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BOARD PAPER - NHS ENGLAND

Title: Update on Equality and Health Inequalities
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Purpose of Paper: To provide an update to the Board on the programme of work to promote equality to help meet the needs of the diverse communities we serve and to reduce health inequalities.
The Board is invited to: • note the programme of work underway across our organisation to promote equality and reduce health inequalities in access to, outcomes from and experience of healthcare services (paragraphs 3.2 - 3.25); and • provide a steer on any specific priority areas for further action.

Equality and Health Inequalities

1.0 INTRODUCTION

1.1 In December 2013 the Board agreed NHS England's approach to promoting equality and reducing health inequalities, reflecting our role as both a system leader and as a commissioning organisation.

1.2 This paper provides an update on progress, illustrating some of the ways in which we have been working to promote equality, tackle health inequalities, and help meet the needs of the diverse communities we serve. The Board is invited to note progress, and identify any specific priorities for further action.

2.0 OUR STRATEGIC PRIORITIES

2.1 The December 2013 Board agreed nine strategic priorities for promoting equality and reducing health inequalities. Progress against each of these is summarised in Annex A. As well as launching some initiatives which are explicitly focused on promoting equality or reducing health inequalities, we have also sought to ensure that this approach is mainstreamed. In other words, it is embedded throughout all areas of our business activity.

2.2 Key examples of progress include:

- positive progress on key areas of health inequalities including continued reductions in cardiovascular disease and cancer mortality in under 75 year olds;
- reductions in infant mortality in the most recent period, as noted by the Secretary of State in his response to our Annual Report;
- in our financial allocations to CCGs and Primary Care Commissioners, we reflect unmet need by using the under 75-years Standard Mortality Ratio to adjust target allocations;
- the introduction, through the NHS Standard Contract, of a Workforce Race Equality Standard across the NHS with effect from April 2015, as the first step in a broader equalities programme;
- scoping the potential for similar standards for other protected groups, with research to be published on the experience of NHS staff with disabilities, to include a draft Workforce Disability Equality Standard;
- work to develop a data information standard for all nine equality characteristics is underway, with a separate sexual orientation standard already piloted; and
- development of "key lines of enquiry" (simple, practical checklists) to support all our programme and policy managers to embed equality and reduce health inequalities in every area of our work.

2.3 In July 2015, to reflect accomplishments to date and prepare for future challenges set out in the Five Year Forward View, the Equality and Health Inequalities Programme Board approved a refined set of priority deliverables:

a. Equality – to promote equality as a system leader and in collaboration with other parts of the health system;
b. Health inequalities – Achieve sustainable and measureable reductions in health inequalities ensuring improving health outcomes in England 2015-2020; and

c. Internal Capability – To ensure the organisation delivers on the Equality and Health Inequalities legal duties through national and regional processes and structures.

3.0 MAINSTREAMING EQUALITY, AND TACKLING INEQUALITIES, ACROSS THE FULL RANGE OF OUR BUSINESS PLAN PRIORITIES

3.1 There is a range of activity underway across our organisation to promote equality and reduce health inequalities in access to, outcomes from and experience of healthcare services. Some examples are outlined below.

Finance

3.2 The way in which NHS funds are shared across the 209 clinical commissioning groups (CCGs) in England is an important factor in tackling health inequalities, supporting local commissioners to meet the diverse needs of their local populations. Our allocations process to date has reflected unmet need by using the under 75-years Standard Mortality Ratio to adjust target allocations. We will continue to develop our approach to allocations to ensure resources are effectively targeted to commissioners in a way that contributes to the reduction of heath inequalities.

3.3 The Advisory Committee for Resource Allocation (ACRA) will make its recommendations for CCG target allocations later this year. ACRA's recommendations will consider the impact of the latest evidence on the impact of resource distribution on reducing health inequalities. These recommendations will inform the setting of CCG allocations for 2016-17, planned for consideration at the NHS England Board in December 2015.

Workforce

3.4 An NHS Workforce Race Equality Standard (WRES) was introduced in April 2015, requiring NHS organisations who employ almost the entire 1.4 million NHS workforce to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of BME Board representation.

