FINAL VERSION

NHS South West Clinical Senate

Recommendations from the South West Clinical Senate Council on tackling inequalities in health and healthcare

15 July 2021

Background

The COVID-19 pandemic has shone a stark light on inequalities in health and healthcare. The twin challenges of recovering NHS services inclusively, and realising the NHS Long Term Plan ambitions, requires focus and drive at every level in the NHS[1].

Health inequalities are the differences in the status of people's health. It can be used to describe the differences:

- in life expectancy and prevalence of health conditions
- access to care
- quality of care and patient experience
- behavioural risks to health
- wider determinants of health[2]

There is a clear link between health inequalities and the levels of deprivation of the area where people live i.e. people from more deprived areas will on average have lower life expectancy than those living in areas with less deprivation. In addition, they will experience more of their lives in poor health as compared to someone from an area with less deprivation.

The COVID19 pandemic has also brought into sharp relief significant disparities with regards to mortality rates by ethnicity. People of Bangladeshi ethnicity had around twice the risk of death than people of White British ethnicity. People of Chinese, Indian, Pakistani, Other Asian, Black Caribbean, and Other Black ethnicity had between 10 and 50% higher risk of death when compared to White British [3]

The NHS has an important role in tackling health inequalities as:

- Commissioner and Service Provider
- Partner in the Integrated Care System (ICS) tasked with reducing inequalities

[1] 240621-board-meeting-item-9-tackling-inequalities-in-nhs-care.pdf (england.nhs.uk)
[2] What are health inequalities? | The King's Fund
[3] 240621-board-meeting-item-9-tackling-inequalities-in-nhs-care.pdf (england.nhs.uk)

- An anchor institution leading the way in approaches to procurement, estates management, to reduce inequalities
- An employer

The Questions

NHSEI has launched the ***'Core20PLUS5'*** initiative to drive targeted health inequalities improvements for population groups that the data suggest experience the highest level of health inequalities in terms of access, experience, and outcomes.

- ***"Core20"*** refers to the most deprived 20% of the population within a geographical footprint.
- ***"PLUS"*** refers to ethnic minorities and other population groups identified by local population health management data as experiencing health inequalities.
- ***"5"*** refers to the 5 targeted clinical areas of health inequalities: high blood pressure, early cancer diagnosis, chronic respiratory disease, annual health checks for people with serious mental illness, and maternity and perinatal.

NHSEI is seeking to develop a menu of interventions for each of the 5 clinical areas and asked the SW Clinical Senate Council to consider the following questions:

- What gets in the way of doing this?
- What should the national team consider in developing these resources?
- How would the SW Clinical Senate input into this?
- What additional sources should be investigated?

The Advice

The SW Clinical Senate Council met on 15 July 2021 to consider the NHSEI Core20PLUS5 initiative established to drive targeted health improvements for certain population cohorts that the data suggests have the lowest life expectancy and highest number of years in poor health, as compared to populations from less deprived areas.

The Clinical Senate is entirely supportive of the main thrust of the Core20PLUS5 initiative.

General Observations

At the meeting, the Clinical Senate made general observations:

1.1 There is a wealth of analysis that has been done on health inequalities, now is the time for action.

1.2 The Health Inequalities agenda requires a political will and organisational leadership and support

At the meeting, attendees went into sub-groups to discuss the clinical areas considering the above questions, posed by NHSEI.

Question 1: What gets in the way of doing this?

The Clinical Senate identified several barriers:

1.3 There are structural biases in how services are designed which reinforces inequalities, such as:

- Models of delivery such as "patients go to the clinician" vis-à-vis "outreach"
- Access to services, whether this should be by invitation or opportunistic
- Services and treatments are currently organised according to disease or condition which makes a holistic view of the person more difficult.

1.4 Funding in the commissioning and delivery of services is often structured with tightly specified design requirements and deliverables which inadvertently contributes to inequalities.

1.5 Digital inequality is an issue for segments of the population who are likely to be within the targeted population cohorts and this this constrains online access to services and relevant information about health conditions, screening, treatment options and prevention.

Question 2: What should the national team consider in developing these resources?

1.6 The Clinical Senate made several observations and recommendations for consideration by the NHSEI Health Inequalities (national team) as it develops resources to support this agenda:

Observations

High Blood Pressure

1.7 There are several possible reasons for low take-up of blood pressure health screening checks such as, it is not seen as a health priority, a poor perception of risk, lack of education, and therefore, understanding of the condition.

1.8 Blood pressure readings are presented in a numerical format which is not understandable to the average member of the public and so is an unhelpful format for raising awareness or engagement of the public.

1.9 Organisations in the South West offer blood pressure treatments to those who need it, however due to silo-working, there is still a risk of people falling through the “gaps”.

Early Cancer Diagnosis

1.10 Technological advances should be an enabler to reducing inequalities however, it is often implemented in a way that builds in inequities, by linking to existing infrastructure.

