



Office for Health
Improvement
& Disparities

The approach to health equity in England and why it matters.

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What do we mean by the term health equity?

The NHS **VISION** is to provide exceptional quality healthcare for **ALL** ensuring;

equitable access to health services
excellent experience of health services
optimal outcomes from health services

ALL = people from all socio-economic, ethnic, minority backgrounds.

This requires a strategic framework with measurement and assessment processes



The English health and care infrastructure

National government sets strategy and policy and provides funding (£230bn in 2022)

The National Health Service (NHS) operates via 7 regions and 42 Integrated Care Systems (ICSs)

Local government operates through 150 local authorities (London has 32 local authorities). North East & Yorkshire has 27 local authorities (pop 8.5m)

Most ICSs work with more than one local authority

Some local authorities have to work with two ICSs

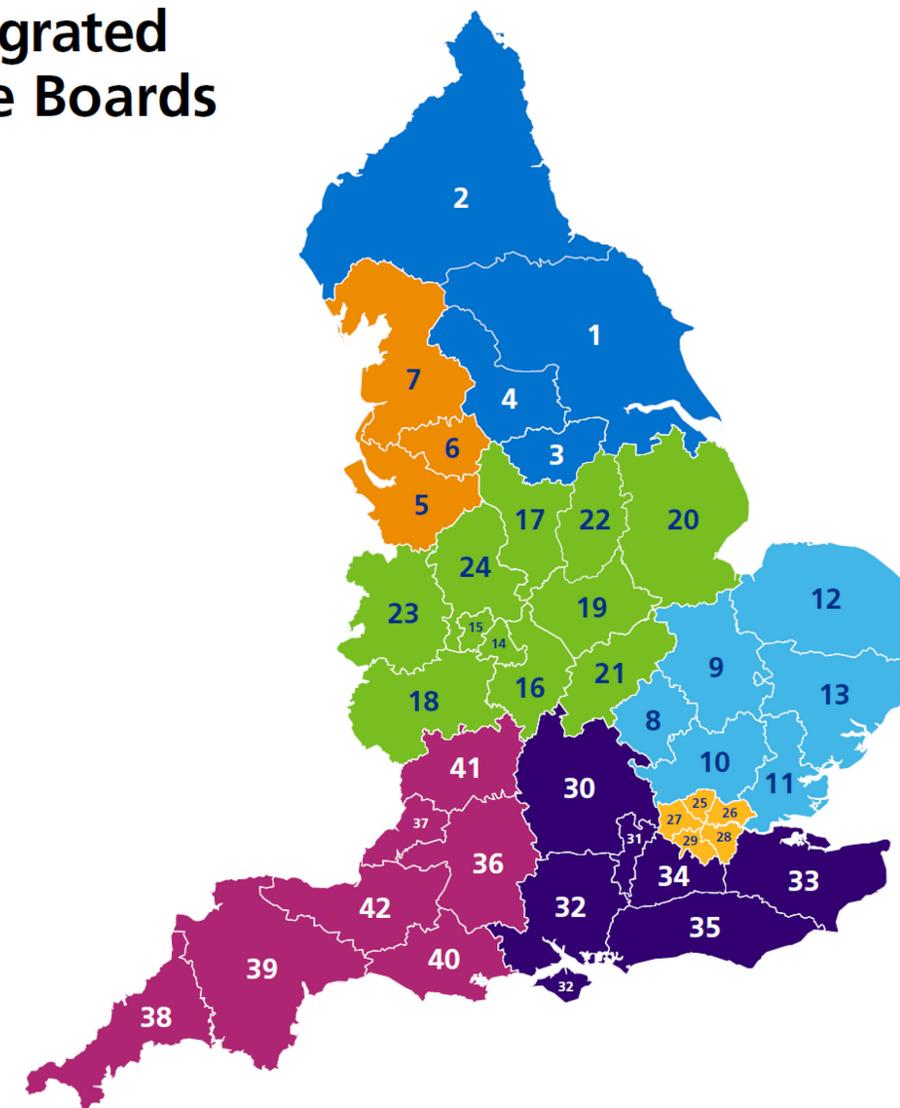
All NHS health care is free and covered by tax revenues



• Regions and ICBs

North East & Yorkshire ■ <ul style="list-style-type: none"> 1 NHS Humber and North Yorkshire 2 NHS North East and North Cumbria 3 NHS South Yorkshire 4 NHS West Yorkshire 	Midlands ■ <ul style="list-style-type: none"> 14 NHS Birmingham and Solihull 15 NHS Black Country 16 NHS Coventry and Warwickshire 17 NHS Derby and Derbyshire 18 NHS Herefordshire and Worcestershire 19 NHS Leicester, Leicestershire and Rutland 20 NHS Lincolnshire 21 NHS Northamptonshire 22 NHS Nottingham and Nottinghamshire 23 NHS Shropshire, Telford and Wrekin 24 NHS Staffordshire and Stoke-on-Trent 	South East ■ <ul style="list-style-type: none"> 30 NHS Buckinghamshire, Oxfordshire and Berkshire West 31 NHS Frimley 32 NHS Hampshire and Isle of Wight 33 NHS Kent and Medway 34 NHS Surrey Heartlands 35 NHS Sussex
North West ■ <ul style="list-style-type: none"> 5 NHS Cheshire and Merseyside 6 NHS Greater Manchester 7 NHS Lancashire and South Cumbria 	London ■ <ul style="list-style-type: none"> 25 NHS North Central London 26 NHS North East London 27 NHS North West London 28 NHS South East London 29 NHS South West London 	South West ■ <ul style="list-style-type: none"> 36 NHS Bath and North East Somerset, Swindon and Wiltshire 37 NHS Bristol, North Somerset and South Gloucestershire 38 NHS Cornwall and The Isles Of Scilly 39 NHS Devon 40 NHS Dorset 41 NHS Gloucestershire 42 NHS Somerset
East of England ■ <ul style="list-style-type: none"> 8 NHS Bedfordshire, Luton and Milton Keynes 9 NHS Cambridgeshire and Peterborough 10 NHS Hertfordshire and West Essex 11 NHS Mid and South Essex 12 NHS Norfolk and Waveney 13 NHS Suffolk and North East Essex 		

