

Tackling health inequalities - building a national focus across the NHS in England

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Health inequalities.....

- Health inequalities are unfair and avoidable variations in health, based on factors such as deprivation, social status, ethnicity, gender, sexual orientation, mental health status, learning disabilities and other disabilities.
- Health inequalities in access to and experiences of services and outcomes achieved still persist and need to be reduced for the benefit of population and our meeting legal duties.
- Sir Michael Marmot highlighted that health inequalities arise from social inequalities and the conditions in which people are born, grow, work, live and age. His recommendations in 'Fair Society, Healthy Lives' span the six domains of giving every child the best start in life, education and learning, employment and good working conditions, a healthy standard of living for all, healthy and sustainable environments and places to live and a 'social determinants' approach to the prevention of ill health.
- The NHS Constitution and mandate set forth an ambition for excellent care for everyone regardless of income, location, gender, age, ethnicity or any other characteristic, yet across these groups there are still too many longstanding and unjustifiable variations in access to services, in the quality of and experience of care and in health outcomes for patients.

Health inequalities.....

- **In 2011-13**, life expectancy at birth for males in the most deprived areas was 74 years, compared with 83 years in the least deprived areas; for females it was 79 years in the most deprived areas and 86 years in the least deprived.
- **In 2011-13**, both males and females in the most deprived areas could expect to live, on average, around 52 years in good health, compared with around 71 years in the least deprived areas. A gap on 19 years and associated increase use of NHS resources in this time – prevent this gap, reduce demand, achieve fewer HI and better outcomes.
- Males in the least deprived areas could expect to live around 19 years longer in good health than those in the most deprived areas, for females it was around 20 years (based on the Slope Index of Inequality).
- Not only do those in the more deprived areas have a shorter life expectancy and healthy life expectancy than those in the less deprived areas, they can also expect to spend a smaller proportion of their shorter lives in good health.
- **In 2011-13**, males in the most deprived areas could expect to live **71%** of their lives in good health compared with **85%** in the least deprived areas. Females in the most deprived areas could expect to live **66%** of their lives in good health compared with **83%** in the least deprived areas.

Strategic direction.....

DH Mandate to NHS England

OBJECTIVE 1: Through better commissioning, improve local and national health outcomes, particularly by addressing poor outcomes and inequalities.

To do this, we need greater transparency about the quality and outcomes of care. We expect NHS England to establish and maintain a new CCG assessment framework, to make it easier for local areas to see how their services and outcomes compare to others and make consistent improvements. We expect NHS England to demonstrate improvements against the NHS Outcomes Framework, and work with CCGs to reduce variations in quality of care and outcomes at a local level.⁴ NHS England must secure 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.

Source: DH Mandate to NHS England Paragraph 2.2 page 8

<https://www.gov.uk/government/publications/nhs-mandate-2016-to-2017>

Strategic direction.....

- **Five Year Forward View** – promoting equality and reducing health inequalities – an underlying driver for the Five Year Forward View – co-produced by NHS England and its partners.
- **Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21** published in December 2015 sets out a clear list of national priorities for 2016/17. The Guidance contains a list of ‘national challenges’ to help local systems set out their ambitions for their populations. Local systems are asked how will they assess and address their most important and highest cost preventable causes of ill health, to reduce healthcare demand and tackle health inequalities through the development of a **Sustainability and Transformation Plan**.(STP)
- NHS England’s ambitions and actions for promoting equality and reducing health inequalities are embedded in the recently published **NHS England Business Plan 2016-17**. With the overarching aim of improving health for the whole population, the plan prioritises 'closing the gap' for groups experiencing poorer health outcomes, a poorer experience of, and access to, healthcare.
- **Strategic Partner Programme** – promoting the health equity agenda and supporting the system in tackling health inequalities.

Strategic direction.....

- In March 2015 the **Equality and Health Inequalities Programme Board (E&HIPB)** agreed a new single priority deliverable for reducing health inequalities, which has seven supporting objectives to help the Equality and Health Inequality team deliver the work. This is to:

“Achieve sustainable and measurable reductions in health inequalities ensuring improving health outcomes in England 2015-20.”

Supported by the aligned deliverables:

- To develop organisational capability on Equality and Health Inequalities –**EHIAs**
- To promote equality as a system leader and in collaboration with other parts of the health system.
- **EDC:** “promoting equality and bringing about workplaces that are free from discrimination, in collaboration with other parts of the health system, through its role as system leader and its support for the work of the Equality and Diversity Council (EDC) “.

