Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group

BNSSG CCG Governing Body Meeting

Date: Tuesday 4th May 2021
Time: 14:00
Location: Virtual meeting to be held via Microsoft Teams

Agenda Number :	6.2
Title:	BNSSG CCG Health Inequalities Plan
Purpose: For Information	
Key Points for Discussion:	
The paper: • Describes the progress that has been made against the Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Group's (CCG) Health Inequalities Plan. • Highlights the risk of momentum for this CCG specific work waning because the CCG as an organisation will not exist from 1 April 2022 and describes how this risk will be mitigated	
Recommendations:	To note the progress that has been made against the Bristol, North Somerset and South Gloucestershire CCG Health Inequalities Plan since January 2021.
Previously Considered By and feedback :	The CCG Health Inequalities Plan was agreed at Governing Body in January 2021.
Management of Declared Interest:	There are no declared interests.
Risk and Assurance:	As a result of the fact that the CCG as an organisation will not exist from 1 April 2022, there is a risk that the momentum for this CCG specific work will wane, resulting in some actions not being completed therefore missing the opportunity to make a contribution to reducing health inequalities. This has in part been mitigated by linking relevant actions to system-wide work and the Healthier Together Portfolio Management Office which will continue beyond April 2021. Actions relating to recruitment practices can be used to inform the processes and policies that will be put in place as part of CCG to Integrated Care System transition work.

Financial / Resource Implications:	The main financial implication will be making decisions on the use of existing funds, both the CCG training and development budget and in discussions about how we work with our partners (service providers and other commissioners such as local authority) to allocate the overall system budget to respond to the needs we have identified and how meeting them is prioritised.
Legal, Policy and Regulatory Requirements:	The actions described in this paper will support the CCG to meet its legal obligations as set out in the Equality Act 2010 and the Health and Social Care 2012.
How does this reduce Health Inequalities:	The actions described in this paper have been developed in order to use the CCG's functions and responsibilities as a commissioner to contribute to reducing health inequalities. Reporting progress against the actions to Governing Body is part of giving assurance that actions are being implemented.
How does this impact on Equality & diversity	The actions described in this paper have been developed in order to use the CCG's functions and responsibilities as a commissioner to contribute to equality, i.e. having equal opportunities and rights; being treated fairly; being supported to reach potential .
Patient and Public Involvement:	We have not consulted or engaged directly people living in BNSSG in the development of this action plan. The plan contains actions that are based on: • Feedback from communities given as part of national reviews which have informed NHSEI requirements of systems • Insights from our communities
Communications and Engagement:	We will continue to communicate the developing health inequalities plan to our staff, including our staff networks, and this will be done using our existing communication methods.
Author(s):	Adwoa Webber - Head of Clinical Effectiveness and Research, Bristol, North Somerset and South Gloucestershire CCG
Sponsoring Director / Clinical Lead / Lay Member:	Dr Peter Brindle - Medical Director, Bristol, North Somerset and South Gloucestershire CCG

Agenda item: 6.2

Report title: BNSSG CCG Health Inequalities Plan

1. Background

Following on from a health inequalities discussion at Governing Body seminar in 2020 a Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Group (CCG) Health Inequalities Plan was approved by Governing Body in January 2020. The plan covered the CCG's role both as a commissioner in the system and as an employer and covered the CCG as an organisation in its own right.

It needs to be noted that the CCG is also playing its role in Healthier Together's response to addressing health inequalities. This includes meeting the requirements set out in the Phase 3 eight urgent actions on health inequalities and also the 2021/22 priorities and operational planning guidance and subsequent 2021/22 priorities and operational planning guidance: Implementation guidance. The actions needed to meet the requirements are in part being co-ordinated and delivered by the CCG as a system partner. Some of the actions in the CCG Health Inequalities Plan are linked to and support the wider Healthier Together work.

2. Health Inequalities Plan progress

Table 1 describes the actions that were agreed, the responsible executive director and the progress that has been made against each action.

