

## NHS ENGLAND – BOARD PAPER

<b>Title:</b>  Developing the Health Inequalities Action Plan
<b>Lead Director:</b>  Steve Powis, National Medical Director Jane Cummings, Chief Nursing Officer Neil Churchill, Director for Experience, Participation and Equalities
<b>Purpose of Paper:</b>  This paper follows up the “Scene setter” on current trends in health inequalities, which was presented in March 2018. It sets out actions NHS England’s programmes will undertake to narrow health inequalities in the short-term, ie in 2018-19 and 2019-20. A longer term perspective will form part of the new NHS Plan.
<b>Patient and Public Involvement:</b>  Patients, carers and the public were involved, through the Empowering People and Communities Taskforce, in assessing some of NHS England’s activity described in this paper (within the Terms of Reference of this Taskforce). In particular, workshops have been held so far on cancer and mental health, supported by wider communications on social media.  Individual programmes are involving patients, carers and public in the work programmes themselves.
<b>The Board is invited to:</b>  Review NHS England’s action plan for 2018-19 and 2019-20, noting that a longer-term perspective will be included in the forthcoming NHS Plan.

# Health Inequalities Action Plan

## Purpose

1. At the March meeting, the Board discussed health inequalities following presentation of the scene setting paper.
2. The Board were advised that we will be setting out a more all-encompassing and longer term strategy for the NHS with our partners and Government in the autumn that will include health inequalities. There are also broader public health and wider policies that impact on health inequalities, and we will continue to work with Public Health England and others as these policies are developed. In addition, we were asked to set out an action plan over the next twelve to eighteen months, and how we will ensure our programmes deliver improvements in health inequalities, and this is the focus of this paper.
3. The attached Action Plan focuses on the NHS Forward View and other priority programmes with some information about enabling actions and other work.

## Background

4. In reviewing the individual action plans submitted for this paper, our overall assessment is that progress is being made in embedding processes to help reduce inequalities:
  - We have started to make inroads with our major work programmes.
  - We have strengthened commissioning and annual reporting for CCGs; and
  - We have built capability internally through training which has been supplemented with guidance, advice, and tools to assist our staff to meet the duties and embed a more systematic approach across the organisation;
5. There are also some good examples of cross cutting work focusing on specific communities most impacted by health inequalities, such as those with a Learning Disability (health checks/primary care/ophthalmology), those from BME communities (mental health/cancer/secure care) and children and young people (oral health, mental health). Our challenge now is to increasingly and systematically report on the outcomes being achieved, alongside the work on embedding processes and sharing good practice.

## National Programmes

6. Since the last Board meeting, and whilst we have been compiling the action plan, we have also accelerated the pace of work in the following areas:
  - National programmes have identified the main deliverables which they expect to contribute to narrowing health inequalities over the next 18-24 months and given information on the timing of these initiatives; and
  - Programmes have identified how they plan to measure health inequalities and/ or how they will resolve information gaps in order to be able to measure health inequalities in the remaining years of the programme.

7. A considerable amount of additional information has now been supplied by national programmes, which has been summarised in the attached Action Plan.

## Enabling Actions

8. *Engagement with STPs and ICSSs:* the differences in the way services are delivered and improvements in their range and scope will be experienced first at local level. Experience of local services can inform the development of the health inequalities programmes, helping to create standards and local diversity in service provision. Place- based population health systems are the future, and we have to ensure that they have inequalities reduction at their heart. We are undertaking extensive engagement with the system, and also looking to use a range of tools, such as the development of Right Care packs, and approaches to population health management to help identify variation and support and drive change at a local level;
9. *Regional priorities:* In addition to STP work, London Region have been working with the office of the Mayor of London on his plan to reduce health inequalities, which will provide additional opportunities to address the social determinants of health;
10. *CCG allocations:* As advised in the previous Board paper, NHS revenue funding is shared across the 195 Clinical Commissioning Groups (CCGs) using a target distribution that includes a health inequalities adjustment that helps to support CCGs tackling inequalities to meet the diverse needs of their local populations. We have identified CCGs whose target share is changed the most by this adjustment, either increased or decreased. We are working closely with NHS Clinical Commissioners and colleagues across teams in NHS England, including CCG Improvement Assessment Framework (IAF) and Regional colleagues to better develop an understanding of the CCGs' approach to inequalities

## Partnership Working

11. One of the challenges, as set out in the last Board paper, is that NHS England's functions will have limited impact in isolation. For example, the key interventions for increasing healthy life expectancy that will need to be addressed in conjunction with our system partners are:
  - reducing smoking through smoking cessation services and other tobacco control programmes – being addressed as part of the recent Tobacco Control Plan Delivery Plan 2017-22 published by the DHSC in May;
  - preventing and managing other risk factors such as poor diet and obesity, physical inactivity and high blood pressure, jointly working with PHE;
  - improving environmental health, including housing conditions, air pollution and reducing the risk of accidents - a wider cross-Governmental responsibility; and
  - targeting the over-50s – among whom the greatest short-term impact on life expectancy will be made - a joint initiative with our system partners being supported by our personalisation agenda for example.

## Next Steps

12. There are a number of specific and immediate actions that we will take to effectively drive improvements in health inequalities:

- We will **strengthen our approach to the design and operation of our programmes** in relation to health inequalities: ensuring that different populations are identified and targeted in the most appropriate and cost effective way by the use of segmentation techniques. Each programme will ensure they have appropriate levers, have strong national and local leadership, clarity on process, robust data and information on the cost-effectiveness of interventions. Reducing health inequalities may not be the goal of all policies, but it should be one of the results.
- We will be **more specific** in relation to data requirements and set clear and **measurable outcomes** for our programmes and also our delivery of our statutory duties as measured by the NHS Outcomes Framework.
- We will be clear on **how we record progress and report** on these issues, both to Government as part of our annual assurance processes and also to the Board.
- We will ensure that policies to reduce health inequalities are fully integrated into **mainstream service planning, performance management and monitoring** to reflect national priorities and local need – for example through the CCG IAF.
- We will **re-affirm the case for action** to the system, not only in the traditional way through defining the legal and ethical case, but also, and as raised by the Board, the economic case. The CQC have recently developed '*Equally Outstanding*', a toolkit that makes a case on how a focus on equality and human rights can improve the quality of care in times of financial constraint.
- We will continue to work **jointly with the Department of Health and Social Care and Public Health England** to agree priority cross-cutting areas for action and review, and ensure that our work programmes are clear on how those programmes impact on health inequalities, what needs to happen for that change, and opportunities for action.
- Where appropriate each programme will review their approach to **segmentation**, recognising that this approach could give a better understanding of the impact of interventions on specific and targeted populations. Interventions developed through this process should not be a substitute for mainstream services, but offer different ways in meeting need. They can introduce innovation, tackle specific problems or support those who may have difficulty in access to services.
- We will ensure that we continue to **engage with people and communities** as the work programmes are developed and implemented through the Empowering People and Communities Task Force, the Equality and Diversity Council and other bodies.

## **Recommendations**

13. The Board is invited to review NHS England's Action Plan for 18-19 and 19-20, noting that a longer-term perspective on narrowing health inequalities will be included in the forthcoming NHS Plan.