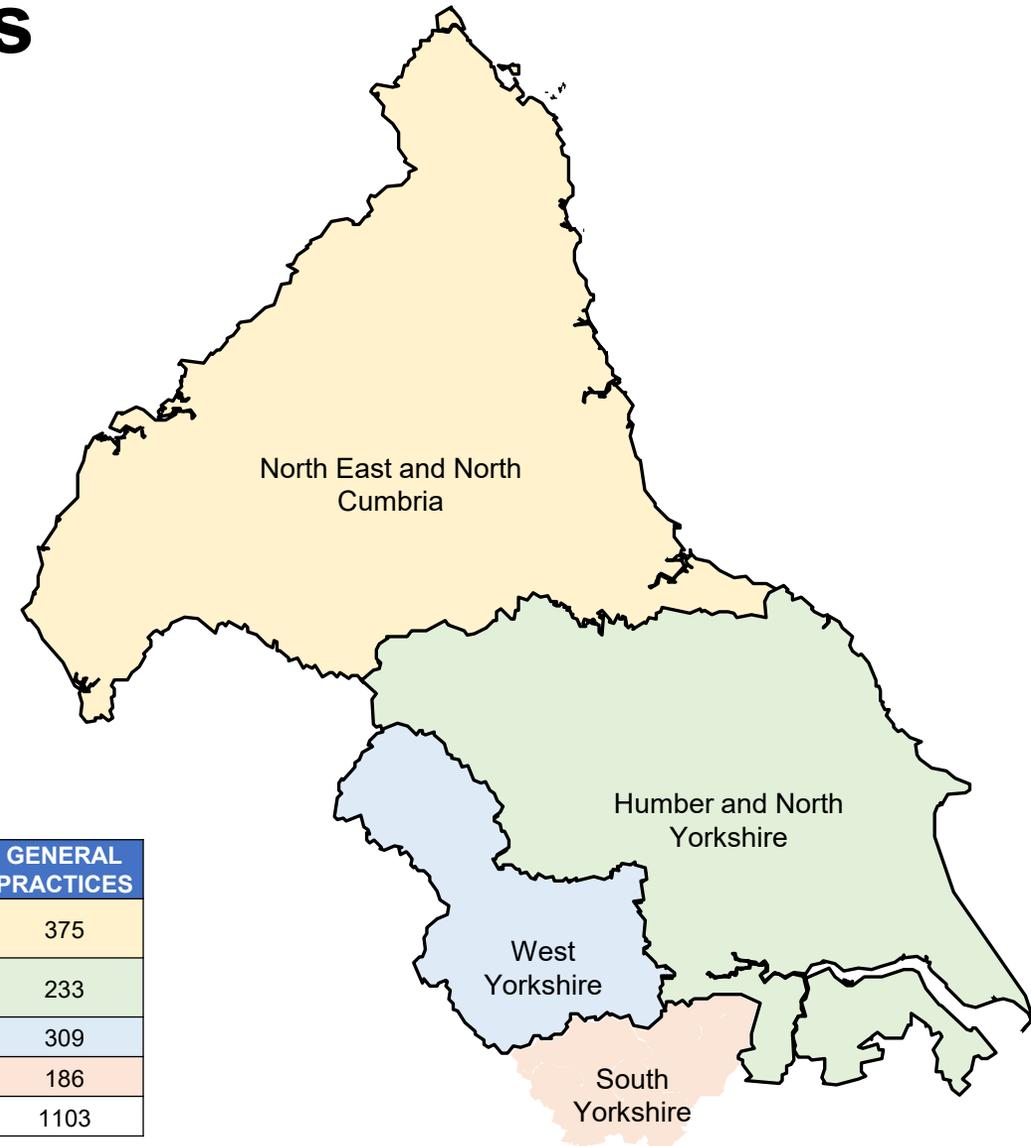
Integrated Care Boards



1 April 2023



North East and Yorkshire ICBs



SYSTEM	POPULATION	LOCAL AUTHORITIES	NHS TRUSTS†	ACUTE TRUSTS	COMMUNITY/ MH TRUSTS	AMBULANCE TRUSTS	PCNs	GENERAL PRACTICES
North East and North Cumbria	3,008,913	14	11	8	2	1	67	375
Humber and North Yorkshire	1,708,723	6	9	5	3	1	46	233
West Yorkshire	2,402,573	6	10	5	4	1	52	309
South Yorkshire	1,415,054	4	9	5	3	1	31	186
TOTAL	8,535,263	29	33	22	9	2	196	1103



What is an Integrated Care System?

Integrated care systems (ICSs) are new partnerships (created in 2022) between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that **improves population health** and **reduces inequalities between different groups**.

