NHS Sheffield CCG's Contribution to Reducing Health Inequalities in Sheffield

1. Introduction

There are significant health inequalities in Sheffield, despite the progress made in improving the health of the population over the last few years. These inequalities are described in detail in the reports of the Director of Public Health and the Joint Strategic Needs Assessment. Section 2 below provides some of the headlines from those reports.
The CCG Prospectus states the CCG's commitment to working with Sheffield City Council and other partners to reduce health inequalities in Sheffield, continuing the commitment of NHS Sheffield.

Much of the work of the CCG's predecessor organisation (NHS Sheffield) on health inequalities has been public health initiatives, undertaken by the Public Health team. With the transfer of the Public Health function to Local Authorities, the CCG had to consider how, as the main commissioner of healthcare in Sheffield, it can contribute to the reduction of health inequalities. This will be different to the role NHS Sheffield played because of:

1. The fact that the public health function will sit with the city council
2. The different nature of clinical commissioning
3. The different relationship the CCG will have with primary care practices, especially member general practices
4. The Equality Act

2. Health Inequalities in Sheffield

The following statements are based upon the Director of Public Health's reports. They do not represent the full picture of health inequalities in Sheffield, not least as there are differences in health that we do not, or cannot, measure, but they do give a clear indication of the scale of the issue.

- Life expectancy for men in the most deprived parts of Sheffield is 74.4 years. In the least deprived parts of Sheffield it is 83.1 years. The difference is 8.7 years.
- Life expectancy for women in the most deprived parts of Sheffield is 78.7 years. In the least deprived parts of Sheffield it is 86 years. The difference is 7.3 years.
- The above two facts also illustrate the difference between men and women.
- Infant mortality rates (per 1000 live births) in Sheffield are 5.5 for White British mothers, 10.9 for Black and Black British mothers, and 13.4 for Asian and Asian British mothers.
- Health deprivation and disability is much higher in the central and eastern parts of Sheffield
- There are nearly three times as many high risk drinkers in Central Sheffield than in Dore and Totley
- The estimated prevalence of smoking is nearly three times higher in the most deprived deciles compared to the least deprived parts of Sheffield (deciles).

- Smoking in pregnancy is strongly related to socio-economic status and the prevalence of smoking around the time of delivery varies from 0% to 40% across Sheffield neighbourhoods
- The incidence of obesity in parts of the East and North East of Sheffield is twice that of Central Sheffield

Although most of these statistics describe adult health issues, children suffer from health inequalities and are, in may instance, less able to action themselves to address this than adults. We need, therefore, to pay particular attention to the health of children in communities with poorer health outcomes.

3. The Equality Act

The Equality Act places a duty on public organisations to eliminate discrimination, promote equality of opportunity and foster good relations between people who share a protected characteristic and people who do not. To the extent that health inequalities are avoidable by our actions, it could be argued that they represent a form of discrimination, and/or a consequence of it. It follows that we should pay regard to the Act in thinking about health inequalities, and that we should consider whether health inequalities exist for any of the protected characteristics set out in the Act, which are:

- Age
- Disability
- Gender Reassignment
- Marriage and civil partnership
- Pregnancy and Maternity
- Race
- Religion or Belief
- Sex
- Sexual Orientation

This represents a challenge to think about health inequalities in a different way, as the NHS has more usually considered inequalities between communities in Sheffield, as is evident from the information in section 2 above.

4. NHS Sheffield Actions to Reduce Health Inequalities

NHS Sheffield and Sheffield City council published Fairer Sheffield, Healthy Lives – a Health Inequalities Action Plan in 2010. It set out six areas for action:

1. Give Every Child the Best Start in Life
2. Enable all Children, Young People and Adults to Maximise their Capabilities and have Control over their Lives (including Financial Inclusion and Reducing Poverty)
3. Create Fair Employment and Good Work for All
4. Ensure a healthy standard of living for all (including healthy affordable housing and using our food system to reduce health inequalities)
5. Create and Develop Healthy and Sustainable Places and Communities (including transport, design, and open space,

6. Strengthen the Role and Impact of ill Health Prevention (including addressing smoking, access to health care, and preventing and providing support for addictions)

Achieving Balanced Health 4 set out plans to contribute to reducing health inequalities in Sheffield, with a large number of funded work programmes, ranging from citywide initiatives to influence the determinants of ill health, through targeted interventions for particularly communities of interest across the City, school or work place based initiatives, to geographical based community activity, general practice based interventions, and interventions targeted at individuals at particularly high risk.

