

LTP and Alignment – Next Steps

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Ambition: Stronger Action on Health Inequalities

Specific LTP health inequalities commitments :

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

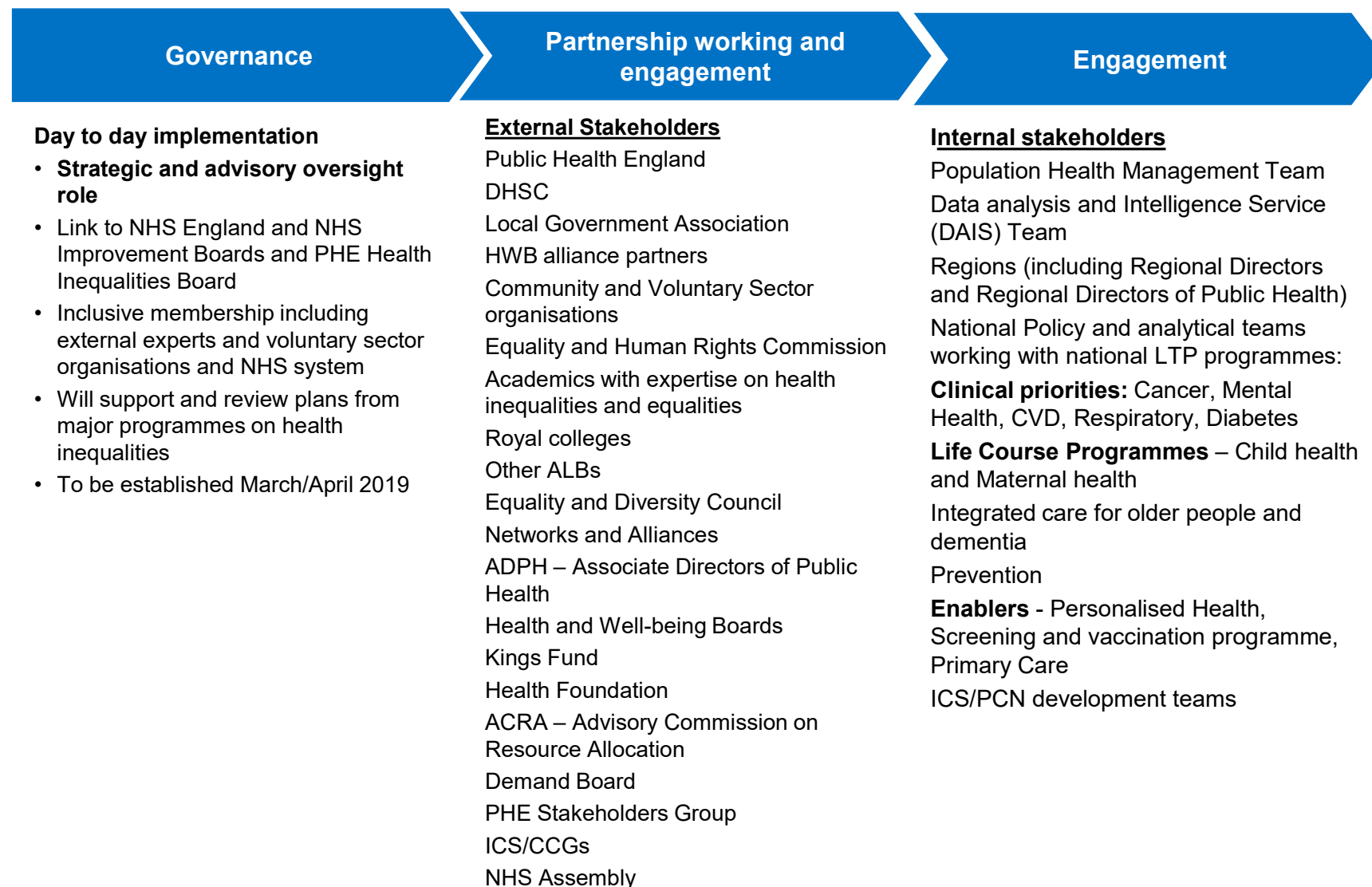
Linked commitments

- As a condition of receiving Long Term Plan funding, **all major national programmes and every local area across England** will be required to set out specific measurable goals and mechanisms by which they will contribute to narrowing health inequalities over the next five and ten years.
- Increase in CCG resource allocations - NHS England will continue to target a higher share of funding towards geographies with high health inequalities than would have been allocated using solely the core needs formulae. This funding is estimated to be worth over £1 billion by 2023/24.
- Supporting the **review of the inequalities adjustment** to the funding formulae by Advisory Commission Resource Allocation (ACRA)
- Across the NHS, we will do more to ensure that **all people with a learning disability, autism, or both** can live happier, healthier, longer lives.
- We will invest up to **£30 million extra on meeting the needs of rough sleepers**, to ensure that the parts of England most affected by rough sleeping will have better access to specialist homelessness NHS mental health support, integrated with existing outreach services.
- 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**

Linked commitments

- **As anchor institutions** we will work with sites across the country to identify more of this good practice that can be adopted across England
- Development of **National Performance and Population Health Management Dashboard**
- **Support health inequalities commitments** outlined in 'Investment and evolution – five year framework for GP contract reform to implement NHS LTP'
- **Workforce Race Equality Standard**, we will invest an extra £1 million a year to extend its work to 2025.. We will **also** develop a new **Workforce Disability Equality Standard** with the aim of the NHS becoming a model employer in this regard.
- *The number of NHS internship and employment programmes/sites delivered through 'Project Search' and 'Project Choice' will increase as will the number of NHS organisations making the **Learning Disability Employment Programme** pledge*
- We will continue to **identify and support carers**, particularly those from vulnerable communities.

How we will drive the Health Inequalities commitments forward in next 5 – 10 years



Delivery of Health Inequality ambition – locally

All CCGs set levels of ambition locally around their plans to reduce health inequalities.

