NHS England

Tackling Health Inequalities:

NHS Long Term Plan

Ruth Passman

Head of Operations and Strategic Delivery: Patient Experience, Participation and Equalities

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NHS England statutory, contractual and strategic commitments on health inequalities

Health and Social Cate Act 2012: Duty to reduce inequalities in access to health services, and reduce inequalities in outcomes and experience.

Equality Act 2010: Duty to have due regard to eliminating discrimination, harassment, victimisation.

NHS England as system leader, continue to meet our statutory duties to advance equality and reduce health inequalities, demonstrating positive impact.

NHS England as system leader, **develop national policy and strategy for reducing health inequalities** , supported by a programme of work in collaboration with other parts of the system.

Support evidence-based and strategic approaches to reducing health inequalities and systematic, focussed action to reduce inequalities in access, outcomes and experience, based on a defined and evolving set of metrics (including the 11 health inequalities metrics in the NHS Outcomes Framework)

Implementation of our Workforce Equality & Information Standards : Workforce Race Equality Standard, Workforce Disability Equality Standard, Accessible Information Standard, Sexual Orientation Information Standard.

Support transformation in the delivery of health and care through work to reduce health inequalities across our business plan (LTP) priorities and beyond, working closely with delivery partners.

NHS England statutory, contractual and strategic commitments on health inequalities

2018-19 Mandate, Objective 1, final part states:

NHS England must ensure commissioning focuses on measurable reductions in inequalities in access to health services, in people's experience of the health system, and across a specified range of health outcomes, which contribute to reducing inequalities in life expectancy and healthy life expectancy.

Long Term Plan para 2.26. states:

To support local planning and ensure national programmes are focused on health inequality reduction, the NHS will set out specific, measurable goals for narrowing inequalities, including those relating to poverty, through the service improvements set out in this Long Term Plan. All local health systems will be expected to set out during 2019 how they will specifically reduce health inequalities by 2023/24 and 2028/29. These plans will also, for the first time, clearly set out how those CCGs benefiting from the health inequalities adjustment are targeting that funding to improve the equity of access and outcomes. NHS England, working with PHE and our partners in the voluntary and community sector and local government, will develop and publish a 'menu' of evidence-based interventions that if adopted locally would contribute to this goal. We will expect CCGs to ensure that all screening and vaccination programmes are designed to support a narrowing of health inequalities.

How the NHS Long Term Plan was developed

200
distinct engagement events, 150 of which were over August and September

500
direct submissions by letter or email

2000+
submissions via the online form

3.5M
Individual or organisational members represented through submissions

5427
readers of blogs about the long term plan

21,788
views of the online discussion guide webpage

Working groups – made up of local and national NHS and local government leaders, clinical experts and representatives from patient groups and charities – were formed to focus on specific areas where the NHS could improve over the next ten years.

They then engaged extensively with stakeholders to come up with and test practical ideas which could be included in a plan.

Over Autumn, working group members organised or attended over 200 events to hear a wide range of different views, and received over 2,500 submissions from individuals and groups representing the opinions and interests of 3.5 million people.

Emphasis on health inequalities

NHS England Board looked for a more ‘intentional’ approach to addressing health inequalities over the course of 2018, culminating in the LTP commitments.

Long-Term Plan:

- ‘For reasons both of fairness and overall outcomes improvement the LTP takes a more concerted and systematic approach to reducing health inequalities.’

‘The NHS will set out specific, measurable goals for narrowing inequalities.’

All local health systems will be expected to set out in 2019 how they will reduce health inequalities by 2023/24 and 2028/29

NHS England has committed to ensuring a higher share of funding goes towards geographies with high health inequalities. This funding is estimated to be worth over £1 billion by 2023/24, driven by a review of allocation formula by Advisory Commission on Resource Allocation.

Health Inequalities in the Plan

More than a chapter.

Strong focus in LTP on areas where healthcare intervention can make the biggest difference:

- In prevention - smoking, alcohol and obesity (top five risk factors for premature deaths);
- Clinically - on cancer, stroke and heart disease (50% of health inequality gap);
- Multiple morbidities - through investment in personalisation, and across all programmes.
- Health inequalities to be ‘central to everything we do’ in our Programmes with specific goals.

Some specific commitments

Targeted commitments include:

- 75% of women from BAME communities and similar percentage from most deprived groups will receive continuity of care from midwife
- 390,000 physical health checks a year for people with severe mental health problems
- Expanded service for people with serious gambling problems
- Back-up support for 100,000 carers and tailored GP support for 20,000 young carers
- 75% of patients to be diagnosed with cancer at Stage 1 or 2, looking to shift trends of late presentation and incidence of first diagnosis in acute settings.

Homeless people

- Specific commitment:

We will invest up to £30 million extra on meeting the needs of rough sleepers, to ensure that the parts of England most affected by rough sleeping will have better access to specialist homelessness NHS mental health support, integrated with existing outreach services.

Ambition: Stronger Action on Health Inequalities

1. To **support local planning and ensure national programmes are focused on health inequality reduction**, the NHS will set out **specific, measurable goals for narrowing inequalities**, including those relating to **poverty**, through the service improvements set out in the Long Term Plan.
2. All **local health systems will be expected to set out during 2019 how they will specifically reduce health inequalities by 2023/24 and 2028/29**.
3. These **plans will also**, for the first time, clearly set out how those **CCGs benefiting from the health inequalities adjustment are targeting that funding to improve the equity of access and outcomes.**

Ambition: Stronger Action on Health Inequalities (2)

4. NHS England, working with PHE and our partners in the voluntary and community sector and local government, **will develop and publish a 'menu' of evidence-based interventions** that if adopted locally would contribute to this goal.
5. We will expect CCGs to ensure that all **screening and vaccination programmes** are designed to support a narrowing of health inequalities

4. Meeting the **PSED and other public duties and commitments** as outlined in the Equality and Health Inequalities Impact Assessment of the NHS Long Term Plan (published separately from LT Plan)

