

Welcome

Leadership Framework
Health Inequalities
Improvement Programme

Your role as a non-executive board member



- Horizon scanning
- Diversity of thought using insight on the needs of your local community
- Making sure the NHS £ is used effectively
- Now is the time to act on the opportunities

Practical leadership support and tools



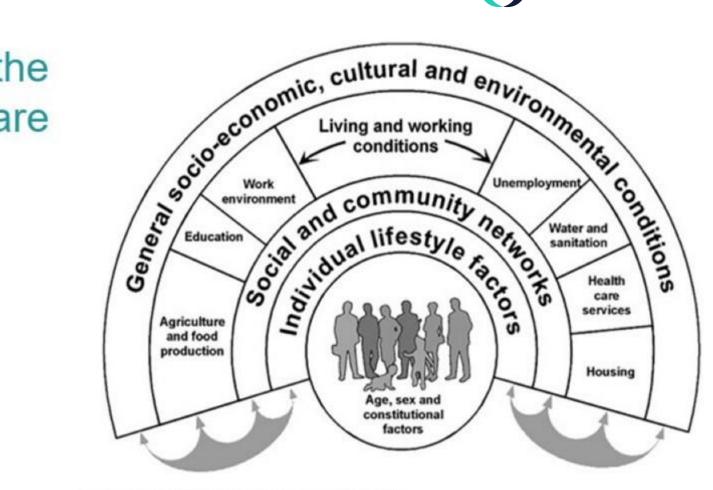
System wide action – where can Providers play a role?

Key aims for an Integrated Care System (September 2021)

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development



What is possible when the determinants of health are outside my control?

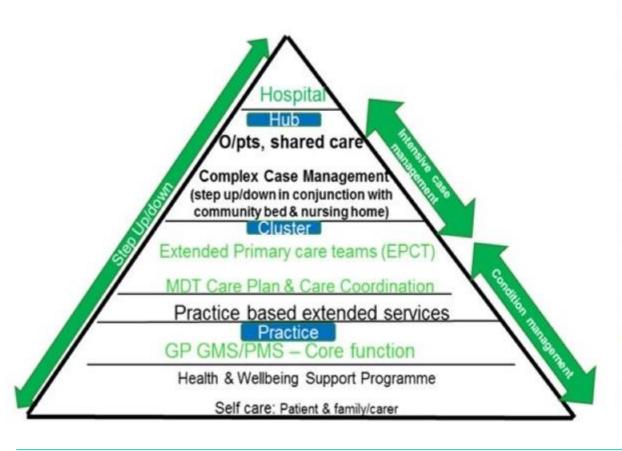


Source: adapted from Dahlgren and Whitehead, 1991



Action on inequality as a provider in the system

Ref: Newham System



Patients continually move between different parts of the health & social care system and/or receive care from many parts at the same time.

Focus on equitable access, excellent experience & optimal outcomes for all.

Better business model reduces DNAs/cancellations, reduces A&E attendance/emergency admissions, aids elective recovery, and improves hospital discharge efficiency.

Tackling inequality is everybody's business

Managing competing priorities: mainstreaming action on inequality



NHS Long Term Plan

- Government mandate to the NHS Phase 3 letter 31st July 2020
- Implementing Phase 3 of the NHS response 7th August 2020:
 8 Key actions for NHS organisations
- NHSE 2021/22 Operational/Implementation Planning Guidance – 5 key priorities
- Elective Recovery Fund Health Inequalities Gateway
- The 2021/22 NHS Contract

What does the NHS 21/22 contract require?

Schedule 2N: Health Inequality Action Plan

specific actions aimed at reducing inequalities in access, experience and outcomes, from care and treatment, with specific reference to services being provided under this Agreement.

What is your organisation's plan?

 This is to be rooted in wider system for partnership working across the local area.

What is your system's plan?



Practical tools: 1. Board assurance tool

Based on earlier work by Professor Chris Bentley

- Grid based on the five national priorities for tackling health inequalities and the 8 key lines of enquiry (KLOE) from the CQC Well Led Domain.
- Standalone or as part of assurance reporting based on the CQC domains:
 - as a prompt for questioning
 - as a reporting tool for assurance
 - to assess how plans and strategies measure up on action on inequality.
- Supports collaborative working with the exec lead SRO for health inequality.
- Optional scorecard to assess each element (red/amber/green) and monitor progress.

Board assurance tool





Health Inequalities Board assurance tool Leadership Framework

Exceptional quality healthcare for all through equitable access, excellent experience and optimal outcomes

About this tool

This board assurance tool is built on the Care Quality Commission's (CQC) well led domain eight key lines of enquiry measures (KLOEs),* and the five national priorities for tackling health inequalities 2021/22:

- 1. Restoring NHS services inclusively, breaking down performance reports by patient ethnicity and indices of multiple deprivation (IMD)
- 2. Mitigating against digital exclusion, identifying who is accessing different modes of consultation by collecting data on patient age, ethnicity, disability status, condition, IMD quintile.
- 3. Ensuring datasets are complete and timely, improving data collection on ethnicity across primary care, outpatients, A&E, mental health, community services, specialised commissioning.
- 4. Accelerating preventative programmes: flu and COVID-19 vaccinations, annual health checks for those with severe mental illness and learning disabilities, continuity of carers for maternity services, targeting long-term condition diagnosis and management.
- 5. Strengthening leadership and accountability, which is the bedrock underpinning the four priorities above, with system and provider health inequality leads having access to Health Equity Partnership Programme training, as well as the wider support offer, including utilising the new Health Inequalities Leadership Framework.

