The Richmond Group of Charities' response to the Taskforce on Multiple Conditions report *You only had to ask: what people with multiple conditions say about health equity,* July 2021

The Richmond Group of Charities urges everyone with an interest in health and its wider determinants to read this powerful report and consider the issues, the opportunities and the moral challenges that it raises.

We are glad that, together with our Taskforce partners, we have been able to raise the profile of the multiple conditions agenda over the past three years and to bring its links with inequity into sharper focus. Now is the time for action by a wide range of organisations and sectors, including ourselves.

As the Taskforce ends and The Richmond Group continues to put multiple conditions and health equity at the heart of our strategy. We will seek to improve the support our members, working together and with others, are able to provide to people in the situations the report describes. We will also continue to apply this lens to our work to influence policy and practice.

These stories shine a powerful light on the reasons why inequality causes multiple conditions, and how multiple conditions lead to more inequality. They also highlight how the structures of our health, care and other public services get in the way of professionals giving the support that people need. Tackling these issues will be an acid test of how serious the Government is about levelling up the country and of NHS and council leaders' ability to act. Charities like ours are ready to step up but we can't do it on our own.

We are calling on national decision-makers to act on the report's powerful and moving findings or face growing health inequality, worse outcomes for people and a growing bill for the Treasury. We set out our recommendations below. We are committed to focusing, in our immediate and long-term work and in our partnerships with others, on seeing them implemented and we are keen to support them to make this happen.

We recognise, as does the report, that many of the things that would improve life for people with multiple conditions go beyond the scope of what individual clinicians can control. But there is much in the report for individual professionals to reflect upon and to act upon, even within current resource constraints and the challenge of the pandemic. The approaches set out in *The Multiple Conditions Guidebook* and *The Multiple Conditions Guidebook: One Year On* give clinicians and those managing services a good place to start. We hope that the debate the report will generate will provide a space for those who are already making small but powerful changes to share and spread good and innovative practice more widely.

The voices of people living with multiple conditions have driven all this work to date. They make the report the compelling read that it is, and we will continue to ensure that they are central to how we work for positive improvements in their experiences and outcomes.

Recommendations:

1. The new NHS England chief executive should, for the first time, make a single senior leader clearly accountable for this agenda across NHS England's structures and programmes.

2. The Government should implement the key recommendation of *Health Equity In England: The Marmot Review 10 Years On* by developing a national strategy for action on the social determinants of health and their impact on health equity, led by the Prime Minister and supported by cross-government arrangements through a Cabinet committee.

3. The Department for Health and Social Care should embed an explicit focus on multiple conditions into its priority to "improve, protect and level up the nation's health, including through reducing health disparities" and build this into the NHS Mandate.

4. As NHS England reintroduces incentive payment structures suspended or changed during the pandemic emergency response, and as it establishes new financial flows to and within integrated care systems, it should ensure that it incentivises and resources organisational and clinical behaviours that help to arrest people's progress from one to many conditions, and provide effective support for people already living with multiple conditions. It should build this into its priorities and operational planning guidance for 2022-23 and beyond.

5. Those leading NHS England's implementation of ICS and primary care network structures and development, health inequalities strategies, the NHS People Plan, personalised care including shared decision-making, care co-ordination and social prescribing, outpatient transformation, and work on public voice, collaboration with the voluntary and community sector and volunteering should apply the multiple conditions lens to inform their planning and assess delivery.

6. The Care Quality Commission should apply this lens to its inspection and regulation of individual providers as well as to its developing approach to taking a view of whole systems.

7. Health Education England, professional regulators and all involved in developing and delivering clinical curricula should ensure that their planning and development of the future workforce helps to meet these needs. Royal Colleges and professional bodies should support their members through CPD mechanisms and resources to make effective use of techniques such as care planning in the short-term.

8. The Department for Health and Social Care, HM Treasury and NHS England should assess the levels and key areas of waste resulting from current policy and practice. Together with the Ministry of Housing, Communities and Local Government, they should also assess the impact on local economies and community wellbeing of lost opportunities for people with multiple conditions to work and to help build their community assets and social capital.

9. The Government should urgently bring forward proposals for comprehensive, sustainable social care reform that meets the needs of people living with multiple conditions, whatever their age.

10. MPs and peers should apply this lens while scrutinising the Health and Care Bill. The Health and Social Care Select Committee should build this lens into its continuing assessment of the effectiveness of care integration.

11. Research funders should prioritise research into people's holistic needs rather than purely examining medical interventions. They should also ensure that the multiple conditions research agenda is driven by, and that the evidence base includes, the voices and experiences of people living with health inequity, with a particular focus on ethnic and other minority communities.

12. Leaders in the voluntary and community sector should consider how their organisations can respond to the report's findings, as stand-alone organisations, in collaboration with each other and in partnership with the public and commercial sectors.