The NHS Long Term Plan

NHS

THE NHS LONG TERM PLAN

EQUALITY AND HEALTH INEQUALITIES IMPACT ASSESSMENT - Annex 1

Introduction

This annex to the main EHIA assesses each chapter of the Long Term Plan due to be published in January 2019. It draws on the Plan's proposals where they provide evidence of meeting either the Public Sector Equality Duty or the duties on reducing health inequalities. In this EHIA, the focus is on the proposals which support groups at disproportionate risk of facing health inequalities or inequalities associated with their protected characteristic. This annex does not seek to identify all proposals in relation to reducing health inequalities. To avoid potential confusion as the Plan is finalized, this annex does not include the timetables specified in the Long Term Plan for the delivery of key proposals; instead readers of this EHIA assessment are encouraged to read the Long Term Plan.

The overall assessment is that much of the Long Term Plan is designed to reduce health inequalities. The proposals in the Plan demonstrate that proper regard has been paid to both sets of duties and make a positive contribution to advancing equality and reducing health inequalities.

Annex 1: How equality and health inequalities considerations have impacted on the content of the Long Term Plan

The chapters of the Plan	Commenting on and assessing the equality and health inequalities provisions
Chapter 1: A new service model for the 21st Century	▪ The Plan calls for a new service model for the 21st Century that will improve care for patients, reduce pressure on staff and continue to break down traditional barriers in how care is provided to build long-term partnerships with patients, focused on joined up support for their health 'journeys' rather than competing to provide single, unconnected 'episodes' of care. ▪ The Plan proposes five key changes to deliver a new service model for the NHS: o boosting out of hospital care and dissolving the historic divide between primary and community health services; o redesigning and reducing pressure of emergency hospital services; o mainstreaming digitally enabled primary and outpatient care; o local NHS organisations increasingly focusing on population health and local partnerships with local authority funded services through new Integrated Care Systems (ICSs). ▪ The Plan makes a positive contribution to advancing equality and reducing health inequalities. ▪ This new care model will support the NHS to recognise the needs of England's diverse communities and so provide personalised, appropriate care for them and the needs of groups that are at greater risk of health inequalities. These issues will also be considered as part of the implementation proposals.
Boosting 'out' of hospital care and dissolving the divide between primary and community health services	▪ The Plan proposes: o a new NHS offer of urgent community response and recovery; o primary care networks of local GP practices and community teams; o guaranteed support to people living in care homes; o supporting people to age well. ▪ A new NHS offer of urgent community response and recovery o The Plan proposes that all parts of the country be asked to put in place a rapid community response service meeting nationally-set standards. This will help prevent unnecessary admissions to hospitals and residential care, as well as ensuring a timely transfer from hospital to community.

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	o The Plan proposes extra recovery, reablement and rehabilitation support will wrap around core services to support people with the highest needs. ▪ Primary care networks of local GP practices and community teams o The Plan proposes improvements in primary care networks, a new offer of urgent community response and recovery and it identifies a raft of proposals to support people to age well. o These plans include working with patients, families and our voluntary sector partners, personalising care for people at the end of their lives. The plans also include expanded teams within the new Primary Care Networks will comprise a range of community staff, such as GPs, district nurses, community geriatricians, dementia workers and allied health professionals such as physiotherapists and podiatrists/chiropodists, joined by social care and the voluntary sector. ▪ Guaranteed support to people living in care homes o The Plan identifies that one in seven people aged 85 or over permanently lives in a care home. o The Plan also identifies that people resident in care homes account for 185,000 emergency admissions each year and 1.46 million emergency bed days, with 35-40% of emergency admissions potentially avoidable. o The Plan identifies that NHS England's Enhanced Health in Care Homes (EHCH) 'vanguards' has shown how to improve services and outcomes for people living in care homes and those who require support to live independently in the community. o The Plan proposes building on the Enhanced Health in Care Homes (EHCH) by upgrading NHS support to people living in care homes, who would benefit, by rolling out the EHCH model across the whole country. o As those in care homes are generally either elderly and/or disabled, such improvements would directly benefit these groups of people. ▪ Supporting people to age well

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	o Isolation and poor living circumstances can strongly influence the development of multi-morbidity and frailty. The principle policy direction is to proactively identify those who are most vulnerable to unwarranted outcomes and to seek to reduce and mitigate their risks of subsequently losing further functional ability. The services include in their target populations people with, or at risk of both physical and cognitive impairment including those with one or multiple long-term conditions. o The Plan recognises that people now live far longer, but that extra years of life are not always spent in good health. People are more likely to live with multiple long-term conditions, or live into old age with frailty or dementia, so that on average older men now spend 2.4 years and women spend three years with ‘substantial’ care needs. o The Plan identifies the need to empower people to age well and that as more people live with long-term conditions, the way we provide care needs to change and that many people access hospital services due to a lack of alternative care provision. The Plan proposes an increasing shift of provision of care into community and primary care to better meet the needs of patients outside hospital o The Plan also proposes that carers should benefit from greater recognition and support. o The Plan also proposes improving the care we provide to people with dementia and delirium, whether they are in hospital or at home. ▪ The Plan makes a positive contribution to advancing equality and reducing health inequalities.
Reducing pressure on emergency services	▪ The Plan proposes a wide range of improvements in relation to pre-hospital urgent care, reforms to hospital emergency care - same day emergency care and cutting delays in patients being able to go home. ▪ The Plan proposes that hospitals will also reduce avoidable admissions through the establishment of acute frailty services, so that such patients can be assessed, treated and supported by skilled multidisciplinary teams delivering comprehensive geriatric assessments in A&E and acute receiving units. This approach will be particularly beneficial for elderly patients and for disabled patients.