Table 1 BNSSG CCG Health Inequalities Plan – progress at 19 April 2021

	Proposed action	Rationale for the action	Responsible Executive Director	By when
1	Review terms of reference for sub-committees of Governing Body to ensure that their responsibilities in reducing health inequalities are made explicit **Progress**: The committees have been provided with the following wording for their terms of reference, "Ensure that as part of routine committee business information is sourced to support understanding and decision making to reduce health inequalities associated with the responsibilities of the committee.". All the committees will have reviewed their terms of reference by the end of May 2021 and the revised terms of reference will then be presented to the Governing Body for their final approval.	The sub-committees of the Governing Body have delegated responsibility for aspects of decision-making and assurance and therefore it is important that they agree their health inequalities responsibilities.	Sarah Truelove	February 2021
CCG Performance Reporting				
2	The activity element of the BNSSG Quality and Performance Report will show overall activity (increases and decreases as now) for each of cancer referrals (particularly the cancer sites of concern such as lung), electives, outpatients and emergency care and what that activity looks like in relation to the people from the 20% most deprived neighbourhoods in BNSSG and Black,	Health outcomes are poor for those living in deprived areas and many of those from BAME backgrounds and we need to understand differences in access to services in BNSSG in order to take mitigating actions where needed. NHS England and Improvement (NHSEI) states, "Monthly NHS reporting will in future include measures of performance in relation to patients	Lisa Manson and Sarah Truelove	March 2021

	Proposed action	Rationale for the action	Responsible Executive Director	By when
	Asian, Minority Ethnic (BAME) background. Issues and mitigations will then be highlighted in the report as they are in general terms currently. **Progress:** The Quality and Performance report for May's Governing Body will include an initial breakdown to aid discussion and get feedback and advice about next steps, e.g. any other or different analysis needed, mandating relevant CCG groups to act on the analysis, etc.	from the 20% most deprived neighbourhoods (nationally and locally, using the Index of Multiple Deprivation), as well as those from Black and Asian communities where data is available." and "we would encourage systems to also look at performance (inclusive access) among the relatively most deprived neighbourhoods within the system (e.g. the most deprived 20% within your system) alongside other local population analysis." Please note: Certain characteristics that a person or community has, e.g. poor/low income, prison leaver, migrant, BAME background, mean that they are more likely to be living in a deprived area		
Using the information about population need and experience to inform planning of our work				
3	Use the PHPI Steering Group's Health Inequalities Profile and subsequent deep dives to further define what we are trying to improve, for the CCG to then decide what actions and by when it needs to take to make improvements (internal actions as an organisation in our own right). **Progress**: The profile was completed in March 2021. It will now be shared within the CCG at the Primary Care Commissioning Committee, Clinical Executive Committee, Quality Committee and Strategic Development Forum in May and June 2021 for discussions about how the CCG should use it to help further define what we are trying to improve.	The Profile will highlight the major differences in health outcomes within the BNSSG population – what these are, where, amongst whom, and what might be the pathways leading to these outcomes, and the opportunities to intervene. This will help further define what we are trying to improve, for us to then decide by when and what the actions we will take to make improvements. This supports the 'assessing need' and 'deciding priorities' parts of the commissioning cycle	Peter Brindle	March 2021

	Proposed action	Rationale for the action	Responsible Executive Director	By when
4	Use the Health Inequalities Profile and subsequent deep dive (which use the PHM work) and other information to inform system-wide planning. **Progress:** The priority areas identified in the Health Inequalities Profile, namely mental health and wellbeing, ischaemic heart disease, lung cancer, COPD and alcohol-related conditions/harm have steering groups that will be supported to use the profile information to inform the 'refresh' of the system 'five year plan' which will happen through the summer for sign off by the end of Q4.	The CCG plays a key role in the system in focussing on population health and in co-ordinating the planning process and can therefore influence the extent to which population need informs system-wide planning	Peter Brindle and Sarah Truelove	January 2021
5	Work with each Primary Care Network's (PCN) named health equality champion and together as a collective, to use their knowledge and experience to inform planning and actions. In the short term, this could support the work being done to ensure that the roll out of the Covid-19 vaccine proactively addresses inequalities in take up. **Progress:** The localities are engaged in the health inequalities work and include PCN health equality champions in the locality level work. This has mainly focussed on Covid-19 vaccination uptake to date.	As part of the Phase 3 eight urgent actions on health inequalities, each PCN was required to nominate their clinical director or an alternative lead to champion health equality. Their knowledge and experience, support and challenge could be used to further understand their population's need	Dave Jarrett and Colin Bradbury	February 2021

