Response ID ANON-CQ9Z-4AND-E

Submitted to **Developing the long term plan for the NHS**
Submitted on **2018-09-28 16:49:25**

About you

1 In what capacity are you responding?

In what capacity are you responding?:
Voluntary organisation / charity

If you have selected 'Other public body' or 'Other', please specify::

2 If responding on behalf of an organisation or group of organisations please state organisation(s) name.

If responding on behalf of an organisation or group of organisations please state organisation(s) name:
VCSE Health and Wellbeing Alliance

3 In what region are you based?

In what region are you based?:
N/A - National or regional organisation

4 Is this response submitted on behalf of a group of people or organisations?

Yes

5 How many people does your organisation(s) represent?

How many people does your organisation(s) represent?:

About you

1 Please provide details of who has contributed to this response.

(numbers and organisational names as appropriate):
Clinks; Friends, Families and Travellers; Homeless Link; Maternity Action; Nacro; and CHANGE.
Collectively we represent over 5000 voluntary sector organisations working with people from Inclusion Health groups, including: Gypsy & Traveller communities; homeless people; people in contact with the criminal justice system; people engaged in sex work; vulnerable migrants; and people with learning disabilities. These groups experience some of the most extreme health inequalities and social

Developing the long term plan for the NHS

1 Please select a theme you would like to comment on?

Overarching questions

Overarching questions

1 What are the core values that should underpin a long term plan for the NHS?

(200 words):
Inclusion should be the core value to underpin the long-term plan (LTP). We believe that funding should be targeted at improving the health and wellbeing outcomes of those at highest risk of, and experiencing, the poorest health. We welcome the emphasis placed on addressing health inequalities in the LTP and believe that this should be done through a ‘proportionate universalism’ approach.

Many of the most marginalised people in our society - such as Gypsy and Traveller communities, homeless people, sex workers, vulnerable migrants, people in the criminal justice system, and people with learning disabilities (sometimes collectively known as ‘Inclusion Health’ groups) - experience very high rates of morbidity and mortality, yet struggle to access and benefit from health services. Targeting those most in need, and ensuring services are accessible to and meet the needs of the most marginalised groups, will ensure they work better for everyone.

People and families from marginalised groups are a vital source of intelligence about how to improve services. NHS England should focus on enabling diversity in coproduction with a wide range of people with lived experience across the LTP and the health and social care system.

2 What examples of good services or ways of working that are taking place locally should be spread across the country?

(200 words):
There are many examples of ways in which services currently provide an open, accessible service which is fully inclusive of marginalised groups. These include:

• trauma-informed approaches – see Homeless Link's 'A basic Introduction to Trauma Informed Care'
• accessible communications – see www.changepeople.org for examples of easy read materials
• outreach services, such as mobile clinics or co-locating services with voluntary sector organisations which are trusted by their communities – see partnership work between NHS in Leeds, Leeds City Council's public health team and Leeds GATE
• integrated multi-agency partnerships which can provide holistic, person-centred support to those with the most complex needs - see Bromley by Bow Health Centre or Exeter CoLab
• provision of peer support and peer advocacy services – see Friends Families and Travellers adapted RSPH training programme for Gypsies and Travellers
These practices should be introduced as standard across the NHS.

3 What do you think are the barriers to improving care and health outcomes for NHS patients?

(200 words):
Inclusion Health groups are rarely considered or consulted in a meaningful way in policy making or service design. Many people from these marginalised groups have limited contact with existing NHS services, and may face communication barriers such as low literacy or having limited/no English, meaning their voices will not be heard through patient feedback or online consultations. Without a dedicated lead with overall responsibility for inclusion health, or a strategy to reach them, there is a high likelihood that the needs of these groups will continue to be overlooked.
In order to address the health inequalities experienced by Inclusion Health groups, there must be a specific focus on co-production with these communities at all levels of the health and social care system and across all LTP workstreams.

4 Would you like to comment on another theme?

Life stage - Staying healthy

Life stage - Staying healthy

1 What is the top prevention activity that should be prioritised for further support over the next five and ten years?

What is the top prevention activity that should be prioritised for further support over the next five and ten years?:
Meeting the needs of Inclusion Health groups should be the top priority for addressing inequalities in health.

2 What are the main actions that the NHS and other bodies could take to:

(400 words):
We believe that the principle of 'proportionate universalism' should be used to target funding at improving the health and wellbeing outcomes of those at highest risk of, and experiencing, the poorest health. Making inclusion and reducing health inequalities a required consideration across the design of all services, programmes and initiatives, can help ensure equal access to health services and that those services will work for all.