Many of the interventions planned focus on achieving behaviour change to reduce health risk factors in at risk groups and at risk individuals. These include:

- Supporting people to stop smoking (smoking is the single greatest cause of preventable illness and premature death and contributes significantly to health inequalities)
- Action to increase breast feeding rates and reduce smoking in pregnancy
- Improved management of long term conditions
- Implementation of the 2011 national strategy “No health without mental health”
- Action to reduce alcohol consumption
- Action to reduce population levels of childhood and adult obesity
- Improving identification and treatment of cancer.

5. How Clinical Commissioning can Contribute

Many of the interventions and actions that NHS Sheffield put in place, with Sheffield City Council, address the wider determinants of health or are public health initiatives. NHS Sheffield CCG backs these actions and will work with Sheffield City Council in support of them, through the Health and Wellbeing Board and by establishing close working relationships between relevant officers of our organisations. However, we also wish to identify the actions that we, as clinical commissioners of healthcare, can take to reduce health inequalities.

We have identified five themes for action, which the following sections describe. These are:

1. Providing high profile clinical support for national and local actions that reduce health inequalities, including public health interventions
2. Supporting individuals to be aware of their own health and their health risks, and to take responsibility for their health
3. Ensuring equality of access to healthcare, targeting resources to areas and populations with the greatest need
4. Commissioning disease specific interventions that are known to help reduce health inequalities
5. Ensuring compliance with the Equality Act, taking action to eliminate any discrimination in the provision of healthcare in Sheffield.

In addition, we need to ensure that our actions are successful, and will work with public health colleagues to establish robust means of measuring and managing progress.

As clinical commissioners, we will act through:

- Our contracts and relationships with the Foundation Trusts, VCF and private providers of healthcare to the people of Sheffield
- Our partnership with Sheffield City Council, including our role at the Health and Wellbeing Board, and with the NHS Commissioning Board (particularly with regard to implementing actions in primary care)
- As clinical leaders, influencing GPs and hospital clinicians, and advising patients and the public of Sheffield

5.1 Providing high profile clinical support for national and local actions that reduce health inequalities, including public health interventions

As the commissioners of most healthcare for the people of Sheffield the CCG has, and will maintain, a high public profile. Our support for partners' proposals and actions can help influence the public and national and local decision makers. We will use this influence wisely and responsibly in support of actions that can reduce health inequalities in Sheffield. For example:

- We will make public our support for national action such as further restrictions on the advertising and sale of tobacco products
- We will actively support local campaigns and interventions run by our partners, such as the Sheffield Lets Change for Life programme
- We will get involved in local initiatives that will improve the health of people in Sheffield, such as the National Centre for Sport and Exercise Medicine
- We will work with Sheffield City Council on the Health and Wellbeing Board and in other settings to identify and take collective actions that reduce health inequalities
- We will work with the Local Medical Committee and the NHS Commissioning Board Local Area Team to help primary care practices to contribute to reducing health inequalities.
- We will ensure effective CCG contribution and participation on citywide partnership groups, the Mental Health Partnership Board, Tobacco Control Programme Accountable Board
- We will maintain close links with Public Health colleagues in the Local Authority to ensure that we are aware of opportunities to influence and support action.

5.2 Supporting individuals to be aware of their own health and their health risks, to take responsibility for their health, and to seek help and advice

One of the factors that affect people's health is the extent to which they adopt behaviours and lifestyles that increase their risk (e.g. smoking, lack of physical exercise), their uptake of available screening services, their willingness and confidence to ask for advice, help or treatment when they have concerns about their health, and their expectations of healthcare services. There is some evidence that members of some communities (based on any of the protected characteristics) are more reluctant than others to seek advice and may have less access to information than others. We will therefore:

- Work with Sheffield City Council to support initiatives that target communities with poorer health outcomes, such as the Healthy Communities Programme,

which includes the Health Trainers, Health Champions and Expert Patient initiatives and the Community Development and Health course.

- Support practices to be able to contribute to the work of the healthy communities teams
- Through our localities, encourage and support practices to ensure that self-care information and advice is available to all Sheffield people for example via the Making Every Contact Count and Motivational Interviewing behaviour change programmes.
- Work with public health colleagues to identify low uptake of screening programmes and take action to address that, especially in communities that experience poorer health
- Support action to reduce smoking, increase breastfeeding, reduce alcohol consumption, increase physical exercise and reduce obesity in targeted communities, focussing on how GPs and secondary care clinicians can help, for instance by maximising referrals to services
- Identify and remove barriers to accessing healthcare that are within our control, and work with communities to address cultural or perceptual issues that may deter people from seeking help, including raising the aspirations that people have for their own health

5.3 Ensuring equality of access to healthcare, targeting resources to areas and populations with the greatest need

One of the causes of poorer health outcomes for people from certain communities, or with some of the protected characteristics, is that people do not, or cannot, access healthcare as easily as others. We consider such inequality of access, where it is the result of the actions or inaction of the health service, to be unacceptable. We will:

- Work with the NHS Commissioning Board to ensure that the quality of primary care, including access rates and waiting times, is at least as good in communities with poorer health outcomes as the rest of the city
- Reduce unwarranted variation across the city and improve the quality of primary and secondary prevention, management and provision for Long Term Conditions specifically in primary care, with support from the Public Health Development Nurses
- Work with Foundation Trusts to ensure that resources are targeted towards those people and communities with greatest need and poorest health outcomes
- Reduce variation in referrals to hospital and community services as part of our elective care strategy, focussing on practices whose referrals rates appear to be lower than might be expected as well as those that are higher, and agreeing remedial action with the practices where necessary
- Undertake Equality Impact Assessments of all our commissioning actions, ensuring that at least they do not unfairly impact on communities with poorer health, and seeking to ensure that everything we do improves healthcare and health for those communities.

We will pay particular regard to the health needs and access of children in implementing these actions.

5.4 Commissioning disease specific interventions that are known to help reduce health inequalities

There is strong evidence that certain healthcare interventions can significantly reduce health inequalities, if offered and provided to all. We will therefore take action to ensure that the following interventions are always offered when they are indicated:

- Anti hypertensive treatment
- Statins, to reduce cholesterol levels
- Smoking cessation support
- Support to start and maintain breastfeeding
- Screening programmes
- Support to reduce alcohol consumption and/or onward referral to treatment
- Immunisation of children and at risk groups

5.5 Ensuring compliance with the Equality Act, taking action to eliminate any discrimination in the provision of healthcare in Sheffield.

We are clear that eliminating discrimination and promoting equality are critical to reducing health inequalities. We will develop our Equalities Action plan with this in mind. The strands of action plan, which is being developed and will be discussed further at the CCG Committee later in 2012, are:

- Improve the range of information we have about patients in protected groups and how this is used.
- Improving access to services
- Ensuring equality is core commissioning business
- Ensuring equality of opportunity for our staff and potential staff
- Developing strong and consistent leadership on equality issues

5.6 Measuring and Managing Progress

The purpose of this strategy is to reduce health inequalities, as described at the beginning of this document. We will only consider the strategy successful if we can see that health inequalities have reduced in the city. We must therefore agree, with colleagues in Sheffield City Council, how we measure health inequalities and how we track progress as a city. Alongside that, we need to measure the success of specific actions – although these will measure process rather than outcomes, it is important that we know that we, and our providers, are doing what we have said we will.

We will refer to the Public Health Outcomes and the National Outcomes Framework to identify measures that will best help us to see the impact of our actions. Measures of success are likely to include:

- The slope index of inequality for men and women (which will give a long term view of inequalities)
- Premature death rates
- Causes of premature death
- Access to hospital services, e.g. referral and admission rates
- Uptake of screening programmes
- Breastfeeding rates
- Prescription rates for anti hypertensives and statins
- Perinatal mortality rates

6. Conclusion

This strategy affirms our commitment to reducing health inequalities in Sheffield and aims to identify the specific contribution that the NHS Sheffield Clinical Commissioning Group can make to reducing health inequalities.

We believe that the actions described in this strategy will help to reduce health inequalities. However, we will only consider the strategy to have been successful if and when there is clear evidence of a reduction in health inequalities in the city.

Officers of the CCG will develop an detailed action plan to achieve the aims of this strategy, setting out timescales for action and identifying officers responsible for achieving those actions, together with the measures needed to monitor progress and prompt remedial action if either we are not doing what we have said we will, or the actions are not having the intended impact.

The aims set out in this strategy are ambitious and the role of clinical commissioners untested with regard to health inequalities. The advice and support of partner organisations, and expert advice, will be critical to our ability to deliver the actions described in this paper.

Progress will be reported to the Governing Body of the CCG on a six monthly basis.

7. Recommendation

That CCG Committee:

- Approves the draft action plan set out in this paper
- Tasks the Equalities Action Group with developing the detailed action plan proposed in this paper, for consideration by the CCG Committee

Dr Ted Turner
CCG Committee Member

Tim Furness
Associate Director of Business Planning and Partnerships

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