	Proposed action	Rationale for the action	Responsible Executive Director	By when
Equality Impact Assessments - robustness of assessment and their review at decision-making meetings				
6	Develop a plan for improving the robustness of Equality Impact Assessments and their review at decision-making meetings. CCG Inclusion Co-ordinator, the CCG's specialist in this area, to attend Executive Team with a proposal that moves us from the fact that we need to improve standards and expectations, to action quite urgently **Progress:** The CCG Inclusion Co-ordinator will attend Executive Team with a proposal on 5 May 2021.	Governing Body and Executive Team recognised the need to make improvements to the robustness of assessments and their review at decision-making meetings and build on the work done to support staff.	Deborah El-Sayed	January 2021
7	Health Equity Assessment Tool (HEAT) to be introduced to CCG staff **Progress:** The tool is being tested by a number of teams. It has been used by the Commissioning Policy Development team for the fertility and benign skin lesion policies, the Long Covid pathway/service team, for work on the cataracts pathway. The feedback so far has been that the tool has been very useful because it has helped people think through equalities and inequalities questions at the start of their work; highlighted gaps in knowledge and information which need to be filled and will support more robust equality impact assessments. We have also worked with the Healthier Together Portfolio Management Office (HTPMO) and are including the use of the tool in Verto to encourage its use. Completed ones will be looked at by the HTPMO	We need to think about how to identify what action can be taken to reduce health inequalities and promote equality and inclusion at the start of pieces of work. The Public Health England HEAT is designed to help people to do this.	Peter Brindle	Starting now and ongoing

	Proposed action	Rationale for the action	Responsible Executive Director	By when
	and others to understand how well it is working.			
Explicit leadership and clear identified focus				
8	CCG staff who have a Senior Responsible Officer role in CCG or Healthier Together programmes or steering groups are to be made aware that they are accountable for ensuring health inequalities are properly covered. This can include nominating a member of the programme or steering group to be work's health inequalities champion. **Progress:** Healthier Together Portfolio Management Office are adding the following to documentation issued to SROs and Programme managers defining their responsibilities: • As part of routine programme management activities, information is sourced to support understanding and decision making to reduce inequalities associated with the scope of the programme. Where issues are identified that fall out of scope of the programme which may have an adverse impact on individuals and increase any inequality, this information is shared with relevant workstreams. • Make use of any CCG resources produced to support the identification and reduction in health inequalities including the CCG's Health Equity Assessment Tool	This will provide support and challenge to programmes and steering groups.	Peter Brindle	January 2021

	Proposed action	Rationale for the action	Responsible Executive Director	By when
9	• Consider whether the training and development needs of SROs should form part of the CCG delivery of the NHS People Plan **Progress:** The CCG People Plan Steering Group is continuing to understand what training and development is needed to support implementation of the NHS People Plan. • Work with the Healthier Together People Steering Group to progress this for SROs across the system. **Progress:** After a review of this action, it is now deemed more beneficial for this to be progressed by the Healthier Together Portfolio Management Office as part of the support to SROs.	This recognises that people may need support to ensure that the programme or steering group they are SRO for ensures that health inequalities are properly covered.	Sarah Truelove Peter Brindle	February 2021 January 2021
Workforce				
10	Recruitment processes; reverse mentoring – set up more systematically; working with our workforce to understand the challenges – all to be progressed by the CCG's People Plan Steering Group and CCG Inclusion Group. **Progress:** Through the CCG's Inclusion Council the current recruitment arrangements are being reviewed. This has begun with communication to line managers about the need to make recruitment panels more diverse and will involve SCW CSU (the providers of the recruitment service) identifying developments that make the	The NHS People Plan includes a number of actions under 'Belonging in the NHS' and commitments that the NHS will be open and inclusive; ensuring that staff have a voice; compassionate and inclusive leadership.	Sarah Truelove	March 2021