3 What should be the top priority for addressing inequalities in health over the next five and ten years?

What should be the top priority for addressing inequalities in health over the next five and ten years? :
Meeting the needs of Inclusion Health groups should be the top priority for addressing inequalities in health. We believe that the principle of 'proportionate universalism' should be used to target funding at improving the health and wellbeing outcomes of those at highest risk of, and experiencing, the poorest health. Making inclusion and reducing health inequalities a required consideration across the design of all services, programmes and initiatives, can help ensure equal access to health services and that those services will work for all.

4 Are there examples of innovative/excellent practice that you think could be scaled up nationally to improve outcomes, experience or mortality?

(200 words):
As highlighted in our answer to the overarching question 2, there are many examples of excellent practice already in operation which improve outcomes for Inclusion Health groups, such as:

o Friends, Families and Travellers are commissioned to deliver RSPH training to Gypsy and Traveller (G&T) communities in East Sussex on health improvement and behaviour change. The training empowers G&Ts to improve their own and their communities' health through peer based learning, is taught using culturally relevant examples, is accessible for people with low literacy and for many participants is the first qualification they have ever received.

o Colab Exeter is an integrated wellbeing and innovation hub, hosted by Exeter CVS, that works through collaboration to strengthen local services and achieve positive whole community outcomes around homelessness, addiction, (re)offending, and health inequality. NHS services including GP, opticians, mental health, sexual health and social prescribing work in partnership with agencies across sectors to support individuals from marginalised communities towards sustainable recovery.

o ATTIC, a mobile outreach clinic run by King's College Hospital NHS Trust supported by peer navigators from the Hepatitis C Trust, which visits homeless hostels to provide access to treatment and counselling for homeless patients living with Hepatitis C.

5 How can personalised approaches such as paying attention to patient activation, health literacy and offering a personal health budget reduce health inequalities?

(200 words):
Personalised care is a vital aspect of providing holistic support to people from Inclusion Health groups. However, there is a risk that some of the approaches

highlighted above, such as personal health budgets, may further entrench health inequalities by making it more difficult for those who are currently excluded from services to access health care due to the skills and confidence required. Providing advocacy and peer support services alongside personalised approaches is vital to mitigate this.

Peer support can be especially valuable for people from marginalised groups, where they are able to receive support from someone who shares the same characteristics, experiences or cultural background as themselves. For example, the charity Keyring provides networks of support for people with learning disabilities who have been in contact with the criminal justice system. Each network has a volunteer who acts as the group facilitator and supports the others with their everyday issues, as well as support workers who can provide further help and advice to the group. This model of mutual support empowers those within the group to pull together and ensures there is always a “friendly face” available as and when somebody needs it.

6 What is the best way to measure, monitor and track progress of prevention and personalisation activities?

(200 words):

7 What are the main challenges to improving post-diagnostic support for people living with dementia and their carers, and what do you think the NHS can do to overcome them?

What are the main challenges to improving post-diagnostic support for people living with dementia and their carers, and what do you think the NHS can do to overcome them?:

8 What is your top priority to enhance post-diagnostic support for people living with dementia and their carers?

What is your top priority to enhance post-diagnostic support for people living with dementia and their carers?:

9 Would you like to comment on another theme?

Clinical priorities - Mental Health

Clinical priorities - Mental Health

1 What should be the top priority for meeting peoples mental health needs? Over the next five, and ten years?

What should be the top priority for meeting peoples mental health needs? Over the next five, and ten years?:
There should be a shift from treating mental health issues at a crisis stage and instead a focus on prevention, awareness promotion and engaging with people at an early stage when they disclose a mental health issue.

2 What gaps in service provision currently exist, and how do you think we can fill them?

(200 words):
Reinvestment in community mental health services is vital to achieve this shift. Our members regularly report funding for local mental health services being cut, and access thresholds raised; requiring voluntary sector organisations to spend more time supporting people with increasingly serious mental health needs. Community Development Workers for BME communities under the ‘Delivering Race Equality in Mental Health Care’ agenda were successful in addressing mental health inequalities in Gypsy and Traveller communities. However, when the five years elapsed many local commissioners stopped funding these posts. It would be a positive step to reinstate these. In addition, Community Psychiatric Nurses with a focus on BME groups or cultural awareness of G&T communities make great advocates and link workers with a particular health expertise.
There is also a particular need for improved care for people with co-occurring mental health and substance misuse conditions, and to implement the best practice set out in PHE’s 2017 guidance on this topic, which states that services should operate a ‘no wrong door’ policy and view co-occurring conditions as ‘everyone’s job’. Despite the high prevalence of comorbidity, especially among some Inclusion Health groups, currently this is still a major barrier to people receiving mental health treatment.