3.5 The programme of work to deliver the WRES is gathering pace and includes:

- ensuring CCGs and other commissioners are confident about their role and can also demonstrate they are applying the principles of the WRES to themselves;
- achieving sector wide leadership across Arms-Length Bodies (ALB) ensuring they model positive change and make measurable progress against at least one WRES indicator;
- working in collaboration with the CQC to ensure the inclusion of progress against the WRES within their well led domain is meaningful and effective;
- prompting inquiry as to the root causes of the differences in treatment, experience and opportunities between White and BME staff;
- significant improvement against at least one of the WRES metrics, in the majority of providers, whilst laying the foundations for a sustainable longer term process of driving improvement and sharing good practice; and
- evaluation of the first year of the WRES will inform the development of equality standards across the protected groups, commencing with the Workforce Disability Equality Standard.

Improving the quality of care and access to cancer treatment

3.6 Cancer outcomes are strongly linked to poverty and deprivation with poorer communities experiencing higher rates of cancer and faring worse than their well-off counterparts in terms of treatment, recovery and survival.

3.7 The Independent Cancer Task Force was commissioned to develop a radical approach to deliver better prevention, swifter diagnosis, improved treatment, care and outcomes for all cancer patients and, in so doing, to deliver the vision of the Five Year Forward View (FYFV). Its report , '*Achieving World-class cancer outcomes; A Strategy for England 2015-20*, published in July sets out six strategic priorities with a cross cutting focus upon closing the cancer inequality gap, estimated to be 15,000 extra cases and 19,000 extra deaths each year.

3.8 The strategy contains specific actions to help narrow the cancer inequality gap, including cancer awareness campaigns, designed to reach BME communities, 'hard to reach' groups and targeted in deprived areas. Proposals include targeted action, taking into account that over half of the extra deaths can be attributed to lung cancer, the others to cancers linked most strongly to poverty (like bowel and oesophageal cancer) obesity and other lifestyle factors such as lower levels of exercise and poor diet. Poorer people are more likely to be diagnosed later, die from surgery and have lower levels of screening uptake.

3.9 The Cancer Programme team are developing guidance to support commissioners and strategic clinical networks to take actions to promote equality and reduce health inequalities in their services for people living with and beyond cancer, and we have also started work in October 15 with BME cancer charities to address the commissioning of resources which are appropriate for BME communities, including wigs and prostheses.

Transforming care for people with Learning Disabilities

3.10 People with learning disabilities have poorer health than their non-disabled peers. Differences in health status are, to an extent, avoidable and result from barriers to accessing timely, appropriate and effective health care. Transforming healthcare services, continuing to improve health outcomes and responding to the health inequalities faced by people with learning disabilities and autism is central to the work of the *Transforming Care* Programme. This focuses on five key areas: empowering individuals; right care, right place; workforce; regulation; and data. Progress is evident but more needs to be done.

3.11 The co-produced *National Transformation Plan,* published on 28 October 2015, sets out a range of measures, designed to accelerate improvements in services for people with learning disabilities and their families and drive system-wide change, including:

- ambitions for significant inpatient bed reduction, with a target of a 10% reduction of the all inpatient cohort in 2015/16;
- a commitment to roll out a new service model, co-designed with people with learning disabilities, to underpin future LD commissioning; and
- an extension and review of the care and treatment review programme, underpinned by robust plans to develop a workforce which provides person-centred care and support for people with a learning disability in their community that is needs-led, local and accessible.

3.12 Pivotal to this work is reviewing premature mortality for people with learning disabilities or autism. We are developing a new national facility to track mortality levels and improve future healthcare services and health outcomes for people with learning disability or autism.

3.13 The NHS Learning Disability Employment programme is aiming to increase the number of people with learning disabilities employed in the NHS, supporting the NHS in becoming a more progressive employer that has a diverse workforce, representative of patients it serves.

A three step pledge was launched on 7th October, to enable organisations to commit to employing people with learning disabilities, demonstrate and monitor progress. As of September 2015, 18 NHS organisations are participating in Project SEARCH and 3 more signed on to start in 2016. Whipps Cross Hospital and Royal United Hospitals (RUH) Bath are two examples of Trust that are following the Project SEARCH internship model. At RUH, 40 out of the 52 students who have completed the programme have obtained employment with 24 employed at Royal United Hospitals Bath.