Key aims:

1. **Improve outcomes** in population health and healthcare
2. **Tackle inequalities** in outcomes, experience and access
3. Enhance **productivity and value for money**
4. Help the NHS support broader **social and economic development**



Current policy approach in England

- NHS focus on health inequalities, e.g Core 20 plus 5 programme, national director of prevention, national director of health inequalities.
- NHS: improve secondary prevention, e.g. CVD
- Integrated Care Systems focus on health inequalities = priority
- Levelling up agenda – a cross government initiative
- The positive influence of local government and partnerships: Devolution



REDUCING HEALTHCARE INEQUALITIES

The Core20PLUS5 approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation



PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



Target population

CORE20 PLUS 5

Key clinical areas of health inequalities

- 1
- 2
- 3
- 4
- 5



MATERNITY
ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups



SEVERE MENTAL ILLNESS (SMI)
ensuring annual health checks for **60%** of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)



CHRONIC RESPIRATORY DISEASE
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations



EARLY CANCER DIAGNOSIS
75% of cases diagnosed at stage 1 or 2 by 2028



HYPERTENSION CASE-FINDING
and optimal management and lipid optimal management

SMOKING CESSATION
positively impacts all 5 key clinical areas

Five Priority Actions for Systems 2023/24

- **Priority 1: Restoring NHS services inclusively:** where performance reports will be broken down by **patient ethnicity and Index of Multiple Deprivation (IMD) quintile**, focusing on unwarranted variation in referral rates and waiting lists for assessment, diagnostic and treatment pathways, immunisation, screening and late cancer presentations.
- **Priority 2: Mitigating against ‘digital exclusion’** – ensuring providers offer face-to-face care to patients who cannot use remote services;
- **Priority 3: Ensuring datasets are complete and timely** – to continue *to improve data collection on ethnicity*, across all health services, including data on waiting lists
- **Priority 4: Accelerating preventative programmes;** covering flu and Covid-19 vaccinations; annual health checks for people with severe mental illness (SMI) and learning disabilities
- **Priority 5: Strengthening leadership and accountability** –Utilising the Health Inequalities Leadership Framework, developed by the NHS Confederation.



NHS Board Leadership Framework for ICS boards

- Download the [Health Inequalities Board Assurance Tool \(pdf\)](#).
- Use the [scorecard to help benchmark your journey](#) when using the tool (xls).
- Use our [Board Reporting Template \(.doc\)](#) to help you report back to your board.
- Read our [Leadership Framework for Health Inequalities Improvement FAQs](#) - a collation of questions and answers gathered during our seminars.



Health Equity Assessment Tool (HEAT) to drive system-level action

HEAT is a *practical internationally recognised* framework which enables professionals across the public health and healthcare landscape to:

- **Systematically identify and address** (assess) health inequalities and equity related to a programme of work or service
 - **Identify what action** can be taken to reduce health inequalities and promote equality and inclusion (in collaboration with stakeholders)
 - **Review the progress** in line with identified priorities and areas for improvement (e.g. part of quality improvement cycle)
 - **Versatility of application** e.g. equity in treatment/programme access, service re-design, policy design and delivery, research collaboration etc
- [HEAT](#)
 - [HEAT e-learning](#)
 - [HEA guide for screening providers and commissioners](#)



Diabetes Prevention Programme and service

Programme	Aims	Outcomes
Diabetes Prevention Programme	HEAT was used to ensure that Diabetes Prevention programme has a systematic approach to inequalities and equity	HEAT enabled the diabetes prevention led to: <ul style="list-style-type: none">• identified clear gaps in the service provision• agreed actions to improve the quality• improved equity in delivery• improved equity in access and outcomes



Figure 44: A graph showing the non-elective admission rates where diabetes is recorded for patients across Durham and Darlington between January 2015 and June 2021

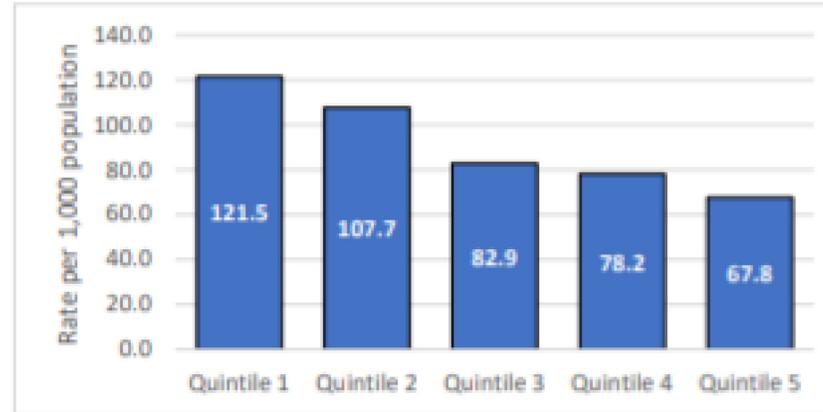


Figure 45: A graph showing the costs associated with elective admission rates where diabetes is recorded for patients across Durham and Darlington between January 2015 and June 2021

