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# Tackling Neighbourhood Health Inequalities

## Supplementary guidance

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# Contents

## Summary

1. This guidance should help inform and support implementation and delivery of the Network Contract DES requirements for Tackling Neighbourhood Health Inequalities (TNHI). The contractual requirements are set out in the Network Contract DES Specification with further detail in the Network Contract DES Guidance. The additional, supporting information in this document is advisory.

2. The NHS Long Term Plan states that *'while we cannot treat our way out of inequalities, the NHS can ensure that action to drive down health inequalities is central to everything we do'.* This sustained focus on health inequalities has become even more critical in the context of COVID-19 and the adverse impact it has had on those individuals and groups already experiencing health inequalities.

3. As wider context, in 2021/22 systems have been asked to ensure that local delivery plans contribute to the overall goal of the NHS in addressing health inequalities through focused delivery against the five key priorities set out in NHS E/I's 2021/22 Operational and Planning Guidance and restated in 2022/23 Planning Guidance.

4. In June 2021, the NHS England and NHS Improvement Board announced the CORE20PLUS5 approach. The Core20PLUS5 approach is designed to support Integrated Care Systems (ICS) to drive targeted action in health inequalities. It focuses action

    - on the most deprived 20% of the national population as identified by the Index of Multiple Deprivation;
    - ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups; and
    - across 5 focused clinical areas requiring accelerated improvement – maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension case finding. The TNHI service is intended to help support the delivery of these system-wide strategies; to deliver our vision of exceptional quality care by ensuring equitable access, excellent experience and optimal outcomes.

## PCN Health Inequalities (HI) Leads, and their role in the wider system

5. PCNs are required to nominate a health inequalities lead. This may be the PCN's Clinical Director. However, PCNs are able to select another individual for this role where preferred – it can be any clinical or non-clinical member of the Primary Care Network Team. A commitment to addressing health inequalities is the most important characteristic of the role.

6. The main role of a health inequalities lead will be to act as a focal point and champion for this work – encouraging and challenging their colleagues to embed action to address health inequalities in everything they do.

7. From an external perspective they will provide a named, visible point of contact for health inequalities issues in the PCN.

8. Though the health inequalities lead may not be directly responsible for all of the activities below, they will support the PCN team to engage with wider system strategies to address health inequalities, working:

    - At **national level** engaging with national strategies and sharing local approaches to address health inequalities (including through membership of the national Health Inequalities Improvement Forum and access to NHS Futures Collaborative Platform);

    - At **system level** representing the 'neighbourhood' of general practice and community partners in the ICS inequalities improvement agenda;

    - At **place level** supporting the integration of primary care with secondary and community services, in collaboration with peer organisational HI Leads, to drive change which will help mitigate issues of inequality and unmet need. Actively engaging with other place-based partnerships, including Health and Wellbeing Boards; and

    - At **neighbourhood /community level** helping to build positive and collaborative relationships with external partners to develop a shared understanding of challenges within the system, the needs of the population, and services required to meet those needs. Contributing to systematically reaching out to those most vulnerable, possibly excluded, and otherwise 'seldom heard 'groups.

9. The HI lead is not responsible for the delivery of services. They are responsible for coordinating and acting as a focal point for the wider set of activities delivered by the PCN.

## Activities a PCN HI lead may support within the PCN

10. Alongside engagement with system health inequalities improvement strategies described above, the PCN health inequalities lead may also support the PCN to deliver the following activities. These are suggested actions, not a prescriptive list:

- develop and share knowledge and understanding of the local health inequalities situation by drawing in data and intelligence from primary care/partners within the PCN and system sources such as the Health Inequalities dashboards and population health management (PHM) analytics;
- champion progress on nationally defined priority targets (e.g. condition registration, health checks and care plans for those with learning disability and serious mental illness; ethnicity recording for all patients);
- progress the PCN TNHI service;
- advocate for resources to be targeted at those populations with the most pressing needs, both at PCN and system level;
- support the development of strategies within the PCN and the wider health system to recruit to Additional Role Reimbursement Scheme (ARRS) roles which support work to address health inequalities;
- enhance the role of the PCN as an anchor organisation or partner in anchor systems to enhance the social determinants of health;
- champion equitable recruitment and treatment of staff; and
- share learning within and between PCNs to adopt and adapt local approaches to better deliver health inequalities objectives.