This includes its work on data and information standards, Inclusion Health, its leadership in relation to the Equality Delivery System for the NHS – EDS2 and the Workforce Race Equality Standard (WRES) , which will inform the development of similar equality standards across the protected groups commencing with the Workforce Disability Equality Standard (WDES).

Work continues to expand and improve the collection of data available to measure progress on equality and health inequalities with development in train of a Unified Information Standard for all protected groups,

Secretary of State's Assessment on reducing health inequalities: 2015/16

1. An evidence-based strategic approach to reducing health inequalities based on sound governance, accountability and good partnership working along the lines set out for 2013-14 and 2014-15.
2. Systematic focused action to reduce inequalities in access, outcomes and experience based on a defined and evolving set of metrics.
3. Utilize and develop the evidence of effective interventions to reduce health inequalities
4. Improve prevention, access, and effective use of services for Inclusion Health groups and families on the Troubled Families programme.

Additionally for NHS England:

5. Continue its leadership of the health system to reduce health inequalities, including assessing and publishing on whether CCGs fulfil and report on their health inequalities duties in commissioning plans and annual reports.
6. Continue to take action to reduce health inequalities as part of work to deliver, with partners, the *Five Year Forward View* and the mandate to NHS England, both of which support achievement of the SDP.

Supporting local systems.....

- **The new CCG Improvement and Assessment Framework (CCG IAF) for 2016/17** health inequalities - included as part of the indicator set.
- ACRA recommendations for the **CCG target allocations** implemented, taking into account the latest evidence on the impact of resource distribution on reducing health inequalities <https://www.england.nhs.uk/2016/04/allocations-tech-guide-16-17/>
- The **Quality Premium** is intended to reward CCGs for improvements in the quality of services that they commission and for associated improvements in health outcomes and reducing inequalities. The Quality Premium provides an incentive for CCGs to make improvements on Potential Years of Life Lost (PYLL).
- The NHS **Right Care programme** for CCGs has been designed to drive out unwarranted variations and reduce the associated inequalities enabling commissioner's to improve health outcomes whilst making optimal use of resources. By identifying potentially unwarranted variation in care pathways, commissioners will be able to address inequalities in outcomes, spend and healthcare interventions.

Placing the spotlight – our role, our strategy, what we can measure and selecting key priorities

- **Cardiovascular disease**
- **Cancer**
- **Diabetes**
- **Mental health**
- **Maternal deaths/infant mortality**
- **Primary Care access**

Tackling health inequalities through co-production - The National Asylum Health Pilot

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National Asylum Health Pilot: Tackling Asylum Seeker Health Inequalities

Asylum seekers experience poorer health outcomes and worse health care than the general population.

These poorer health outcomes can contribute to reduced life expectancy and reduced healthy life expectancy for asylum seekers, which directly translates to increased costs for the health and social care sector and the wider public sector and impacts on the contribution that asylum seekers can make to UK society.

DENIAL OF ACCESS TO PRIMARY CARE:

39% of asylum seekers **refused** when Doctors of the World tried to register patients with a GP practice, between **March** and **October 2015**.

39% of registration **refusals** were because of **lack of ID**; **36%** because of **lack of proof of address**; and **13%** because of **immigration status**.

Gatekeeping by GP reception staff identified as a major issue.

What can the NHS do to tackle health inequities?

Access to Primary care –new registration guidelines

Patient Standard Operating Principles for Primary Medical Care (General Practice) November 2015

<https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/11/pat-reg-sop-pmc-gp.pdf>

Leaflet developed by and for asylum seekers explaining how to register with a GP, your rights to registration with a note to the GP Practice asking for them to assist in registering the person in accordance with the new guidelines.

What are the key aims of the pilot?

- **Asylum seeker led –enabling positive change**
- **High quality, appropriate healthcare for asylum seekers**
- **Clear, accessible information about asylum health**
- **Implementation of the new registration guidelines**
- **Good access to appropriate services**
- **Co-designing the service model and co designing training for staff including GPs and receptionists**
- **Building and sharing learning - bringing the lived experience of asylum seekers together with the expertise of the healthcare professionals to enhance healthcare and tackle inequalities in asylum health**