

Meeting Date	03 December 2024	Agenda Item	4.1
Report Title	Access and its impact on health inequities		
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Presented by	Jennifer Davies, Executive Director Public Health (Interim)		
Freedom of Information	Open		
Purpose of the Report	This paper makes recommendations on the appropriate mechanisms and responses that the Health Board needs to develop to ensure that we are systematically considering equity to reduce inequalities in access to and outcomes from, healthcare.		
Key Issues	<ul style="list-style-type: none"> • People living in the most deprived quintile have a difference in healthy life expectancy of 14.6 years for men and 19.9 years for women compared to those living in the least deprived quintile. • Part of the reason for these differences in health outcomes is that access to, and outcomes from, healthcare is differential based on protected characteristics and other factors such as deprivation. • Equity is one of the six domains of healthcare quality and as a Health Board we need appropriate mechanisms/responses to provide assurance that equity is systematically addressed in all activity, across all 4 pillars of our Population Health Strategy • Robust, meaningful population data collection and analysis is needed to develop insight and understanding into the differential access and outcomes of all aspects of health and care across Swansea Bay. • Currently there is a lack of any systematic consideration, processes or capabilities around Health and Equity Impact Assessment and this is recognised as a corporate risk (no. 52) 		
Specific Action Required (please choose one only)	Information	Discussion	Assurance
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	Approval		
	<input checked="" type="checkbox"/>		
Recommendations	Members are asked to: <ul style="list-style-type: none"> • Note the different aspects that underpin ‘access’ as a concept that contributes to differential engagement and outcomes across our population. • Consider how access and inequity is an issue and consideration across all 4 pillars/functions of the health board. • Discuss & approve the proposed actions to systematically ensure equity is a consideration across plans and decision making. 		

Access and its impact on health inequities

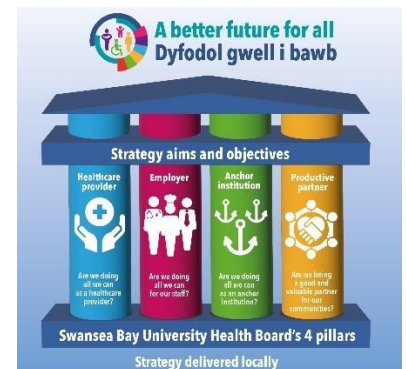
1. INTRODUCTION

People living in the most deprived areas, those on low incomes and individuals with protected characteristics and other vulnerabilities experience worse health outcomes, having lower life expectancy and healthy life expectancy than those living in more affluent areas or those without protected characteristics. Part of the reason for poorer health outcomes in these populations is the differential access to, and outcomes experienced from, health care services, with those people in greatest need of healthcare provision often struggling to access appropriate healthcare.

To achieve our Strategic Objectives, improve the health and wellbeing of the population and tackle health inequalities¹ the Health Board needs to ensure that equity is considered systematically.

Swansea Bay's Population Health Strategy commits the Health Board on a journey towards becoming a population health focused and competent organisation. One of the core principles of the strategy is to reduce health inequity for our population with action required across all 4 pillars:

- Healthcare provider
- Employer
- Anchor Institution
- Productive Partner



This paper makes recommendations on the appropriate mechanisms/response that the Health Board needs to develop and implement to provide assurance that we systematically consider equity in all activity, across all 4 pillars of our Population Health Strategy.

2. BACKGROUND

The Health Board is a strategic population health body which serves a population of approximately 390,000, employs almost 13,500 staff and receives around £1.5bn of financial allocation. It also has a significant footprint across the Swansea Bay region and beyond and a statutory duty to provide high quality equitable health services and to improve the health and wellbeing of the whole population.

2.1 Examples of inequalities in access and outcomes

Within Swansea Bay people living in the most deprived areas, those on low incomes, and individuals with protected characteristics experience worse health outcomes. People living in the most deprived quintile have a ***difference in healthy life expectancy of 14.6 years for men and 19.9 years for women compared to those living in the least deprived quintile***. The reasons for these differences in health outcomes are complex, with inequity in health service access and outcomes being one contributing factor. Appendices 1 to 5 provide examples to illustrate these inequities.