## Training, development and support for HI leads

11. To work effectively, HI leads will need support and empowerment across the PCN and wider system / ICS. As part of their own health inequalities improvement responsibilities, there is an expectation that ICSs will:
    - support the delivery of quality improvement exercises;
    - provide analytics and support for population health management;
    - support strengths-based working and co-production with people and communities in addressing heath inequalities; and
    - provide access to a peer network of HI leads.
12. Opportunities to help lead(s) further their knowledge in this area are being developed, including more formal training and support, and include:

- the Health Inequalities Improvement Academy, which incorporates building Quality Improvement (QI) capability and the establishment of a community of practice;
- Health Inequalities Leadership Training modules, developed by NHS England and NHS Improvement Health Inequalities Improvement team in association with RCGP; and
- Health Inequalities eLearning modules via the RCGP Health Inequalities Learning Hub.

13. HI leads may also join the National Health Inequalities Improvement Network or their local Health Inequalities Improvement Forum or the Health Anchors Learning Network. All of these groups provide practical case studies and can be joined by contacting the Health Inequalities Improvement team. Papers and recordings of previous meetings can be found via the FutureNHS platform.

## Planned interventions for a population experiencing health inequality

14. PCNs are responsible for designing and delivering the intervention(s) described in the Network Contract DES and working collaboratively with commissioners who will offer support to do so. This includes:
    a. identifying and selecting the population experiencing inequality, working collaboratively across systems and localities;
    b. engaging with the community experiencing health inequalities;
    c. developing a plan by 28 February 2022 describing how the intervention will be delivered for the duration of the contract period; and
    d. identifying what outcome this intervention is expected to achieve and how that outcome will be measured. This measurement should support quality improvement activities within, and between, PCNs.

15. The intervention(s) selected for this service cannot duplicate and must add value over and above the requirements of other services in the DES, national contracts and incentive schemes, and other locally commissioned services. NHS commissioners are responsible for ensuring that this is the case.

16. PCNs were required by 31 December 2021 to have worked collaboratively across their locality and system to identify the population to be supported by the service. PCNs will be supported by commissioners and local/regional data teams to use data and intelligence systematically to identify this population.

## Resources

17. There is a range of resources available to support PCNs:

    - The Health Inequalities Improvement Dashboard (HIID) which brings together a range of indicators to help users, from national to local level, understand where health inequalities exist in their area; what is driving these inequalities; and what local insights and actions they can take to drive improvement. The dashboard will develop over time as data becomes available.
    - The Health Inequalities Priority Wards for unplanned hospitalization dashboard (building on the EHI RightCare Packs) is a dashboard which includes quarterly data Identifying Priority Wards together with the top 10 conditions for each Priority Ward and CCG/ICP. PCNs can access the priority wards dashboard by following the same access routes to the HIID.
    - 'The 'Core20' and 'PLUS' target population components of the Core20PLUS5 approach should guide PCNs in population identification.
    - Work is underway for a Health Inequalities Actionable Insights dashboard, which will complement the HIID. This work is currently being user tested and will be available in 2022/23.
    - Public Health teams in local authorities, and analytical teams in CCGs, can supply further intelligence to inform the selection of the population, and support the analysis of population health data for this purpose. The PCN Dashboard[1] continues to enable PCNs to track their progress against the service specifications set out in the Network Contract DES, including indicators related to the IIF that support this service.

18. Further health inequalities resources including case studies and toolkits are available on the FutureNHS Equality and Health Inequality network.

19. Access to the Health Inequalities Improvement Dashboard and the Health Inequalities Priority Wards for Unplanned Hospitalisation Dashboard is by following the step by step process on our NHS Futures pages above – HIID tab or via our web pages NHS England » The Health Inequalities Improvement Dashboard

[1] Navigate to the PCN Dashboard directly through NHS Applications by using the following link: A to Z Products | NHS England applications (model.nhs.uk) or by clicking here. Log in for previous users will remain the same. New users will need to register for an NHS Applications account here.