1.11 Existing infrastructure increases inequalities i.e. where travel times are long, or facilities are in places where certain groups are less likely to attend. There needs to be a shift in mindset to include “outreach” models of service delivery.

1.12 During this period of “post-pandemic recovery”, health inequalities is likely to increase as there will be a tendency to focus on the “easy to reach” populations first, in scenarios of high demand and / or limited capacity.

Chronic Respiratory Disease

1.13 People living with chronic respiratory disease may perceive this health condition as “normal” (particularly those in the targeted population cohorts). This will impact how they respond to information about the disease and engage with services.

Annual Health Check for those with severe mental illness

1.14 Individuals with severe mental illness may also have a dysfunctional lifestyle and/or be a member of the homeless community which presents unique challenges for engagement and the provision of services.

1.15 Effective 2-way communication with this population cohort is crucial. It is important that patients are listened to and their feedback is sought which underpins effective patient engagement and satisfaction.

Maternity and Perinatal

1.16 The Select Committee of Maternity Service’s recommendation for “Continuity of Carer” is challenged by the current workforce situation where staff do not want to work the extended hours that would be required, to deliver this recommendation however, this is still cited as a priority by patients, particularly during delivery.

1.17 There are workforce pressures in Maternity Services across the SW region caused by the level of staff departures due to retirement that is having a negative effect on staff morale. The Senate Council suggests that funding is required, as a starting point to address workforce issues in the region.

Recommendations

1.18 The Clinical Senate recommends that approaches are developed to ensure that everyone has an equal opportunity to:

- Access services
- Have a good experience of services
- Benefit from interventions (equality of outcomes)

1.19 The Clinical Senate recommends that the COVID 19 pandemic response and recovery will provide learning which will be beneficial to the Core20PLUS5 initiative in terms of new approaches and innovation around communications, public engagement, and service delivery.

1.20 The Clinical Senate suggests that a proactive approach to reviewing the health of people within the target population cohorts could allow the earlier identification and treatment of various health conditions. A renewed focus on health rather than just treating disease is important in the shift towards helping people to maintain their health and will improve overall outcomes for these population cohorts.

High Blood pressure

1.21 The Clinical Senate recommends that effective and credible communication messages and channels are developed. Lessons learned from the pandemic should be used to develop a communications strategy to educate people on the risk factors of high blood pressure and the importance of having regular blood pressure checks.

1.22 The Clinical Senate recommends that blood pressure results are presented in an easy-to-understand format, i.e. symbols and colours to represent the results rather than a numerical format. e.g.:

- Green, smiley face – "everything is great"
- Amber, neutral face – "need to check this further"
- Red, sad face – "get immediate help"

1.23 The Clinical Senate recommends that there are activities to raise awareness and educate the public so that they know their blood pressure (as they know their height and weight) and understand what that means in terms of their health, etc.

1.24 The Clinical Senate recommends opportunistic approaches to maximise uptake of screening. Blood pressure checks should be offered alongside vaccination campaigns and other health campaigns. This approach could engage cohorts of the population that may not ordinarily respond to a blood pressure health screening invitation.

1.25 The Clinical Senate recommends working with partners to provide additional capacity. Blood pressure checks do not have to be carried out by a healthcare professional. The NHS should work collaboratively with local partner organisations to utilize non-healthcare professionals to take blood pressure checks, etc.

Early Cancer Diagnosis

1.26 The Clinical Senate recommends that lessons are learned from previous interventions that were introduced to address inequalities to understand what worked well, etc. An example would be the Sure Start Programme[4].

1.27 The Clinical Senate recommends the following approaches to tackle inequalities in early cancer diagnosis:

- Activities to increase public awareness and education about symptoms which will lead to earlier presentation
- Clear and credible communications for the public
- Building in checks to other disease pathways, and recruiting and training non-healthcare workers to have a role e.g. tattooist in skin cancer, etc.
- Screening – are there opportunities to be more opportunistic?

[4] National evaluation of Sure Start local programmes: an economic perspective - GOV.UK (www.gov.uk)

Chronic Respiratory Disease

1.28 The Clinical Senate recommends that the public must be educated about chronic respiratory disease to raise their awareness, understanding of the risk factors, recognition of the symptoms, and treatment. It is recognised that local community and religious leaders are often trusted sources for those within the targeted population cohorts. This is important to remember when developing communication resources.

1.29 The Clinical Senate recommends that chronic respiratory disease screening and services are taken to locations where the target populations are potentially in higher numbers such as night shelters, football stadiums, sex workers, etc.

1.30 The Clinical Senate recommends that some aspects of screening for chronic respiratory disease do not require a clinician to deliver it but rather overseen by a clinician. This will allow for creative approaches for working collaboratively with local partners.

