NHS England

NHS England Board meeting

Paper Title: Annual report on NHS England's work on healthcare inequalities, to improve access, experience and outcomes for all

Agenda item: 8 (Public session)

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Paper type: For discussion

Key area: Strategy ☒ Performance ☐ Policy ☒

Link to strategic objective(s):
Please choose as appropriate:
- Supporting integration of care and enable change ☐
- Recovery of the health service ☒
- Continued COVID-19 response ☒
- Achieving long term financial sustainability ☒
- Workforce and investment in our people ☐
- Transformation of services ☐
- Digital and data ☒
- Statutory item ☐
- Governance ☐
- Other: please state below ☒

Reducing health inequalities

Executive summary:
The COVID-19 pandemic highlighted stark health inequalities across England, exacerbated existing inequalities in life expectancy between the most and least deprived areas and had an unequal impact across ethnic groups.[1]

This paper outlines progress and impact of the Healthcare Inequalities Improvement Programme (HiQiP) to date, for the Board to note and discuss.

Action required by the Board:
The Board is asked to note the contents of this report, recognising the progress made by NHS England (NHSE), and future plans to support systems in addressing healthcare inequalities in a systematic way.

Background and policy context

1. The NHS Long Term Plan (LTP) set out a series of commitments to systematically address health inequalities across the NHS. The vision in support of these commitments is to ensure delivery of exceptional quality

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[1] Public Health England. Health Profile for England: 2021, September 2021.

healthcare for all, through equitable access, excellent experience and optimal outcomes.

2. Though the fundamental social drivers of health inequalities lie outside the healthcare system, the NHS can make a central contribution to narrowing inequalities by tackling disparities in healthcare provision – in access to services, patient experience and healthcare outcomes. We are therefore driving an ambitious programme of work to reduce healthcare inequalities across the NHS, having set five clear priorities[2] and a focus for delivery through the Core20PLUS5 approach.

3. The Board considered our proposals[3] on the Core20PLUS5 approach in June 2021. The approach has been shared across the system with regions, ICSs, PCNs, local government and public health, and the VCSE sector. In support of the approach, Core20PLUS5 indicators have been proposed, following extensive engagement with the teams that lead the five clinical priorities (maternity, cancer, respiratory, severe mental illness and CVD). The indicators focus on areas where the NHS can drive and track positive improvements in health outcomes for groups which are affected by inequalities, and are being made available in phases through a Healthcare Inequalities Improvement Dashboard for registered NHS and public health users.

4. The Health and Care Act 2022 formally established the role of Integrated Care Boards (ICBs). Tackling inequalities in outcomes, experience and access is one of the four aims of Integrated Care Systems (ICSs).[4] The Act includes specific obligations on inequalities for ICBs and new provisions on inequalities information for ICBs, Trusts and Foundation Trusts. The legislation also sets a requirement for NHSE to conduct an annual assessment of ICBs, including the extent to which they have fulfilled their health inequalities duties under the Act.

Delivery and impact of work to date

Mainstreaming health inequalities improvement

5. We have worked to ensure there is appropriate focus on tackling health inequalities across a range of national reports and guidance. This includes:

    -   reviewing guidance and policies produced across NHSE to ensure they take adequate account of known health inequalities;

    -   inputting into various cross-government programmes of work, and;

    -   supporting NHSE's developing approach to digital inclusion following the Laura Wade-Gery Review,[5] which highlighted the need to bring together consideration of digital inclusion and health inequalities as the NHS

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[2] NHS England, 2021/22 priorities and operational planning guidance: Implementation guidance, Report template - NHSI website (england.nhs.uk) March 21.
[3] NHS England, Tackling inequalities in NHS Care, June 21, 240621-board-meeting-item-9-tackling-inequalities-in-nhs-care.pdf (england.nhs.uk)
[4] NHS England, Guidance to clinical commissioning groups on preparing integrated care board constitutions, May 22 B1551--Guidance-to-Clinical-Commissioning-Groups-on-the-preparation-of-Integrated-Care-Board-constitutions.pdf (england.nhs.uk)
[5] Putting data, digital and tech at the heart of transforming the NHS

progresses digital transformation. The Director for Healthcare Inequalities is now NHSE's SRO for digital inclusion and an NHSE Digital Health Inequalities Steering group has been established. DHSC's recent plan for digital health and social care commits NHSE to publication of a framework for NHS action on digital inclusion by May 2023.[6]

