Integrated Care Webinar series 2022 / 2023

Approaches to reducing health inequalities to tackle elective recovery
Tuesday 13 December

NHS England
System Transformation, hosted by the Social Care Institute for Excellence (SCIE)

NHS England

scie social care institute for excellence

Your panel today

- 2.30 – 2.50. Chair: Professor Bola Owolabi, Director for Healthcare Inequalities Improvement, NHS England
- 2.50 – 3.10. Josie Soutar, Managing Director, Sheffield Flourish
- 3.10 – 4.30. Paul Court, Chief Executive, Healthworks
- 3.30 – 4.00. Q and A, polls and closing remarks.

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Inclusive elective recovery

Professor Bola Owolabi MRCGP MFPH (Hon)
Director – National Healthcare Inequalities Improvement NHS England

December 2022

NHS England has a structured, systematic approach to reducing healthcare inequalities

Purpose	The Healthcare Inequalities Improvement Programme works across the NHS and with partners to: • support the government's ambition to increase healthy life expectancy by five years by 2035 while narrowing the gap between the richest and poorest • achieve the NHS Constitutional promise of delivering services 'to all' • realise the NHS Long Term Plan commitment to deliver stronger action on health inequalities
Vision	Exceptional quality healthcare for all through equitable access, excellent experience and optimal outcomes

Priorities (in planning guidance)	1. Restore NHS services inclusively	2. Mitigate against digital exclusion	3. Ensure datasets are complete and timely	4. Accelerate preventative programmes	5. Strengthen leadership and accountability

Framework for delivery	C**ore20PLUS5** approach and Core20PLUS 5 for children and young people, designed to guide national and system efforts on healthcare inequalities defines our target population and five clinical areas of focus

Strategic drivers	COVID-19 pandemic: urgent actions	NHS Long Term Plan	NHS System Oversight Framework	Health and Care Act 2022, incl integration duties	Levelling up	Government Mandate to NHSE

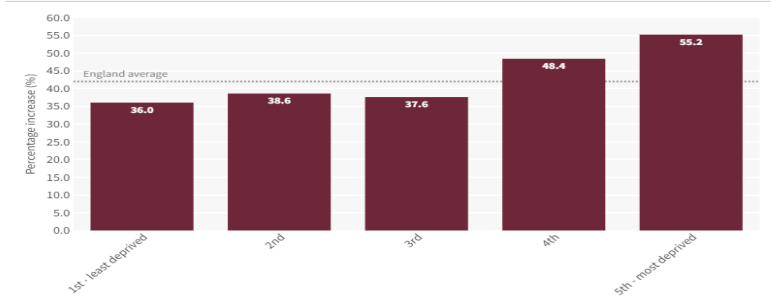
Some groups face challenges in access to elective care

Context – healthcare inequalities in elective care

- Data shows that 293 102 people had been waiting over a year for treatment in July 2021, a 26-fold increase compared to April 2020.1 When the data is reviewed by deprivation, researchers found that people in the most deprived communities are 1.8 times more likely to wait over one year for treatment compared to the least deprived areas.
- The following Kings Fund graph shows the relationship between rate of growth of waiting lists and relative deprivation. On average **waiting lists have increased by more than half (55.2 per cent) in the most deprived areas, compared to a third (36 per cent) in the least deprived areas,** the national average was 42 per cent.

Figure 2 Percentage increase in elective referral waiting lists by deprivation quintile