The appendices illustrate the range and complexity of drivers of inequalities in access to and outcomes experienced from healthcare services. The factors influencing equitable access to healthcare are summarised in Figure 1 below. These include factors that influence an individual or community behaviours which are intentionally or unintentionally determined by the way organisations act and behave. Some of these include:

- Ability to pay for and access transport
- Ability to take time away from work

¹ [What Are Health Inequalities? | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/what-are-health-inequalities/)

- Cultural and language factors
- Health literacy
- Trust in services

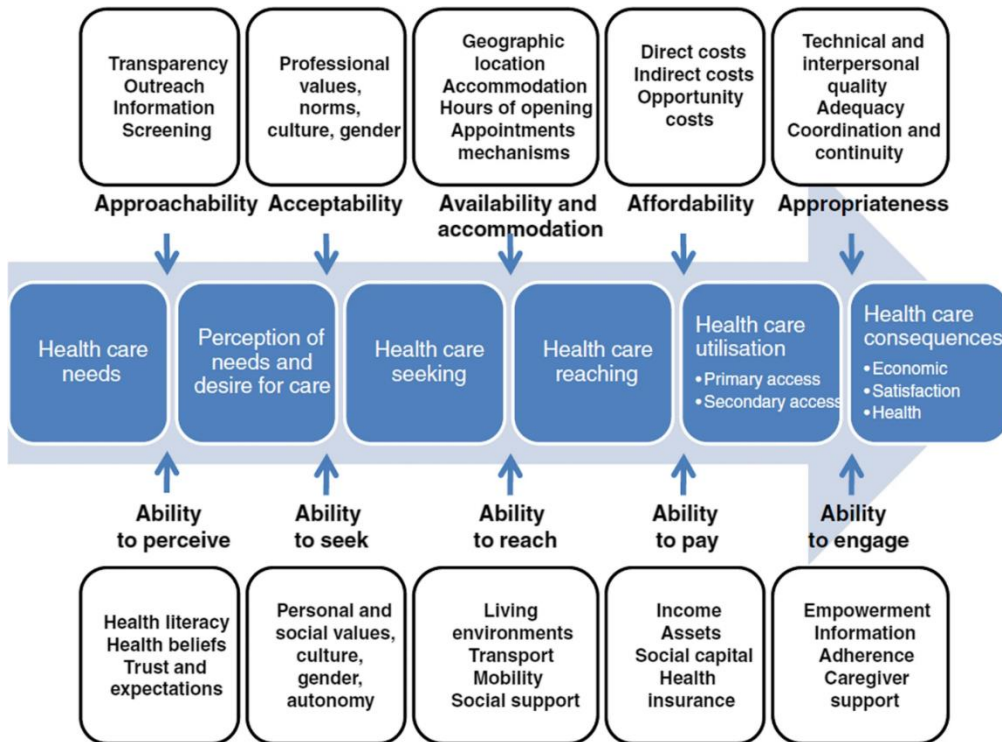


Figure 1: Conceptual Framework of Access to Healthcare by Levesque et al. (2013)

2.2 Areas for Action

In order to tackle inequalities in access to healthcare services and work more widely to reduce health inequalities action needs to be taken to consider equity across the 4 pillars of the Population Health Strategy.

➤ Healthcare Provider (Pillar 1)

Equity is one of the six domains of healthcare quality and therefore a key domain for action in order for SBU to become a High-Quality Organisation. The principle of equity is currently underdeveloped and limited in application in the Health Board with language frequently referring to equality interpreted as “we aim to provide the same for everyone”, rather than equity: “we design services based on need and seek to overcome unfair differences in outcomes linked to socioeconomic status, geography, protected characteristics, and other vulnerabilities”.

Key areas for action which would help the Health Board move forward and improve the effectiveness of its approach to equity in relation to healthcare:

1. The Health Board needs to develop data collection and analysis capabilities so that services and interventions can be designed that prioritise equity and inclusivity and the impact on differential outcomes can be evaluated to ensure continuous quality improvement of services. As a starting point this would include:

- Collaborative working between Public Health and Digital teams to align Population Health and Digital Strategies into tangible deliverables that benefit the organisation.
- Ensuring that all patients accessing healthcare services had basic demographic data recorded, including DOB, sex, ethnicity, and postcode to allow calculation of deprivation quintile.
- Routine analysis of service data by demographic factors would ensure that the Health Board has the intelligence required to understand the underlying drivers of inequalities and differential outcomes by demographic factors.

- Enhanced data collection and analysis capability could support operational delivery of UEC services and align with broader strategic aims. Aligned to the national 6 Goals for UEC Programme: Goal 1: Co-ordination, planning and support for populations at greater risk of needing urgent or emergency care. It could enable these populations to receive proactive support through enhanced planning and coordination of their health and social care needs. This should support better outcomes, experience and value²

Current position: the Health Board has limitations on its capabilities around data collection and analysis for most of its healthcare services. Where data is collected and analysed for services, they show that healthcare service access and outcomes differ among different groups. However, for many services, data is not collected, recorded and analysed on the demographics and protected characteristics of the patients that access the service and their health outcomes.

