NICE National Institute for Health and Care Excellence

NICE local government briefings

# Improving access to health and social care services for people who do not routinely use them

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## Introduction

This briefing summarises NICE's recommendations for local authorities and partner organisations on improving access to health and social care services for vulnerable people who do not routinely use them, promoting equitable access for all. It is particularly relevant to health and wellbeing boards.

People who do not routinely access standard health and social care services are at increased risk of poor health, which can accumulate through life and lead to increased demand on services and increased health and social care costs.

Local authorities are uniquely placed to address the complex and ongoing needs of the local population including those whose needs are not being adequately met at present.

Improving access to services for the local population can help local authorities work towards achieving the 2 overarching outcomes in the Public Health Outcomes Framework:

- increasing life expectancy
- reducing differences in life expectancy and healthy life expectancy between communities by improving those of people in more disadvantaged communities.

The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care.

For further information on how to use this briefing and how it was developed, see About this briefing.

## Why are some people not accessing services?

There are many reasons why some people do not access health and social care services:

- Structural and service characteristics:
  - the structure, organisation and delivery of services
  - service characteristics such as location and opening times.
- Population characteristics:
  - demographic characteristics, for example being an asylum seeker, being homeless, having a learning difficulty, or living in a rural area
  - cultural characteristics, for example if the person does not speak English as their first language or lives in a Gypsy or Traveller community
  - behavioural characteristics, for example illicit drug use or commercial sex work, that people may want to actively conceal
  - attitudinal characteristics, for example being suspicious of the services offered or being unaware of the health benefits that might be gained
  - lifestyle characteristics, for example being a carer.

# What can local authorities achieve by improving access to health and social care services for people who do not routinely use them?

## *Meet public health responsibilities through local leadership*

Local authorities promote, commission and manage a wide range of public services. By building on the links already in place with local health and social care providers, local authorities are well positioned to improve public health outcomes for the local population. They can do this through leadership, sharing of local intelligence and identifying and working with relevant NHS and community services to improve access to services (A short guide to health and wellbeing boards).

## *Deliver inclusive services with a positive impact on people and communities*

By identifying public health priorities according to the demographic profile of local communities and providing services to those who need them most, local authorities will help address health inequalities and satisfy public sector obligations under the Equality Act 2010.

By consulting with local health champions and people who do not routinely use services, local authorities can identify barriers to mainstream services (including cultural and behavioural barriers). Local authorities can then offer new ways of supporting people who do not routinely use services to access them.

## *Deliver early intervention*

Disadvantage can start before birth and accumulate through life (Chief Medical Officer's annual report 2012). By delivering early interventions through accessible health and social care provision, local authorities can help improve the health and wellbeing of young children and their families (Bright futures: local children, local approaches). Reducing the risk of poor health outcomes (Public Health Outcomes Framework, England), including the risk of dying prematurely (NHS Outcomes Framework 2013 to 2014), is a matter of fairness and social justice, which local authorities are ideally placed to promote (Fair society healthy lives).

## *Protect the public's health*

People who do not routinely use health and social care services are diverse and may include people who are homeless or vulnerable migrants who may be at increased risk of infectious diseases such as tuberculosis (Tuberculosis control in vulnerable groups). Additionally, children from some unreached groups, for example travellers or those from families that don't speak English as a first language, are at risk of not being fully immunised from childhood infections such as meningitis C and measles (Reducing differences in the uptake of immunisations). Local authorities can implement targeted interventions that reach local people who do not access existing services.

## *Prevent ill health and premature mortality*

Many people may not register with a GP or may be reluctant or unable (because of caring commitments) to attend GP surgeries to have their symptoms diagnosed. In Birmingham, for example, GP data suggested that the prevalence of coronary heart disease among people from ethnic groups in the most deprived communities is relatively low compared with other areas in the city. However, data from the Office of National Statistics show that cardiovascular disease mortality is relatively high in these deprived communities. The discrepancy between these figures suggests that people in these areas either do not register with a GP, or are reluctant to attend GP surgeries to have their symptoms diagnosed (Healthy lives: healthy people 2011).

## What NICE says

This section highlights the types of activities that some of NICE's recommendations on improving access to services published up to July 2013 cover. The examples below are not exhaustive but illustrate the range and type of groups that may not be accessing services routinely and examples of NICE guidance that can be used to improve access.

Those with responsibility for directly commissioning, managing or providing services are advised to read the recommendations in full by following the hyperlinks.