	Proposed action	Rationale for the action	Responsible Executive Director	By when
	CCG as an employer more attractive and accessible to individuals from diverse communities.			
Understanding the challenges and thinking about how we're working with different communities to 'do' change				
11	Work with CCG teams to develop a way to join up a) the insights work the CCG has done to date and b) the insights that our communities give us 'unprompted' by us with both the work that the CCG and system design groups (project and steering groups) do and the way that they do it. **Progress:** As part of our mass vaccination programme, it has been critical to triangulate between different sources of information and then design solutions collaboratively in response to the insights gathered. We have therefore pulled together insights from our single system dataset, our population insights around the vaccine and 'unprompted' community insights from local authority and VCSE partners. We have then worked with community leaders and representatives to design communications and interventions which will be most effective in addressing barriers and concerns around the vaccine, and have seen significant increases in vaccine uptake in the communities we have focussed on. Moving forward, we are exploring ways to standardise approaches at an ICP level,	In order to achieve true co-design, we need to move from "designing at people" to "led by the people"	Deborah El-Sayed	July 2021

	Proposed action	Rationale for the action	Responsible Executive Director	By when
	to make this way of working routine, and use this to drive a common standard of co-production across the ICS.			

3. Financial resource implications

The main financial implication will be making decisions on the use of existing funds, both the CCG training and development budget and in discussions about how we work with our partners (service providers and other commissioners such as local authority) to allocate the overall system budget to respond to the needs we have identified and how meeting them is prioritised.

4. Legal implications

The actions described in this paper will support the CCG to meet its legal obligations as set out in the Equality Act 2010 and the Health and Social Care 2012.

5. Risk implications

As a result of the fact that the CCG as an organisation will not exist from 1 April 2022, there is a risk that the momentum for this CCG specific work will wane, resulting in some actions not being completed therefore missing the opportunity to make a contribution to reducing health inequalities. This has in part been mitigated by linking relevant actions to system-wide work and the Healthier Together Portfolio Management Office which will continue beyond April 2021. Actions relating to recruitment practices can be used to inform the processes and policies that will be put in place as part of CCG to Integrated Care System transition work.

6. How does this reduce health inequalities

The actions described in this paper have been developed in order to use the CCG's functions and responsibilities as a commissioner to contribute to reducing health inequalities. Reporting progress against the actions to Governing Body is part of giving assurance that actions are being implemented.

7. How does this impact on Equality and Diversity?

The actions described in this paper have been developed in order to use the CCG's functions and responsibilities as a commissioner to contribute to equality, i.e. having equal opportunities and rights; being treated fairly; being supported to reach potential. For example, making changes to the way that we recruit staff to increase equality of opportunity or analysing activity information to test if people accessing services have equality of opportunity to being seen in a timely way.

8. Consultation and Communication including Public Involvement

We did not consult or engage directly with the BNSSG CCG population in the development of this action plan. The plan contains actions that are based on:

- Feedback from communities given as part of national reviews which have informed NHSEI requirements of systems, e.g. the Phase 3 eight urgent actions on health inequalities

- Insights from our communities, both through the CCG/Healthier Together work and from community produced reports and feedback from groups such as the Bristol Race Equality Covid-19 Steering Group.

As part of the CCG's accountability to our population, we will include the progress we have made in the relevant reports that we publish, e.g. the annual report covering 2021/22. We also need to use our regular communication with community stakeholders to explain the actions we are taking.

Glossary of terms and abbreviations

<table>
<tr><td>Health inequalities</td><td>These are unjust and avoidable differences in people's health across the population and between specific population groups.
They do not occur randomly or by chance
They are socially determined by circumstances largely beyond an individual's control</td></tr>
<tr><td>Health outcomes</td><td>Changes in health that are a result of specific health care investments or interventions
Result of a medical condition that directly affects the length or quality of a person's life
Changes in health status that result from the provision of health (or other) services.</td></tr>
<tr><td>Co-design</td><td><table>
<tr><th>From</th><th>To (Co-design)</th></tr>
<tr><td>Making decisions for people with lived experience</td><td>Making decisions with people with lived experience</td></tr>
<tr><td>Valuing professional expertise above all</td><td>Valuing professional and lived experience equally</td></tr>
<tr><td>Seeing marginalised people as a burden</td><td>Seeing marginalised people as resilient, creative and capable</td></tr>
<tr><td>Believing that resources are scarce to make change</td><td>Seeing an abundance of experience, ideas and energy for change</td></tr>
<tr><td>Focusing on 'consumer' councils and committees</td><td>Embedding participation in everyday practice</td></tr>
<tr><td>Rushing to solutions</td><td>Slowing down to listen, connect and learn</td></tr>
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