2. Implement a systematic approach to ensure that equity is a consideration across plans and decision making. This provide **assurance that legal duties on equity** (see Section 3) are being given due regard and that the Health Board is **avoiding unintentional consequences** of decisions that may lead to widening of health inequalities. This could involve the development of an organisational wide proportionate and integrated approach to health and equity impact assessment.

Current position: the Health Board does not have sufficient resource in place to undertake engagement & impact assessment in line with Statutory Duties and this is logged as a Health Board Risk on the corporate register (52). This suggests a lack of capacity to meet a range of duties designed to improve equity including the Equality Act and Socioeconomic Duties and forthcoming Health Impact Assessment Regulations.

➤ **Employer (Pillar 2)**

Prioritising equity and inclusivity in the workforce, for example by ensuring economic and development opportunities for staff at all levels and tackling inequalities at all levels of the workforce.

3. Continued partnership and collaboration to align Population Health and People strategies with a focus on equity of access to fair/good employment. Some initial work has commenced to look at the alignment of the People Strategy with our Population Health Strategy, taking into consideration all 8 Marmot objective areas, recognising the role that we have in role modelling fair working practices; adoption fair working principles in line with the findings of the Fair Work Commission and considering our role as an anchor institution in ensuring access to good quality, fair work for our population.

Current position: Some work have been done focusing on under-represented groups with a view to being able to secure employment, including those who may not have considered a career in health care. We are also doing work looking at sickness absence and organisational culture which may act as a barrier to recruiting & retaining a diversity of workforce in line with our equality, diversity and anti-discrimination agenda. Our staff are key in terms of enabling us to adopt a 'social' model of health, tailoring the way we plan and deliver our services in line with our population's different needs – and hence championing and tackling the fundamental issues of equity and access. More work is needed to unlock the potential within our staff in terms of understanding / intelligence, skills / confidence and authority to champion / act accordingly.

² [Goal 1 - NHS Wales Executive](#)

➤ Anchor Institution (Pillar 3)

By utilising its assets and everyday business operations (such as employment power, spending power and land/estates assets) the Health Board should aim to improve health equity by improving the social, economic and environmental health and wellbeing of the local population. This includes a focus on investing in understanding and improving the social determinants of health, maximising the social value via supporting and stimulating a sustainable local economy, integrated place-based services and reducing the Health Board's environmental impact.

4. Visible cross-executive leadership support for anchor institution baselining to promote engagement and create the conditions for development of baseline position with a clearly articulated vision / intentions for us as an organisation but also as part of anchor systems at a regional and local level.

Current position: baselining the Health Board as a purposeful anchor institution is already underway with progress being reported through Population Health and Partnership Committee.

➤ Productive Partners (Pillar 4)

The Health Board must act as a productive partner to ensure that there is collaboration with other system partners to improve equity of access and outcomes for services and interventions. Tackling inequalities in access and outcomes also involves engagement with patients and communities to co-design and co-produce services and interventions that meet specific needs and reduce barriers.

5. Purposeful collaborative and joint working with partners focusing on factors that drive differential access and inequity. Understanding of access as a concept is more complex than proximity and availability of services and these considerations need to be part of our working with and through our partnerships.

Current position: partnerships work being progressed organisationally through Strategy & Planning. Development of a Collaborative Partnerships Framework (Nov 24) through Strategic Partnerships Group. Shaping Places national programme implementation using sound and robust tools / methodologies and techniques that purposefully bring in the impact of wider determinants of health. This requires partners to explicitly consider how we act, think, plan and do with equity at the core.

3 GOVERNANCE AND RISK ISSUES

There are a range of statutory legislative requirements placed on the Health Board around improving health equity (See Figure 2) including:

- Demonstrating due regard to the Equality Act (2010) and Socioeconomic Duty.
- Implementation of the forthcoming Welsh Government Public Health (Wales) Act 2017 Health Impact Assessment Regulations.