Implementation Plan and support to local systems

- Implementation Plan for LT Plan to be launched in early May.
- Menu of evidence based interventions is being developed to support local systems, in partnership with PHE, LGA, and Health and well-being partners. Phase 1 will be available in early June 2019.
- Work on other areas such as the delivery of the LGBT Action Plan will continue alongside LT Plan delivery

Supporting the development of Primary Care Networks:

- **Primary care networks will from 2020/21 assess their local population by risk of unwarranted health outcomes and, working with local community services, make support available to people where it is most needed.**
- Link workers within primary care networks will work with people to develop tailored plans and connect them to local groups and support services.
- Inclusion health groups who face the starkest of health access and outcomes will be targeted – Homeless people, rough sleepers, Vulnerable migrants, Gypsy Roma Traveller Groups and Sex workers.

Linked Commitments

- **Support health inequalities** commitments outlined in `Investment and evolution – five year framework for GP contract reform to implement NHS LTP'
- **Workforce Race Equality Standard**, we will invest an extra £1 million a year to extend its work to 2025.
- **Workforce Disability Equality Standard** launched in April 2019 with the aim of the NHS becoming a model employer in this regard.
- The number of NHS internship and employment programmes/sites delivered through 'Project Search' and 'Project Choice' will increase as will the number of NHS organisations making the **Learning Disability Employment Programme** pledge
- We will continue to **identify and support carers**, particularly those from vulnerable communities.
- Across the NHS, we will do more to ensure that **all people with a learning disability, autism, or both** can live happier, healthier, longer lives.

Anchor Institutions

- 24% of employment in places like Blackpool and Middlesbrough relates to health and care sector.

- Commitments to diversify NHS volunteer base and to create more routes into work experience and workplace;

- Lots of terms being used for this – social value, sustainable development, health gain, social benefit, anchor institutions. What will be the core measures?

What happens next

Scope support for national programmes

Scope support to the regions and support definition on the regions role. Some assurance elements - but move away from “marking people’s homework”

Scoping the ask of CCGs and ICSs in reporting on action to tackle health inequalities.

National alignment of HI strategies of PHE and other key players

What happens next

Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs) are developing and will implement their own strategies for the next five years.

These strategies will set out how they intend to take the ambitions that the NHS Long Term Plan details, and work together to turn them into local action to improve services and the health and wellbeing of the communities they serve – building on the work they have already been doing.

Support

- RightCare Equality and Health Inequality packs published in December 2018 (uplift refresh of 2016 packs)
- Menu of evidence-based interventions and identification/ disseminate of available resources, tools and best practice
- Delivery support through Integrated Care Systems/ STPs; Cancer Alliances; Primary Care Networks; CCGs.
- Stronger alignment at national level with key partners, e.g. Local Government, Public Health, VCSE, ADPH

Resources and Tools

Tool	Producer	Link
Global Burden of Disease Visualisations	IHME	www.healthdata.org/gbd/data-visualizations
Fingertips (various profiles)	PHE	fingertips.phe.org.uk
Atlases of Variation	PHE & RightCare	fingertips.phe.org.uk/profile/atlas-of-variation
Long term conditions packs	RightCare	www.england.nhs.uk/rightcare/products/ccg-data-packs/long-term-conditions-packs
Commissioning for Value "Where to look Packs"	RightCare	www.england.nhs.uk/rightcare/products/ccg-data-packs/where-to-look-packs
Segment Tool	PHE	fingertips.phe.org.uk/profile/segment
LKIS Inequalities Slides	PHE	Available from local LKIS team
Equality and Health Inequalities Packs	RightCare	www.england.nhs.uk/rightcare/products/ccg-data-packs/equality-and-health-inequality-nhs-rightcare-packs
Health Equity Dashboard	PHE	data.healthdatainsight.org.uk/apps/health_inequalities (currently England only)
Local Health	PHE	www.localhealth.org.uk
SHAPE	PHE	shapeatlas.net
LG Inform Plus	LGA	about.esd.org.uk
National General Practice Profiles	PHE	fingertips.phe.org.uk/profile/general-practice
RightCare STP & CCG data packs	RightCare	www.england.nhs.uk/rightcare/products