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	▪ The Plan makes a positive contribution to advancing equality and reducing health inequalities.
More control for patients and personalised care	▪ The Plan proposes a fundamental shift in the way in which we work alongside patients and individuals to ensure more person-centred care. It recognises that the need to create genuine partnerships requires professionals to work differently, as well as a systematic approach to engaging patients in decisions about their health and wellbeing. It also recognises that understanding and meeting the needs of our diverse communities and advancing equality mean identifying solutions that benefit diverse communities and groups. The Plan also recognises that this means working in partnership to identify when additional solutions are required to meet needs especially the needs of those groups that face the greatest health inequalities. ▪ The Plan proposes increased use of social prescribing. It also proposes the accelerated the roll out of Personal Health Budgets (PHBs) to give people greater choice and control over how their care is planned and delivered. ▪ The Plan makes a positive contribution to advancing equality and reducing health inequalities.
Digitally enabled care will be mainstreamed	▪ The Plan places an increasing priority on digital general practice, proposing that every patient in England should be able to access digital general practice. It proposes significant improvements in the use of digital technology, offering digital first primary care to all patients and a fundamental redesign of outpatient services. However, this commitment is also supported by a commitment to support those patients who cannot or prefer not to use these digital options. ▪ The Plan recognises the fact that some patients face higher levels of digital exclusion and specifically aims to take account of their needs. ▪ The Plan makes a positive contribution to advancing equality and reducing health inequalities.
Local NHS organisations will increasingly focus on population health	▪ The Plan identifies that the NHS has been working with local government and other partners through Vanguards and now STPs (Strategic Transformation Partnerships) and ICSs (Integrated Care Systems) to provide more responsive, joined-up care for people with long-term conditions, help prevent ill-health from arising in the first place, and provide a more rapid and effective response when people are acutely ill.

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	▪ The Plan proposes a new ICS accountability and performance framework will consolidate the current amalgam of local accountability arrangements and provide a consistent and comparable set of performance measures. It will include a new 'integration index' developed jointly with patients groups and the voluntary sector which will measure from patients', carers' and the public's point of view, the extent to which the local health service and its partners are genuinely providing joined-up, personalised and anticipatory care. ▪ The Plan proposes that ICSs will agree system-wide objectives with the relevant NHS England/NHS Improvement regional director and be accountable for their performance against these objectives. This will be a combination of national and local priorities for care quality and health outcomes, reductions in inequalities, implementation of integrated care models and improvements in financial and operational performance. ▪ The Plan proposes that ICSs will develop more effective models of integrated care which benefit socially isolated or at risk, and/or economically deprived, groups through proactive identification and assessment, multi-disciplinary working and targeted interventions. ▪ The Plan makes a positive contribution to advancing equality and reducing health inequalities.
The combined effect of the changes	▪ The Plan identifies that the proposed changes will result in a more joined-up and co-ordinated, proactive service provision that breaks down traditional barriers. Furthermore, it will provide the more personalised, differentiated, support offer to individuals that is necessary if the NHS is to make further progress on prevention, on inequalities reduction, and on responsiveness to the diverse people who use and fund our health service. ▪ The Plan makes a positive contribution to advancing equality and reducing health inequalities.
Chapter 2: More NHS action of prevention and health inequalities	▪ The Plan recognises the changing needs of a growing and ageing population and the growing visibility and concerns about longstanding unmet need. ▪ The Plan recognises that prevention is a key component of the health inequalities agenda and sets out new commitments for action by the NHS to improve prevention.

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Smoking, obesity, air pollution alcohol, antimicrobial resistance	▪ The Plan recognises the variations and health inequalities and commits to making a concerted effort to reduce both inequalities related to protected characteristics and wider health inequalities. ▪ The Plan identifies that the Global Burden of Disease (GBD) study quantifies and ranks the top five causes of premature deaths - smoking, poor diet, high blood pressure, obesity and alcohol and drug use. The Plan also identifies the significance of air pollution and lack of exercise and how the LTP's proposals are designed to narrow health inequalities. For example, in relation to smoking, the proposals recognise that a high percentage of pregnant women (just under 25%) smoke during pregnancy with associated health consequences. ▪ The Plan proposes a NHS Smoking Cessation response that is designed to benefit smokers but it also recognises the specific needs of pregnant women. The Plan also proposes a new universal smoking cessation offer that will be available as part of specialist mental health services for long-term users of mental health services and for users of learning disability services. ▪ The Plan identifies that nearly two thirds of adults in England are overweight or obese and that people from some BAME communities are at significantly greater risk of developing type 2 diabetes. The Plan contains proposals on support, guidance and training in relation to diet and nutrition. ▪ The Plan identifies the significance of alcohol and air pollution in causing or exacerbating long term conditions. Support to reduce alcohol dependency is identified. ▪ The Plan makes a positive contribution to advancing equality and reducing health inequalities.
Stronger NHS action on health inequalities	▪ The Plan considers the impact of deprivation on health inequalities and makes a specific commitment to continuing to allocate greater funding to geographical areas with high health inequalities. It recognises the social justice imperative for reducing health inequalities. ▪ The Plan specifically highlights the importance of addressing health inequalities, unwarranted variations in care and the need to advance equality. ▪ The Plan also proposes the development of a new funding formula which will use more precise measures of need for mental health and community services. The Plan proposes that NHS

