



The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TRUST BOARD

Date of meeting	30 September 2021						
Title	Health Inequalities						
Report of	Martin Wilson, Chief Operating Officer						
Prepared by	Martin Wilson, Chief Operating Officer						
Status of Report	Public	Private			Internal		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		
Purpose of Report	For Decision	For Assurance			For Information		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		
Summary	<p>This report set in the context of the ongoing COVID-19 pandemic provides assurance to the Board on work to address Health Inequalities.</p> <p>The Trust's five year strategy has tackling health inequalities as a priority: <i>"We aim to improve the health, wealth and wellbeing of our local population and reduce health inequalities through prevention, earlier diagnosis and by delivering outstanding care and treatment."</i></p> <p>This report summarises the work being undertaken under the leadership of the Trust Health Inequalities Group and through Collaborative Newcastle to tackle health inequalities within the Trust and the wider system.</p>						
Recommendation	<p>The Board is asked to:</p> <ul style="list-style-type: none"> Assure that the Trust's plans for recognising and addressing health inequalities, both internally and with wider system partners are appropriate. 						
Links to Strategic Objectives	<p>Patients - Putting patients at the heart of everything we do. Providing care of the highest standard focussing on safety and quality.</p> <p>Partnerships - We will be an effective partner, developing and delivering integrated care and playing our part in local, regional, national and international programmes.</p> <p>Performance - Being outstanding, now and in the future.</p>						
Impact	Quality	Legal	Finance	Human Resources	Equality & Diversity	Reputation	Sustainability
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Impact detail	Improving patient care through reducing health inequalities impact on all areas of the Trust.						
Reports previously considered by	This is a new report specifically produced for the Board. The Chief Operating Officer will provide regular reports of this format on different topics going forward. The operational issues covered in this report are actively discussed in Executive Team and other managerial meetings.						

HEALTH INEQUALITIES

EXECUTIVE SUMMARY

The Trust is focussed on improving the health of local people through delivering high quality care and at the same time addressing longer term health inequalities.

A significant driver of the operational pressures on health and care services in Newcastle and the wider North East is that local people have amongst the poorest health and lowest healthy life expectancy in the UK. The Covid pandemic has shone a very important spotlight on health inequalities, including those linked to race and ethnicity.

The main drivers of health and health inequalities are social determinants including wealth, education, housing, employment and behaviours. Within healthcare there are three types of health inequalities; access to care, experience of care, and outcomes. Outstanding health care is necessary but not sufficient, for addressing health inequalities. Only by addressing the wider social determinants and inequalities will the health of the North East be improved.

The Trust's five year strategy has tackling health inequalities as a priority: *"We aim to improve the health, wealth and wellbeing of our local population and reduce health inequalities through prevention, earlier diagnosis and by delivering outstanding care and treatment"*.

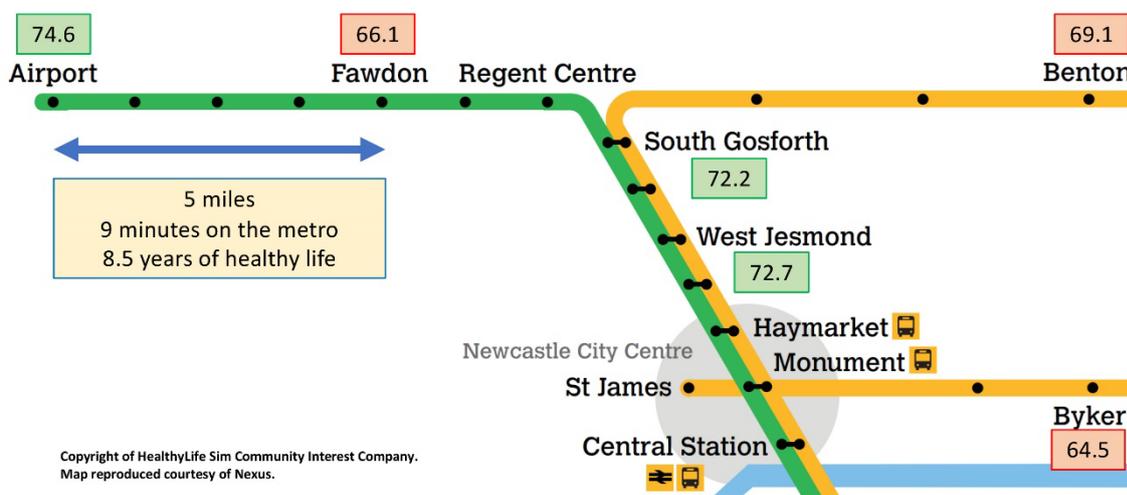
The Trust is delivering on this priority through both Collaborative Newcastle at 'place' level and internally through the appointment of a Health Inequalities Executive lead, the creation of a Health Inequalities Group with a clear work programme and targeted investments. This report updates the Board of Directors on this work.

HEALTH INEQUALITIES

1. HEALTH INEQUALITIES

Despite having some of the most outstanding health and social care services in the country, people in Newcastle and the wider North East have amongst the poorest health and lowest healthy life expectancy in the United Kingdom (UK). Average total life expectancy in Newcastle is 1.7 years less than the England average and healthy life expectancy is 5.5 years less than the England average. Healthy life expectancy varies by over 10 years between different parts of the city.

Figure 1. Healthy life expectancy for males aged 55 within the City of Newcastle, as shown on the Metro map



Health inequalities are experienced differently by groups of people, grouped for example by their level of deprivation, or by sharing common protected characteristics such as gender, age, race and ethnicity, sexual orientation etc.

The main drivers of health and health inequalities are social determinants including wealth, education, housing, employment and behaviours. Access to healthcare contributes only about 20% of people’s health¹. Outstanding health care is necessary, but not sufficient, for addressing health inequalities. Only by addressing the wider social determinants and inequalities will the health of the North East be improved.

Newcastle Hospitals is committed to tackling health inequalities in all their forms. The Trust’s five year strategy² has tackling health inequalities as a priority: *“We aim to improve the health, wealth and wellbeing of our local population and reduce health inequalities through prevention, earlier diagnosis and by delivering outstanding care and treatment”*.

¹ Hood, C. M., K. P. Gennuso, G. R. Swain, and B. B. Catlin. 2016. County health rankings: Relationships between determinant factors and health outcomes. *American Journal of Preventive Medicine* 50(2):129-135. <https://doi.org/10.1016/j.amepre.2015.08.024>

² <https://www.newcastle-hospitals.nhs.uk/about/ambitions/our-strategy/>

2. FLOURISH – SUPPORTING WORKPLACE EQUALITY, DIVERSITY AND INCLUSION

Health inequalities are different from, but linked to, inequalities experienced by different staff groups, where a focus on equality, diversity and inclusion is pivotal. An appendix to this paper provides an update on work to improve workplace equality, diversity and inclusion within the Trust. Progress on these important matters is overseen by Dee Fawcett, Director of Human Resources, and regularly assured by the People Committee of the Board.

3. COVID-19

COVID-19 has shone a very important spotlight on health inequalities, with nationally those younger than 65 in the poorest 10% of areas being four times more likely to die from COVID-19 than those in wealthiest³ and people of Bangladeshi ethnicity having around twice the risk of death from COVID-19 than people of White British ethnicity. COVID-19 has been described as a syndemic pandemic⁴ because inequalities in COVID-19 are related to existing inequalities in chronic diseases and the social determinants of health. Poor health and existing inequalities left parts of the UK vulnerable to the virus and defined the contours of its devastating impact.

4. IMPACTING HEALTH INEQUALITIES THROUGH COLLABORATIVE NEWCASTLE

Influencing and addressing these much larger wider drivers of health is why the Trust, as a major anchor organisation in the region and with major reputational reach, is so actively championing and leading the development of Collaborative Newcastle.

Collaborative Newcastle (www.collaborativenewcastle.org) is an innovative partnership which aims to improve the health, wealth and wellbeing of everyone in the City. Unique in scope and scale, it brings together the NHS, local government, higher education, voluntary and community sector in Newcastle. It combines the efforts, expertise and resources of partners through working collaboratively and creatively to achieve a single, shared vision to: reduce inequalities; tackle some of the big things that hold people back; and provide better opportunities for all.

Through Collaborative Newcastle, services are increasingly being organised around local neighbourhoods, linking in with Primary Care Networks and the voluntary and community services which do so much in local areas. This builds on the strong track record of social prescribing and community link workers who support local people to improve their health and wellbeing.

5. IMPACTING HEALTH INEQUALITIES DIRECTLY WITHIN THE TRUST

³ <https://www.health.org.uk/publications/reports/unequal-pandemic-fairer-recovery>

⁴ Bambra C, <https://policy.bristoluniversitypress.co.uk/the-unequal-pandemic>

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There is much that NHS organisations can do to directly identify and address health inequalities. These can be in three main areas:

- access to care
- experience of care
- outcomes

The NHS is one of the most equitable health care systems in the world. But at the same time, minimising inequalities in NHS provision is a hugely challenging ambition.

Improving the population health can only be met through far better engagement with those least likely to present at NHS services now, increasing early cancer diagnosis at stage 1 and 2 to 75%, detecting 200,000+ people in the North East with unmanaged hypertension, and reducing the life expectancy gap for people with learning disabilities and severe mental illness.

The Trust has assured itself and significantly increased its focus on tackling health inequalities in a number of ways as summarised below:

- a) Martin Wilson, Chief Operating Officer, is the **executive lead** for Health Inequalities and is accountable to the Chief Executive and the Board of Directors. He chairs Collaborative Newcastle Delivery Group and the Health Inequalities Group.
- b) A new internal Trust monthly **Health Inequalities Group** (HIG) has been established with a diverse membership of clinicians, managers and support staff, together with experts with a deep knowledge of health inequalities from Newcastle City Council, Newcastle University, primary care and the local voluntary and community sector.

HIG members have recently received excellent training for their role from public health colleagues.

- c) The HIG has a clear **prioritised work programme** and reports regularly to the Executive Team.
- d) The most important, intense and successful work on tackling inequalities has been the **COVID-19 vaccination programme**, which Newcastle Hospitals leads on behalf of the whole North East and North Cumbria (NENC) Integrated Care System. Work to increase uptake in specific communities has been undertaken with the NENC Inequalities Network which includes representatives from public health, Clinical Commissioning Groups (CCGs), local authorities, NHS England, and the voluntary and community sector. This network has enabled the sharing of learning, good practice and resources to target key communities which suffer inequalities and deprivation.

Working with partners the NHS have been able to increase the rate of COVID-19 vaccination uptake amongst more hesitant groups, for example the vaccination rate for people from a Black African ethnic background increased nationally from 38% in January 2021 to 70% in May 2021. There is a significant opportunity to apply the learning to other services, such as flu. Through the network, good practice and case studies have been mapped into a toolkit and provide a significant resource for next phases.

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- e) Significant work has been undertaken by **analytical and information services** teams to support a health inequalities approach in areas such as waiting list management and COVID-19 response. Analyses have highlighted that, once on Trust waiting lists, patients are seen in clinical priority order regardless of deprivation, ethnicity, age, gender etc. However, it is recognised that there are wider access barriers to overcome. This work underpins the HIG work programme priority areas.
- f) Live dashboards for clinical and directorate teams enable them to compare referral rates and waiting times based on deprivation, age, gender, ethnicity and learning disability. A HIG subgroup of senior directorate representatives is developing a methodology for how these tools can be **embedded in day to day operations** and how pathways of care can be adjusted to overcome access barriers.
- g) A health inequalities approach is embedded in the design of major projects. For example, the Trust's **Integrated Covid Hub North East (ICHNE)** successfully created over 750 new NHS jobs targeted at disadvantaged communities.
- h) The **Targeted Lung Health Check** programme is rolling out earlier screening in disadvantaged communities across Newcastle to identify lung cancer earlier.
- i) The Trust has **invested in capacity** to address health inequalities, including through the creation of the ICHNE Coordination and Response Centre which supports the public health COVID-19 response across the region and the appointment of a dedicated trust consultant in public health.
- j) A £2m two year project on '**duplication to personalisation**' has been launched, following a successful pilot project in 2020. Half funded by the Newcastle Hospitals Charity, this project with Collaborative Newcastle partners will use data and conversations with people who are or should be receiving care and their care teams, to address health inequalities and better meet population health needs.

6. THE BOARD FOCUS ON HEALTH INEQUALITIES

The Trust Board of Directors' commitment to addressing health inequalities is welcomed and evidenced by examples of personal leadership, the Trust's 5 year strategy, strategic decisions such as the creation of Collaborative Newcastle, the Integrated Covid Hub and Targeted Lung Health Checks, the focus of Newcastle Health Innovation Partners (NHIP) and the Flourish cornerstone programme.

To enhance this it is proposed that the Trust Board of Directors receives training on health inequalities once per year through a Board Development workshop session and a formal update twice per year on health inequalities and the work of the HIG.

Rather than create a separate potentially silo assurance mechanism for health inequalities, Committees of the Board of Directors are asked to embed / continue to embed a focus on this in all of their work, supported by all members of the Executive Team.

7. RECOMMENDATION

The Board is asked to:

- Assure that the Trust's plans for recognising and addressing health inequalities, both internally and with wider system partners are appropriate.

Report of Martin Wilson
Chief Operating Officer
19th September 2021

Appendix 1

Flourish – supporting workplace equality, diversity and inclusion

Strengthening the culture of belonging and trust

- Production of 'Equality Action Plans' including Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES):
 - Responsive to NHS Staff Survey results.
 - WRES and WDES Subgroup to develop and monitor delivery/progress of WRES and WDES actions plans.
- Well established staff networks. Offer includes wellbeing/social activities, regular 'tea and talk' virtual support. Raising the profile and visibility of the networks.
- Expanded training offer and resources relating to equality, diversity and including:
 - 'Micro aggressions' education and training - video produced by Black, Asian and Minority Ethnic (BAME) staff network to explain the impact of behaviour using 'lived experience'.
 - Bespoke development for departments and groups regarding micro-aggressions, incivility and the impact.
- Revising local behaviour standards and expectations ensuring civility and respect.
- Equality, Diversity and Inclusion expressly incorporated into Trust 'Staff Health & Wellbeing Strategy' published January 2021.
- All BAME staff offered health and wellbeing risk assessment in 2020/21.
- Cultural Ambassadors in place supporting a range of employment relations activity.
- Revised Local Clinical Excellence Award (LCEA) Scheme 2021 to increase diversity (gender and race) of beneficiaries and award committee membership.
- Positive action to address health inequalities and increase workforce diversity through targeted local recruitment and build a sustainable workforce pipeline including:
 - Community engagement;
 - Postal 'drop' in key areas with vacancy notifications;
 - Diverse appointments panels;
 - Assisted recruitment programmes; and
 - Research to assess impact of NHS jobs on people from disadvantaged communities.
- Local partnership working and collaboration to balance Trust aspirations, with influencing and supporting those of the wider system:
 - NHIP 'Widening Participation' work-stream ensuring diverse views.
 - Newcastle Collaborative People Group to increase employment, reduce inequalities.
 - Health and Care Support Worker Apprenticeship programme.
 - Sharing good practice.
- 2021 Health Service Journal (HSJ) Finalist 'Workforce Race Equality Award'.
- 2021 Finalist in Recruitment Industry Disability Initiative (RIDI) Awards.

Improvement target to have 15% BAME staff by 2022 (increase from 10.4% currently).

Indicators: NHS Staff Survey, WRES Action Plan/Public Sector Equality Duty

Increasing diversity in leadership and senior positions

- Board level commitment to becoming an inclusive and diverse employer, and improving Board diversity.
- Robust data analysis of recruitment and appointments of senior staff to evidence the need to take action to improve – particularly in Nursing, Midwifery and Allied Health Professions (NMAHP's). Acknowledgement of the need to create career progression routes, enabling an increase in pay, which impact on wider determinants of health and opportunities.
 - Appointment of two nursing project staff to focus on improving experience of BAME Nurses and Midwives.
- Positive action in recruitment:
 - Increasing Board diversity – new Non-Executive Director commenced in August 2021.
 - Diverse panels for all senior recruitment ensuring ethnic minority staff representation.
 - Expanded to band 6 recruitment from July 2021; around 150 staff trained to participate in recruitment panels as 'diverse' representative.
- 'Reverse Mentoring Scheme' implemented from June 2020, participants included Board members.
- Creating exposure to varied leadership activity: 'Research, Innovation and Enterprise Strategy Group' enabled a 'rotating member' opportunity, more diverse views to participate.
- Senior Lesbian, Gay, Bisexual, Transgender and related communities (LGBT+) Equality Allies in place.
- Positive action through expanded Talent Development programmes including:
 - BAME Staff Leadership training - funding in place to establish.
 - Career development for B2-5 BAME staff.
- Council of Governors training to educate colleagues about the Equality, Diversity and Inclusion (EDI) agenda.
- Equality 'People Dashboard' to be launched August 2021 will provide local EDI data to Directorate management teams, to ensure understanding of their own data and establish ownership /local action plans. This includes race disparity ratio data.

Improvement targets:

- WRES Metric 7: improvement in Race Disparity Ratio. Currently 1.5. (This is focused only on Agenda for Change (A4C) job grades).
- WRES Standard 'Model Employer Aspirations': Leadership (Band 8a and above) to reflect BAME staff workforce at that grade by 2028.

Indicators: Data on changing profile of senior roles

NHS Staff Survey

WRES Data

Participation in leadership programmes/creation of career development opportunities.

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