NHS
RightCare

Equality and Health Inequalities Pack

NHS North Durham CCG

October 2018

Email for enquiries: england.eandhi@nhs.net

OFFICIAL
Gateway ref: DRAFT

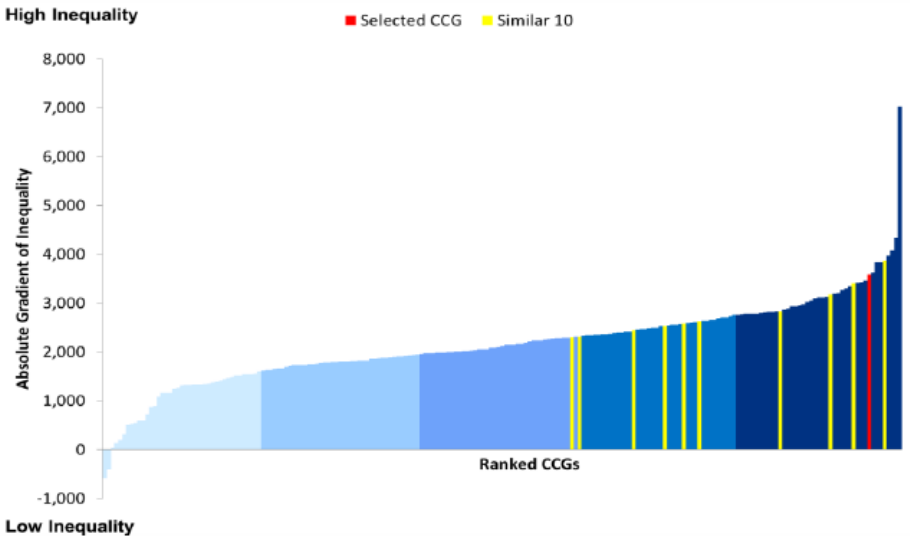
v 11:20:00

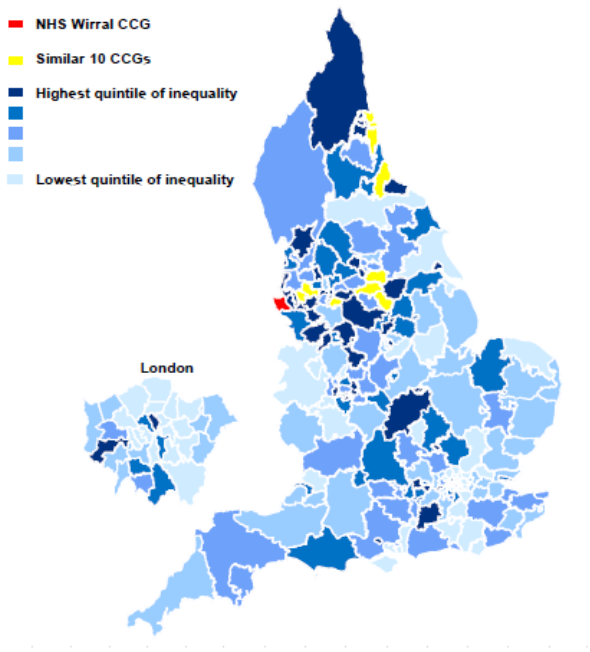
Equality and Health Inequalities RightCare Pack

Unplanned Hospitalisations for Chronic Ambulatory Care Sensitive Conditions and Urgent Care Sensitive Conditions 2016/17

Inequality in your CCG compared with your Similar 10 and other CCGs in England

Each ranked bar on the chart represents the level of inequality in a CCG*. The red bar is your CCG and the yellow bars are the Similar 10 CCGs. These CCGs are also shown in the table below alongside their Absolute Gradient of Inequality (AGI) value, ranked from lowest (1) to highest (11) inequality. The CCGs in the highest quintile have the highest levels of inequality. The heatmap shows the geographical variation in levels of inequality across the country. The darkness of shades shows the CCGs' inequality with the darkest quintile having the highest inequality.





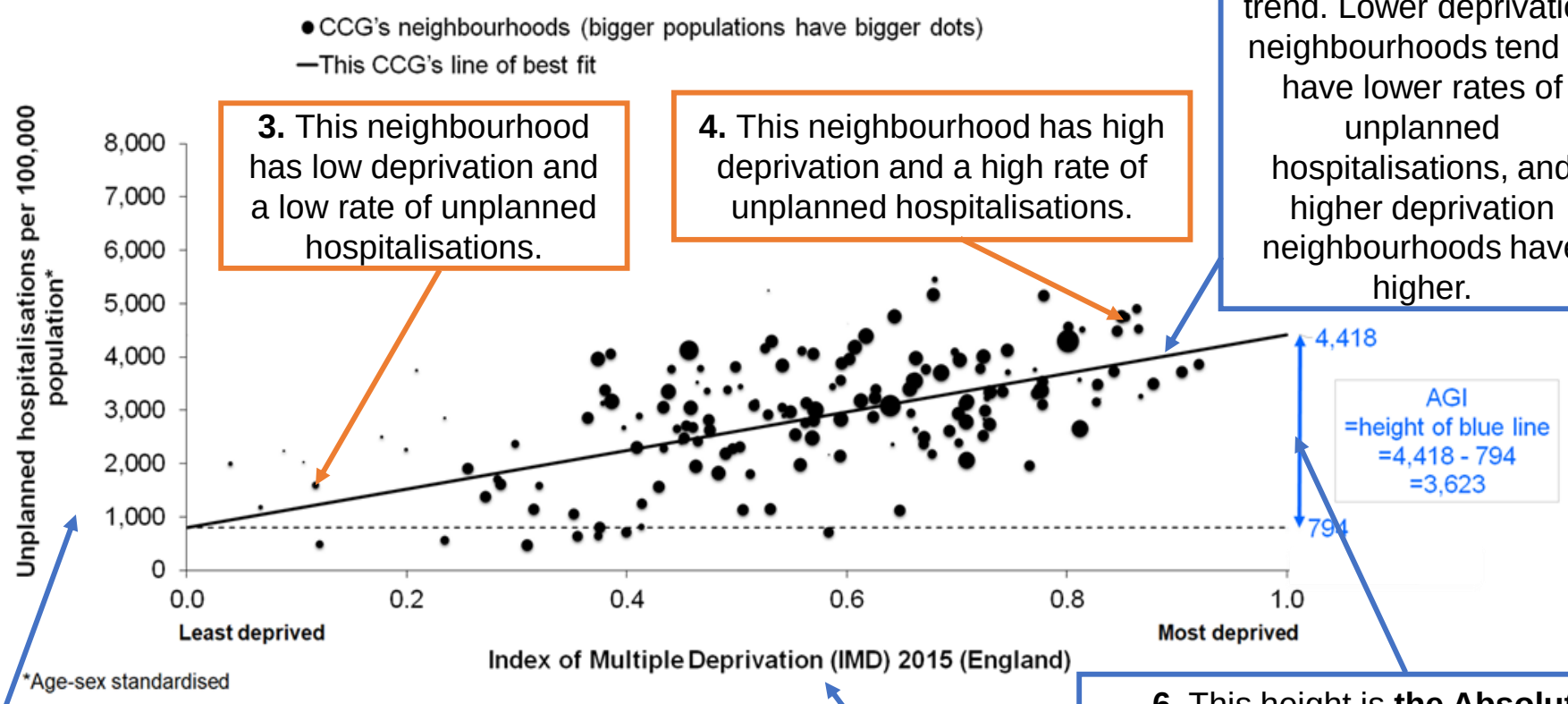
Rank	CCG Name	AGI
1	NHS North Tyneside CCG	2,311
2	NHS Wakefield CCG	2,320
3	NHS Wigan Borough CCG	2,441
4	NHS South Tyneside CCG	2,536
5	NHS Barnsley CCG	2,578
6	NHS Rotherham CCG	2,633
7	NHS Sunderland CCG	2,833
8	NHS St Helens CCG	3,172
9	NHS Stockport CCG	3,405
10	NHS Wirral CCG	3,592
11	NHS Hartlepool and Stockton-On-Tees CCG	3,861