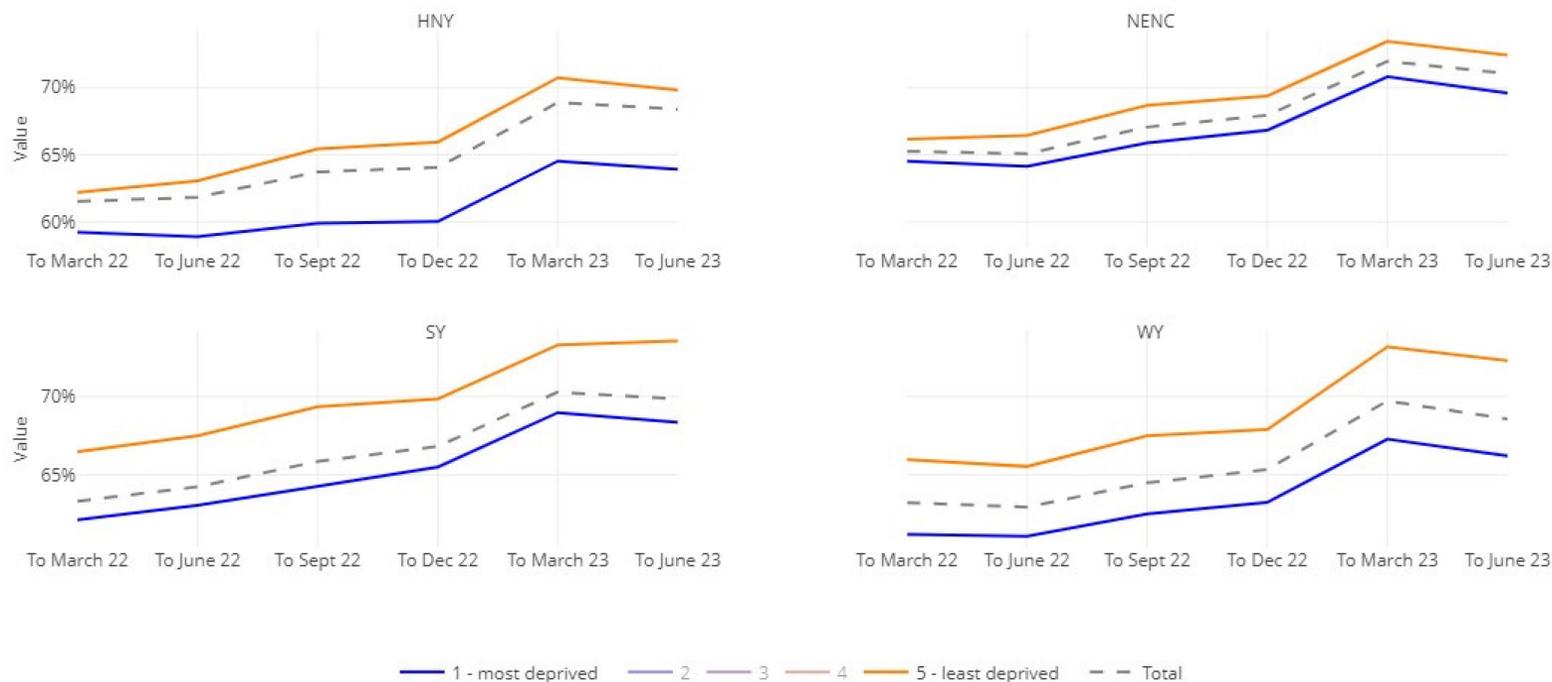


Hypertension

Indicator: Percentage of patients aged 18 and over, with GP recorded hypertension, in whom the last blood pressure reading is below the age-appropriate treatment threshold.

Target: Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024.

The chart below shows a time series view of inequalities data highlighting the most and the least deprived by each of the North East and Yorkshire ICBs.



For each geography the performance for patients from the most deprived deprivation quintile are represented by the blue line, patients from the least deprived quintile by the orange line, and overall performance by the black line.

CVDPREVENT metrics are collected on a rolling 12-month basis. **Please note: This means each point on the time series chart should not be considered unique.** For example, the period 'to September 2022' will cover October 2021 – September 2022. The period 'to December 2022' will then cover January 2022 – December 2022. This means data from 9 of the 12 months (January – September 2022) will appear in both time periods.



Services and business planning during COVID 19

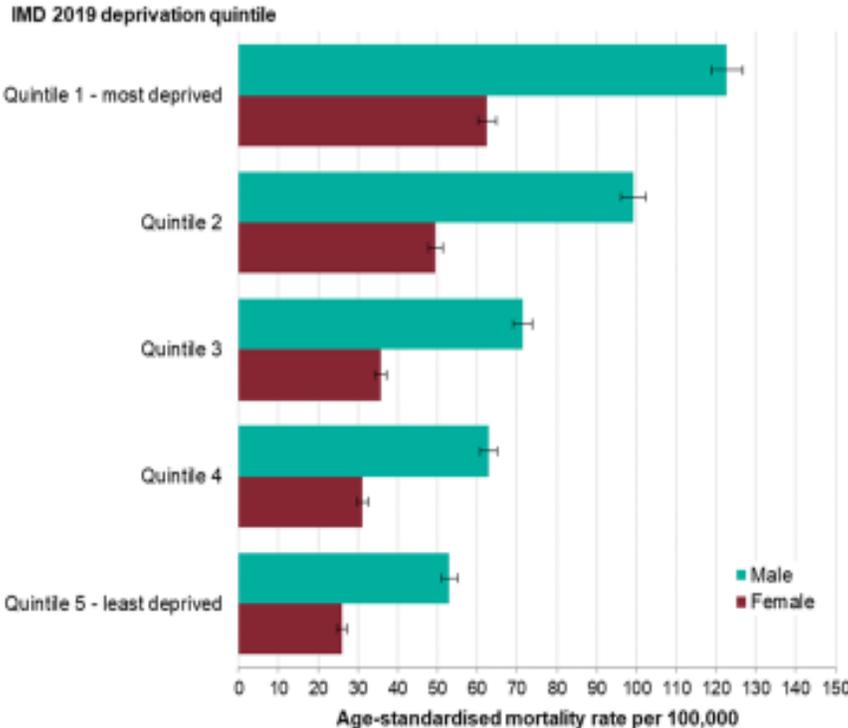
Programme	Aims	Outcomes
Service improvements during COVID-19 pandemic	<ul style="list-style-type: none">HEAT was used to identify inequalities and improve equitable access to services and national programmes during COVID 19 in EnglandIt helped in identifying and engaging communities and key-stakeholders in creating solutions to ensure	<ul style="list-style-type: none">HEAT provided an evidence-based opportunity to systematically consider the impact of COVID on health inequalities as part of the COVID responseIt enabled areas to assess the changes and adjustments required to improve their services/programmes during COVID-19, for example, access to COVID vaccinations.