Our suggestion in the LT Plan submission was that there was a “pick list” of specific indicators through the planning round. Our initial recommendation is that the ambition relates to Absolute Gradient of Inequality (AGI) in unplanned hospitalisations for chronic ambulatory care sensitive and urgent care sensitive conditions - The social divide in hospital admissions – which means far more poor people end up in hospital for preventable conditions than richer people – varies dramatically across England. A well performing system should minimise this rate of admission. If adopted this could potentially focus on a range of interventions such as social prescribing, provision of integrated care services and self-management.

We are also exploring whether there are any mortality indicators or proxy indicators that can be broken down at CCG level

Measures of Success on stronger NHS action on reducing health inequalities by 2023/4 and 2028/9

Commitments to Support to national programmes to reduce health inequalities

National LTP programmes have the following:

- Robust specific , measurable goals for narrowing health inequalities including those relating to poverty
- Robust delivery mechanisms working to narrow health inequalities regionally and locally
- Evidence of impact and measurable outcomes for narrowing health inequalities across all national programmes
- Appropriate metrics in the National Population Health Management Dashboard

Commitment to develop and publish a ‘menu’ evidence based interventions

- Developed and published robust ‘menu’ of evidence based interventions that support local implementation
- Menu of evidence based intervention is evaluated to ensure it is being adopted locally and supporting local areas to influence their local planning.

Commitments to support regional and local health systems to reduce health inequalities

- Effective integrated working with PHE, LGA and PHM teams supporting regional and local health systems
- Regions and local health care systems developed and implemented plans to specifically reduce health inequalities by 2023/4 and 2028/9
- Plans set out how those CCGs ‘benefitting’ from the health inequalities adjustment are targeting that funding to improve the equity of access and outcomes

Commitment to support CCGs to ensure all screening and vaccination programmes are designed to support a narrowing of health inequalities.

Section 7 a work with NHS England and PHE and how support locally to develop plans
 Screening and vaccination programmes target health inequalities in clinical programmes – Cancer, mental health, learning disabilities, Autism, Older people, child health, prevention and maternity.

