years for women and 6.4 to 10.0 years for men.
- Men spend fewer years in good health compared to women, however this is also socially patterned, with people who live in more deprived areas experiencing a shorter period in good health compared to people who live in less deprived areas.
- In Grampian, heart disease and cancer are the leading causes of death. The mortality rates for these causes are about 1.5 times higher in the most deprived than in the least deprived areas. The biggest differences in mortality rates are observed for Chronic Obstructive Pulmonary Disease (most deprived areas have a rate 3.3 times higher than least deprived), alcohol-related (2.7 times), accidents (2.4), suicide (2.4) and liver disease (2.3).
- Avoidable mortality is higher among men than women and is nearly three times higher in the most deprived areas. This gap has increased over the last ten years.
- Similar inequities were observed in behavioural risk factors such as cigarette smoking and alcohol consumption, and in uptake of prevention programmes such as vaccinations, and screening programmes.[5]

Achieving health equity in Grampian: Priorities for the health and care system over the next five years (2024 to 2029)

Our long-term ambition is to reduce the gap in healthy life expectancy between the most and least vulnerable groups in society. We will do this through our efforts to improve the health of the whole population across the social gradient, while simultaneously improving the health of the most disadvantaged fastest.

To progress our ambition, our priorities over the next five years will be to:

- Use our power as an anchor organisation through employment, purchasing and assets to contribute towards addressing the economic drivers of health inequities.
- Further develop community led health approaches and strengthen place-based working.
- Strengthen our child poverty action plans and work effectively with our partners to ensure these are delivered with maximum impact.
- Ensure our pathways of care include opportunities to maximise prevention, and are responsive and adaptable to meet individuals' needs, taking account of where and how they live.
- Understand variation and inequities in access to healthcare and health outcomes, and take action to address these.
- Take a health inequity lens to any new pathway development/service improvement completing equity impact assessments as standard practice.

These will be supported by the following enabling actions:

- **Engagement** - Work collectively to engage with colleagues and citizens ensuring the lived experience voice is heard.
- **Staff Development** - Support teams across the organisation to better understand and take action to address inequities in their areas by investing in training and staff development, improving access to data and evidence reviews of what works, support for evaluation of tests of change and develop our capabilities as a human learning system.
- **Leadership** - Provide leadership for increasing health equity, ensuring we resource and deliver services at a scale and intensity that is proportionate to the degree of need and advocating for equitable health in Board committees and wider networks.
- **Partnerships** - Strengthen our work with partners across Grampian, including the third sector to maximise our collective impact.

We recognise effective engagement with our colleagues and the public, empowering communities and supporting the creation of sustainable environments are key to achieving health equity, and this five year health equity plan compliments NHS Grampian's strategic plans for these areas (Figure 5).

Figure 5: Relationship with Plan for the Future and other NHS Grampian strategies

Implementing this 5 year plan

These priorities and enabling actions are reflected in our Three Year Delivery Plan and further refinement and detail will be developed during the first quarter of 2024/25. We have identified a set of key performance indicators (KPIs) that will allow us to track our progress towards our ambition to achieve equity in healthy life expectancy in Grampian. Responsibility for oversight for the implementation of this plan will sit with the Population Health Portfolio Board, which will receive quarterly updates on progress. An annual report on progress will be submitted to the Population Health Committee for assurance on behalf of NHS Grampian's Board.

References

1. Premature mortality (under 75 years) - Long-term monitoring of health inequalities: March 2022 report - gov.scot (www.gov.scot)
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3. Health disparities and health inequalities: applying All Our Health - GOV.UK (www.gov.uk)
4. https://www.healthscotland.com/uploads/documents/24296-ProportionateUniversalismBriefing.pdf Bambra C. Work, Worklessness, and the Political Economy of Health. Oxford: Oxford University Press; 2011
5. Health Inequalities Report NHS Grampian 2023

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