Sources: Unplanned hospitalisations: SUS 2016/17, NHS Digital, population data - CCG registered population, October 2016, NHS Digital
Notes: * Difference in age sex standardised rates of unplanned hospitalisation per 100,000 population between the most and least deprived neighbourhoods in England if England had the same inequality as the CCG. See NHS England CCG Improvement and Assessment Framework Technical Annex for more details.

NHS England CCG Improvement and Assessment Framework Technical Annex

The Absolute Gradient of Inequality (AGI) for Unplanned Hospitalisations for Chronic Ambulatory Care Sensitive Conditions and Urgent Care Sensitive Conditions for 2016/17

We will be using the Absolute Gradient of Inequality (AGI) as a measure of health inequalities within each CCG.



3. This neighbourhood has low deprivation and a low rate of unplanned hospitalisations.

4. This neighbourhood has high deprivation and a high rate of unplanned hospitalisations.

5. The line is the general trend. Lower deprivation neighbourhoods tend to have lower rates of unplanned hospitalisations, and higher deprivation neighbourhoods have higher.

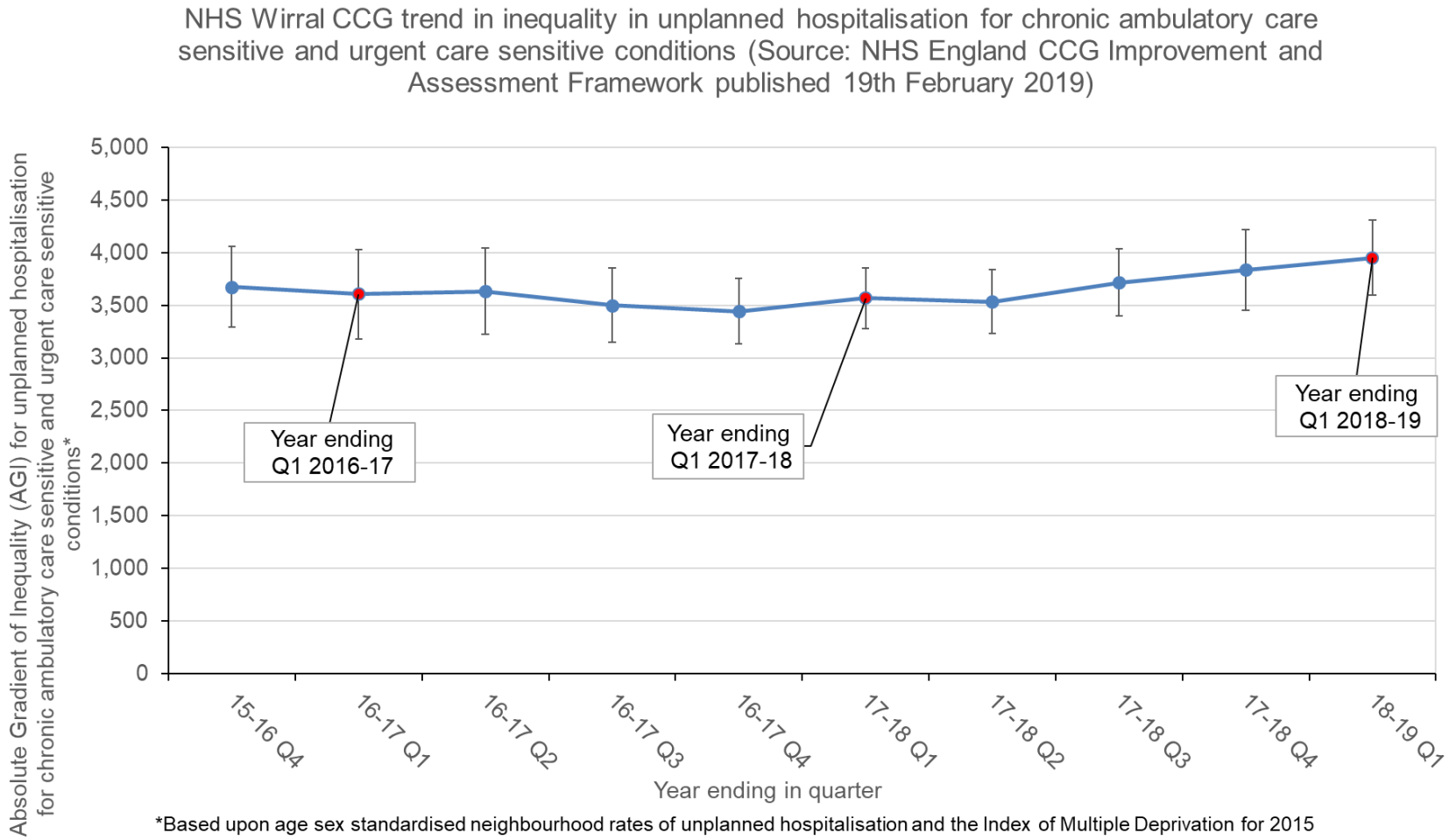
2. Each neighbourhood has a rate of unplanned hospitalisations

1. The Index of Multiple Deprivation (IMD) is used to rank neighbourhoods from least deprived to most deprived.

6. This height is **the Absolute Gradient of Inequality (AGI).** This height and the gradient of the line both measure the AGI, because the steeper the gradient, the greater the height. The greater the inequality, the greater the gradient/height, and so the greater the AGI.