Annual Health Check for those with severe mental illness

1.31 The Clinical Senate recommends that the voluntary sector should be included in service provision as may seem more approachable to this population cohort than the statutory (public) sector. In this case, non-clinical staff could be used to provide relevant services

1.32 The Clinical Senate recommends that the annual health check could be carried out whilst individuals are receiving other treatment/ engaging with other services i.e. Annual Health Checks could be undertaken whilst individuals are receiving inpatient care, Community Mental Health teams could undertake the annual health check for individuals that are engaged with them.

1.33 The Clinical Senate recommends that Care Coordinators provide an important role that could be used to support this patient cohort as this is a trusted role that would encourage engagement.

Maternity and Perinatal

1.34 The Clinical Senate recommends that translation services continue to be engaged to translate materials and resources into different languages so that these are accessible by “seldom heard” cohorts of the populations who are speakers of other languages and speak little or no English

1.35 The Clinical Senate recommends that there is greater funding and interventions that focus on Early Years' support which will, in turn, improve the physical and mental health outcomes for children.

1.36 The Clinical Senate recommends that there needs to be strong organisation leadership with a clear message to continue collaborative work with local services, AHSNs, patient safety groups, etc.

1.37 The Clinical Senate suggests that an analysis of workforce requirements for Maternity Services across the region would be beneficial to sustain current needs and respond to projected demand. It would also help to understand the lead time to get the required workforce levels and whether there are any issues in the region.

1.38 A key consideration is the target audience for these recommendations at both national and regional levels. The SW Clinical Senate will share this report with the national NHSEI Health Inequalities team. At a regional level, this will be shared with the regional Tackling Inequalities Support Steering Group.

Question 3: What additional sources should be investigated?

1.39 The SW Clinical Senate recommends that the national team investigate the framework developed by Public Health England "A Picture of Health: An intelligence framework for the South West[5]" which provides a strategic overview of population health and wellbeing for the region. It includes key public health indicators i.e. the analysis of the causes of mortality by age group, deprivation, and demographics.

1.40 The Clinical Senate noted that the Primary Care Networks (PCNs) have been tasked within the PCN 2021/22 and 2022/23 Plans, to identify and engage population cohorts that experience health inequalities and to codesign interventions to address the unmet needs of these population cohorts. It is anticipated that delivery of interventions will commence in March 2022. One of the requirements within these plans is for PCNs to focus on improving hypertension case finding and diagnosis. [6] The Clinical Senate recommends that the national team engage the PCNs and review the findings from these activities, to understand the contribution and impact of this work in tackling health inequalities.

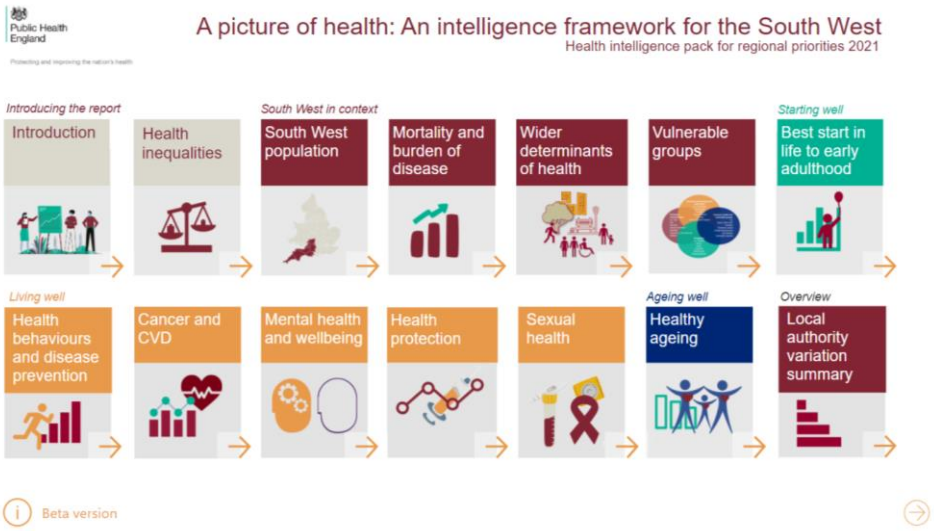

Figure 1: A picture of health

[5] Public Health England, A picture of health: an intelligence framework for the South West
[6] https://www.england.nhs.uk/publication/primary-care-networks-plans-for-2021-22-and-2022-23/

Question 4: How would the SW Clinical Senate input into this?

1.41 The Clinical Senate is supportive of the NHSEI Health Inequalities Core20PLUS5 initiative and will publish this report including recommendations and advice on its website.

1.42 The Clinical Senate will promote similar activity in the other regional Clinical Senates via the national Senate Chairs' forum.

1.43 The Clinical Senate will encourage Senate Council and Senate Assembly members to take learning from this session on health inequalities and consider the implications for their professional practice and for their host organisations.

1.44 A key consideration is the target audience for these recommendations at both national and regional levels. The SW Clinical Senate will share this report with the national NHSEI Health Inequalities team. At a regional level, this will be shared with the regional Tackling Inequalities Support Steering Group.

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