Embedding Action on Health Inequalities – Proposals for Lancashire and South Cumbria Approach

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Tackling Health Inequalities – Making sense of the asks

Four key national/regional documents:

- National Phase 3 Guidance for Health – Urgent Actions on Inequalities
- NW Covid-19 Community Risk Reduction Framework
- PHE Beyond the data: Understanding the impact of COVID-19 on BAME groups
- NHSE/I Key Lines of Enquiry for Health Inequalities

A review of these frameworks confirms that six key areas for action emerge:

Summary of health inequalities required actions

Leadership and Accountability

- Named lead for HI on each Board/PCN
- Boards must publish action plan showing how board and senior staffing will match BAME composition of workforce/local community
- Boards should demonstrate use of PHM Intelligence in decision making on HI
- Regularly publishing outcome and risk data, details of actions take to address HI and details of how inequalities funding has been spent – by 31.03.21 for CCGs
- System plans should set out clinical/non-clinical interventions to address inequalities
- Demonstrate progress through an accountability/assurance framework and provide an account of all actions by 31.03.21
- Move to become "anchor institutions", making best use of the Social Value Act

Covid Mitigation and Protection

- Prioritise Covid testing & other protective interventions to individuals at risk
- Improve uptake of the flu vaccination in underrepresented 'at risk' groups
- Use culturally competent occupational risk assessment tools and support for staff
- Improve GP registration for those without proof of identity or address
- Co-produce and implement culturally competent Covid education and prevention campaigns
- Regularly update plans for protecting people at greatest risk during the pandemic

Population Health Management

- Ensure Covid recovery strategies actively reduce inequalities
- GPs, with analytical teams and system partners, should use capacity released through modified QOF for 2020/21 to develop priority lists for preventative support and LTC management
- Use pandemic learning to develop longer-term plans to address underlying causes of health inequality from 2021/22. Plans should be data driven, co-produced and built on an understanding of the needs of local inclusion health groups
- Prioritise fully funded, sustained and meaningful approaches to tackling ethnic inequalities
- Consider bolstering the primary care workforce, especially in deprived areas through Additional Roles and Reimbursement Scheme and help increase number of GPs in under-doctored areas

Coproduction and Culturally Competent Engagement

- Develop and support community participatory research to understand the social, cultural, structural, economic, religious and commercial determinants of Covid in BAME communities, and to develop readily implementable and scalable programmes to reduce risk and improve health outcomes
- Ensure information on risks and prevention is culturally competent and accessible to all
- Accelerate efforts to target culturally competent health promotion and disease prevention programmes
- Engage, as default, with local authority and third sector partners

Health Inequalities Impact Assessment

- Equality Health Impact Assessments should be conducted for service changes & new care pathways
- As a priority 111 First; total triage in general practice; digitally enabled mental health and virtual outpatients should be tested for achieving a positive impact on health inequalities with reviews and actions published by 31.03.21
- For each, systems should assess empirically how the blend of different 'channels' of engagement has affected different population groups and put in place mitigations to address any issues

Data Recording and Monitoring

- All NHS organisations to review quality and accuracy of data on patient ethnicity and ensure data recorded for all patients by 31.12.20
- Retrospectively updating and completing the Covid Hospital Episode Surveillance System (CHESS) is essential
- Mandatory recording of ethnicity in all clinical databases across hospital, primary care, specialised commissioning and mental health/IAPT
- All NHS organisations must use this data to plan service provision and to monitor the impact on inequalities taking swift action to rectify inequalities which are identified

Feedback from NHSEI on Lancashire and South Cumbria ICS action on health inequalities (phase 3 planning)

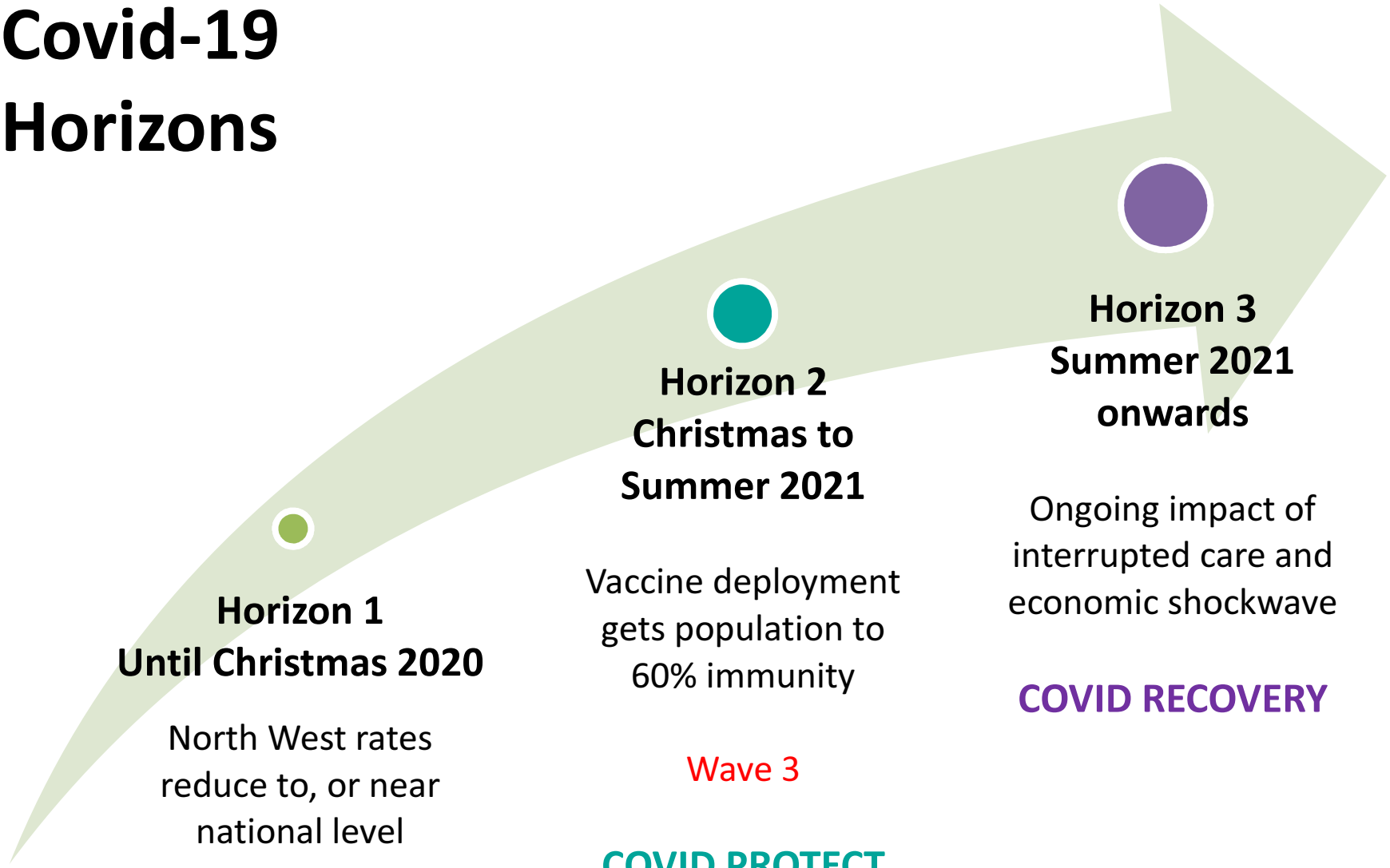
Strengths

- *ICS and partners recognise the areas where they need to improve and are developing their approaches to addressing health inequalities*
- *Good action plans are in place which will unfold and positively impact in the months ahead.*
- *Excellent winter plans are in place and risk stratification is being used across* primary care data sets
- *A systematic approach to addressing the NW Risk Reduction Framework incorporating all actions within the identified 5 priorities*
- *Use of data sets to target local interventions are in development*
- *Completing equality impact assessments*

Areas for Improvement

- *Strengthen collaborative leadership across the regions to address health inequalities*
- *Work in localities by using more place based and neighbourhood based approaches*
- *Equality impact assessments need to cover health inequalities*
- *Identify HI leads at practice level in primary care to target engagement and support*
- *Clarification on whether data sets are routinely collating equality data*
- *Strengthen narrative on long term conditions and by protected characteristics and deprivation*
- *More on digital exclusion and impact on widening inequalities*
- *Further develop more meaningful relationships that translate into more collaborative action on economic prosperity of communities, housing, climate change/environment - wider determinants*
- *More work required to identify mental and emotional wellbeing needs earlier*

Covid-19 Horizons



Horizon 1
Until Christmas 2020

North West rates reduce to, or near national level

COVID RESPONSE

Horizon 2
Christmas to Summer 2021

Vaccine deployment gets population to 60% immunity

Wave 3

COVID PROTECT

Horizon 3
Summer 2021 onwards

Ongoing impact of interrupted care and economic shockwave

COVID RECOVERY

Addressing health inequalities through Covid Horizons

Horizon 1

Until Christmas 2020

North West rates reduce to, or near national level

COVID RESPONSE

Cohort	**Targeted** Those with and at most risk of Covid-19
Issues faced	• High community transmission in deprived and BAME communities • Adverse impacts for people aged 65, BAME, learning disabilities • Low compliance with/understanding of guidance • Interrupted care impact from Wave 1 and Wave 2 • Inequalities and vulnerabilities will be exacerbated through service stand down and economic shock • Digital exclusion, particularly for deprived and elderly • Increasing demands on social care as families and carers struggle
Key actions	• Mobilise Covid responses targeted to most vulnerable, including integrated community care models • Use system levers to generate Covid responses, eg. capacity released through modified QOF • Ensure service changes (stepping up and down) are assessed for impact on health inequalities, vulnerable groups and digital inclusion (**NB mandated for 111 First; total triage in general practice; digitally enabled mental health and virtual outpatients**) • Workforce risk assessments and support enhanced for those at greater risk • Co-produce culturally competent engagement and communications to ensure messages reach target groups • Concerted effort to improve uptake of the flu vaccination in underrepresented 'at risk' groups • Deploy Call to Action to areas most at risk due to deprivation or high BAME population

Addressing health inequalities through Covid Horizons

Horizon 2

Christmas to Summer 2021

Vaccine deployment gets population to 60% immunity

Wave 3

COVID PROTECT

Cohort	**Enhanced** Those most at risk from Covid-19 plus those most at risk from interrupted care
Issues faced	• Managing transmission rates in deprived and BAME communities • Vaccine deployment to those least likely to engage and most at risk • Deconditioning of physical and mental health due to interrupted care and isolation • Family resilience undermined, food insecurity increased, likely continued increase in domestic abuse, children at risk and safeguarding concerns • Impact of Christmas gatherings likely to be felt at end January • On-going digital exclusion widening inequalities around accessibility
Key actions	• Vaccine deployment responsive to vulnerable and deprived groups, with community engagement to encourage uptake • Starting urgent review of LTC management, prioritising vulnerable groups eg. BAME, LD or over 65 with long term condition • Increased emphasis on tackling modifiable risk factors, particularly through Call to Action, consider also actions to support digital inclusion • Working with local authorities and VCFSE to wrap around wellbeing support as well as targeted work in primary care

Start now for longer term impact

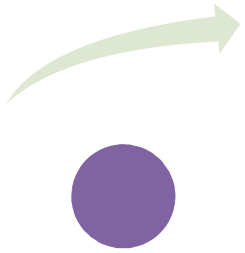
Embed Population Health Management

NHS Anchor Institution Model – grounded in ICPs with local authorities

Develop and publish health inequalities action plans by 31st March 2021 -

System reform must embed commitment to and articulate actions to deliver on health inequalities

Addressing health inequalities through Covid Horizons



Horizon 3

Summer 2021 onwards

Ongoing impact of interrupted care and economic shockwave

COVID RECOVERY

Cohort	**Whole population** A combination of targeted and universal provision to respond to inequalities
Issues faced	• Poor economic wellbeing and increasing food poverty • Mental wellbeing and resilience, incl. post traumatic stress for workforce and population and potential increase in alcoholism and substance addiction • Pre-pandemic child health, was poor and deteriorating - adverse trends in poverty, education, employment and mental health now exacerbated
Key actions	• Embed socially vulnerable children as a focus of PHM approach to ensure recovery planning supports children and families • Integrate on-going support models with local authority and VCFSE service delivery, particularly on employment support, debt management and food poverty support • Wholescale review of LTC management plans, particularly for those most vulnerable • Extending focus of PHM to strategic cohorts (anticipatory care, where PHM pilots started) • Fully embed assurance on addressing health inequalities and use this to identify areas for priority intervention • Sustained approach to and investment in, culturally competent engagement and embed community participatory research in all service planning • Resourcing and Investment Strategy is in place which ensures PHM data drives workforce profiling, deployment and investment

Embedding action and assurance on health inequalities at every layer and through every strategy

System

- National legislative proposals embedding delivery on health outcomes
- Health Inequalities within ICS System Assurance Framework progress to be monitored by ICS Board and System Leaders Executive
- Nominated leadership in place
- Population Health Management cell to oversee delivery
- ICS Anchor Institution Charter

Place

- Common ICP narrative - embodies role in improving health outcomes and reducing inequalities
- ICP maturity matrix to embed health inequalities role
- Self-assessment against Phase 3 actions
- Organisations working towards anchor status and collaborating on social value for the local economy

Neighbour hood

- Primary Care Networks to manage risk stratified population cohorts with local authority and VCFSE partners – joining up civic and community assets
- Ambition is for long term condition management to move to predictive model

Person

- Call to Action - social movement and behaviour change, focus on deprivation, BAME, LD, homelessness, etc
- Patient Activation
- Digital and health literacy

Key actions for the ICS

In the short term, all organisations/systems must assure themselves they are undertaking the requirements of the Phase 3 guidance and North West Community Risk Reduction Framework and look to identify areas for improvement or where support is required.

The ICS will also continue to prioritise the continued development of the Population Health Management programme and Call to Action, as both of these approaches deliver on a number of the actions required.

In the longer term, to achieve real benefit from our work, a systematic approach will be needed that embeds a focus on addressing inequalities throughout all our processes, from project planning, inequalities impact assessments to funding formula and commissioning for improved outcomes.

In order to establish a catalyst for action on health inequalities, initial discussions have generated the concept of conducting a deep dive on inequalities during 2021, to understand the true impact Covid has had and ensure actions are taken by each part of our health, care and wider public sector infrastructure. The establishment of a L&SC Health Inequalities Commission, similar to Fairness Commissions conducted by some local authorities, would take an independent, cross-sector view on the tangible things that can and need to be done to drive improvement.

The scoping and planning for this commission will require a cross-organisational team to be established, including VCFSE, local authority and health organisations and discussions are currently being undertaken to identify dedicated resources to support this work.

The ICS will capture it's intentions in the form of health inequalities action plan, the establishment of a health inequalities Commission will be a key focus of the plan, with the recommendations forming part of the revised action plan by the end of the Summer.