Strengthening Primary Care

3.14 Making primary care more accessible to all service users is a key component of tackling health inequality. In October 2013, the Prime Minister announced a new £50 million Challenge Fund (PMCF) to help improve access to general practice and stimulate innovative ways of providing primary care services. 20 pilot sites were selected to participate in wave one of the Challenge Fund, covering 1,100 general practices and 7.5 million patients.

3.15 An independent evaluation of the first 20 pilots was published in October 2015 that reviewed their progress to date and assessed the extent to which the PMCF core programme objectives have been met. A further evaluation report will be published early 2016.

3.16 The report highlights that some pilot schemes (Morecambe, Warrington and West Wakefield) have targeted projects at hard to-reach groups or areas of socio-economic deprivation. Another strategy has been to target patient groups amongst which there is a known high demand for primary care services, for example the frail and elderly (Darlington, Devon Cornwall and Isles of Scilly (DCIoS)and Herefordshire), children and young people (DCIoS, Herefordshire and Slough) and those with complex or long term conditions Workington).3.17 Revised guidance on patient registration for primary medical services has been developed and is near to publication. This has been developed to address concerns in relation to access to services for a number of groups of people including those who are fleeing domestic violence; homeless; asylum seekers; new refugees; and migrants. Our intention is that this will be supported by a co-produced, patient-facing leaflet that explains to the public their rights to register with a GP Practice.

Accessible Information

3.17 Making good clear information available to service users with a disability or sensory loss is in line with NHS England's commitments to increasing personalisation and patient empowerment, reducing health inequalities and enabling people to be equal partners in their own care. It also supports specific commitments to improving the care of people with a learning disability.

3.18 NHS England led the development of the *Accessible Information Standard,* published in July 2015, but the work was co-produced throughout, including a lay-dominated Advisory Group, extensive engagement activity with affected individuals and groups, partnerships with the voluntary sector, and a consultation on the draft Standard prior to finalisation. The Standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting individuals' information and communication support needs, where those needs relate to a disability or sensory loss. All providers of NHS and / or adult social care must follow the Standard in full by 31 July 2016.

3.19 It is anticipated that implementation of the Standard across the NHS and adult social care system will lead to a range of benefits, including:

- improved health and wellbeing due to increased take-up of early intervention and prevention opportunities (for example NHS Health Checks and 'flu vaccination), and enhanced ability to participate in decision-making and improved compliance with treatment/medical advice;

- improved patient safety due to ability to understand and follow information including medicines management and pre- and post-operative advice;
- more appropriate use of services including increased use of primary / routine care and services and reduction in urgent and emergency care usage.
- improved patient experience and satisfaction, and reduction in complaints associated with failure to provide accessible information and communication support.

Specialised care

3.20 Good progress has been made to ensure that all patients who need it have access to the same standard of specialised service, and the same clinical policy, wherever they live. However, there are still significant variations across England which are being addressed. For example, as a result of on-going engagement there has been a public commitment made by the Board to address the service, access and experience challenges highlighted by the trans-gender and non-binary community.

3.21 We have confirmed that people accessing gender identity services have a right under the NHS Constitution to be seen within 18 weeks of referral in line with the access standards that apply to other similar services. There has been close work with the three providers of genital reconstruction surgery to model the capacity requirements to begin to reduce waiting times for surgery to below 18 weeks. In 2015/16 NHS England has invested an additional £4.4m in genital reconstruction services. Addressing long waiting times for referrals into gender identity clinics for initial assessment is considered to be priority action. In spring 2015 we embarked on an ambitious programme of work to identify the reasons for bottlenecks in the patient pathways; to model scenarios for the clinics in meeting the 18 week standard, and expected growth in demand.

Whole System Change for future clinical and financial sustainability

3.22 We are working with our Vanguard sites, the Institute for Health Equity, and other stakeholders to develop and test new approaches and interventions to improve health equity through the NHS. This programme will reflect the ambition of the NHS Five Year Forward View and seek to establish how these approaches may be effectively transferred to other areas and implemented at scale.

3.23 This work will support the Vanguard sites to take preventive action to reduce health inequalities. Work with the Vanguard sites is expected to cover three areas:

- working in partnerships with communities and other services to reduce health inequalities and improve health outcomes;
- access to NHS services; and
- patient experience of using these services.

