

**CCG REPORT COVER SHEET**

<b>Meeting Title:</b>	<b>CCG Governing Body</b>		<b>Date: 8 September 2020</b>	
<b>Report Title:</b>	<b>Addressing Health and Health Care Inequalities</b>		<b>Agenda Item: 3.2</b>	
<b>Chief Officer:</b>	<b>Dr Fiona Head, Acting Medical Director</b>			
<b>Clinical Lead:</b>	<b>Dr Fiona Head, Acting Medical Director</b>			
<b>Report Author:</b>	<b>Dr John Ford, Clinical Lecturer in Public Health</b>			
<b>Document Status:</b>	Final			
<b>Report Summary:</b>	COVID 19 has increased health inequalities. NHSE has outlined eight strategic actions to tackle health inequalities during phase 3. These actions complement our existing work on health inequalities and highlight areas for further development, such as strengthening routine monitoring for health inequalities, improving community engagement and ensuring digital pathways are delivered inclusively.			
<b>Report Purpose:</b>	<b>For Assurance</b>	<b>For Decision</b>	<b>X</b>	<b>For Approval</b>
<b>Recommendation:</b>	<p>The CCG Governing Body is asked to:</p> <ol style="list-style-type: none"> <li>1. Endorse the Health Inequalities Strategy.</li> <li>2. Note the NHSE Health Inequalities action letter and approve the implementation CCG Health Inequalities Action Plan.</li> <li>3. Recognise and prioritise the areas for further development in relation to data, community engagement and inclusive digital pathways</li> </ol>			
<b>Link to Corporate Objective:</b>	<b>Objective 1 – Ensure clear patient voice in everything we do</b>			
	<b>Objective 2 – Deliver improvements that make best use of the public pound and save system ‘cost’</b>			<b>X</b>
	<b>Objective 3 – Use data and information to prove everything</b>			<b>X</b>
	<b>Objective 4 – Deliver the prioritised performance standards</b>			
	<b>Objective 5 – Deliver the 6 transformation programmes</b>			
	<b>Objective 6 – Deliver the CCG Financial Plan</b>			
<b>CAF (Strategic Risk) Reference</b>	<b>Description of Risk</b>			<b>Current Risk Score</b>
<b>CAF 01</b>	Impact on the delivery of health services as a result of the COVID19 Pandemic and further risk of a second wave of Covid 19 Pandemic occurring in the CCG area post relaxation of national lockdown measures.			<b>25 (R)</b>
<b>NHSE CCG IAF Links</b>	<b>IAF 1 Domain 1 - Better Health</b>		<b>X</b>	
	<b>IAF 2 Domain 2 - Better Care</b>		<b>X</b>	
	<b>IAF 3 Domain 3 - Sustainability:</b>			
	<b>IAF 4 Domain 4 - Leadership</b>			
<b>Resource implications:</b>	None			
<b>Chief Officer/ SRO Sign Off:</b>	Dr Fiona Head, Acting Medical Director			
<b>Chief Finance Officer Sign Off: (if required)</b>	Not required			
<b>Legal implications including equality and diversity assessment:</b>	This project will help the CCG meet its statutory obligations around health inequalities and support the NHS Long Term Plan requirements			
<b>Conflicts of Interest</b>	None			
<b>Report history:</b>	Strategy already approved by CCG Strategy and Planning Committee. First version of the action plan.			
<b>Next steps:</b>	CCG Governing Body is asked to agree the implementation of the action plan			

**MEETING:** CCG GOVERNING BODY

**AGENDA ITEM:** 3.2                   **SECTION:** STRATEGY

**DATE:** 8 SEPTEMBER 2020

**TITLE:** ADDRESSING HEALTH AND HEALTH CARE INEQUALITIES

**FROM:** DR FIONA HEAD, ACTING MEDICAL DIRECTOR

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## 1 ISSUE

- COVID-19 is already increasing health inequalities and is likely to increase these further over the coming months and years.
- Progress has already been made within the CCG and health care system to mitigate some of the impacts of COVID-19 on health inequalities
- On 31 July 2020, NHS England (NHSE) issued a letter outlining Phase 3 Response actions which was followed on 7 August 2020 with more details about the Health Inequalities expectations.
- These NHSE actions complement our existing progress on health inequalities and we have merged these national actions with our existing local actions.

## 2 NHSE ACTIONS FROM 7 AUGUST 2020 LETTER (SEE ATTACHED)

The eight highlighted actions from this letter include the following

- Action 1: Protect the most vulnerable from COVID-19 with enhanced analysis and community engagement; systems to mitigate the risks associated with people's relevant protected characteristics and wider socio-economic, cultural and occupational risk factors.
- Action 2: Restore NHS services inclusively.
- Action 3: Develop digitally enabled care pathways in ways which increase inclusion.
- Action 4: Accelerate preventive programmes which proactively engage those at greatest risk of poor health outcomes; with a focus on preventative services looking at primary care, mental health, those with learning difficulties and maternity.
- Action 5: Particularly support those who suffer from mental ill- health; Deliver the mental health transformation and expansion programme and ethnicity data inclusion on the Increasing Access to Psychological Therapies (IAPT).
- Action 6: Strengthen leadership and accountability.
- Action 7: Ensure datasets are complete and timely; with NHS organisations reviewing the quality and accuracy of their ethnicity data and improve the recording of ethnicity within general practice.
- Action 8: Collaborate locally in planning and delivering actions.

### **3 PROGRESS TO DATE**

Our existing focus on health inequalities means that we have already made substantial progress on health inequalities, including:

- Development of a Health Inequalities Strategy and Action Plan (attached)
- Establishment of a Health Inequalities Working Group;
- Approval of a business case by the Chief Officer's Team to appoint two new staff members to continue the health inequalities work (Band 8a and Band 6);
- Implementation of a new Health Inequalities Impact Assessment process;
- We have completed a rapid review of inclusion health groups during lockdown to ensure they get the access to the health care they need;
- Unhealthy lifestyles are more prevalent in disadvantaged groups and the CCG has launch the BMI Can Do It campaign to help people get healthy;
- Partnership working with the Local Resilience Forum Health Inequalities Sub-Group to address the wider determinants of health; and
- Key performance indicators, such as planned and unplanned hospital admissions, will be presented by deprivation in the next Integrated Performance Report.

### **4 HEALTH INEQUALITIES STRATEGY**

The Strategy is appended. It has been developed by a Task and Finish Group with representation from Cambridgeshire and Peterborough CCG, Cambridgeshire County Council, HealthWatch Cambridgeshire and Peterborough, Clinical Communities Forum, North and South Alliances and Primary Care Network Clinical Directors. The Public Health Intelligence Team within Cambridgeshire County Council and Peterborough City Council analysed the data to develop the health inequalities indicators.

The Strategy has been updated in June 2020 in light of the COVID-19 pandemic and has been approved by the Strategy and Planning Committee (July 2020).

There are three broad strategic objectives:

- 1) First objective: To use a set of broad Guiding Principles which describe practical actions for the health care system to reduce health inequalities. The seven principles are:
  - Explore the impact of decisions on health inequalities early in the decision-making process;
  - Value staff through parity of recruitment, promotion and employment;
  - Offer simple, hassle-free services;
  - Partner with other organisations to take a place-based approach to address social determinants of health;
  - Allocate health care resources proportionate to need;

- Consider actions at different stages of life; and
  - Harness the community benefits of the Social Value Act.
- 2) Second objective: Agree health inequality indicators to allow regular monitoring of health inequalities within the NHS.

Some indicators are shown in the strategy and the process for regular monitoring is currently under development with the Business Intelligence Team.

- 3) Third objective: Identify specific areas for priority action.
- Working across the system to reduce health inequalities
    - Establish a Health Care System Inequalities Group to monitor and drive action on health inequalities
    - Promote awareness of the Guiding Principles and embed them in commissioning and delivering of services across all Sustainability and Transformation Programme (STP) partners
    - Increase the use of Health Inequality Impact Assessment (HIIA)
    - Address inequalities in workforce distribution
  - Addressing inequalities through needs-based commissioning for outcomes
    - Allocate discretionary funding proportionate to need
    - Allocate elective care based on need
  - Addressing inequalities in cardiovascular disease through targeted action on hypertension and diabetes
    - Reduce inequalities in hypertension management in primary care
    - Reduce inequalities in diabetes care in primary care

## 5 KEY AREAS FOR FURTHER DEVELOPMENT

There are three key areas which require more development:

- Whilst significant progress has been made in terms of data, more work is needed to develop a robust health inequalities monitoring process including indicators reporting both inequalities in across socio-economic and minority ethnic groups. Challenges remain in ensuring complete and correct coding of ethnicity, accessing the right mental health data, pulling data together from multiple different sources and capacity within the Business Intelligence team.
- Community engagement is identified with the NHSE Health Inequalities actions and more progress is needed in how we engage with minority ethnic groups, communities living in disadvantaged areas and inclusion health groups. We are identifying strategies and interventions that actively engage with the community, with actions that focus on prevention.

- Further actions are needed to ensure that digital care pathways, such as remote consultations in primary care and outpatients, are undertaken in an inclusive manner, ensuring that inequalities are not increased.

## **6 RECOMMENDATIONS**

The CCG Governing Body is asked to:

- 1 Endorse the Health Inequalities Strategy.
- 2 Note the NHSE Health Inequalities action letter and approve the implementation CCG Health Inequalities Action Plan.
- 3 Recognise and prioritise the areas for further development in relation to data, community engagement and inclusive digital pathways

## **7 CONCLUSIONS**

COVID has impacted some groups of the population more than others, and we need to work in partnership to effect a positive change in health equality across the population.

### ***Authors***

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*1<sup>st</sup> September 2020*