Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group

BNSSG CCG Governing Body Meeting

Date: Tuesday 3rd September 2019
Time: 1.30pm
Location: The Vassall Centre, Gill Avenue, Downend, Bristol, BS16 2QQ

Agenda number: 6.1

Report title: The Long Term Plan, an Approach to Health Inequalities

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1. Purpose

The purpose of this paper is to define an approach to tackling Health Inequalities across BNSSG as the Long Term Plan has tasked the "system" to develop a plan during 2019.

2. Recommendations

NHS England have stated in the long term plan what they expect CCG to focus on with regards to health inequalities. We need to address each of these areas and have a clear plan with measurable outcomes and a realistic time frame.

Alongside this we should use population health metrics to determine what the health inequalities are specifically for BNSSG and develop plans to address them.

This paper is not describing how we are going to address health inequalities in specific detail. It is proposing that we adopt a systematic approach across the CCG and STP in addressing health inequalities

We need to work with partners to make sure that outcomes are realised and use the public, members and partners to scrutinise our approach.

Many health inequalities are common across all health care systems but some are specific and can appear over a short period of time, we must make sure that we have a system that adapts to these changes.

We also feel that we also need to target health inequalities that are specific to our communities.

We need to await NHSE guidance and make sure that we have systems in place to address this guidance as part of our Health Inequality approach and finalise the plan before the end of November 2019.

Recommendations

- That the CCG adopts this as our approach to addressing Health Inequalities
- That we aim to have a clear plan, that has been prioritised and has specific outcomes with a realistic time frame, this document needs to be completed by November 2019
- That we have a Health Inequalities Oversight Group which meets on a quarterly basis. The membership would include public health, CCG, Patient Participation, Clinical Effectiveness, Business Information and Primary Care transformation. This group will oversee the Health Inequalities plan and feed into system wide strategies.

3. Background

It is useful to define both “equality” and “health inequality”

Equality- essentially means making sure that people are treated fairly and given opportunities inclusive of the protected characteristics.

Health Inequalities – differences in health outcomes and health opportunities experienced by different groups of people

The work described in this paper relates to health inequalities.

- BNSSG CCG has both stated commitments to and a range of obligations around reducing health inequalities. These include statements in our strategy and a legal duty on the CCG to have regard to the need to reduce inequalities between patient’s access to services and outcomes achieved.

- The Long term plan was published earlier this year and sets out new commitments for action that the NHS itself will take to reduce health inequalities. It does so while recognising that a comprehensive approach to preventing ill health also depends on action that individuals, companies, communities and national government can take to tackle wider threats to health, and ensure health is hardwired into social and economic policy Action by the NHS is a complement to, but cannot be a substitute for, the important role of local government.

- Local government has wider responsibilities for planning, education and social care but in recent years is responsible for funding and commissioning preventative services including smoking cessation, drug and alcohol services, sexual health and early years support for children. These services are funded by central government from the public health grant.

- The global burden of disease (GBD) study quantifies and ranks the contribution of various risk factors that cause premature death in England. The top five are smoking, poor diet, high blood pressure, obesity and alcohol and drug abuse. Air pollution and lack of exercise are also significant.

- The role of the NHS includes secondary prevention, by detecting disease early, preventing deterioration of health and reducing symptoms to improve quality of life. It is the government's ambition to increase healthy life expectancy by five years by 2035

- NHS England will continue to target a higher share of funding towards geographies with high health inequalities. The NHS will set out specific measurable goals for narrowing health inequalities. All local health systems will be expected to set out during 2019 how they will specifically reduce health inequalities by 2023/24 and 2028/29. NHS England working with Public Health England will publish a "menu" of interventions that if adopted locally would contribute to this goal. It is expected that CCGs ensure that all screening and vaccination programmes are designed to support a narrowing of health inequalities.