National Workstreams and Outputs : National programmes to reduce health inequalities



Commitments for national programmes to reduce health inequalities Delivery for 2019/20 and 2020/21

- Effective inequalities metrics are developed which are specific and measurable, leading to measurable goals of narrowing health inequalities
- Health inequalities metrics are integral to the National Performance and Population Health Management Dashboard on Indicators
- Delivery mechanisms are in place and these i.e. alliances and networks, have the capacity and expertise to drive change on promoting equality and reducing health inequalities regionally and locally
- Overall outcomes improvements are systematic in their approach to reducing health inequalities and addressing unwarranted variations
- Meeting the Public Sector Equality Duties (PSED) and other public duties.
- Evidence of impact and measurable outcomes for narrowing health inequalities across all national programmes

National Workstreams and Outputs to support regions and local healthcare systems - PCNs and STP/ICSs (1)

Commitments to support regional and local health systems to promote equality and reduce health inequalities; and meet commitment to support STPs to transition to ICSs by 2021 and

These plans will also, for the first time, clearly set out how those CCGs benefiting from the health inequalities adjustment are targeting that funding to improve the equity of access and outcomes

This national commitment will be driven through joint working arrangements between NHS England PHM, EHIT and PHE

Delivery for 2019/20 and 2020/21

- To help build **PHM capability amongst STPs**. The PHM team are currently scoping how best to scale-up development support to deliver this. A key vehicle will be virtual learning, drawing from the ICS learning and PHM senior leaders have committed to ensuring that modules on understanding and addressing health inequalities (at system, place & neighbourhood-level) are included in the programme, drawing on the PHE Health Inequalities Framework.
- **Primary Care Networks** - we will work together with PHM senior leaders to support the national PCN development team to develop health inequalities learning resources which support the PCNs to address health inequalities.
- We will work with the PHM team and National PCN development programme to **develop specifications for external support (where this is required) to address health inequalities**. We will also participate in shaping the policy and narrative about what PHM means at neighbourhood and place-level level and specifically for PCNs. This can be through Workshops/Masterclasses with key experts and PHE Health Inequalities Framework.

National Workstreams and Outputs to support regions and local healthcare systems - PCNs and STP/ICSs (2)

- Help to **support systems in developing their 5-10 year time frame plans**, and building on the commitments outlined in the LTP.
- Link into the development of the **menu of evidence based interventions**. ensuring the menu links into the PHE HI Framework and building on existing evidence from national programmes, and PHM work with ICS development programme

Inequalities commitments outlined in the five year framework for GP contract reform to implement the NHS Long Term Plan

One of the 7 service specifications on Tackling Neighbourhood Inequalities

Delivery for 2019/20 and 2020/21

- CVD and Inequalities requirements will start in 2021/22, following development and testing of the best delivery models. The specifications will develop over time, e.g. as diagnostic capacity expands in primary care and secondary care.
- Support the work Sir Mike Richards is leading through the national review of current arrangements, which concludes in summer 2019.
- Work with testbed cluster involving Primary Care Networks with high levels of inequalities.
- Develop approaches to national and local partnering.
- Drawing on the existing evidence and programme, work out what practical approaches have the greatest impact at the 30-50,000 neighbourhood level and can be implemented by Primary Care Networks.
- Include good practice can be adopted everywhere, tailored to reflect the specific context of their neighbourhood and agreed with their CCG
- Feed into the review of the Vaccination and Immunisation procurement, arrangements and outcomes which will place in 2019 with its outputs implemented through the 2020 and 2021 contracts.

Regional Role and Responsibilities on Health Inequalities

Regional Directors and the regional teams (inc Reg Directors of Public Health) will be responsible for assuring and supporting the delivery of the health inequality ambitions outlined in the LTP. The commitment outlined in *Appendix 1 of the NHS Operational Planning and Contracting Guidance 2019/2020* how they will specifically reduce health inequalities by reviewing NHS specific, measurable goals for narrowing inequalities through the development of an assurance template

Regions will lead engagement with developing system architecture including ICS's

Regions will support the engagement with the voluntary sector and service users

Local Systems Responsibilities

- All local health systems will be expected to set out during 2019 how they will specifically reduce health inequalities by 2023/24 and 2028/29.
- Clearly set out how those CCGs benefiting from the health inequalities adjustment are targeting that funding to improve the equity of access and outcomes.
- Completion of E&HI Impact Assessments, use of EDS and CCG IAF
- Engagement with voluntary sector and service users Inc inclusion groups, on developing plans and aspirations

National Workstreams and Outputs



Commitment 4 - Menu of evidence based interventions

- *NHS England, working with PHE and our partners in the voluntary and community sector and local government, **will develop and publish a 'menu' of evidence-based interventions** that if adopted locally would contribute to this goal.*

Delivery for 2019/20 and 2020/21

- Working with **PHE and our partners** (CVS, LGA, PHM, academics) we are drafting an outline for the scope and development of the menu of evidence based interventions.
- A **National task and finish group** will be developed, inviting all key stakeholders to jointly produce the resource, with terms of reference, agreed scope and timescales for delivery and resources to support delivery
- The resource will aim to scope and build on **capturing existing evidence based interventions** from PHE, NHS England, ICSs, National clinical programmes – Mental Health , CVD, Cancer, Diabetes, and build on PHE HI Framework and EHI RightCare packs
- The **scope of the menu to be defined** but focus will be system wide interventions, Quality measures, clinical interventions, general HI interventions; specific interventions for particular groups (those protected under the Equality Act 2010) and inclusion health groups; and those living in deprived areas.
- Scope would also need to focus on models of community asset based approaches, community engagement approaches that work to engage with people living in most deprived communities.
- This resource will also build on support being developed for PCNs on Hi
- **Commission a range of elements** of the work to specialist leads who can develop the menu and support the delivery of a final resource, which has effective engagement built into the planning of the work and can be adopted locally to narrow and reduce health inequalities, address poverty.
- **Testing and piloting** the approach across healthcare systems and stakeholders
- Support the implementation and effective use of the resource with regions and local healthcare systems.

National Workstreams and Outputs – Commitment 6 – Commitments outlined in the EHIA of the NHS LTP

- Some groups, including people with a learning disability, people with severe mental health illnesses, Gypsies, Roma and Travellers, homeless people, migrants, refugees and asylum seekers and Transgender people continue to experience some of the most significant barriers to accessing health care and poor health outcomes.
- In developing the Long Term Plan, consideration has been given to those groups who experience the greatest health inequalities.
- The Plan contains a range of measures to reduce these profound health inequalities (see the Plan and Annex 1).
- However, this process also identified that in some areas the evidence base was weaker or less robust both for these groups and for Lesbian, Gay and Bisexual people.

The implementation of the Long Term Plan will be supported by:

- Increased partnership working, especially with the Voluntary, Community and Social Enterprise Sector requested by NCVO and the VCSE HWA;
- Reviewing and updating the NHS England's equality objectives and targets in light of the Long Term Plan;

Other work being progressed

- Appointment to support implementation of LGBT Action Plan of LGBT Advisor and team - **Dr Michael Brady** FRCP Consultant in Sexual Health and HIV Kings College Hospital and Medical Director at Terence Higgins Trust will lead on delivery of specific NHS recommendations set out in the Action Plan inc continued roll out of SOM
- Establishment of NHS Assembly
- Continuing work on EDS, LDEP, WDES and WRES

Chief People Officer

- Appointment of CPO Directorate
- **Aim is to provide a single strategic approach, working with key partners, to securing a sustainable NHS workforce now and into the future. In the immediate term, this will be delivering Chapter 4 of the NHS Long Term Plan, as articulated in the People Plan:**
 - Development of Workforce Strategy
 - Drive workforce transformation
 - Support current staff underpinned by compassionate and inclusive culture
 - Leadership pipeline
 - Diverse workforce and workforce equality
- Will take on responsibility for delivering WRES and WDES (timing to be agreed)
- Managing Director for Leadership Academy and Deputy CPO (leading on links to other ALBs ie HEE, NHS Employers) will report to CPO as will Regional Workforce and OD leads

Next steps for EDC

- Ensure alignment with:
 - LTP deliverables
 - NHS Assembly
 - Establishment of CPO function and delivery of work programmes – especially workforce equality and talent pipeline/leadership programmes
- Review of priority workstreams
- Review of membership given alignment of ALBs
- Appropriate engagement with NHS including EDI leads