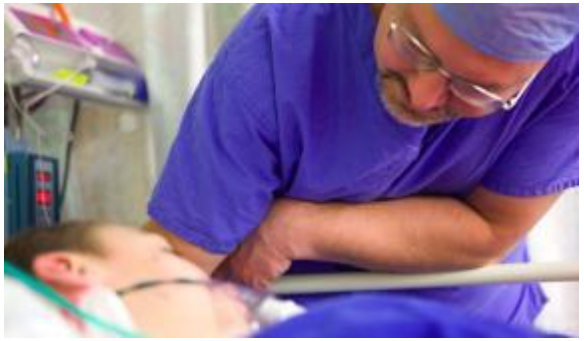
Role of Healthcare services in Promoting Equality and Reducing Health Inequalities

From Exclusion to Access – Improving and Ensuring High Quality Healthcare to those with greatest need



Ruth Passman

Deputy Director for Equality and Health Inequality

NHS England

THE NHS CONSTITUTION

the NHS belongs to us all

Marmot – Fairer society

- Marmot review highlighted,
- **“*reduce the steepness of the social gradient in health, [with] action [that is] universal, but with a scale and intensity that is proportionate to the level of disadvantage”.***
- ***This is called “proportionate universalism”, which means that closing the gap in health inequalities requires outcomes for the most disadvantaged to improve faster than the most advantaged***

The living reality of '*Tri-morbidity*'

- Long term homelessness is characterised by *'tri-morbidity'* (combination of mental ill-health, physical ill-health and drugs and alcohol misuse) complex health needs and premature death
- Rough sleepers experience stark health inequalities – rough sleepers life expectancy is 30 years shorter than average population; at 47 for men and 43 for women (Crisis, 2012)
- Costs to the NHS – Homeless people attended A&E 5 times as often as house population, are admitted 3.2 times as often and stay 3 times as long because they are 3 times as sick.
- Resulting in secondary care costs 8 times higher than average; costing estimated £330 million a year

- Source: McCormick, B, 2010

Poor hospital discharge for homeless people

- Rough sleepers face barriers to accessing health services and don't use them when and where needed
- Hospital discharge is often not managed well and rough sleepers leave hospital without the support they need
- Secondary healthcare costs at least five times more for rough sleepers than the general population
    - Source: NHS North West London, Review of rough sleepers; February 2013

Experiences for Inclusion Health groups

- Homeless people need support to access services
- Practical barriers in accessing appointments in primary care lead to person frequent fliers at A&E
- Negative experiences in primary care (registering with GPs, accessing timely appointments and attitudes of A&E staff,) and face stigma and discrimination versus treatment
- Poor communication; from staff to homeless patient; and homeless person expressing themselves, poor engagement skills, confidence
- Other barriers – homeless people do not complain, even though face worse health outcomes
- All inclusion health groups DO NOT make complaints due to barriers of access to system, knowledge and to lack of confidence in navigating system

Poor patient experiences for homeless people

- Homeless people have far worse physical health outcomes:
- 4 times more likely to have musculoskeletal problems
- 6 times for likely to have respiratory problems
- 25 times more likely to have eye complaints.

- DH 2012

Poor patient experience's for Inclusion Asylum

- Asylum seekers and refugees – poor access to mental health problems; with rates of up to 5 times higher than in the general population
- There is evidence of late booking, poor antenatal care and poor pregnancy and maternal health outcomes
- Poor rates of registration with GP services and being turned away at least once from general practices in England (rate currently at 54% in London study)
    - Source: London Health Observatory, 2013

Gypsies and Travellers

- Low rates of GP registration; poorer general health and high rates of limiting long term illness,
- Lower rates of life expectancy – average age of 50
- Poor birth outcomes and maternal health
- Low child immunisation rates and elevated rates if measles, whooping cough and other infections
    - Source: London Health Observatory, 2013

Sex workers

- Sex work carries high risk of sexually transmitted infections (STIS) and Blood borne virus's (BBVs) for the worker
- 80% of street workers report using heroin and 87% using crack cocaine
- Poor mental health outcomes, due to child hood abuse homelessness etc
    - Source: London Health Observatory, 2013

Primary Care models working with Inclusion Health Groups across England.

- Urban Village Practice, Manchester
- Greenhouse Practice, Hackney
- Health E1, Homeless medical centre, London
- Inclusion HealthCare Service, Leicester
- York Street Practice, Leeds
- Luther Street Practice, Oxford
- Bevan Healthcare CIC, Bradford
- Sifa Fireside primary care team, Birmingham
- Brighter Futures, Stoke on Trent.

Current Priorities for the National Equalities & Health Inequalities Team

- **Assurance within NHS England** - governance, active awareness and application within decision making, capability of staff including a positive awareness of legal duties, reporting mechanisms, Equality & Diversity Council (EDC); 9 Strategic priorities and Deliverables (NHS England Board Paper – Annex B);
- **CCG development and assessment process** including annual assessment against these duties
- **Working with national commissioners** (specialised and primary care) to promote equalities & reduce health inequalities
- **Embedding in business of NHS England** including Resource Allocation, Incentive Reviews, Quality Accounts etc.