Deaths – Deprivation

The rate in the most deprived quintile was 2.3 times the rate in the least deprived for males, and 2.4 times the rate for females

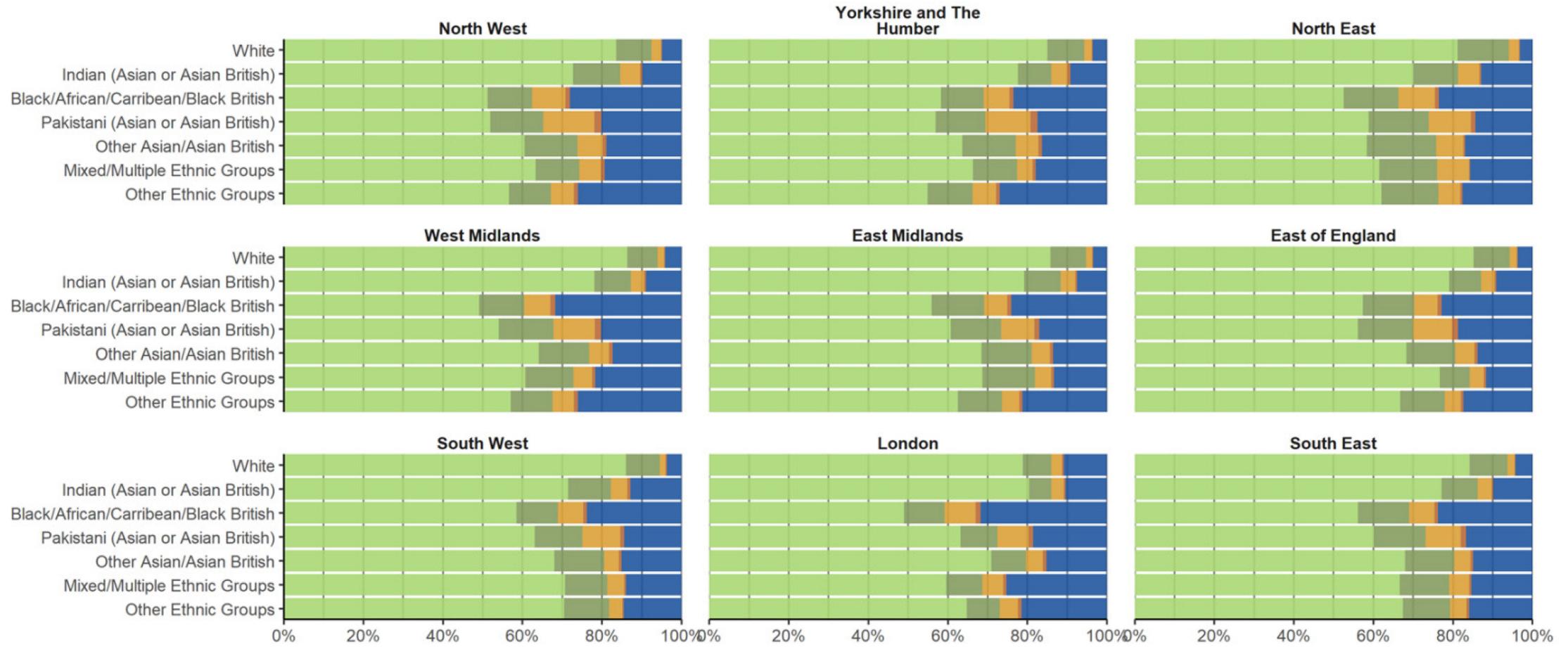
Figure 3.4: Age standardised death rates in laboratory confirmed COVID-19 cases by deprivation quintile and sex, as of 13 May 2020, England



Source: Public Health England COVID-19 Specific Mortality Surveillance System

Regional comparison: cumulative vaccine uptake by ethnicity for 60+

Vaccinations in England on 12 June 2021 in those aged 60+, by ethnicity



Data used: NIMS (NHSEI/PHE) up to 12 June 2021, PHE/NIMS population data. Produced by Joint Biosecurity Centre.