6. As part of this we have ensured that a range of key national guidance documents drive practical actions on inequalities at every level of the system. For example, the 2022/23 NHS Standard Contract includes the requirement for a health inequalities action plan, through Schedule N. NHSE's allocation of resources to ICBs targets significantly more funding to areas facing the greatest health challenge. Within 2022/23 system allocations, a further £200m was made available for ICBs, and distributed using the health inequalities and unmet need adjustment.[7] An advisory note was circulated to SROs outlining opportunities to target funding where it may have the biggest impact on delivery for Core20PLUS populations.

Progress on five priority areas for tackling inequalities

Priority 1: Inclusive recovery of services.

7. The February 2022 <u>Delivery Plan for tackling the Covid-19 Backlog of Elective Care</u> puts 'fair recovery' at the core of our approach. As part of the 20<u>22/23 priorities and operational planning guidance,</u> ICSs will need to set out local plans for an inclusive recovery and how they will reduce health inequalities where they are identified.

Priority 2: Mitigating against digital exclusion.

8. The HiQiP has worked with NHS Digital to support the delivery of the Digital Inclusion Health Inequalities Pioneers (DIHIP) programme in 10 ICSs. The programmes aims to discover the barriers to digitally equitable pathways at ICS level and the tools, knowledge and guidance ICSs need to identify issues and tackle them.

Priority 3: Complete and timely data.

9. We have delivered a Healthcare Inequalities Improvement Dashboard providing key indicators relating to health inequalities in one place. It will include indicators relating to the five priority areas for tackling health inequalities and the clinical areas of the <u>Core20PLUS5</u> approach, with information provided by ethnicity and deprivation. As at September 2022, there were over 1,500 registered users of the dashboard.

Priority 4: Accelerating preventative action.

10. NHSE has developed a programme of work on Sickle Cell Disease (SCD) management to facilitate accelerated action and interventions that improve experiences and outcomes for people with SCD. We are conducting a whole

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[6] [A plan for digital health and social care - GOV.UK (www.gov.uk)](www.gov.uk)
[7] [Microsoft Word - Final Report ACRA Health Inequalities Review v2.0.docx (england.nhs.uk)](england.nhs.uk)

system, end-to-end clinical pathway review to improve the quality of care including screening, routine management of SCD, and management of crisis presentation in A&E.

11. We have delivered a national campaign, which provided information on SCD for healthcare practitioners, patients and carers.[8] It highlighted emergencies that arise with SCD and the need for prompt care. We have also collaborated with national stakeholders including Health Education England, the Academy of Medical Royal Colleges, UKFPO and OHID to develop and launch an e-learning module on SCD.[9] The resource for healthcare workers and the public, raises awareness of signs and symptoms of SCD.

Priority 5: Leadership and accountability.

12. Every ICB and provider trust, has a named executive level SRO for health inequalities and all Primary Care Networks (PCNs) s have a named health inequalities lead. We have delivered a range of support and resources for senior leaders to equip them in driving action on inequalities. Working with the NHS Confederation, we have delivered 15 webinars for ICB and Provider Trust Chairs and Non-Executive Directors, providing an overview of leadership expectations and learning around healthcare inequalities. Over 400 delegates participated in the webinar series. A Board Assurance Tool has also been developed to support systematic action. It looks at the correspondence between the Key Lines of Enquiry from the well-led domain of the CQC assessments, and NHSE's five priority areas for tackling inequalities.

13. Working with The Health Foundation and the Yorkshire and Humber AHSN, we have developed and published an actionable insights guide, highlighting practical steps to take in projects or programmes tackling health inequalities.[10]

Delivery of the Core20PLUS5 approach

14. Core20PLUS5 offers ICSs a multi-year and focused delivery approach to enable prioritisation in the delivery of NHS LTP commitments to tackle health inequalities within the existing funding envelope. We have mobilised the Core20PLUS5 approach across the NHS using a variety of methods. Our **Core20PLUS Connectors** programme supports community-based approaches to addressing health inequalities through co-production and codesign. We have invested £1m in 2022/23 in 19 sites with two further associate sites; 137 Connectors have been recruited.

15. Our **Core20PLUSAmbassadors** programme is an opportunity for people working in healthcare organisations to develop their skills, knowledge and ability to drive targeted action on healthcare inequalities in collaboration with NHSE. Ambassadors will form a community of practice and promote best practice and innovation to make measurable improvements in access,

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[8] Information on NHSEI national campaign - *Can you tell it is Sickle Cell Disease*? https://campaignresources.phe.gov.uk/resources/campaigns/148-can-you-tell-it
[9] Sickle Cell e-learning module *Health Inequalities – Sickle Cell Disease* https://www.e-lfh.org.uk/programmes/health-inequalities/
[10] June 2022, NHS England, Yorkshire and Humber AHSN, The Health Foundation, Tackling Inequalities in healthcare access, experience and outcomes, B1779-Actionable-Insights-Tackling-inequalities-in-healthcare-access-experience-and-outcomes-guidance-July-202.pdf (england.nhs.uk)

experience and outcomes for the Core20PLUS populations. 92 Ambassadors have been approved to join the first cohort.

16. NHS England is also working to finalise and engage on a **Core20PLUS5 approach for Children and Young People**.

17. In March 2022, the Accelerated Access Collaborative (AAC)[11] Board set the direction for a new innovation programme that will focus on addressing healthcare inequalities in the five clinical areas in the Core20PLUS5 approach – the **Innovation for Healthcare Inequalities Programme** (InHIP). The programme is investing £4.2m distributed across all 42 ICSs to drive action on Core20PLUS5. It will provide national support to enable AHSNs to identify evidence-based innovations aligned with Core20PLUS5 (including new digital products, devices, diagnostics, or medicines) and support ICSs to scale them.

18. Working with local community and faith leaders, and other partners, we have supported increased COVID-19 vaccination uptake among more hesitant groups. Since July 2021, when all adults had an offer of a first dose, the gap in uptake between White British and ethnic minority groups has reduced by 5 percentage points.[12] Data collected and analysed nationally and locally informed practical improvement action, such as targeted, culturally competent communications and specific delivery models.

Collaboration with other Arm's Length Bodies (ALBs)

19. We have worked with other ALBs to drive strategic action on inequalities. For example, NIHR has established a programme of research looking at underserved populations and communities. Our collaboration with NHS Resolution has also supported the better articulation of the intersection between patient safety and health inequalities.[13]

Planned actions for delivery in the next 3-6 months and beyond

20. All NHSE programmes should focus efforts and resources on populations with poorest access to services and worst health outcomes, which account for much of our demand and expenditure across the healthcare system. We will continue to hardwire action on health inequalities into policies, programmes, and accountability frameworks at every layer of the system. Priorities include:

- Agree a set of improvement trajectories for the five clinical areas within the Core20PLUS5 approach to inform demonstrable progress

- Develop robust accountability and assurance infrastructure on health inequalities, building on stakeholder feedback on this is a vital lever

- Publish guidance on the new health inequalities requirements of the Health and Care Act 2022 for NHS bodies

- Develop of an open access version of the Healthcare Inequalities Improvement Dashboard for the public.

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[11] The AAC is a unique partnership between patient groups, government bodies, industry and NHS bodies, working together to streamline the adoption of new innovations in healthcare.
[12] Calculated from weekly COVID-19 vaccinations for 22 July 2021 and 16 June 2022: https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/
[13] Action on patient safety can reduce health inequalities | The BMJ

- Hardwire a health inequalities lens into our Urgent and Emergency Care Strategy

- Enhance our support for inclusion health groups as part of our response to findings of the Kerslake Commission Homelessness and Rough Sleeping with recommendations on NHS action in relation to homelessness.[14]

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[14] Progress Report 2022 – The Kerslake Commission (commissiononroughsleeping.org)