April 2020 to July 2021



Source: NHS England

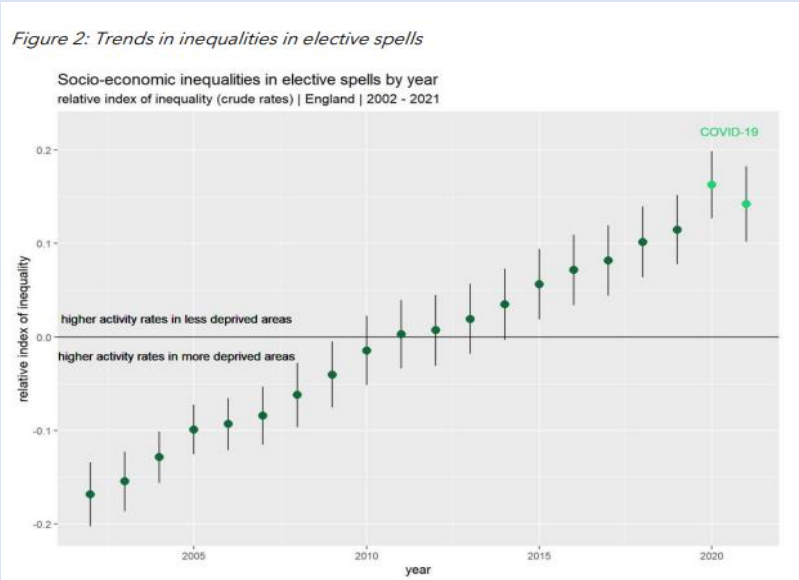
TheKingsFund

A Flourish chart

Context – healthcare inequalities in elective care

- Midlands Decision Support Network/The Strategy Unit, April 22: Reductions in activity in 2020 were associated with sharp increases in inequity, compounding the prevailing trend. These effects were moderated somewhat in 2021 as activity increased, but **2020 and 2021 were nonetheless the two most inequitable years since 2002 in terms of the distribution of elective care**.

Figure 2: Trends in inequalities in elective spells



The Health and Care Act 2022 strengthens inequalities duties and we will be publishing guidance in early 2023

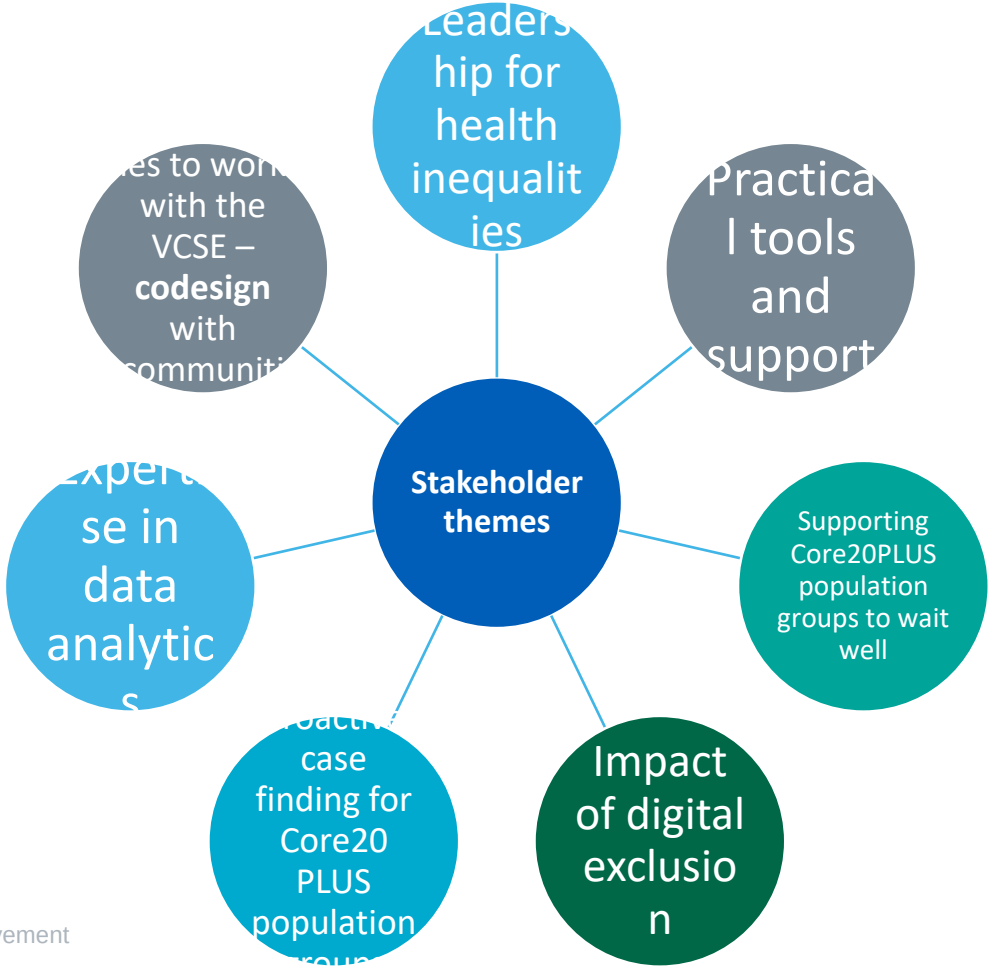
New ICB obligations on health inequalities

- A new duty on health inequalities for ICBs: 'Each integrated care board must, in the exercise of its functions, have regard to the need to— (a) *reduce inequalities between persons with respect to their ability to access health services*, and (b) *reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services'*
- A new quality of service duty on ICBs which includes addressing health inequalities
- A duty to promote integration where this would reduce inequalities in access to services or outcomes achieved
- ICB duties relating to several areas which require consideration of health inequalities – *in wider decision-making, planning, performance reporting, publishing reports and plans, annual reports and forward planning*
- each ICB will be subject to an annual assessment of its performance by NHS England, assessing how well the ICB has discharged its functions in relation to a range of matters including reducing health inequalities

New requirements to publish inequalities data for ICBs, Trusts and Foundation Trusts

- *NHS England must publish a statement about use of information on inequalities in access and outcomes, setting out the powers available to bodies to collect, analyse and publish such information, and views about how the powers should be exercised*
- NHS bodies should *publish annual reports* describing the extent to which NHS England steers on inequalities information have been addressed

Inclusive recovery: key themes emerging



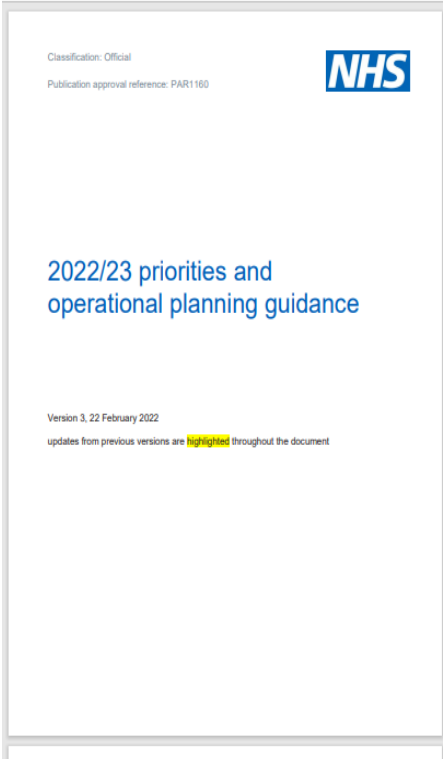
Health Inequalities Improvement

Recap: inclusive recovery ICS and provider actions

We have asked systems and providers to:

1. Analyse **waiting lists delineated by ethnicity and deprivation**
2. Develop **SMART action plans where** inequalities are discovered
3. Develop **board packs** that include waiting lists disaggregated by ethnicity and deprivation
4. Complete and **publish EHIAs** (Equality and Health Inequalities Impact Assessment) on their elective recovery plans
5. Demonstrate how the ICS's senior responsible officer (SRO) for health inequalities will work **with the board** and partner organisations to use local population data to identify the needs of communities experiencing inequalities in access, experience and outcomes, and ensure that **performance reporting allows monitoring of progress in addressing these inequalities.**

We issued an advisory note to regional health inequalities SROs and systems with Key Lines of Enquiry (KLoE) based on the Elective Recovery Plan early in 2022.


Classification: Official

Publication approval reference: PAR1160

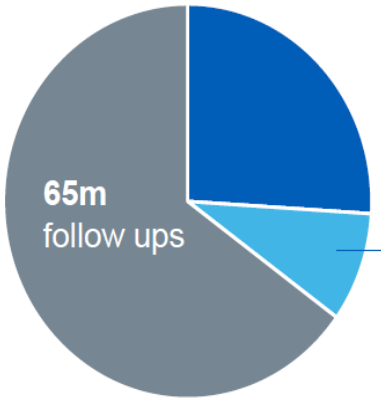
2022/23 priorities and operational planning guidance

Version 3, 22 February 2022

updates from previous versions are highlighted throughout the document

There is an opportunity to focus on outpatient services

There are **100m** outpatient appointments per year



8-10m DNAs

If we think differently, there is more capacity for outpatient first appointments

- Some providers have achieved reductions in DNA rates of 30-90% in a few months
- A 30% reduction would free up 2.3m slots annually
- There is a clear link with health inequalities, with patients facing deprivation most likely to miss their appointments

Actions for providers:

- Ensure the basics are in place:
  - Appointment reminders
  - Offer patients an easy way to cancel/rearrange appointments
  - Patient info to include the reason for the appointment
- Review booking processes
- Reviewing DNA data for demographic groups
- Review current performance e.g. via Model Health System benchmarking