Doses received: Light Green 2 (> 21 days ago) Dark Green 2 (in last 21 days) Light Orange 1 (> 21 days ago) Dark Orange 1 (in last 21 days) Blue 0

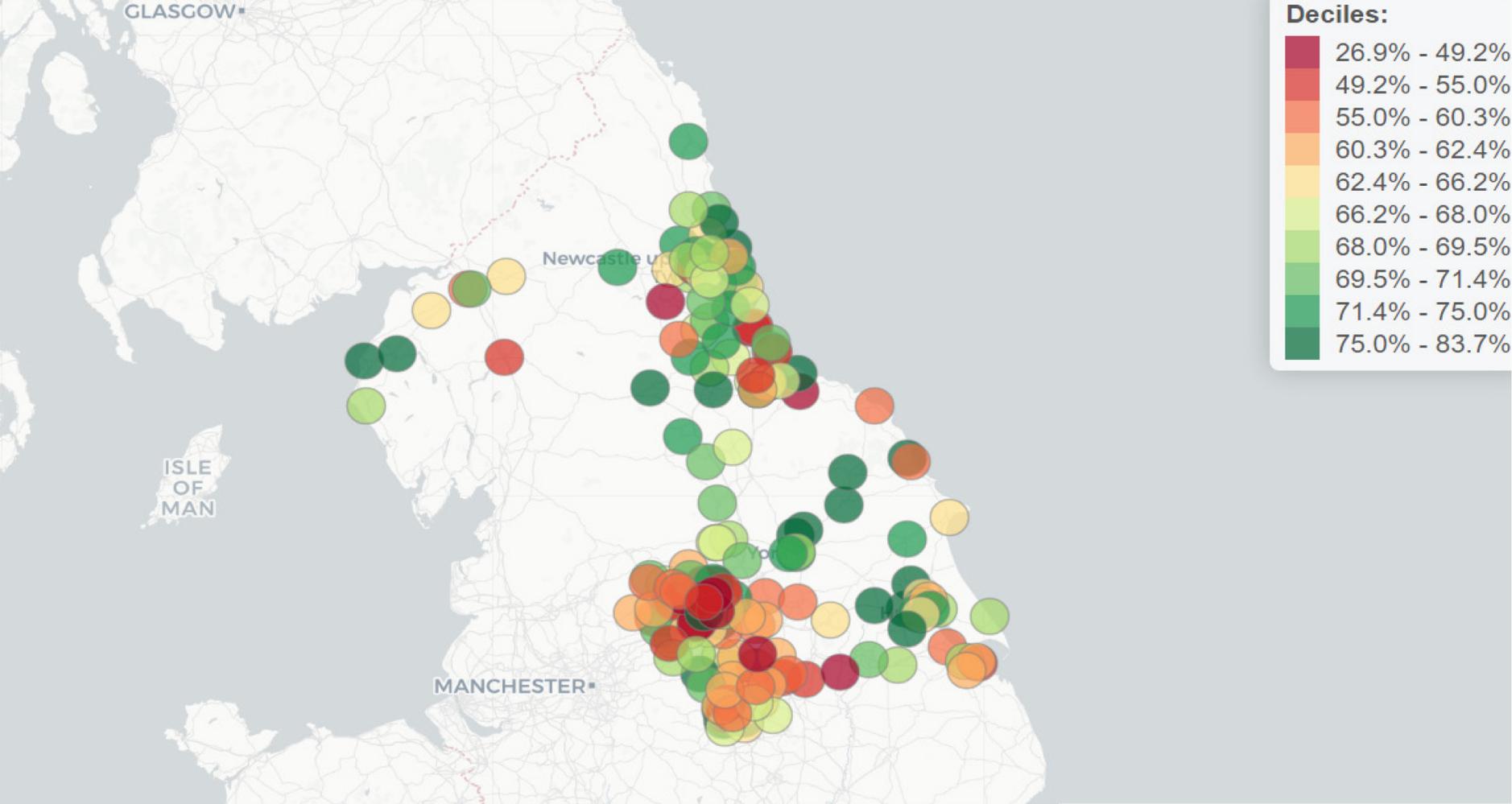


National Screening Programme

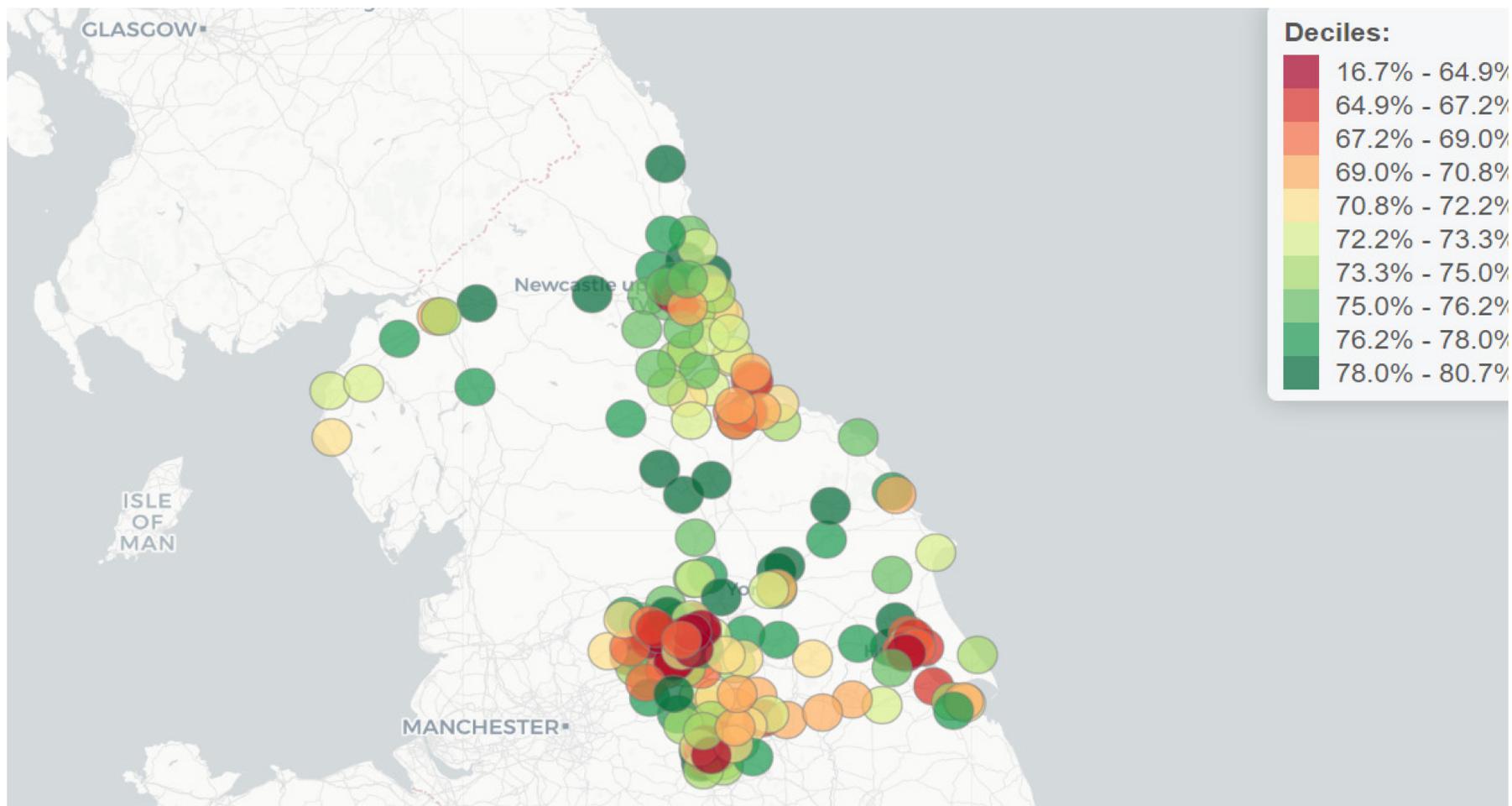
Programme	Aims	Outcomes
National Screening Programme (Strategy)	<ul style="list-style-type: none">Identifying health inequalities for the eligible cohort of screening servicesAssessing equity in relation to screening servicesIdentifying actions screening professionals need to take to help reduce inequalities to improve access and uptake	<ul style="list-style-type: none">HEAT embedded in the national Screening Inequalities StrategyScreening inequalities and barriers identified and addressed in the delivery of the national screening pathwayDeveloped a specialised guidance HEA guide for screening providers and commissioners to ensure equity is actively embedded in the delivery of services in EnglandInformed Digital Transformation and developments of screening services