Health and Justice

3.24 The commissioning of healthcare across secure and detained settings including 116 prisons and the pathways through police custody and courts has enabled a vulnerable patient group to receive integrated quality healthcare and address inequalities. This population often have acute healthcare issues related to substance misuse, mental health, physical health and sexual health. In addition there are often additional needs such as support to patients with learning disabilities, autism, development of services for children and young people and targeted support for BME communities and women.

3.25 *Equal Access, Equal Care* is our guidance for prison healthcare staff supporting and treating patients with learning disabilities. It has been widely welcomed and implemented and has been seen as an excellent tool for any prison based healthcare providers and learning disability practitioners.

3.26 Liaison and Diversion (L&D) services have been designed to provide early intervention for vulnerable people as they first come to the attention of the criminal justice system. L&D services act as a point of referral and assertive follow up for these service users, to ensure they can access, and are supported to attend, treatment and rehabilitation appointments. Recent figures show that of L&D cases dealt with, many had had no previous contact with services: 26% with a mental health need; 44% with a substance misuse need. L&D services are also helping people with learning disabilities, autistic spectrum disorders and speech or communication difficulties to be treated more equitably within the justice system.

4.0 SUMMARY AND NEXT STEPS

4.1 Our 2015 Annual Report charts the progress we have made in fulfilling our legal duties to promote equality and reduce health inequalities. *The Secretary of State's response* acknowledged our continued progress, and in particular, commended the strong focus on making health inequalities a high priority in implementing the NHS Five Year Forward View.

4.2 Nonetheless we are clear that there is more work to be carried out. Inequalities remain and are in evidence between groups of people with different characteristics, and across geographies. For example, further work is needed to support longer healthy life expectancy for both men and women.

4.3 The Board is invited to:

- note the programme of work underway across our organisation to promote equality and reduce health inequalities in access to, outcomes from and experience of healthcare services; and
- provide a steer on any specific priority areas for further action.

Progress against the nine priority deliverables agreed in 2013

Priority Deliverable	Progress
1. Re-establish the NHS Equality and Diversity Council	The NHS Equality and Diversity Council was re-established during 2013; and has since been refreshed further to produce a clear and outcomes-focused work programme.
2. Refresh the Equality Delivery System for the NHS and support NHS organisations in its use	A refreshed Equality Delivery System for the NHS (EDS2) was launched in November 2013. Since then, support is provided to NHS organisations to use EDS2 in a consistent way. In April 2015, EDS2 was included in the NHS standard contract and continues to features in the CCG Assurance Framework.
3. Expand and improve data available to measure equality and health inequalities	The EDC data subgroup established a work programme focused upon developing national support and guidance for equality data collections. This has included the development of Information Standards for equality data. Work also focused upon inequalities measures included as part of the refresh of the NHS Outcomes Framework for 2015/16.
4. Work with key partners to develop and implement talent identification and management programmes aimed at nurturing and encouraging more diverse leadership in the NHS	Work to progress the employment of people with Learning Disabilities has commenced. A programme of work to improve workforce equality across the NHS began in 2014 with the development of the Workforce Race Equality Standard. Further Standards are in development in relation to the other characteristics given protection under the Equality Act 2010.
5. Embed the criterion of reducing inequalities in health outcomes in resource allocation methodology	NHS England, in the allocations process, reflected unmet need by using the under 75-years Standard Mortality Ratio to adjust target allocations. For 2014/15 the proportionate target set in this way was 10% for CCGs and 15% for Primary Care.
6. Incentivise and prioritise improvements in primary care towards areas and groups of people with the worst health outcomes	The 2015/16 NHS Planning Guidance was issued with allocations that reflect unmet need, and reflects the commitment to move CCGs closer to target.
7. Embed equality and tackling health inequalities in the clinical commissioning group assurance and support regimes	The NHS England CCG Assurance Framework for 2014/15 included equality and health inequalities as a cross-cutting theme. The 2015/16 assurance processes continue to include a focus on equality and health inequalities. In addition, regional workshops were delivered during 2014/15 to support CCGs and regional teams on their legal duties in these areas.
8. With regard to specialised commissioning, review the use of derogations so that inappropriate variations across geographies are tackled over time	The Specialised Commissioning Oversight Group established a clear plan to resolve known derogations. This plan identifies key deliverables for March 2015, September 2015 and March 2016.
9. Develop and implement the NHS England programme for promoting parity of esteem	The NHS England Parity of Esteem Board was established during 2014 to take forward the governance of this strategic priority.