Mapping the duties and expected health and equality outcomes			
	Equality Act 2010: The Socio-Economic Duty	Equality Act 2010: Public Sector Equality Duty	Public Health (Wales) Act 2017 HIA Regulations
Scope of the duty	• Socio-economic disadvantage	• Individuals and groups with protected characteristics	• Whole population • Population groups who experience health inequalities • Wider Determinants of Health
Required application of the legal duty	• Strategic decisions	• Proposed policies and practices	• Yet to be published
Outcomes in relation to equality	• Reduce inequalities of outcome related to socio-economic disadvantage	• Eliminate unlawful discrimination • Advance equality of opportunity • Foster good relations	• Reduce inequalities related to the wider determinants of health (including socio-economic factors) • Achieve health equity
Outcomes in relation to health and wellbeing	• Reduce inequalities in health and wellbeing outcomes related to socio-economic disadvantage • Remove barriers to access to health services linked to socioeconomic disadvantage	• Prevent negative impacts on health arising from discrimination • Remove barriers to access to health services and other opportunities that influence health and wellbeing outcomes	• Improve population health and wellbeing outcomes • Prevent harm • Reduce inequalities in health and wellbeing outcomes
Well-being of Future Generations (Wales) Act 2015 A Healthier and More Equal Wales			

The Health Board also has internal strategy drivers that require us to shape action on this issue, namely:

- Governance-led approaches to implementing the “Equity” dimension of quality within the SBU Quality Strategy, such as implementing a combined equity and health impact assessment process.
- Demonstrating equity is being considered systematically across all 4 pillars of our Population Health Strategy.

Failure to consider equity in all we do across all four pillars will contribute to risks already identified on the Health Board Risk Register:

- Failure to implement the population health strategy approaches at the required scale (99).
- Access to Planned Care (16)
- Access to Cancer Services – SACT (66)
- Access to Unscheduled Care Service (01)
- Access to Cancer Services (50)
- Impact Assessment Requirements (52)
- Operational and strategic decisions are not data informed (37)

4 FINANCIAL IMPLICATIONS

There are financial & resource implications arising from addressing access in order to reduce health inequities in our population. There is a clear evidence base of cost-effective, impactful interventions across the life course that provide a return on investment. What is outlined in this paper provides the fundamental building blocks to enabling us to adopt, implement and take forward these evidence-based interventions and actions. The funding identified and previously approved through Management Board will need to be released to enable us to progress the foundational blocks to progress this work.

Systematically focussing on equity across all Health Board activity would improve and reduce inequalities in access for patients to appropriate healthcare in a timely manner and improve health outcomes. Implementing measures to focus on equity has the potential to reduce overall costs to the Health Board through prevention and earlier intervention for people living in more deprived communities and those with protected characteristics.

5 RECOMMENDATION

The Committee is asked to:

Members are asked to:

- **Note** the different aspects that underpin ‘access’ as a concept that contributes to differential engagement and outcomes across our population.
- **Consider** how access and inequity is an issue and consideration across all 4 pillars/functions of the health board.
- **Discuss & approve** the proposed actions to systematically ensure equity is a consideration across plans and decision making.



Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
Ensuring equity is considered systematically by the Health Board will aim to improve the quality patient experience of healthcare services for all patients, especially those from the most deprived backgrounds and those with protected characteristics. The Health Board recording and analysing data on the equity of access and outcomes of healthcare services will ensure that services are focused on equitable provision.		
Financial Implications		
The financial implications for the Health Board are currently not fully quantifiable. Initial funding secured and approved for progressing elements of this work related to population health intelligence capability and capacity have not progressed due to the financial challenges/decision making within the Health Board. This impacts on ability to progress the work.		
Legal Implications (including equality and diversity assessment)		
The Corporate Risk Register records a lack of Statutory Compliance in Engagement & Impact Assessment because the Health Board does not have sufficient resource in place to undertake engagement & impact assess in line with Statutory Duties.		
Staffing Implications		
The staffing implications for the Health Board are not currently quantified. If the Health Board does approve the actions outlined in this paper to ensure a systematic focus on equity across activity in all four pillars of the Population Health Strategy, there may be staffing implications around the need for the Health Board to enact actions including the development of data collection and analysis capabilities and the implementation of a systematic approach to ensure that equity is a consideration across plans and decision making.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
Ensuring that the Health Board systematically considers equity across all activity will have a range of long-term benefits across the Five Ways of Working and will ensure that the Health Board is meeting the “A more equal Wales ” and “A healthier” Wales” goals. Systematically considering equity when designing, providing and evaluating the impact of the healthcare services that the Health Board provides will improve the short and long-term outcomes for patients across the Health Board. Ensuring all patients, including those living in more deprived areas and those with protected characteristics, have access to appropriate services in a timely manner will support a preventative approach to healthcare. By focusing on equity whilst working as a productive partner with stakeholders across different sectors the Health Board will work collaboratively to improve access to services and health outcomes for patients.		
Report History		
Appendices	Appendix 1: Inequalities in health and care	