# *Recommendations*

### Consider the population characteristics of people who are not routinely accessing services and assess local need

For details on considering population characteristics see helping adults who are disadvantaged to quit smoking in NICE's 'Smoking' pathway and NICE's pathway on smokeless tobacco cessation: South Asian communities.

For details on understanding the demographic profile of a local area see identifying and supporting local champions in NICE's 'Obesity: working with local communities' pathway, NICE guidance on management of long-term sickness and incapacity for work and NICE's Promoting mental wellbeing at work pathway.

For details on assessing need see assessing local need and planning for needle and syringe programmes in NICE's 'Needle and syringe programmes' pathway, needs assessment in NICE's 'Tuberculosis' pathway, and assessing health needs in NICE's 'Looked after babies, children and young people' pathway.

### Commissioning local services

For details on integrated commissioning see integrated commissioning in NICE's 'Obesity: working with local communities' pathway, vulnerable children under 5 in NICE's 'Social and emotional wellbeing for children and young people' pathway, appointing a diversity champion in NICE's 'Looked after babies, children and young people' pathway, incorporating unintentional injury prevention in plans and strategies for young people's health and wellbeing in NICE's 'Preventing unintentional injury among under 15s' pathway and commissioning and coordinating needle and syringe programmes in NICE's 'Needle and syringe programmes' pathway.

### Planning accessible local services

For details see supporting vulnerable migrants in NICE's 'Tuberculosis' pathway and making services accessible to all children and young people aged under 19 in NICE's 'Immunisation for children and young people' pathway.

### Delivering accessible local services

For details see delivery and content in NICE's 'Preventing type 2 diabetes' pathway and raising awareness of tuberculosis among hard-to-reach groups in NICE's 'Tuberculosis' pathway.

**Targeting interventions for those with complex needs**

For details see system incentives to improve the health of people who are disadvantaged in NICE's 'Smoking' pathway and active case finding and providing accommodation during treatment in NICE's 'Tuberculosis' pathway.

**Evaluating and quality-assuring the planning and delivery of local services**

For example see evaluation and quality assurance in NICE's 'Preventing type 2 diabetes' pathway.

**Partnership working and involving local communities**

For details see NICE's guidance on community engagement, using community resources and lay and peer workers to tailor interventions and target communities at high risk of type 2 diabetes in NICE's 'Preventing type 2 diabetes' pathway and identifying and supporting local champions in NICE's 'Obesity: working with local communities' pathway.

## *Examples of practice*

Examples of how NICE's advice on improving access has been put into practice can be found in our shared learning database. They include:

- A local experience: a multi-agency partnership approach to our NICE implementation system.
- Our pledge – empowering staff to deliver a high quality patient experience.

Note that the examples of practice included in this database aim to share learning among local organisations. They do not replace the guidance.

# Developing an action plan

The table below poses a range of questions which could be asked when developing a comprehensive plan to ensure health and social care services are accessible to people who are not routinely using them.

| **Assessing opportunities to improve access to health and social care services for people who are not routinely using them** | **Links to NICE public health guidance** |
|---|---|
| ***Assessing local need***<br>1. What information sources are used to identify the demographic profile of the local community? | Assessing local need and planning for needle and syringe programmes |
| 2. What indicators relevant to the NHS, social care and public health outcomes frameworks have been identified within the local population? | Health inequality indicators for local authorities and primary care organisations<br>Identifying and supporting people most at risk of dying prematurely<br>The social determinants of health and the role of local government |
| ***Commissioning local health and social care services***<br>3. Is there an integrated approach to local commissioning? | Fostering an integrated, community wide approach<br>Appointing a diversity champion<br>Incorporating unintentional injury prevention in plans and strategies for young people's health and wellbeing<br>Vulnerable children under 5 |
| ***Planning, delivering and evaluating local health and social care services***<br>4. How do measures of population health inform the planning, delivery and evaluation of local health and social care services? | Identifying local issues and actions<br>Evaluation and quality assurance<br>Health equity audit |

| | |
|---|---|
| 5. How are cultural and behavioural characteristics of people who do not routinely use health and social care services supported as a means to overcoming barriers to accessing services? | Identifying and supporting local champions<br>Supporting vulnerable migrants and using community resources and lay and peer workers to tailor interventions and target communities at high risk of type 2 diabetes |
| 6. Is a range of interventions (including targeted and innovative interventions) in place to overcome barriers to accessing health and social care services? | Active case finding and providing accommodation during treatment |
| 7. What structural or organisational changes can we make to improve access? | Making services accessible to all children and young people under 19<br>Commissioning and coordinating needle and syringe programmes<br>System incentives to improve the health of people who are disadvantaged<br>Delivery and content |
| ***Partnership working and involving local communities***<br>8. Are there strategies in place that allow community members to be involved and are local partnership protocols in place between significant stakeholders? | Raising awareness of tuberculosis among hard to reach groups<br>Identifying and supporting local champions |

# Costs and savings

Reconfiguring services to meet the health needs of their local populations can enable local authorities to reduce health inequalities and address the costs associated with treating ill health. For example:

- Tackling the wider determinants of health and improving access to health and social care services may involve changing the way in which local health and social care services are

structured and delivered (Engaging in local healthcare developments). It is recognised that the current process for reconfiguring services is often protracted and expensive but to avoid failure, plans for reconfiguring services should be drawn up and agreed as quickly as possible (The King's Fund).

- In England, the cost of treating illness and disease arising from health inequalities has been estimated at £5.5 billion per year. In terms of the working-age population, it leads to productivity losses of between £31–33 billion each year. Lost taxes and higher welfare payments resulting from health inequalities cost in the region of £28–32 billion (Estimating the costs of health inequalities: A report prepared for the Marmot review).
- The proportion of children living in poverty has risen considerably in the last 30 years. In England it is estimated that child poverty costs the taxpayer £29 billion each year (An estimate of the cost of child poverty in 2013).
- The annual cost to society of drug addiction is estimated to be £15 billion (Why invest? How drug treatment and recovery services work for individuals, communities and society).
- The National Audit Office has estimated that local and central government spend about £1 billion per year on homelessness (More than a roof: progress in tackling homelessness).

## Facts and figures

Below are other facts and figures on some groups of people who do not routinely access health and social care services.

- In Autumn 2010 the total counts of rough sleeping estimated for England was 1768. This was a 42% increase of the 2009 figure of 1247. Statutory homelessness figures indicate that local authorities had a duty to house 13,230 households during the first quarter of 2013 (Live tables on homelessness).
- The 2011 census indicated that 138,000 people living in England and Wales speak no English. Data also indicated that 8% of the population in England and Wales do not have English as their first language.
- 71% of carers surveyed in 2013 reported a reduction in the amount of physical exercise they undertook, 61% reported experiencing depression, 92% felt more stressed because of their caring roles and 45% had given up work to care for someone (Prepared to care?).

- Death rates from cardiovascular disease are approximately 50% higher than average among South Asian groups (Allender et al. 2007).
- It has been estimated that almost 1.2 million people living in England have learning difficulties.
- It is estimated that 5991 girls under 16 conceived in 2010.

## Support for planning, review and scrutiny

Council scrutiny activities can add value to strategies and actions to improve the public's health. Effective scrutiny can help identify local health needs and check whether local authorities are working in partnership with other organisations to tackle the wider determinants of health inequalities. NICE guidance and briefings provide a useful starting point, by suggesting useful 'questions to ask' during the scrutiny process.

A range of other support tools are available on the Centre for Public Scrutiny website and via Into practice on our website.

## Other useful resources and advice

The following resources produced by other organisations may also be useful:

- Who is hard to reach and why? on the Swinburne Institute for Social Research publication website
- Successful interventions with hard to reach groups from the Health and Safety Executive
- The story of DETERMINE: mobilising action for health equity in the EU from EuroHealthNet
- The Home Office Development and Practice Report on Delivering services to hard to reach families in On Track areas: definition, consultation and needs assessment
- Hard to reach? What factors impact service use among 'hard to reach' families and how can these be used to support early intervention? A poster presented by Julia Parsonson on behalf of Slough Borough Council and University College London

# About this briefing

This briefing is based on NICE guidance published up to July 2013 about improving access to health and social care services for people who do not routinely use them (see the NICE website for details of published briefings and briefings in development). It was written with advice from NICE's Local Government Reference Group and using feedback from council officers, councillors and directors of public health.

It is for local authorities and their partner organisations in the health and voluntary sectors, in particular, those involved with health and wellbeing boards. This includes local authority officers and councillors, directors of public health and commissioners and directors of adult social care and children's services. It will also be relevant to members of local authority scrutiny committees.

This briefing may be used alongside the local joint strategic needs assessment to support the development of the joint health and wellbeing strategy.

This briefing is intended to be used online and it includes hyperlinks to sources of data and further information.

## *About NICE guidance*

NICE guidance offers:

- recommendations based on the best available evidence to help you plan, deliver and evaluate successful programmes
- an objective and authoritative summary of the research and evidence, reviewed by independent experts from a range of backgrounds and disciplines
- an assessment of the effectiveness and cost effectiveness of public health interventions.

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