3 People with physical health problems do not always have their mental health needs addressed; and people with mental health problems do not always have their physical health needs met. How do you think we can improve this?

(200 words):

4 What are the major challenges to improving support for people with mental health problems, and what do you think the NHS and other public bodies can do to overcome them?

(200 words):

5 How can we better personalise mental health services, involving people in decisions about their care and providing more choice and control over their support?

(200 words):

6 Would you like to comment on another theme?

Enabling improvement - Primary Care

Enabling improvement - Primary Care

1 How can the NHS help and support patients to stay healthy and manage their own minor, short-term illnesses and long-term health conditions?

(200 words):
Inclusion Health groups often struggle to access primary care services at all, resulting in poorer health outcomes and overuse of emergency care. Overcoming the barriers to this will improve health outcomes, reduce health inequalities and ultimately reduce costs for the NHS. These barriers include stigma and discrimination; inappropriate communication; being refused registration at GP practices; or being excluded from services due to perceived challenging behaviour in response to past trauma.

A key reason behind this is a lack of training or awareness amongst GP reception staff. People are often asked to provide documentation in order to register, even though NHS statutory guidance for GPs states “there is no regulatory requirement to prove identity, address, immigration status or the provision of an NHS number in order to register.” Similarly, a negative attitude, poor communication, or a lack of understanding of trauma-informed approaches on the part of practice staff can prevent people from accessing services. Investing in training for practice staff, and in the provision of trauma-informed primary care services, is key to supporting people to stay healthy. Our group of organisations have shared a proposal for e-learning in Inclusion Health for GP receptionists with Neil Churchill for consideration.

2 How could services like general practice and pharmacy, work with other services like hospital services to better identify and meet the urgent and long-term needs of patients?

(200 words):

3 What other kinds of professionals could play a role in primary care, what services might they be able to deliver which are currently delivered elsewhere, and how might they be supported to do so?

(200 words):

4 How could prevention and pro-active strategies of population health management be built more strongly into primary care?

(200 words):

5 Would you like to comment on another theme?

Enabling improvement - Engagement

Enabling improvement - Engagement

1 How can the NHS encourage more people to share their experiences in order to provide an evidence base for checks on whether changes introduced under the long term plan are driving the changes people want and need?

(200 words):
Involving people from Inclusion Health groups in sharing their experiences is essential to understand whether the long-term plan is succeeding in reducing health inequalities and improving outcomes for these groups. In many cases this will require specific work to engage them, as people from socially excluded groups such as homeless people or vulnerable migrants are less likely to be confident and articulate in sharing their views. Working with specialist voluntary sector organisations, who are part of and trusted by the communities in question, is an effective means of encouraging people to contribute their experiences; as are peer research methods.

There are some simple steps the NHS can take to address structural barriers when gathering feedback from people, including, creating inclusive environments for PPP groups, and ensuring they are using language and communication methods which make it easy for people to engage. Considerations should be taken to how to involve people with low literacy, people who are not confident speaking English and people with learning disabilities. Where services affect people in prison, it should be noted that online consultations cannot usually be accessed in prison, and alternative methods should be used to ensure their views are taken into account.

2 How can the NHS improve the way it feeds back to people about how their input is shaping decisions and demonstrate that the NHS is the world’s largest learning organisation?

(200 words):
Rather than focussing simply on encouraging people to share their experiences and feeding back to them, NHS England should use the long-term plan as an opportunity to move towards genuine co-production with people who need and use their services. Co-production makes the most of the shared expertise of the professionals working in services and the people who will use them, by designing and developing the service together. Services that are co-produced result in better ‘buy-in’ from the people using them – if your service is more closely matched to what people actually want (as opposed to what professionals assume they need) then more can be achieved. It also gives legitimacy to the service – people can feel more comfortable with procedures or practices that have been designed by other people in the same situation. For example, a group of Alliance members co-produced an audit tool aimed at voluntary organisations to improve working with Inclusion Health groups. Last year, a partnership of Alliance members held a participatory workshop with a combination of members of Inclusion Health groups and service providers who work closely with Inclusion Health groups. This allowed us to identify common barriers and obstacles for Inclusion Health groups when accessing healthcare.

3 Would you like to comment on another theme?

No