Breast screening uptake April 2023 for North East and Yorkshire

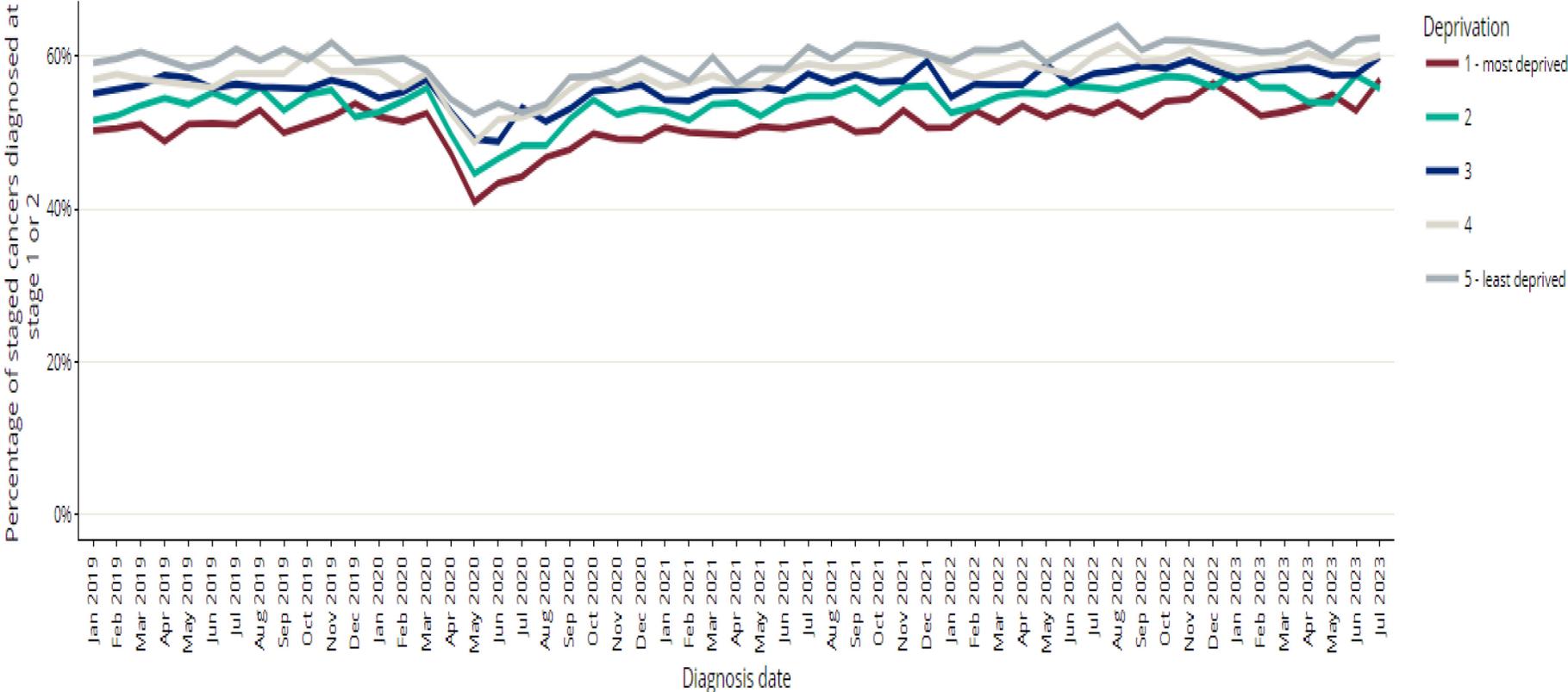


Bowel screening uptake for North East & Yorkshire April 2023



Proportion of cancers in England diagnosed at stage 1 or 2 from 2019 to 2023

Early stage proportion, England, January 2019 to July 2023
Cancer group: All sites combined



This work has been produced by the National Disease Registration Service (CAS2310).

Delivery = making improvements to increase equity

Area	Metric	Time Period	Humber and North Yorkshire	North East and North Cumbria	South Yorkshire	West Yorkshire
Cancer	Breast Screening Uptake	3 years to March 2023	Higher Uptake Narrower Inequalities	Higher Uptake Narrower Inequalities	Lower Uptake Wider Inequalities	Lower Uptake Wider Inequalities
	Bowel Screening Uptake	2.5 years to March 2023	Higher Uptake Narrower Inequalities	Higher Uptake Narrower Inequalities	Higher Uptake Narrower Inequalities	Same Uptake Wider Inequalities
CVD	Controlled Hypertension (18-79)	Year to June 2023	Higher Performance Wider Inequalities	Higher Performance Narrower Inequalities	Higher Performance Wider Inequalities	Higher Performance Wider Inequalities
	Controlled Hypertension (80+)	Year to June 2023	Higher Performance Wider Inequalities	Higher Performance Wider Inequalities	Higher Performance Wider Inequalities	Higher Performance Wider Inequalities
	Hypertension Blood Pressure Tests	Year to June 2023	Higher Performance Wider Inequalities	Higher Performance Wider Inequalities	Higher Performance Wider Inequalities	Higher Performance Wider Inequalities
Maternity	Pre-Term Births	Year to June 2023	Higher Pre-Term Births Wider Inequalities	Higher Pre-Term Births Wider Inequalities	Higher Pre-Term Births Wider Inequalities	Lower Pre-Term Births Narrower Inequalities
Serious Mental Illness	Annual Health Checks	2023/24 Q2	Lower than England	Higher than England	Higher than England	Higher than England
Ethnicity Recording (% Valid Records)	Emergency Care Data Set (ECDS)	September 2023	Lower than England	Higher than England	Higher than England	Higher than England
	SUS Outpatient	September 2023	Lower than England	Higher than England	Higher than England	Higher than England
	SUS Inpatient	September 2023	Lower than England	Higher than England	Higher than England	Higher than England

The labels on the chart above are taken from the latest Quadrant Chart position, comparing overall performance and inequalities for a metric against England as a whole. Inequalities are measured using the Slope Index of Inequality (SII).



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Appendix (1)- Adult Weight Loss Services (Sheffield)

Programme	Aims	Outcomes
Weight loss management services (Family Weight Loss (FWL) services, Adult priority 1 (AP1) and Adult priority 2 (AP2), Sheffield city region)	With the onset of Covid-19 and mandated social distancing requirements, assess the challenges to access and consider re-design of delivery of services	<ul style="list-style-type: none">• Changes were made to service delivery of the weight loss management services to secure uptake• Key indicators related to uptake and engagement within target population groups were defined• Those referred to bariatric surgery – data will be assessed separately as this group experienced additional challenges to service access (ie delays)• More comprehensive evaluation available upon request



Appendix (2)- Addressing Equity developing national health protection guidance (Covid 19)

Drivers:

- legal obligation to ensure that the decisions we make and the products we release comply with the equality duty under the Equality Act 2010
- Secretary of State Remit letter reduce health inequalities
- High risks in ensuring that segments of population (e.g. visually impaired, learning disability, older adults, migrants etc) will be unintentionally dismissed due to lack of considerations/access to national guidance

Findings:

- Accessing national guidance (e.g. language barrier, cognitive function, visual impairment, learning disability)
- Understanding guidance
- Stay at home
- Self-isolation (Age, Disability, Health)

Mitigations (national guidance development):

- Signpost to support services
- Guidance available from sources other than Gov.uk
- Link to mental health guidance
- Translated guidance
- Easy read versions of guidance
- Simpler guidance; pictorial versions



REDUCING HEALTHCARE INEQUALITIES FOR CHILDREN AND YOUNG PEOPLE

CORE20

The most deprived 20% of the national population as identified by the Index of Multiple Deprivation



The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

PLUS

ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



Target population

CORE20 PLUS 5

Key clinical areas of health inequalities

1



ASTHMA

Address over reliance on reliever medications and decrease the number of asthma attacks

2



DIABETES

Increase access to Real-time Continuous Glucose Monitors and Insulin pumps in the most deprived quintiles and from ethnic minority backgrounds & increase proportion of children and young people with Type 2 diabetes receiving annual health checks

3



EPILEPSY

Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism

4



ORAL HEALTH

Address the backlog for tooth extractions in hospital for under 10s

5



MENTAL HEALTH

Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation