Living well for longer - a call to action on reducing avoidable premature mortality

Equality Analysis

INTRODUCTION

This Co-ordinating Equality Analysis brings together existing equality analyses and new stakeholder engagement, in order to give a strategic overview of existing and emerging equalities and inequalities evidence relating to the reduction of preventable mortality in England (primarily for the five biggest killer diseases - cancer, stroke, heart, liver and respiratory). We aim to identify main areas for improvement in reducing preventable mortality amongst and across specific groups to support national and local partners to meet the challenges ahead to reduce preventable mortality for everyone.

Living well for longer - measuring up to the best in Europe brings together existing policies relating to the five biggest killer diseases from across the spectrum of prevention, early diagnosis and treatment. This will support our ambition to be among the most successful countries in Europe at tackling the leading causes of early death.

EQUALITY AND INEQUALITY IN THE NEW HEALTH SYSTEM

Equalities, human rights and diversity are at the heart of the new health system. The Health and Social Care Act (2012) introduces legal duties on the Secretary of State for Health, the NHS Commissioning Board, and clinical commissioning groups (CCGs) to have regard to the need to reduce health inequalities when exercising their functions. Monitor also has a duty in relation to integration of services where this could reduce health inequalities[1].

The legislation requires CCGs (in their annual commissioning plans) and the NHS Commissioning Board (in its annual business plan) to set out how they intend to discharge this duty. The NHS Commissioning Board's annual performance assessment of each CCG is also required to include an assessment of how well CCGs have discharged this duty. Finally, the Secretary of State, the NHS Commissioning Board and CCGs have to set out in their annual reports how effectively they have discharged their inequalities duties.

Meeting these objectives and reporting annually on progress will be a powerful force for tackling inequalities and improving the health of the most vulnerable - through the Mandate, the NHS and Public Health Outcomes Frameworks, and commissioning decisions. An Equality Analysis was undertaken for the Health and Social Care Bill (now the 2012 Act), a link to which can be found at Appendix A, with links to other relevant equality analyses.

The duties set out in the Health and Social Care Act complement the existing Public Sector Equality Duty (PSED)[2] which the Department of Health, the NHS Commissioning Board and

[1] Sections 1C, 13G, 14T of the NHS Act 2006 and 62(4) of the Health and Social Care Act 2012
[2] The Equality Act 2010

CCGs are also subject to. The PSED requires public bodies to have due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other conduct prohibited by or under the Equality Act 2010;
- advance equality of opportunity between people who share a protected characteristic (see below) and people who do not share it; and
- foster good relations between people who share a protected characteristic and people who do not share it.

The Department of Health has recently published *Better Health, Better Care and Better Value for All* setting out its statutory Equality Objectives and Action Plan up until 2016[3], and the Department of Health's Corporate Plan for 2012-13 states that:

- as a system leader of the reformed health, public health and social care system we will ensure equality remains an integral and vital part of transition;
- as a policy maker we are committed to ensuring that equality is central to policy, based on the best available evidence and understanding of the public we serve; and
- as an employer we will continue to promote and achieve equality and diversity in the workplace.

Our approach to developing *Living well for longer* has been consistent with the duties placed on the Secretary of State, the Department's Corporate Plan and the requirements of the Public Sector Equality Duty for the following protected characteristics:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief
- Sex
- Sexual orientation
- Carers 'by association' with some of the protected characteristics e.g. disability and age

EQUALITIES AND INEQUALITIES APPROACH

In order to reflect the strategic nature of *Living well for longer,* we have taken a new approach with this equalities document. The points below are intended to be useful for local and national bodies to address equalities and inequalities issues in reducing preventable mortality. They have been developed from a number of sources:

- a brief call for evidence from the Department's Voluntary Strategic Partners Programme[4];

[3] http://www.dh.gov.uk/health/files/2012/04/DH-Equality-Objectives-Action-Plan.pdf

- engagement with other stakeholders including a roundtable event from the major disease-specific charities and professional groups and a meeting of Voluntary Sector Strategic Partners Programme;
- and this has been combined with the Department's existing equalities analyses (see Appendix A). Specific issues for specific groups are important, and are included in the existing equality analyses referenced in the next section.

The key points are below:

- **One size does not fit all** - specific messages and interventions are appropriate for specific groups. Professor Sir Michael Marmot's strategic review of health inequalities[5] stated "For specific groups who face particular disadvantage and exclusion, additional efforts and investments and diversified provisions will be needed to reach them and to try to reduce the multiple disadvantages they experience"[6]. Action on the four main risk factors for premature mortality (tobacco use, excessive alcohol consumption, poor diet and physical inactivity), should take account of their unequal distribution throughout society. For example, more young women (age 16-19) smoke and so are at risk of lung cancer, compared to young men[7].

- **Access to services** is an issue for a number of the protected characteristic groups. Adults in work and/or with caring responsibilities can struggle to access services that are mainly provided 9-5, Monday to Friday. Other groups who report significant access issues include some black and minority ethnic groups, refugees and asylum seekers[8], the homeless, gypsy and traveller communities, the disabled, trans people, carers and lesbian, gay and bisexual people[9]. Access issues can be due to stigma, a "no recourse to public funds" immigration status, or lack of a permanent address — all of which can impede registering with a GP. We have already tried to address these issues through, for example, the Department's guidance on the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy, which will support local authorities in planning and commissioning public health services for all sections of local populations.[10]

- **Use of data to identify trends** - national and local bodies should consider improvements to monitoring of all the protected characteristic groups, and use of the data to identify trends and improve services, as currently most of the data in outcomes frameworks are not disaggregated by all protected characteristics[11]. The Department intends to release updated equalities monitoring guidance, and best practice exists for local NHS

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[4] http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_128237

[5] Fair society, healthy lives - http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report

[6] Page 39 as above

[7] ONS (2008) 'Focus on Gender'

[8] HPA Migrant Health Guidance: http://www.hpa.org.uk/MigrantHealthGuide/GeneralInformation/SpiritualityReligionAndHealthBeliefs/

[9] A systematic review of lesbian, gay, bisexual and transgender health in the West Midlands region of the UK compared to published UK research, p. IV, http://blgbt.org/downloads/LGBT_health_26.03.09_final_version.pdf

[10] Draft JSNA guidance: http://healthandcare.dh.gov.uk/files/2012/01/JSNAs-and-joint-health-and-wellbeing-strategies-draft-strats.pdf

[11] https://www.wp.dh.gov.uk/publications/files/2012/11/Improving-outcomes-and-supporting-transparency-part-1B1.pdf (Appendix C)

organisations, such as this NHS-funded guide to monitoring sexual orientation of staff and service users http://www.lgf.org.uk/SOM

- **Patient experience and clinical outcomes** - data indicates that there is a correlation between patient experience and clinical outcomes.[12] In particular, evidence/discussion with stakeholders has shown that marginalised groups have a worse experience as a patient. The GP Patient survey[13] indicates, for example, that lesbian, gay and bisexual patients are more likely to rate their GP or nurse as poor or very poor.

- **The voluntary and community sector** has important roles to play as providers of care, patient advocates and customers of health system information. Some stakeholders have reported that local clinicians' knowledge of their local VCS can be low, which may adversely impact on cross-sector partnerships and service delivery.

- Research[14] indicates that there are **low overall levels of health literacy and numeracy** in England. Health literacy (HL) is defined as "more than just the ability to read, write, and understand numbers in the health setting. Health literacy is the cognitive ability to understand and interpret the meaning of health information in written, spoken or digital form. It impacts on whether people are able to embrace or disregard actions relating to health, and make sound health decisions in the context of everyday life"[15] . Research[1617] from the USA suggests that low HL is associated with limited participation in screening for diseases, limited understanding of one's illness or treatment plan, difficulties managing a chronic conditions (such as diabetes mellitus, coronary health disease, heart failure, and asthma) higher mortality and higher health care costs. Therefore, health information does have a therapeutic role, and as such should ideally be tested, pre-publication, with its target audience(s).

- The increasing proportion of people living with multiple long-term conditions means that **there is significant and growing value in different parts of the system coming together** focused around the needs of patients, working across professional and institutional boundaries. At a national level, the Department is committed to empowering local areas to innovate and find the best way to deliver integrated care designed to meet local needs. The Department is working with in collaboration with the NHS Commissioning Board, Monitor, the Local Government Association, and the Association of Directors of Adult Social Services to identify what can be done at a national level to facilitate and encourage local initiatives on integrated care.

[12] http://www.kingsfund.org.uk/publications/improving-gp-services-england
[13] http://www.gp-patient.co.uk/
[14] London South Bank University Health Literacy Research – to be published early 2013
[15] https://www.racgp.org.au/afp/200903/200903adams.pdf
[16] Berkman ND, Sheridan SL et al (2011) Health literacy outcomes: An updated systemic review. Evidence Report/Technology Assessment No. 199. Rockville, MD: Agency for Healthcare Research and Quality
[17] Mancuso CA, RinconM J.Gen Intern Med 20006, 21 (8):813-817

Appendix A – Links to existing Equalities Impact Assessments and Analyses

Equality Analysis on Call to Action on Obesity in England
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_130511.pdf

Healthy lives, healthy people: a tobacco control plan for England
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124917

IMPROVING OUTCOMES: A STRATEGY FOR CANCER Assessment of the Impact on Equalities (AIE),
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_123411.pdf

An Outcomes Strategy for Chronic Obstructive Pulmonary Disease (COPD) and Asthma in England, *Assessment of the Impact on Equalities (AIE)*
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_128427.pdf

The Government's Alcohol Strategy
http://www.homeoffice.gov.uk/publications/alcohol-drugs/alcohol/alcohol-strategy?view=Binary

Public Health Outcomes Framework
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_132374.pdf

NHS Outcomes Framework
http://www.dh.gov.uk/health/files/2012/07/Equality-analysis.pdf

Mandate to the NHS Commissioning Board
https://www.wp.dh.gov.uk/publications/files/2012/11/Full-EA-Mandate-v11.pdf

Health & Social Care Bill (now 2012 Act):
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_129978.pdf

Healthy Lives, Healthy People Public Health White Paper
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_132374.pdf

No health without mental health
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_123989.pdf

The Power of Information
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_134183.pdf

UK Physical Activity Guidelines
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_127931