

HEALTH AND WELLBEING BOARD	AGENDA ITEM No. 5
7 DECEMBER 2020	PUBLIC REPORT

Report of:	Dr Fiona Head, Acting Medical Director NHS Cambridgeshire and Peterborough CCG	
Contact Officer(s):	Dr Fiona Head, Acting Medical Director Dr Olufunto Ogundapo, GP Registrar	Tel.01223 725400

NHS CAMBRIDGESHIRE AND PETERBOROUGH NHS HEALTH INEQUALITIES STRATEGY

RECOMMENDATIONS	
FROM: Dr Fiona Head, Acting Medical Director NHS Cambridgeshire and Peterborough CCG	Deadline date: N/A
<p>It is recommended that Peterborough Health and Wellbeing Board Meeting:</p> <ol style="list-style-type: none"> 1. Adopt the Health Inequalities Strategy and promote the awareness of the guiding principles within the strategy. 2. Continue to work in partnership across the system to address health inequalities in the delivering of services. With a focus on addressing health inequalities in the workforce and adopting a health inequalities impact assessment (HIIA) approach for all service changes. 	

1. ORIGIN OF REPORT

1.1 This report is submitted to Peterborough Health and Wellbeing Board Meeting following a request at the representatives meeting on 28 October 2020.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to present the Cambridgeshire and Peterborough NHS Health Inequalities Strategy and for adoption by the Peterborough Health and Wellbeing Board.

2.2 This report is for the Health and Wellbeing board to consider under its Terms of Reference No.

2.8.2.1 To bring together the leaders of health and social care commissioners to develop common and shared approaches to improving the health and wellbeing of the community

2.8.3.4 To keep under review the delivery of the designated public health functions and their contribution to improving health and wellbeing and tackling health inequalities

3. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	NO
---	-----------

4. BACKGROUND AND KEY ISSUES

4.1 **Cambridgeshire and Peterborough NHS Health Inequalities Strategy**

The attached document is a Strategy for the NHS to address Health Inequalities.

It was written by a NHS system-wide health inequalities group and has been approved by the Sustainability Transformation Partnership (STP) Joint Clinical Group, STP Clinical Communities Forum and Clinical Commissioning Group (CCG) Governing Body.

In Cambridgeshire and Peterborough stark inequalities exist in the social determinants of health, risk factors, health care provision and clinical outcomes across socio-economic, disadvantaged and inclusion health groups. A 10-year life expectancy gap exists between men living in the poorest areas of Peterborough compared to the richest areas of Cambridge. The gap in life expectancy is driven by early deaths in cardiovascular disease, cancer, and respiratory conditions

The NHS System Health Inequalities Group, based on national and international recommendations, have developed seven “Guiding Principles”.

These are:

1. Explore the impact of decisions on health inequalities early in the decision-making process.
2. Value staff through parity of recruitment, promotion and employment.
3. Offer simple, hassle-free services.
4. Partner with other organisations to take a place-based approach to address social determinants of health.
5. Allocate health care resources proportionate to need.
6. Consider actions at different stages of life.
7. Harness the community benefits of the Social Value Act.

4.2 The Cambridgeshire and Peterborough NHS Health Inequalities Strategy recommends the following three priority areas for the STP:

Priority area 1 - Working across the system to reduce health inequalities

Recommendations are:

- I. Establish a Health Care System Inequalities Group to monitor and drive action on health inequalities. There is now a system wide Health Inequalities Board that drives the actions on health inequalities.
- II. Promote awareness of the Guiding Principles and embed them in commissioning and delivering of services across all STP partners.
- III. Increase the use of Health Inequality Impact Assessment (HIIA). An officer is being recruited to support this work.
- IV. Address inequalities in workforce distribution.

Priority area 2 - Addressing inequalities through Needs-Based Commissioning for Outcomes

Recommendations are:

- I. Allocate discretionary funding proportionate to need. This is currently being trialled in diabetes funding.
- II. Allocate elective care based on need.

Priority area 3 - Addressing inequalities in cardiovascular mortality through targeted action on hypertension and diabetes

Recommendations are:

- I. Reduce inequalities in hypertension management in primary care.
- II. Reduce inequalities in diabetes care in primary care.

4.3 **Regional Programme**

NHSE/I together with Public Health England have commenced a regional Health Inequalities and Equality, Diversity and Inclusion Programme.

Cambridgeshire and Peterborough NHS: Organisation of health inequalities work

The task and finish group that produced the strategy has evolved into an NHS system-wide Health Inequalities Board to which the Executive Health Inequalities Leads of each organisation have been invited. It is a collaborative group with membership from all organisations, Healthwatch and the Local Authority. This Board will report into both the Joint Clinical Group and Recovery Oversight Group.

The Health Inequalities Board is overseeing delivery of an action plan that combines the actions in the Cambridgeshire and Peterborough NHS Health Inequalities Strategy with the requirements of the national letter that was issued in July by NHS E/I to direct the third phase of the NHS recovery to covid.

4.4 **Progress in local work programme**

Resourcing health inequalities work and systematising inequalities impact assessment

The CCG is recruiting to a Health Inequalities Manager and Health Inequalities Impact Assessment Officer post. When this team is in place the pace of the NHS inequalities reduction work will increase.

As the NHS STP evolves into an Integrated Care System systematic, proportionate application of health inequality impact assessment processes will enable exploration of the impact of decisions on health inequalities early in the decision-making process (Health Inequality Strategy guiding principle 1).

Addressing inequalities in workforce availability

The Cambridgeshire and Peterborough NHS Health Inequalities Strategy highlights the inequality in workforce provision across the STP area for both primary and secondary care.

The reasons for this are complex and solutions are likely to be slow to enact. However anecdotally these inequalities are known to have existed for some time. Over the period of the COVID-19 pandemic there has been an increased realisation of system clinical risk that this produces. This has been particularly clearly seen in the area of respiratory care.

The Health Inequalities Board is therefore prioritising scoping this as an area of ongoing work. This is in line with guiding principle 5 of our Health Inequalities Strategy - allocate resources in proportion to need.

5. REASON FOR THE RECOMMENDATION

- 5.1 Persistent health inequalities exist across the Cambridgeshire and Peterborough STP footprint and the Strategy has NHS support to work to address the factors that are under NHS control.

6 APPENDICES

- 6.1 Appendix A: Cambridgeshire and Peterborough NHS Health and inequalities strategy PDF

This page is intentionally left blank