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	England will undertake and publish a further review of the inequalities adjustment to the funding formulae. ▪ The Plan specifically aims 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 through the service improvements set out in the Plan. ▪ The Plan proposes that all local health systems will be expected to set out during 2019 how they will specifically reduce health inequalities and clearly set out how those CCGs benefiting from the health inequalities adjustment are targeting that funding to improve the equity of access and outcomes. ▪ The Plan also commits NHS England to working with PHE and our partners in the voluntary and community sector and local government, to develop and publish a ‘menu’ of evidence-based interventions that if adopted locally will contribute to this goal. ▪ NHS England will also expect CCGs to ensure that all screening and vaccination programmes are designed to support a narrowing of health inequalities. ▪ The Plan states that specific and measurable goals will be set for narrowing health inequalities through the measures set out in the LTP. Implementation plans will set out how those CCGs in receipt of additional health inequalities funding are targeting that funding to improve the equity of access, outcomes and equality of opportunity. ▪ In maternity services, the Plan proposes an enhanced and targeted continuity of carer model. This model is designed to benefit the most vulnerable mothers and babies including those from BAME communities and deprived communities. ▪ Those with severe mental illnesses are at higher risk of poor physical health and a range of long term conditions. The Plan proposes that Health checks will be extended for this group and more will be done to meet the needs of this group. ▪ The Plan recognises the significant health inequalities faced by people with a learning disability and/or autism. The Plan proposes that more will be done to provide community based care.

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	Reasonable adjustments will made and care in the community will be improved for those with the most complex needs. ▪ The Plan proposes that the Learning Disabilities Mortality Review (LeDeR) initiative be accelerated to identify common themes and learning points and provide targeted support. ▪ The Plan recognises the significant needs of homeless people and proposes that funding will be allocated to meet the needs of those most affected by rough sleeping. ▪ The Plan proposes that work will continue to identify and support carers particularly those from vulnerable communities and more carer friendly services will be encouraged. ▪ The Plan proposes the development of specialist clinics that will help problem gambling. ▪ The Plan also proposes that the NHS will continue to commission, partner with and champion local charities, social enterprises and community interest companies providing services and support to vulnerable and at-risk groups. ▪ The Plan recognises these organisations are often leading innovators in their field and that many provide a range of essential health, care and wellbeing services to groups that mainstream services struggle to reach. Of 100,000 social enterprises in the UK, 31% work in the 20% most deprived communities, creating jobs and filling gaps in support as well as addressing wider determinants of health and wellbeing such as debt and housing. ▪ The Plan makes a positive contribution to advancing equality and reducing health inequalities.
Chapter 3: Further progress on care quality and outcomes	▪ The Plan identifies clear improvement priorities for the biggest killers and disablers of our population. It largely does so using the latest epidemiological evidence from the Global Burden of Disease study for England, supplemented by the views of patients and the public on their priorities for improvement. ▪ The Plan confirms the need to stick with and make further advances on our current improvement agenda for cancer, mental health, multi-morbidity and healthy ageing including dementia, while intensifying the NHS' focus on children's health, cardiovascular and respiratory conditions, and

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	learning disability and autism, amongst others. The Plan also affirms the importance of therapies and planned surgical services for conditions that limit independence and affect quality of life. ▪ The Plan makes a positive contribution to advancing equality and reducing health inequalities.
A strong start for children and young people	▪ Children and young people have the protected characteristic of age. ▪ The Children's Commissioner estimates that 19.7% of children have 'health-related vulnerabilities' including physical or mental health problems, disability or special educational needs, equating to 670,000 children under 5 years old.[1] Children and young people who are particularly vulnerable, such as those with a learning disability or autism - have worse health and wellbeing outcomes, including being more likely to die during childhood, and more likely to experience poor outcomes associated with long term conditions such as asthma, diabetes and epilepsy. There is increasing evidence that early identification and intervention is important in preventing obesity, associated with many long-term health conditions, and mental health problems. The Plan identifies that obesity and mental distress are two new childhood epidemics to which our children are exposed. ▪ Some looked after children or children and young people in contact with social services are at higher risk of sexual abuse and 2.5 times more likely to have a teenage pregnancy. There are also risk factors related to being in care which can make children more vulnerable to abuse and neglect. There is also evidence that asylum seekers and refugees and new migrants are not fully aware of the services they can access without jeopardising their immigration status. NHS England is working with primary care to improve access to GP services for vulnerable groups including asylum seekers and refugees. ▪ The focus of this part of the Plan is on children and young people; it also recognises that the health and wellbeing of children and young people is determined by more than healthcare. The Plan reflects on recent health trends.

[1] Children's Commissioner (2017). On measuring the number of vulnerable children in England. https://www.childrenscommissioner.gov.uk/wp-content/uploads/2017/07/CCO-On-vulnerability-Overveiw-2.pdf

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	▪ The Plan recognises the crucial role that the NHS can, and should, play in improving the health of children and young people. ▪ The Plan recognises that some children face significant health inequalities and the importance of a good start for all children. ▪ The Plan makes a positive contribution to advancing equality and reducing health inequalities. As part of system-based implementation plans, and on-going national programme planning, it will be important to identify whether there are any intersectional issues that need to be addressed for protected characteristics or groups.
Maternity and neonatal services	▪ Pregnancy and maternity is a protected characteristic and an important area to tackle in relation to health inequalities. In addition to reducing premature deaths, getting this right can also reduce long term disabilities and conditions for children and mothers. ▪ The Plan aims to accelerate action to deliver reductions in stillbirth, maternal mortality, neonatal mortality and serious brain injury. Children of very young mothers have a substantially higher infant mortality rate and older mothers also face increased pregnancy related risks. ▪ The Plan aims to ensure that every trust in England with a maternity and neonatal service will be part of the National Maternal and Neonatal Health Safety Collaborative, supported by Local Maternity Systems and aims to continue to work with midwives, mothers and their families to implement continuity of carer so that, most women will receive continuity of the person caring for them during pregnancy, during birth and postnatally. ▪ The Plan aims to continue to improve how it learns lessons when things go wrong and minimise the chances of them happening again. ▪ The Plan aims to expand support for perinatal mental health conditions and to improve access to postnatal physiotherapy to support women who need it to recover from birth. ▪ The Plan proposes that all maternity services will deliver an accredited evidence based infant feeding programme. ▪ The Plan also proposes that neonatal critical care services will be expanded and that expert neonatal nursing workforce will be developed.

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	▪ The experience of families using critical care neonatal critical care will be enhanced. ▪ The Plan makes a positive contribution to advancing equality and reducing health inequalities.
Children and young people's mental health services	▪ Children and young people are covered by the protected characteristic of age and mental health is covered by the protected characteristic of disability. ▪ Half of all mental health problems are established by the age of 14, with three quarters established by 24 years of age. Prompt access to appropriate support enables children and young people experiencing difficulties to maximise their prospects for a healthy and happy life. Addressing the increasing mental health challenges faced by children and young people has been identified by the Government and NHS England as a national priority. ▪ The Plan recognises the importance of the mental health of children and young people and makes a commitment to funding for children and young people's mental health services that will grow faster than both total mental health spending and overall NHS funding. The Plan also proposes that the NHS will continue to invest in expanding access to community based mental health services to meet the needs of more children and young people. ▪ The Plan proposes that investment will be boosted in children and young people's eating disorder services. It also proposes that services will be developed to meet the needs of children and young people experiencing a mental health crisis. ▪ The Plan also proposes that mental health support for children and young people should be embedded in schools and colleges. ▪ The Plan also proposes that a new approach to young adult mental health services for people aged 18-25 to support the transition to adulthood will be developed. ▪ The Plan makes a positive contribution to advancing equality and reducing health inequalities.
Learning disability and autism	▪ People with a learning disability or autism are covered by the protected characteristic of disability. People with a learning disability and/or autism experience particular inequalities in terms of premature mortality rates and avoidable deaths for both women and men.

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	▪ Autistic people experience delays in diagnosis and access to effective treatment and support. Both groups are affected by a lack of reasonable adjustments, diagnostic overshadowing and a lack of awareness of their specific and individual requirements amongst some staff. Further, both groups experience serious mental health issues, can be at significant risk of placements in long-stay hospitals and reduced opportunities for independent living in the community. ▪ The LeDeR programme highlights that people with learning disabilities continue to die prematurely of conditions that would not be a cause of death for the majority of those in the general population. These plans aim to address the stark health inequalities experienced by people with a learning disability or autism. ▪ Children with learning disabilities are generally more likely to have mental health conditions, including depression. Over a third of children with learning disabilities have psychiatric disorders, one fifth have behavioural problems, and one fifth have emotional issues. Evidence shows that nearly half of the increased risk of mental health difficulties among children with a learning disability may be attributable to their increased rate of exposure to them common social determinants of poorer mental health –poverty, poor housing, discrimination and bullying – rather than to the disability itself. ▪ The Plan identifies the need for widespread action to tackle the causes of morbidity and preventable deaths in people with a learning disability and for autistic people. ▪ The Plan identifies the need for the whole NHS to understand the needs of people with learning disabilities and autism, and work together to improve their health and wellbeing. ▪ The Plan identifies that children and young people with suspected autism wait too long before being provided with a diagnostic assessment and commits to the introduction of diagnostic waiting time and other improvements designed to support children with a learning disability and/or autism and their families. ▪ The Plan affirms the rights of children, young people and adults with a learning disability, autism or both to live fulfilling lives.

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	▪ The Plan proposes improvements to admission avoidance, shorter lengths of stay and repatriation of patients from out of area placements. ▪ The Plan also states that where possible, people with a learning disability, autism or both will be enabled to have a Personal Health Budget. ▪ The Plan proposes increased investment in intensive, crisis and forensic community support to enable more people to receive personalised care in the community, closer to home, and reduce preventable admissions to inpatient services. ▪ The Plan proposes a focus on improving the quality of inpatient care across the NHS and independent sector and that all care commissioned by the NHS will need to meet the Learning Disability Improvement Standards for trusts developed by NHS Improvement (NHSI). ▪ The Plan also proposes a review of the existing CETR (Care, Education and Treatment Reviews) and CTR (Care and Treatment Review) policies, in partnership with people with a learning disability, autism or both, families and clinicians to assess their effectiveness in preventing and supporting discharge planning. ▪ The Plan recognises, and seeks to address, the extensive inequalities faced by people with a learning disability and /or autism. ▪ People with a learning disability experience significant health inequalities and premature mortality rates. Addressing and reducing these inequalities and in particular the premature death rates has been identified by the Government and NHS England as a national priority. ▪ The Plan makes a positive contribution to advancing equality and reducing health inequalities. System based implementation plans, and on-going national programme planning, will identify intersectional issues that may need to be addressed for protected characteristics or groups.
Children and young people with cancer	▪ The Plan identifies that cancer survival rates for children with cancer have improved but because mortality has fallen for other conditions, cancer is now the biggest cause of premature death among children and young people aged 5-14 years. The Plan proposes the development and implementation of networked care to improve outcomes for children and young people with

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	cancer, simplifying pathways and transitions between services and ensuring every patient has access to specialist expertise. ▪ The Plan proposes that children will be offered better and more focused treatment by offering children with cancer whole genome sequencing. Children and young people in England will also be amongst the very first in Europe to benefit from a new generation of CAR-T cancer therapies. ▪ The Plan proposes that all boys aged 12 and 13 be offered vaccination against HPV-related diseases, such as oral, throat and anal cancer. ▪ The Plan states that children's palliative and end of life care is a priority for the NHS. The Plan states that NHS England will increase its contribution to local children's palliative and end of life care services, including Children's Hospices by match funding the contribution of CCGs up to a combined total of £25m a year by 2023/24. ▪ The Plan makes a positive contribution to advancing equality and reducing health inequalities.
Redesigning other health services for children and young people	▪ The Plan proposes the creation of a Children and Young People's Transformation Programme which will, in conjunction with the Maternity Transformation Programme, oversee the delivery of the children and young people's commitments in this Plan. ▪ The Plan proposes that NHS England work with local areas to design and implement models of care that are age appropriate, closer to home and bring together physical and mental health services. ▪ The Plan proposes that clinical networks be rolled out to ensure we improve the quality of care for children with long term conditions such as asthma, epilepsy and diabetes. ▪ The Plan proposes that paediatric critical care and surgical services evolve to meet the changing needs of patients, ensuring that children and young people are able to access high quality services as close to home as possible. ▪ The Plan makes a positive contribution to advancing equality and reducing health inequalities. As part of system based implementation plans, and on-going national programme planning, it will be important to identify whether there are any issues of intersectionality that need to be addressed in relation to two or more protected characteristics or groups.

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Better care for major health conditions	▪ The Plan notes that the latest Global Burden of Disease (GBD) study shows that the top five causes of early death for the people of England are: heart disease and stroke, cancer, respiratory conditions, dementias, and self-harm. It also reveals that the slower improvement since 2010 in years-of-life-lost is "mainly driven by distinct condition-specific trends, predominantly in cardiovascular diseases and some cancers". ▪ The Plan recognises that the life expectancy of the average person born in England has increased by around 13 years but different types of diseases are becoming more common, as people live longer and healthier lives. ▪ The Plan recognises that whilst there have been improvements more people are living with cancer or dementia and cardiovascular disease remains the biggest cause of premature mortality and the rate of improvement has slowed. ▪ The Plan also recognises that mental health, respiratory and musculoskeletal conditions are responsible for a substantial amount of poor health, and place a substantial burden on the NHS and other care services. ▪ It is important to note that whilst not all major health conditions will be defined as disabilities under the Equality Act 2010, many will be defined in this way. Long term conditions can also significant financial and other costs for those living with the condition, families, the NHS, the Government and the wider Society.
Cancer	▪ Cancer is a long-term condition covered by the protected characteristic of disability. ▪ Three cancers impact disproportionately on deprived communities (larynx, lung and cervical cancer), improving screening and early detection may therefore assist these communities. There is a high level of smoking amongst Gypsies, Roma and Travellers and often amongst East European migrants. ▪ The Plan sets a new ambition to increase the proportion of cancers diagnosed at stages 1 and 2 and proposes the modernization of the Bowel Cancer Screening Programme to detect more cancers, earlier the Plan specifically seeks to improve diagnosis rates in BAME communities

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	including in relation prostate cancer. Improvements in care for prostate cancer will positively impact on Black males who have significantly higher rates than White and Asian males for prostate cancer. ▪ The Plan proposes the introduction of the HPV vaccination for boys across England. ▪ The Plan notes that a review of the current cancer screening programmes will be undertaken. The review will make recommendations to further improve the delivery of the screening programmes, increase uptake and learn the lessons from the recent issues around breast and cervical screening. ▪ The Plan proposes the introduction of a new faster diagnosis standard in 2020 to ensure patients receive a definitive diagnosis or ruling out of cancer within 28 days of referral from a GP or from screening. It also proposes the rollout of new Rapid Diagnostic Centres (RDCs) across the country to upgrade and bring together the latest diagnostic equipment and expertise, building on ten models piloted with Cancer Research UK. ▪ The Plan proposes investment in new equipment, including CT and MRI scanners, which can deliver faster and safer tests with improved quality of care, efficiency and reduced variation in clinical outcomes. ▪ The Plan proposes expanding participation in research, safer and more precise treatments, advanced radiotherapy techniques and immunotherapies to support improvements in survival rates. It also proposes extending the use of molecular diagnostics and offering genomic testing to all people with cancer for whom it would be of clinical benefit to target treatments and interventions more effectively. ▪ The Plan proposes that, where clinically appropriate, cancer patients will get a full assessment of their needs, an individual care plan and information and support for their wider health and wellbeing. All patients, including those with secondary cancers, will have access to the right expertise and support, including a Clinical Nurse Specialist. It also proposes that after treatment, patients will move to a follow-up pathway that suits their needs, and ensures they can get rapid access to clinical support if they are worried that their cancer has recurred.

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	▪ The Plan makes a positive contribution to advancing equality and reducing health inequalities. As part of system based implementation plans consideration should be given to encouraging cancer screening where smoking rates are higher than other communities or groups, for example this may apply to LGBT communities and homeless people.
Cardiovascular disease	▪ Research identifies that ethnic background can be associated with an increased risk of developing heart and circulatory diseases. ▪ The Plan identifies that heart and circulatory disease, cardiovascular disease (CVD), cause a quarter of all deaths in the UK and is the largest cause of premature mortality in deprived areas. The Plan identifies that this is the single biggest area where the NHS can save lives over the next 10 years, through sustained action to address big killers such as strokes and heart attacks. ▪ The Plan identifies that at present too many people are living with undetected, high risk conditions such as high blood pressure, raised cholesterol, and atrial fibrillation. The Plan sets out a range of steps and proposals to identify cardiovascular disease and provide effective, fast and early interventions, ▪ Supporting information has identified that steps will be taken to ensure all age groups are targeted effectively and to increase the uptake of the NHS Health Check (targeting 40-74 year olds). Areas of high deprivation and high-risk South Asian and African and Caribbean communities will also be targeted. The programme will consider what actions can be taken locally to identify those people at earlier risk through, for example, case finding. ▪ Steps will also be taken to increase and improve uptake and outcomes of cardiac rehabilitation for women, black and minority ethnic communities and those from areas of most deprivation. ▪ The Plan makes a positive contribution to advancing equality and reducing health inequalities.
Stroke care	▪ The British Heat Foundation identifies that some people from BAME communities are at higher risk of stroke. For people with a South Asian or African Caribbean background, the risk of heart and cardiovascular diseases can be higher than for the rest of the UK population.