Health Inequalities

Health Inequalities have been defined as:

"Differences in health status or in the distribution of health determinants between different population groups"

- Addressing Health inequalities forms a key part of NHS England's vision and values and are in line with those of the NHS Constitution.
- Addressing Health inequalities is also crucial to tackling the key challenges across the domains, including preventing premature mortality, improving recovery from illness and enhancing quality of life for people with long-term conditions.
- We should work to ensure that NHS services are resourced, planned and commissioned, based on robust evidence, to address both barriers to healthcare and health inequalities.

Legal Duties – First Ever

- **Health and Social care Act 2012**
- **NHS England and CCGs have duties to have regard to the need to reduce inequalities in access to health services and the outcomes achieved for patients.**
- **Secretary of State has a duty to have regard to the need to reduce inequalities covering his NHS and public health functions for the whole population.**
- **NHS England, CCGs and Monitor have further duties around integration of health services, health-related services or social care services where they consider this would reduce inequalities.**
- Monitor can set licence conditions and may appoint a special administrator.
- The Act also contains duties around health inequalities on, variously, SofS, NHS England and CCGs concerning planning, reporting and assessment**.**

Equality and Diversity Council (EDC)
Dr Habib Naqvi

- Background
- Aims and mission
- Membership
- 5 Work streams of EDC:
  - ✓EDS 2
  - ✓System Alignment
  - ✓Leadership and workforce
  - ✓Data and measurements
  - ✓Communications

CCG Commissioning Board Working Group on Tackling Health Inequalities.

- Background and context of Working Group on Tackling Health Inequalities
- Membership & Principles.
- Commissioning to Reduce Health Inequalities Toolkit
- Toolkit aims to cover:
  - ✓Practical evidence base examples focusing on delivery
  - ✓Generating comprehensive data
  - ✓Ensuring JSNAs identify needs of everyone in the community

CCG Commissioning Board Working Group on Tackling Health Inequalities.

- ✓Improving access
- ✓Integration services
- ✓Drawing on community assets
- ✓Working with communities to co-produce commissioning solutions

Equality & Health Inequalities Strategic Priorities and Deliverables

Strategic Priority	Success Measure
NHS England as system leader and supports the NHS Equality & Diversity Council (EDC)	Robust & visible leadership on advancing equality and tackling health inequalities with a focus on a discrete number of outcomes
Supports NHS organisations to improve equality performance & meet the public sector Equality Duty	Launch of EDS 2 – Refreshed Equality Delivery System NDTA, Monitor, CQC to work with NHS England to support & oversea implementation of EDS 2; to ensure minimum 95% implementation across all NHS Trusts, NHS Foundation Trusts & CCGs.

Equality & Health Inequalities Strategic Priorities and Deliverables

Strategic Priority	Success Measure
Robust data available to measure equality and health inequalities, determine priorities and drive improvement	Feasibility that the NHS Staff Survey, NHS Patient Survey, Friends & Family Tests for patients and staff collect data against 9 characteristics given protection by the Equality Act 2010, is fully explored. Data and Information disaggregated by Inequality and equality dimensions to be collected & available fort use the local JSNAs and Health and well being Strategies (including NHSOF indicators)
Create an NHS workforce & leadership that is reflective of communities we serve and free from discrimination	Embed values based recruitment across NHS, to ensure all work environments are free from discrimination Nurture workforce & leadership talent across NHS, helping create a representative workforce.

Equality & Health Inequalities Strategic Priorities and Deliverables

Strategic Priority	Success Measure
Resource allocation supports NHS England's duties on inequalities	Embed the criterion of reducing inequalities in health outcomes into allocation methodology.
Incentives and prioritise improvements in primary care towards communities & groups who experience inequalities in healthcare & outcomes	Review how financial resources and contract incentives can be better targeted to reduce unwarranted variations, including through primary care allocations, General Medical Services funding formula, Personal Medical Services contracts reviews and development of other primary care contracts. Ensure strategic framework for commissioning of primary care supports the ability of general practice to tackle health inequalities & make most of diverse workforce End Minimum Practice Income Guarantee & seniority payments for general practice & recycle resources into core funding, to enable a fairer distribution of resources.

Equality & Health Inequalities Strategic Priorities and Deliverables

Strategic Priority	Success Measure
Embed equality and tackling health inequalities in CCG assurance regime	Develop mortality indicator (Potential Years of Life Lost) and embed in CCGs annual Health Inequalities assurance review template.
Remove derogations which permit geographical variations in care standards	Develop and implement a programme of removal of all existing derogations as part of the legal duty/equality and inequalities review.
Support reduction of mental illness inequalities through Parity of Esteem Programme.	Premature mortality reduction commitment for Serious mental Illness to be established & implemented.