Monitoring trends and implementing interventions

Trend in latest published IAF data



Planning to tackle health inequalities based upon data

Unplanned Hospitalisations for Chronic Ambulatory Care Sensitive Conditions and Urgent Care Sensitive Conditions for 2016/17

Top 10 Conditions for Inequality in all Priority Wards for your CCG

The table below shows the number of unplanned hospitalisations for all your CCG's priority wards with at least 50 hospitalisations combined. This is broken down by the top 10 conditions in your CCG. The opportunity for saved hospitalisations if your CCG had no inequality is also shown*.

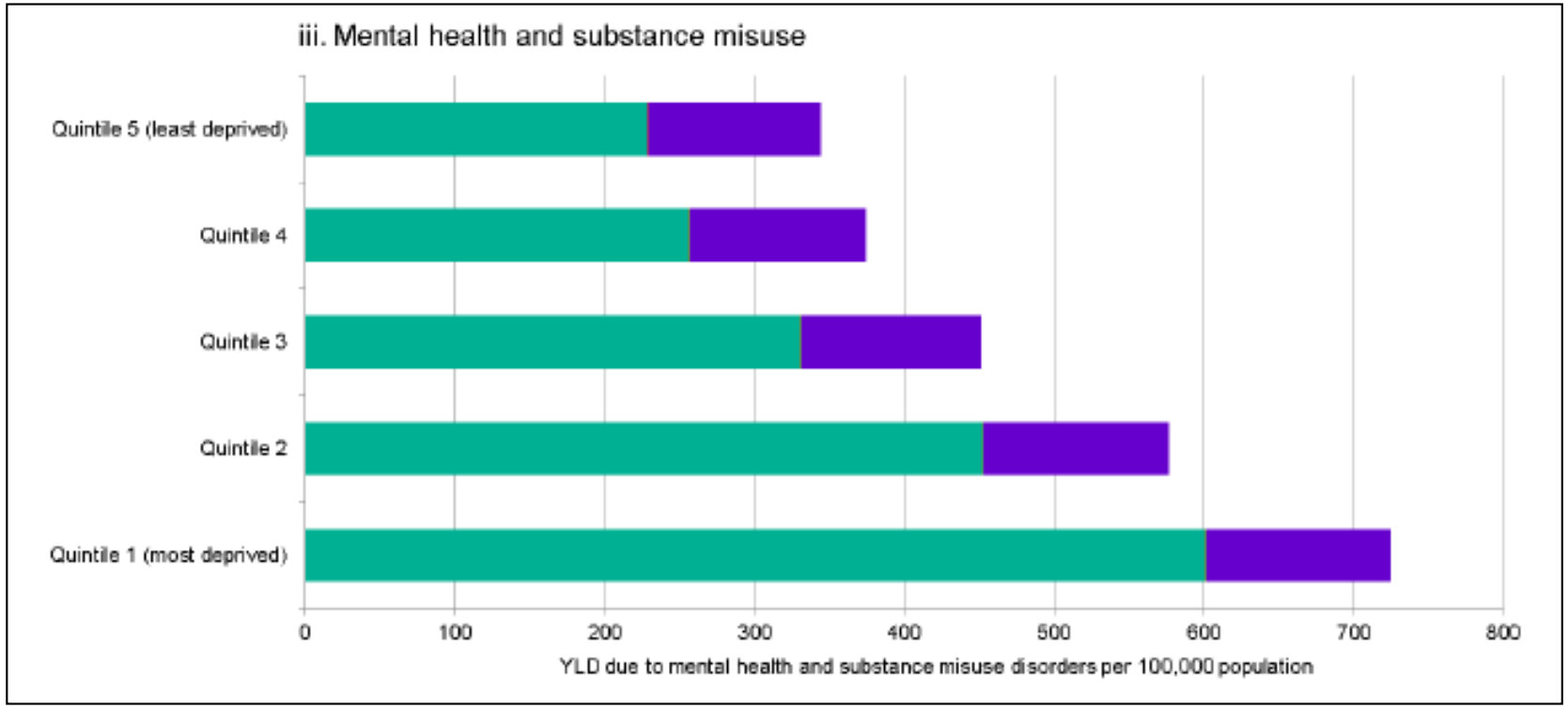
Unplanned hospitalisations by condition

Abdominal and pelvic pain	682
Pain in throat and chest	545
Other disorders of urinary system	442
Other chronic obstructive pulmonary disease	439
Mental and behavioural disorders due to use of alcohol	331
Atrial fibrillation and flutter	153
Cellulitis	167
Asthma	219
Heart failure	127
Superficial injury of head	140
Other	1,482
Total	**4,727**
Opportunity for saved hospitalisations, if your CCG had no inequality	***909***

Sources: Unplanned hospitalisations: 2016-17 Secondary User Service (SUS), NHS Digital. Population data: CCG registered population for October 2016, NHS Digital.

Notes:
Figures are taken from the Total (where 1 to 5 replaced with 3) row of the Top 10 conditions for priority wards table.
*This is the number of hospitalisations that would be saved if expected rates for priority wards moved to the expected rate at median deprivation. See Methodology Guide for further details.

Burden of disease by quintile of deprivation (East Midlands)



Make an Action Plan

Illustrative Action Planning (based upon plans from Sheffield and Birmingham Cross City)

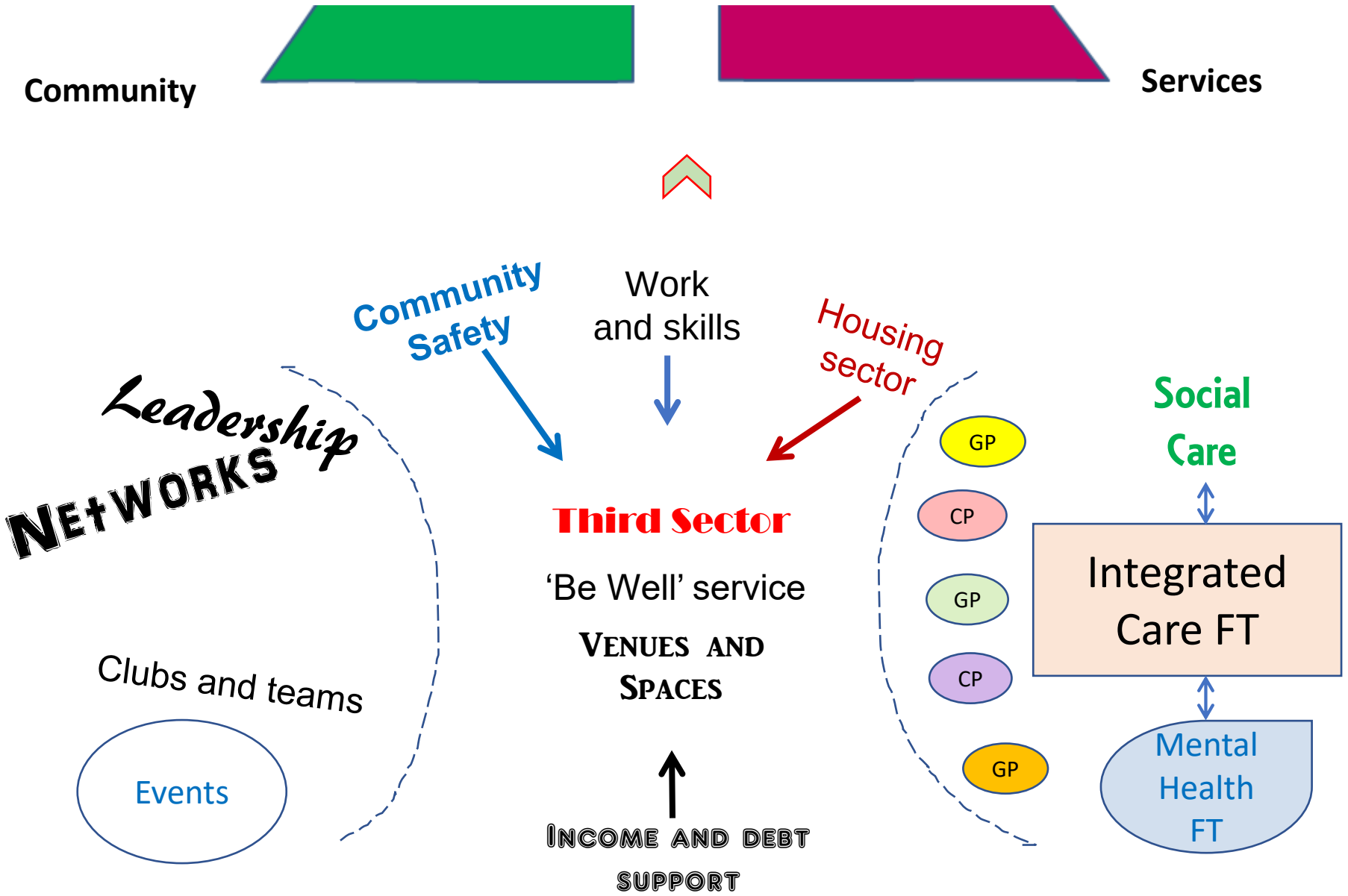
The table below shows how case studies taken from earlier slides in this pack (coloured red) might be used to support action planning to promote equality and reduce health inequalities. Example case studies from this pack are shown in red bold italic underlined font below.

Objectives	Actions	Milestones/performance measures	Outcomes	Timescales	Responsibility
Increase access to interventions preventing and treating major inequality conditions, focusing on practices with the highest CVD premature mortality.	Strengthen the pathway between Primary Care and community interventions by development of Enhanced Prevention in Communities (EPiC). Develop the Regional Innovations Fund Diabetes project utilising health trainers and champions. Implement NHS Health Checks if included in the new NHS strategy starting in the most at risk communities. ***Community Outpatient Services in Sandwell and West Birmingham CCG*** ***Healthy Lives Community Outpatient Services in Sandwell and West Birmingham CCG*** Deliver a social marketing project in BME communities. ***Doc Abode - workforce software to improve Urgent and Primary Care Access, Resilience & Scale***	Provision of information to target practices about community health activities in the Healthier Community areas. Run an initial pilot and undertake procurement. Health checks programme in place with social marketing project initiated. Pilot to be evaluated and linked to CLAHC stroke.	Earlier access to treatment in primary care settings. Narrow the gap which currently exists where more deprived and ethnic communities have poorer health and a higher risk of strokes.	Ongoing in NHS Sheffield	NHS Sheffield and the Director of Public Health
Work with local partners to improve health outcomes and support the voices of vulnerable and disadvantaged groups and communities to be heard.	Develop inclusive engagement structures to reflect the diversity of the CCG and localities including 'seldom heard' communities such as Gypsy Roma Travellers. Work on preventing ill health with third sector providers. Review the Accessible Information Standard in removing barriers to accessing information and communication support to disabled people. Develop a set of recommendations according to this review. Conduct patient experience visits addressing issues for specific groups in terms of patient experience. ***Tool for Reducing Inequalities in Access to GP Services***	The equality profile of patient representation forums/structures within CCGs and localities will be monitored. Measure the number of targeted engagements with protected and 'seldom heard' groups.	Will allow establishment of a climate for improvement and trust in the designing and commissioning of health care. 'Seldom heard' groups will have more of a voice due to initiatives improving equality and diversity which is also integral for understanding diversity across the region.	2018 - 2021	NHS Birmingham and Solihull CCG and their Quality and Safety Committee

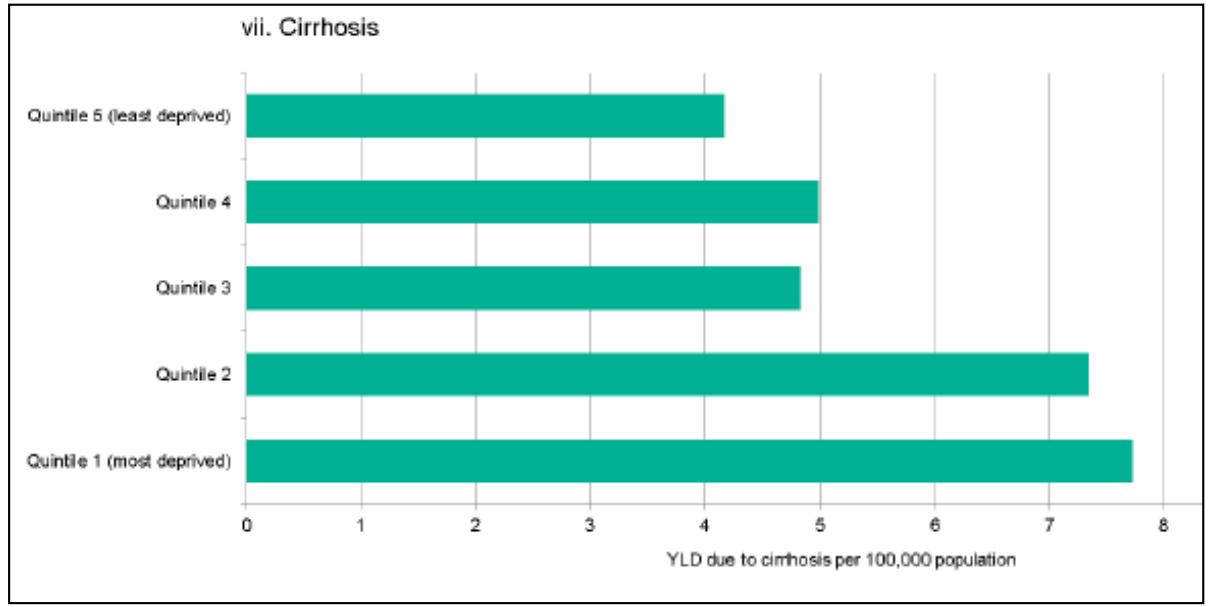
1. The Long Term Plan has a commitment to reduce health inequalities through local improvement planning
2. When planning, it is important to understand the decay between patient awareness, treatment & its optimisation, and outcome

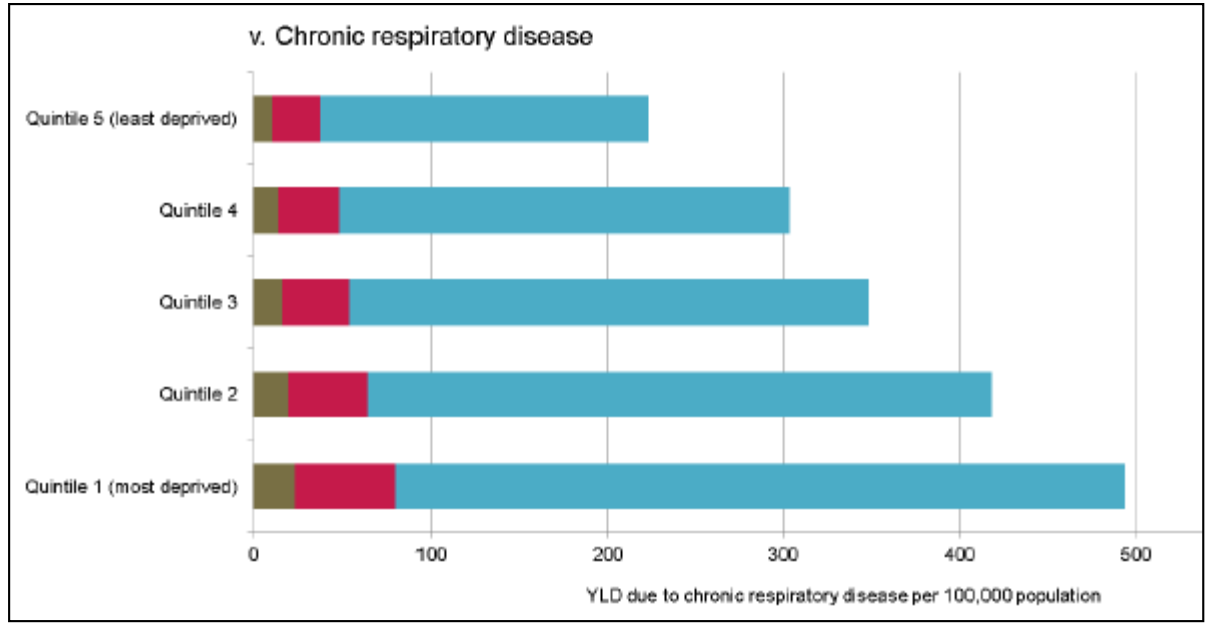
http://democracy.sheffield.gov.uk/Data/Cabinet/20110323/Agenda/17%20Health%20Inequalities%20Action%20Plan.pdf
https://www.birminghamandsolihullccg.nhs.uk/about-us/publications/strategic/44-equality-objectives-health-inequalities-strategy-2018-2021/file

Bridging 'No-person's Land': Ten steps to practical service engagement with communities



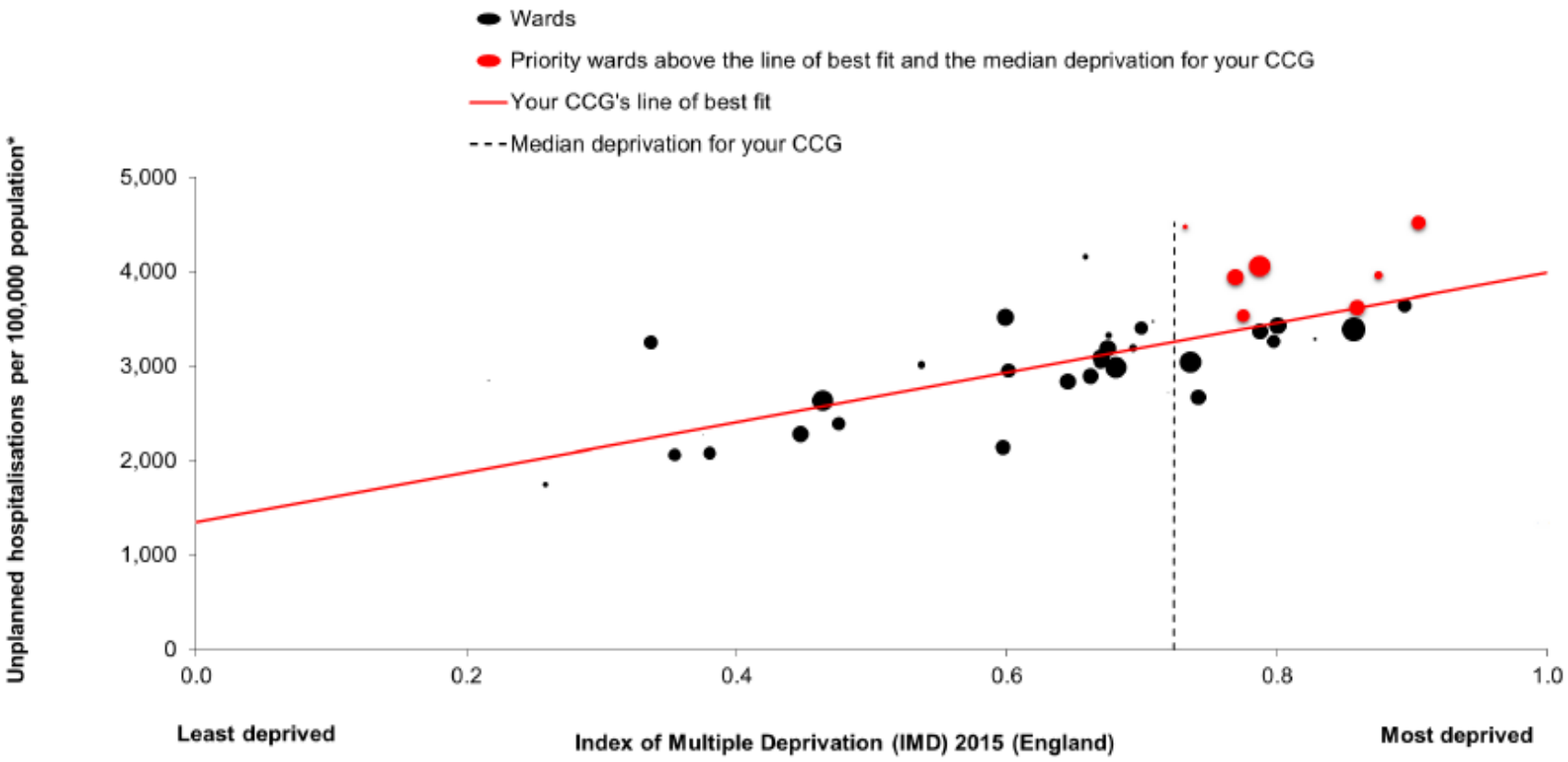
Burden of disease by quintile of deprivation (East Midlands)





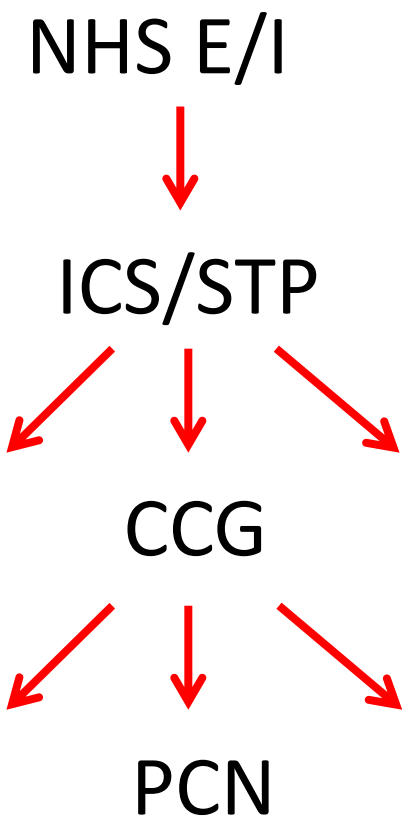
NHS Durham Dales, Easington and Sedgefield CCG
Ambulatory Care Sensitive Conditions

Determining Priority Wards for Inequality for your CCG



NHS England/RightCare

Unwarranted Practice Variation:
Challenge? Support? Accountability?



Achieving Percentage Change to Population Outcomes

Programme characteristics will include being :-

- **Evidence based –** concentrate on interventions where research findings and professional consensus are strongest
- **Outcomes orientated –** with measurements locally relevant and locally owned
- **Systematically applied –** not depending on exceptional circumstances and exceptional champions
- **Scaled up appropriately –** "industrial scale" processes require different thinking to small " bench experiments"
- **Appropriately resourced –** refocus on core budgets and services rather than short bursts of project funding
- **Sustainable –** continue for the long haul, capitalising on, but not dependant on fads, fashion and policy priorities

Long Term Plan inequalities queries

Ranjit Senghera

Lead for Equality and Health Inequalities
NHS England and NHS Improvement

Telephone: 07557 562026
Email: ranjit.senghera@nhs.net

St Chads Court; Regional Office, 2nd Floor East, 213 Hagley Road, Edgbaston, Birmingham, B16 9RG