- Systems can draw on Public Health England (PHE) Place based approaches to reducing health Inequalities. Systems should complete an Equality Impact Assessment for their plans

- System plans should set out how they will use their allocated funding to deliver tangible improvements in health outcomes and patient experience and help reduce health inequalities. System plans should also use available data to understand how their outcomes compare with peers, identify and reduce unwarranted variation

- The long term plan requires the NHS to reduce variation across the health system improving providers operational and financial performance. A number of different national programmes are focused on supporting the NHS reduce variation in quality, access and outcomes. Systems should draw on these resources as they develop local plans that will tackle variation in service provision and address health inequalities

- As Bristol CCG (prior to 2018) a Health Inequalities plan was developed looking at data and by gathering feedback from the public and professionals and produced a plan that was bespoke to Bristol. The areas that the CCG decided to focus on were; Respiratory illness, Cardiovascular disease in Asian men, Inequalities in cancer outcomes, embedding reducing health inequalities in commissioning, equitable access for the public i.e. language access and equitable access to resources (regardless of setting) for providers.

These are the topics that the long term plan suggests we have plans for:

- Smoking cessation offered on all admissions

- Smoking cessation offered to all pregnant women and their partners
- Specialised smoking cessation services for those with Mental Health issues or a Learning Disability
- Targeted weight management i.e. Diabetes, Hypertension in those with BMI over 30 adjust this for ethnicity
- Increase the diabetic prevention programme with a digital option, targeting BAME communities and developing foot care pathways
- By 2024 75% BAME and those from deprived communities will receive continuity of care from their midwife
- Health checks for those on an Serious Mental Illness register
- Comprehensive screening for hearing, eyes and dentistry for children with Learning difficulties
- Use the LEDER approach to design services and improve outcomes
- Specific targeting of homeless population's
- Bespoke Mental Health transport
- Identify and support carers, put in contingency planning and design a carers passport
- Focus on young carers, give top tips for primary care, preventative health and social prescribing
- Specialist gambling services
- Champion 3rd sector CICs and social enterprises to provide services for the more vulnerable members of our society
- Limit alcohol related admissions
- Equitable access for screening and vaccination for deprived and BAME communities and those that traditionally have low take up
- Develop a health check specific for autism
- Deployment of health management solutions to support ICSs to understand the areas of greatest need and match NHS services (5.26)

4. Key Points and Issues

Stock Take

We need to do a stock take as to what is happening at present with regards to addressing health inequalities within the CCG and STP. There is a healthier together STP prevention work programme. We need to know what they are doing and collaborate and integrate with this. A large strand of health inequality is related to prevention but by no means all.

Governance

Discussions around developing a health inequalities approach have involved PPI(patient and public involvement), Business Intelligence, Primary care transformation and clinical effectiveness

at the CCG. We felt that we should have a health inequalities oversight group that incorporates the teams mentioned within the CCG and public health. This group would meet and review what the needs are , what performance is with regards to outcomes and also make decisions on what areas should be prioritised.

We discussed whether the CCG should lead or whether this should be a STP system led approach. We were concerned that this may not be a priority for the system and that it may be better for the CCG to lead within the STP and for the concept of health inequalities to be embedded into commissioning processes at the CCG , the overarching ethos being to drive down health inequalities.

The long term plan states reduction in health inequalities is a priority, we need clarity amongst leaders across the healthier together BNSSG footprint that this is the case for their organisations also. There is a long term plan oversight group which the health inequalities oversight group could feed into.

A health Inequalities annual report could be produced and presented to the CCG and Health and Well Being Board.

Population Health

We would suggest using a population health management approach alongside addressing the issues that are raised in the long term plan. This is a tool that uses which aims to improve the health of our population through better use of combined and shared data. It is a new tool which can identify system priorities to drive health improvements and reduce inequalities in health outcomes.

Using this tool, it has been identified that:

- Premature death from cardiovascular disease is higher in Bristol than the national average
- Rates of admission for liver disease across BNSSG are higher than the national average
- Deliberate self-harm is a significant issue locally and accounts for 2200 admissions annually and is more prevalent in females
- Deaths amongst under 65s due to liver disease is a leading cause of premature death and accounts for a high proportion of years' life lost.
- One of the starkest inequalities is the difference in healthy life expectancy with the gap between the most and least deprived being 18 years.

We suggest that we use this tool that highlight health inequalities that are specific to our geography and incorporate it into our approach.

Geography

We need to develop a vision that focuses on the long term plan and also local priorities. We need to ensure that we have an approach that recognises the differing populations we serve across Bristol, North Somerset and South Gloucestershire. We need to work with the three public health teams to develop plans that are specific to the three council areas and address issues raised by the JSNAs.

Primary Care Network development

Primary Care Networks will be in a position to tackle neighbourhood inequalities. They are an integration of community based services that are locally based at population sizes of 30-100000. As networks develop it will become clear where the health inequalities lie and systems can be developed at a more local level to address these. We could use primary care outcomes as a measure of health inequalities.

This would need to be part of the Primary Care strategy and will need to involve Business Intelligence, Quality and Clinical effectiveness

Public Health commission preventative services as well as drugs, alcohol and sexual health services. Many of these functions are carried out by Primary care which the CCG commissions through delegation from NHSE. It is important that the three Public Health's and the CCG work together to address health inequalities and that we complement each other's intentions.

Clear Plan

Step 1 Set specific ambitions

One of the five CCG goals is to reduce Inequalities in health outcomes:

We should use feedback from population health tools, member practices, citizens panel, partners and members of the public to set what our priorities are. We also need to prioritise the areas that are mentioned in the long term plan. i.e. by 2023/24 We will:

1) Improve healthy life expectancy
2) Improve life expectancy gap
3) Reduce amputation rates
4) Reduction in early avoidable death
5) Identification and management of frailty at risk groups
6) 60% of patients with a serious mental illness will have a physical health check
7) All patients admitted to hospital will have smoking cessation advice
8) We will reduce admissions for patients with liver disease by 10%

By 2028/29 we will

1) Have a mental health specific transport service
2) Decrease life expectancy gap by 2 years

Once we have set the specific ambition we need to be clear how we expect to achieve them:

i.e. 60% of patients with a serious mental illness will have a physical health check

a) We will advocate the use of the Physical health check template in EMIS when primary care is carrying out QOF mental health checks
b) We will ensure that secondary mental health services have systems in place to carry out health checks on newly diagnosed patients
c) We will ensure that we have an integrated approach across providers to ensure that difficult to reach patients have their health checks
d) We will ensure that screening and vaccinations are accessible to this cohort of patients
e) We will ensure that there is bespoke support for those who have a positive finding at their health check
f) The aim is to improve the uptake of physical health checks but ultimately to improve morbidity and mortality in this cohort of patients
g) We expect to increase rates of vaccination, screening and chronic disease management in this cohort of patients

Step 2 Test the ambitions

Use member practices, citizen panels and partners to assess whether our ambitions are the right ones and to get early views on their ideas about what interventions might help achievement

Step 3 Formal STP and BNSSG CCG approval

Once any necessary changes have been made seek formal approval

Step 4 Ensure Clarity on responsibility and accountability

Assign responsibility and accountability within the CCG and STP for delivering the ambitions. This may be within relevant CCG steering groups or within public health. A key principle of this approach is that the CCG will work closely with partners and communities to ensure that work complements other work going on in Bristol.

We need to have a process that prioritises what is most important and is realistic, how we will measure outcomes and what success looks like. There needs to be a clear timeline for each project.

Engagement

We need to involve members of the public through the citizens panel to ensure that we have the support of the public and that we are prioritising the right things.

We also need to engage with our member practices to ensure that this reflects the needs of patients.

5. Financial resource implications

Further work will need to be undertaken to understand the financial implications of this approach proposed.

6. Legal implications

The CCG has a legal duty to reduce health inequalities.

7. Risk implications

Health Inequalities and addressing them is a huge task, will we have the resources to match the services required, should we be more targeted in our approach and prioritise.
This needs a coordinated response across many agencies to work, we need to work across the STP to ensure collaboration and integration. Public health consultations are looked at reducing prevention options available. Should we design what we need for our community or wait until NHSE provide us with a menu of evidence based interventions. We need to work across BNSSG but also at a much smaller level (possibly PCN) Population health metrics could help us to achieve this.

8. Implications for health inequalities

This paper sets out the CCG's approach to health inequalities.

9. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

Equality Impact Assessments will need to be completed as new initiatives and programmes are modelled.

10. Implications for Public Involvement

The CCG undertakes specific focused public engagement activities regarding individual projects and initiatives. Wider, population based public involvement is carried out through mechanisms such as the citizens panel. Further work will consider how best to utilise these wider mechanisms to support reducing health inequalities.