How to use this tool

The tool can be used in conjunction with other frameworks or reports already in use by boards or board sub-committees, which are based on the CQC domain measures. It can also be used as a standalone tool. It is intended to assist board members to assess any strategies, delivery plans or other initiatives for their impact on health inequality, not just those proposals that have addressing inequality as a specific purpose. The text in each box is intended to be a prompt to stimulate questioning and to act as an assurance mechanism. The tool may be supplemented by a scorecard, provided separately, so that assessment outcomes can be seen at a glance.

This tool does not remove the need for an Equality Impact Assessment (EIA), although elements of an EIA may flag up potential positive or negative impacts on health inequalities to take into account.

The tool is for collaborative use, especially with the Executive lead (SRO) for health inequalities.



^{*}These have been modified in the tool to reflect the specific action required on tackling health inequalities.

First page of the tool



National priorities for **health inequalities**

Key Lines of Enquiry	•		P3. Ensure datasets are complete and timely	P4. Proactively engage people at greatest risk in prevention	P5. Strengthen leadership and accountability	
K1. Leadership capability focused on achieving health equity	*Bring questioning and challenge to ensure health equity is at the heart of plans for restoring services and reducing waiting lists.	*Ensure focus on equitable access for all in digital plans, and fair access for all via digital routes, face to face and telephone.	*Ensure relevant and complete datasets are collected and utilised in decision-making to tackle inequality. *Ensure collaborative working to complete patient datasets across the system. *Include patient-level data on social factors so that prioritising is based on the whole person, balance of clinical and social factors.	*Collaborative leadership with partners and primary care, place-based approach, empowering communities, and building on assets and strength.	*Tackling inequality is not a separate programme. Embed it in leadership, decision-making, strategies and delivery plans. *Board health inequalities senior responsible officers (SROs) to have passion, commitment and ensure a high profile on health inequalities. *Show leadership across the system. Collaborative working with senior leaders and health inequality leads in the integrated care system (ICS), other provider organisations and primary care networks (PCNs). *Resist pressure on delivering numbers, eg waiting list reduction, without taking into account the impact of inequality. Give board backing to operational staff.	



Board assurance tool: meeting the requirements of the CQC

8 key lines of enquiry

- 1. Leadership capability focused on achieving health equity
- 2. Clear vision and credible strategy to deliver action on inequality with robust delivery plans
- **3.** Equality and diversity are actively promoted in the workplace so that service access and delivery are high quality, sustainable and sensitive to the needs of **all**. Staff well being is supported.
- **4.** Clear responsibilities, roles and systems of accountability, to support good governance and management on tackling inequality.
- **5.** Clear effective processes for managing risks, issues and performance, with focus on achieving equity.
- **6.** Appropriate and accurate information to measure progress.
- 7. People who use our services, our communities, staff and external partners, are involved and empowered to ensure services have equitable access, excellent experience and optimal outcomes for all.
- 8. Robust systems and processes for learning, continuous improvement and innovation, to achieve equity.

Practical tools: 2. Board reporting template





The purpose of this report is to brief the Board on progress in relation to plans for tackling health inequalities.

Executive Summary Set out the key deliverables Include key intelligence drawn from data to measure progress, with specific regard to ethnicity and deprivation Take pointers from the Board Assurance Tool and/or Scorecard Include insights drawn from evidence

Which Health Inequality priority does this report address?

	National Priorities			Local Priorities (add below)	
•	Restoring NHS services inclusively		а		
- [Mitigating against 'digital exclusion'		b		
- [Ensuring datasets are complete and timely		С		
- [4	Accelerating preventative programmes		d		
4	Strengthening leadership and accountability		е		

Recommendations for the Board					

Practical tools: 3. Resource link



- Accessed via the NHS Confederation website.
- Today's presentation and slide pack are available and can be shared with colleagues
- The board assurance tool and board reporting template are available to download
- Links to NHS Confederation networks and forums to support non-executive leadership and peer support:
 - to exchange ideas and good practice
 - provide a safe space for developing thinking and action.

Next step: series of masterclasses in early 2022 for more detailed exploration of action on tackling inequality.

The NHS Confederation is the membership organisation that brings together, supports and speaks for the whole healthcare system in England, Wales and Northern Ireland. The members we represent employ 1.5 million staff, care for more than 1 million patients a day and control £150 billion of public expenditure. We promote collaboration and partnership working as the key to improving population health, delivering high-quality care and reducing health inequalities.

NHS Confederation EDI programme

Our equality, diversity and inclusion (EDI) programme supports members to improve EDI accountability and leadership, tackling inequality through our EDI networks and partnerships. We aim to increase the diversity of NHS leaders and to empower communities by working with a wide range of staff to develop and lead radical approaches addressing health inequity.