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	▪ Some risk factors for stroke apply only to women (e.g. pregnancy, childbirth, menopause) and are tied to hormonal fluctuations and changes that affect a woman in various stages of life. Other risk factors for stroke can include drug use and alcohol abuse. ▪ The Plan identifies that stroke, a preventable disease, is the fourth single leading cause of death in the UK and the single largest cause of complex disability. ▪ The Plan sets out a range of steps and proposals to identify cardiovascular disease and provide effective, fast and early interventions. ▪ As part of system implementation plans, consideration will be given to how to reduce the risk of stroke faced by specific age, BAME or gender groups at disproportionate risk of stroke. ▪ The Plan makes a positive contribution to advancing equality and reducing health inequalities.
Diabetes	▪ Whilst chapters 1 and 2 of the Plan identify a range of action on preventing diabetes and reducing variations in the quality of diabetes care, the proposals in chapter 3 of the Plan set out how the NHS will enhance its support offer to patients. ▪ The proposals include more support through expanding provision of structured education and digital self-management support tools, including expanding access to HeLP Diabetes an online self-management tool for those with type 2 diabetes. ▪ The Plan makes a positive contribution to advancing equality and reducing health inequalities.
Respiratory disease	▪ The Plan identifies that lung conditions, including lung cancer, are estimated to cost around £9.9 billion each year and that respiratory disease affects one in five people in England, and is the third biggest cause of death. Furthermore, hospital admissions for lung disease have risen over the past seven years at three times the rate of all admissions generally and remain a major factor in the winter pressures faced by the NHS. ▪ The Plan also identifies that the incidence and mortality rates for those with respiratory disease are higher in disadvantaged groups and areas of social deprivation.

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	▪ The Plan proposes that NHS England will do more to detect and diagnose respiratory problems earlier and proposes a range of programmes and rehabilitation measures to support those with respiratory diseases. ▪ The Plan also identifies that community-acquired pneumonia disproportionally affects older people, with incidence doubling for those aged 85-95 compared with 65-69 and is a leading cause of admission to hospital, despite being avoidable in many cases. The Plan proposes a range of interventions to reduce the incidence of and impact of pneumonia and secure better community based outcomes. ▪ The Plan makes a positive contribution to advancing equality and reducing health inequalities.
Adult mental health services and other mental health issues	▪ Mental health is covered by the protected characteristic of disability. ▪ People with mental health illnesses can experience extreme health inequalities, the extensive proposals in relation to mental health seek to address these inequalities. The Plan recognises that the life expectancy of people with severe mental illnesses can be up to 20 years less than the general population. Evidence suggests that people over 65 years old respond well to medicine and psychological therapies yet they are underrepresented in referrals to mental health services. In IAPT (Improving Access to Psychological Therapies), the older people quality premium has been introduced. ▪ This part of the Plan includes detailed proposals on adult mental health services, common disorders, severe mental health illnesses, emergency mental health support, in patient care and suicide prevention. ▪ The Plan makes a renewed commitment to continuing to grow investment in mental health services faster than the NHS budget overall. The Plan states that the NHS in England is already meeting the goal set in the recently launched Lancet Commission on Global Mental Health that high income countries should be spending at least 10% of their health services budget on mental health. ▪ The Plan proposes the expansion of access to IAPT services for adults and older adults with common mental health problems, with a focus on those with long-term conditions.

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	▪ Alongside work to explore the effectiveness of different approaches to integrated delivery with primary care, the Plan proposes testing four-week waiting times for adult and older adult community mental health teams, with selected local areas. ▪ The Plan also recognises that the report on the review of the Mental Health Act examined rising detention rates, racial disparities in detention and concerns that the Act is out of step with a modern mental health system. ▪ The Plan recognises that the independent review report on the Mental Health Act, published in December 2018, made recommendations on improving care for people with serious mental illness. The Plan also states that investment in these services forms a major part of the Plan. ▪ The Plan proposes new and integrated models of primary and community mental health care to support adults and older adults with severe mental illnesses. This includes maintaining and developing new services for people who have the most complex needs and proactive work to improve care for people of all backgrounds. ▪ The Plan proposes expanding services for people experiencing a mental health crisis and reaffirms the existing commitment to ensuring that a 24/7 community-based mental health crisis response for adults and older adults is available across England. ▪ The Plan proposes the development of a single-point of access and timely, universal mental health crisis care for everyone. It also proposes an increase in alternative forms of provision for those in crisis; identifying that sanctuaries, safe havens and crisis cafes provide a more suitable alternative to A&E for many people experiencing mental health crisis. ▪ The Plan proposes a range of alternatives to be delivered over the coming years for people who do not necessarily require traditional inpatient psychiatric admission. This includes models such as crisis houses and acute day care services, host families and clinical decision units that may meet similar types of need that can prevent admission. The Plan states that NHS England is committed to working hand in hand with the voluntary sector and local authorities on these alternatives and ensuring they meet the needs of patients, carers and families.

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	▪ The Plan proposes that urgent and emergency mental health be fully embedded in the review of new standards to be introduced across urgent and emergency care. It also proposes improvements in the environment for recovery and for people admitted to an acute mental health unit, a therapeutic environment that provides the best opportunity for recovery. ▪ The Plan proposes that ambulance staff will be trained, equipped and informed to respond effectively to people in a crisis. ▪ The Plan recognises that suicide is more common in men than women. It recognises that people among the most deprived 10% of society are more than twice as likely to die from suicide than the least deprived 10% of society. It also recognises that the number of teenage suicides in England and Wales increased by 67% between 2010 and 2017. Supporting information provided also identifies that Transgender people are particularly vulnerable to mental ill health. Transgender people also have a high vulnerability to suicide. ▪ The Plan proposes continuing to build on multi-agency suicide prevention and reduction programme so that reducing suicides remains an NHS priority over the next decade. The Plan also proposes the development and design of a new Mental Health Safety Improvement Programme which will have a focus on suicide prevention and reducing the number of mental health inpatients. ▪ The Plan makes a positive contribution to advancing equality and reducing health inequalities.
Short waits for planned care	▪ The Plan identifies that low back and neck pain is the greatest cause of years lost to disability, with chronic joint pain or osteoarthritis affecting over 8.75 million people in the UK. The Plan identifies that over 30 million working days are lost due to MSK conditions every year in the UK and they account for 30% of GP consultations in England. ▪ The Plan makes a positive contribution to advancing equality and reducing health inequalities.
Research and innovation to drive future outcomes improvements	▪ The Plan identifies that patients benefit enormously from research and innovation, with breakthroughs enabling prevention of ill-health, earlier diagnosis, more effective treatments,

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	better outcomes and faster recovery. It makes a commitment to increasing the number of people registering to participate in health research. ▪ The Plan also identifies that 'Research-active' hospitals have lower mortality rates, with benefits not limited to those patients who participate in research. ▪ The Plan makes a positive contribution to advancing equality and reducing health inequalities.
Chapter 4: NHS Staff will get the backing they need	▪ The Plan explicitly recognises the importance of staff. The proposals cover a range of workforce areas including supporting staff, a comprehensive workforce implementation plan, using apprenticeships, leadership and talent management and volunteers. ▪ The Plan makes an explicit commitment to the need for NHS staff to work in rewarding jobs and a supportive culture which will also support staff retention. The Plan also recognises that NHS staff must reflect the population we serve and so commits to doing more to improve equality and opportunities for people from all backgrounds to work in the NHS. ▪ The Plan proposes sustained and concerted action on: having the right people with the right skills, ensuring that people have rewarding jobs and the right support; and strengthening and supporting good and diverse leadership at all levels. ▪ The Plan commits to on-going work to build a strong and diverse leadership at all levels of the NHS. ▪ The Plan commits to a workforce implementation plan that will take forward key commitments to support the equality and diversity of the workforce including fair treatment at work as well as promoting flexibility, well-being and career development. ▪ The Plan commits to supporting cultural change in the NHS to ensure that respect, equality and diversity continue to be central to our culture, including: o through the Workforce Race Equality Standard where we are making progress in addressing issues from the perspective of Black and Minority Ethnic staff; and o the development, and roll-out, of the new Workforce Disability Equality Standard.

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	▪ The Plan commits to work to reduce the Gender Pay Gap and contribute to gender equality in the NHS. ▪ The Plan makes a positive contribution to advancing equality and will contribute to reducing health inequalities as the capacity of the NHS workforce increases and better meets the needs of our diverse communities.
Chapter 5: Digitally-enabled care will go mainstream across the NHS	▪ According to NHS Digital, there has been real progress in internet access and use of online services: 86% of households have internet access; 75% of people go online via a mobile device; and 82% of people go online every day. However, many of those most at risk of health inequalities are also disproportionately at risk of Digital Exclusion. ▪ The Plan makes proposals to empower people and to transform their experience of health and care by the ability to access, manage and contribute to their health records online; and through access to digital tools and services which help them to manage their care and to stay healthy. ▪ The Plan proposes a range of actions to empower service users including supporting people and patients with long term conditions to access their health records ▪ Digital channels will remain only one way of accessing services and we will work to ensure that people are able to effectively access care no matter where they make contact with the system. It is also expected that people using digital platforms will free up the time of health care professionals which enable more people to want or need face-to-face care to access it. Usability standards will be put in place to ensure that digital products work for the greatest number of people possible. ▪ The Plan makes a positive contribution to advancing equality and reducing health inequalities. Working in partnership with NHS Digital and other partners, we will consider how the digital revolution will avoid reinforcing existing inequalities faced by those who face high levels of digital exclusion.

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Chapter 6: Taxpayers' investment will be used to maximum effect	▪ Test four is designed to measure whether unjustified variations in performance have been reduced. This will include reductions in health inequalities. ▪ Whilst it is not possible to assess if or how the implementation of the other four tests will contribute to advancing equality or reducing health inequalities, consideration will be given to whether and if so how the tests should contribute to addressing the PSED and health inequalities duties.
Test 1: The NHS (including providers) will return to financial balance	Not possible to assess at this stage.
Test 2: the NHS will achieve cash-releasing productivity growth of at least 1.1% per year	Not possible to assess at this stage.
Test 3: the NHS will reduce the growth in demand for care through better integration and prevention	Not possible to assess at this stage.
Test 4: The NHS will reduce unjustified variation in performance	The Plan proposes a specific test that will seek to measure whether unjustified variations in performance have been reduced. This will include reductions in health inequalities.
Test 5: The NHS will make better use of capital investment and its	Not possible to assess at this stage.

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existing assets to drive transformation	
Chapter 7: Next steps Effective delivery, a new way of working, possible legislative change and engaging people	▪ This part of the Plan reflects on the earlier chapters of the Plan. It highlights that each STP and ICS will be expected to develop five-year delivery plans. It also makes it clear that ICSs will be central to the delivery of the Plan and that local health systems will need to be able to implement change effectively. The Plan calls for a cultural shift from Arms-length regulation and performance management to a culture focused on supporting service improvement and transformation. The Plan also emphasises the need for local health systems work more closely together and for the same needs to happen at national level to better support local change and improvement. ▪ The Plan identifies the extensive consultation and engagement undertaken that has informed the development of the Plan. It also makes a commitment to building on the open and consultative process adopted and strengthening the ability of patients, professionals and the public to contribute to the national conversation. ▪ The Plan also proposes building on the open and consultative process that informed the development of this Plan. The Plan proposes the establishment of an NHS Assembly to strengthen the ability of patients, professionals and the public to contribute to the national conversation, ▪ It is proposed that the NHS Assembly will become the forum where stakeholders discuss and oversee progress on the Plan and its members will be drawn from, among others, national clinical, patient and staff organisations; the Voluntary, Community and Social Enterprise (VCSE) sector; the NHS Arm's-Length Bodies (ALBs); and frontline leaders from ICSs, STPs, trusts, CCGs and local authorities. ▪ The proposals for five year delivery plans and the national NHS Assembly would provide important frameworks for properly examining equality and health inequalities issues associated with the implementation of this Plan.

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	▪ The Plan makes a positive contribution to advancing equality and reducing health inequalities.
Appendix one: How the NHS Long Term Plan supports wider social goals	▪ This appendix to the Plan identifies a range of existing equality and health inequalities initiatives that contribute to advancing equality, reducing health inequalities and/or addressing other social goals. ▪ The Plan makes a positive contribution to advancing equality and reducing health inequalities.
Health and employment	▪ The Individual Placement and Support Programme (IPS), an existing programme, will be extended under the Plan is support to assist people with severe mental illness to seek and retain employment. In addition, the Learning Disability Employment Programme - another existing programme which focuses on encouraging and assisting NHS organisations to employ more people with a learning disability and/ or autism - will also be expanded to more organisations. ▪ The importance of keeping the NHS workforce healthy is also recognised. ▪ Another key issue relating to a healthy workforce is addressing sickness absence and further discussions are expected on this agenda. ▪ These proposals, together with the Workforce Disability Equality Standard, can contribute to making a real contribution to advancing disability equality in employment across the NHS. ▪ The Plan makes a positive contribution to advancing equality and reducing health inequalities.
Health and the justice system	▪ The Plan specifically proposes investing in additional health support for the most vulnerable children to prevent contact with the youth justice system. ▪ Currently 47 sexual assault referral centres provide health support for people who have been a victim of sexual assault. The Plan proposes the expansion of provision to ensure survivors of sexual assault are offered integrated therapeutic mental health support, both immediately after an incident to provide continuity of care where needed. ▪ These proposals will benefit prisoners, victims of rape and other sexual assault. ▪ The Plan makes a positive contribution to advancing equality and reducing health inequalities.

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Veterans and the Armed Forces	▪ The Plan proposes expanding support for all veterans and their families as they transition out of the armed forces, regardless of when people left the services. Local transition, liaison and treatment services provide support for a range of healthcare and social needs. ▪ The Plan proposes expanding access to complex treatment services as well as targeted interventions for veterans in contact with the criminal justice system. To ensure all GPs in England are equipped to best serve our veterans and their families, the Plan also proposes rolling out a veterans accreditation scheme in conjunction with the Royal College of GPs. ▪ Research suggests that veterans can experience high levels of mental health conditions, find themselves interacting with the criminal justice and suffering relationship breakdown and even homelessness. The proposals in the Plan can make an important contribution to reducing the health and other inequalities faced by veterans and their families. ▪ The Plan makes a positive contribution to advancing equality and reducing health inequalities.
Care leavers	▪ The Plan acknowledges that the most vulnerable children, including care leavers, do not reliably get the support or access to the services that their needs demand and this results in poorer health outcomes, particularly for care leavers. ▪ The Plan recognises the need extra help for care leavers from the state to safeguard their wellbeing. ▪ The Plan states that the NHS, together with partners at national and local level, will commit to improve outcomes for our most vulnerable children and young people, by targeting early help for adults living in households with vulnerable children, and by improving access to targeted support for these children, especially during transition to adult services, building on the current assessment pilots for children entering the care system. ▪ The Plan makes a positive contribution to advancing equality and reducing health inequalities.
Health and the environment	▪ The NHS is contributing to setting out the principles and practice for Putting Health into Place guidelines for how local communities should plan and design a healthy built environment.

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	▪ The Plan proposes that NHS England will build on this by working with government and partners to develop a Healthy New Towns Standard, including a Healthy Homes Quality Mark to be awarded to places that meet the high standards and principles that promote health and wellbeing. ▪ The Plan notes that embedding these principles into local planning guidance would ensure all future developments have a focus supporting prevention and wellbeing. ▪ No equality or health inequalities impact assessment is possible at this stage but the initiative has the potential to make a positive contribution to reducing health inequalities.
The NHS as an ‘anchor institution’	▪ The Plan describes NHS as an ‘anchor institution which creates social value in local communities. This recognises that the NHS is the employer of 1.4 million people and had an annual budget of £114 billion in 2018/19. ▪ The Plan proposes that NHS England, working in partnership with the Health Foundation, will work with sites across the country to identify more of good practice that can be adopted across England. ▪ The Plan makes a positive contribution to advancing equality and reducing health inequalities.
References	▪ This part of the Plan identifies key research, reports and other information that has informed the Plan. A wide range of research and reports which consider equality and health inequalities issues have been referenced. There is a significant focus in the reference document on identifying and addressing inequalities. ▪ The evidence base that supports the plan is strong. Where weaknesses or gaps in relation to some groups exist, they have been addressed in part by the extensive consultation and engagement undertaken around the Plan. However, in some areas more needs to be done and this is recognised in the main EHIA and in the Plan itself.