National actions

- Focus for the third Action on Outpatients, our new transformation series which starts with Super September's focus on long waits
- In development:
  - National guidance including high impact actions
  - DNA reduction toolkit to include example patient comms, SOPs, dashboards
  - National launch event

Inclusive recovery case studies

Leicester, Leicestershire and Rutland Integrated Care System

Serving a vibrant and diverse population, University Hospital Leicester provides acute care and treatment for over a million people across Leicester, Leicestershire and Rutland (LLR), and the surrounding counties.
Many people living in Leicester and the broader LLR system live in areas of significant deprivation and poverty; there are high rates of smoking, obesity and harmful alcohol use, in addition to multiple chronic health problems. The population has a lower-than-average life expectancy and more years lived in poor health. They also currently **face some of the longest waiting times for treatment in England; one in ten people in LLR are currently on a waiting list at UHL.**

Did Not Attend (DNA) Programme for respiratory services: Chronic respiratory disease is one of five clinical areas requiring accelerated improvement within the national Core20PLUS5 approach and our programme has been designed to improve access to our services and the efficiency of outpatient capacity use. Using local data, the trust identified that many of those not presenting at appointments (DNAs) belonged to deprived communities and/or were of ethnic minority backgrounds. To address this, **a team of volunteers and colleagues proactively contacted patients from population groups identified as being more likely to DNA. This is in order to offer support with travel costs and car parking, as well as longer appointments where needed**. Initial results have shown a significant difference in attendance for those contacted. **DNA rates among this group were less than 1% compared to 50% for patients who were not contacted.**

Inclusive recovery case studies

Royal Free London

The Royal Free London NHS Foundation Trust (RFL) has established an **Equitable Recovery Programme** (ERP); a pilot programme working with a small number of specialities, **including Ear Nose and Throat (ENT), maxillofacial (Max Fax) and dermatology,** to embed equity and reduce inequalities during the accelerated recovery programme. The project has focused on u**nderstanding the drivers for disparities in DNA rates** and waiting times and **developed tools for addressing these inequalities.**

Analysis of Royal Free London data showed inequalities in waiting times for planned care by ethnicity and deprivation. It also highlighted that variation in Did Not Attend (DNA) rates was a large driver of inequalities in overall waiting times. The trust's **data-led approach also identified outliers in ethnicity recording.**

A small **Access Support Team** was established, made up of **two patient navigators and one analyst** and was led by the Group Head of Equality, Diversity and Inclusion (EDI) for Patients and Carers. The aim of the team was to identify and reduce health inequalities in patients on the RFL waiting list. The **patient navigators called patients, one week prior to their outpatients' appointment** which helped the trust to identify where there were inequities in access to services by ethnicity, age, gender and deprivation. The team developed a script and **standard operating procedure** for patient navigators to handle each call. This included calls to cancel or rearrange appointments and to arrange additional support, for example BSL translators.

Quantitative data to date demonstrates that **473 DNAs were avoided during the pilot** and **cost savings associated with this are likely to be between £47,300 and £75,680.**

Inclusive recovery case studies

Calderdale and Huddersfield NHS FT:
In 2021 there were 77 patients with a learning disability on the waiting list – all of whom have now received their planned care. Dedicated sessions on all aspects of living with a learning disability were delivered to the board and an enhanced task and finish group was established to take forward learning disability priorities within the Trust with support from those with lived experience.
Adopting a **data driven approach**, the trust developed and implemented a range of tools to identify those with a learning disability, understand their experiences and monitor the difference being made.

Data disaggregation
Calderdale Trust undertook an analysis of waiting lists during 2021 by ethnicity and deprivation, which found that in May the trust's **patients from the most deprived areas were waiting 8.5 weeks longer on average for priority two operations** than those from more affluent areas, while patients from **minority ethnic groups were waiting 7.8 weeks longer than white patients.**
When taking priority two together with less urgent priority three and four operations into account, Calderdale and Huddersfield patients from ethnic minority groups were waiting 5.1 weeks longer than white patients in May – but by October, this disparity was cut to 1.6 weeks. Patients from the most deprived communities were waiting 5.6 weeks longer than the least deprived in May, and 2.2 weeks longer on average in October.
The **analysis of the data contributed to the inequalities being cut significantly over the course of 2021**. Other systems could adopt a similar approach, making use of the Health Inequalities Improvement Dashboard (HIID).

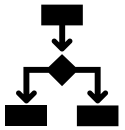
Inclusive recovery case studies

University Hospitals Coventry and Warwickshire

University Hospitals Coventry and Warwickshire NHS Trust (UHCW) has developed **a Clinical Priority Tool,** the Health Equity And Referral To Treatment tool (HEARTT™), which uses clinical, social and demographic information alongside waiting times to prioritise patients based on needs. The development of the tool was motivated by concerns that the rapid restoration of planned hospital care following the pandemic might further exacerbate health inequalities. Rather than rely on waiting time to order patients within clinical priority tiers (P1-P6), **the tool uses a blend of waiting times, clinical and non-clinical factors to automatically re-order waiting lists**. This new, default ordering requires **clinician sign-off** and can if necessary be manually adjusted, but it is hoped that this deliberate nudge will lead to a fairer distribution of outcomes.

The next step with this tool is to include more information on patients' status while waiting. Creation of an algorithm which takes into account individual need and potential outcomes will need a series of values-based judgements. This is a significant shift in thinking which can only be achieved in partnership with the public who will be affected.

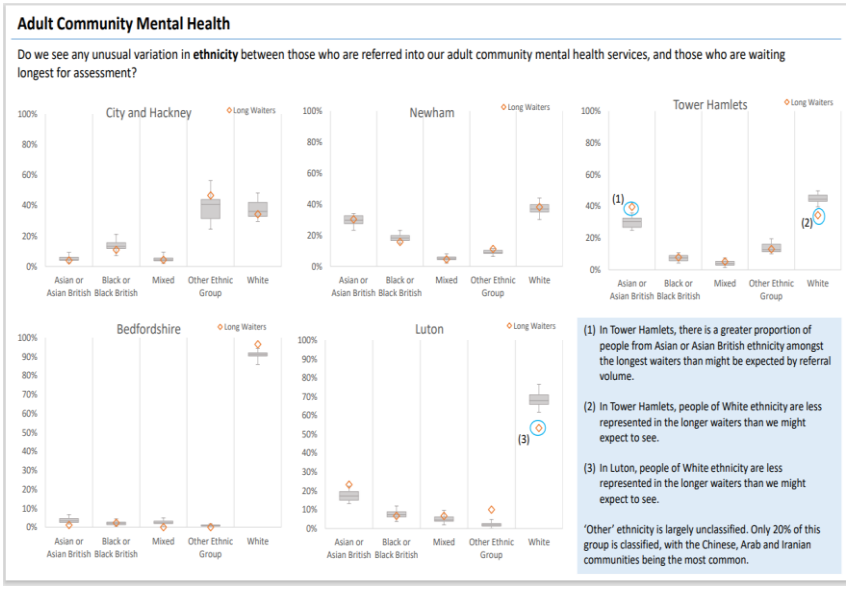
Webinar talking in more detail about the tool for Elective recovery developed at University Hospitals Coventry and Warwickshire: Restoring Elective Care: Health Inequalities and Clinical Prioritisation: Tackling health inequalities when reducing the elective backlog | NHS Confederation



East London Foundation Trust

Approach:

- Focus on CAMHS and adult community mental health
- Exploring whether certain groups are waiting longer than we might expect
- Comparing service users who have been waiting the longest (longest waiting 25%) with the referrals into the service over the last two years, compare the two groups by ethnicity, gender and areas of deprivation



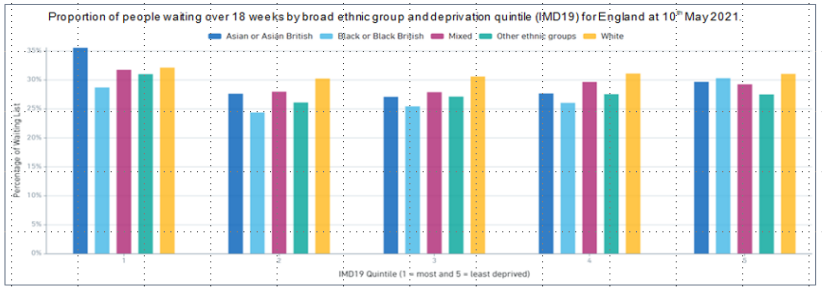
Findings from the approach

This initial analysis has helped look at our waiting lists for assessment in community mental health through a number of different equity lenses, and identified some disparities that require further investigation. Providing data in this way at team level allows clinicians to critically assess their waiting lists, and the way in which they make decisions about prioritisation. Even this initial analysis at borough level has raised awareness of disparities that were unknown to us, identified areas for further exploration and potential places to test new ideas to address the inequities.

Health Inequalities Improvement Dashboard (HIID)

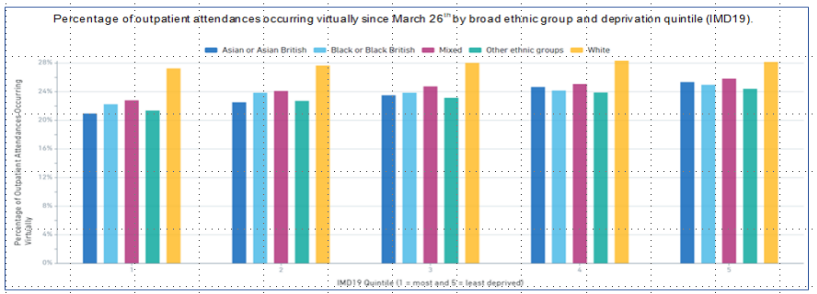
1. The **Health Inequalities Improvement Dashboard** contains **dis-aggregated data on elective waiting lists.**
2. The dashboard brings together **strategic health inequalities indicators** across major NHS England programmes to understand **where health inequalities exist, what is driving them, and to drive improvement actions.**
3. To **improve data to be more timely, accurate and complete**, where possible using real time data, by directly drawing upon hospital and GP systems (in particular for vaccinations data).
4. To build a viable **community** (including programme leads, analytical leads and PCN directors) and provide colleagues in local systems key insights to **drive action for improvement on healthcare inequalities.**
5. The HIID **complements local indicators** and dashboards tailored to local needs and can be **used for triangulation**, for example with the local JSNA (joint strategic needs assessment).

Proportion of People on the Waiting List Over 18 or 52 Weeks by Broad Ethnic Group and IMD19 Quintile



In the illustrative dummy example above for England, the graph shows the proportion of people waiting for 18 weeks by intersectionality between broad ethnic group and IMD19 quintile.

Percentage of First or Follow Up Outpatient Appointments Occurring Virtually by Broad Ethnic Group and IMD19 Quintile



In the illustrative dummy example above for England, the graph shows the disparities in first or follow up outpatient appointments occurring virtually by intersectionality between broad ethnic group and IMD19 quintile.

Support offers

	NHS England	NHS Confederation	NHS Providers
Practical tools and support	Case studies published on NHSE website Calderdale and Huddersfield NHS Foundation Trust and Leicester, Leicestershire and Rutland following an internal workshop with Trust leaders. Further case studies in development. 9 case studies, with a predominantly data focus are available on Future NHS Platform health inequalities hub. Also available alongside the case studies are the 8 principles for inclusive elective recovery. The Health Foundation and Yorkshire and Humber AHSN, published an actionable insights guide on health inequalities. The additional **£200m health inequalities allocations for 22/23** provides additional organisational commitment to the health inequalities agenda, and a finance advisory note was developed and shared a consistent message to finance and health inequalities leads.	Working with the NHS Confederation, we have delivered a set of 15 webinars for ICB and Provider Trust Chairs and Non-Exec Directors, providing an overview of leadership expectations and learning around healthcare inequalities. A **Board Assurance Tool** maps the 8 Key Lines of Enquiry from the CQC Well Led Domain to the five national priorities for action on health inequalities. The leadership framework hub, which includes excerpts from the webinar series and downloadable tools and resources can be found at: Leadership Framework for Health Inequalities Improvement | NHS Confederation	**Series of webinars, and peer support events** between September 22 and March 23, in addition to a series of briefings on health inequalities for their members. Health inequalities - NHS Providers.

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OUR CHARITY GREW OUT OF SHEFFIELD HEALTH AND SOCIAL CARE IN 2012, as a way of helping the Trust 'do things differently'

This city has a massive community of talented, insightful and skilled people who happen to also experience mental health issues.

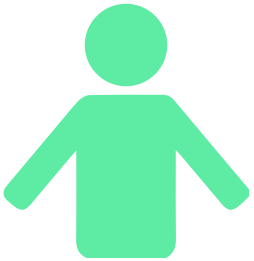
We work collaboratively to build innovative digital and community projects, recognising the untapped strengths of people who've experienced mental health issues.

Our Blended Model

DIGITAL

+

REAL LIFE



CO-PRODUCTION

Paid Staff
+
Associates
+
Volunteers

COMMUNITY

+

ENTERPRISES

Objective 1: Provide opportunities and links into community support for SHSC service users



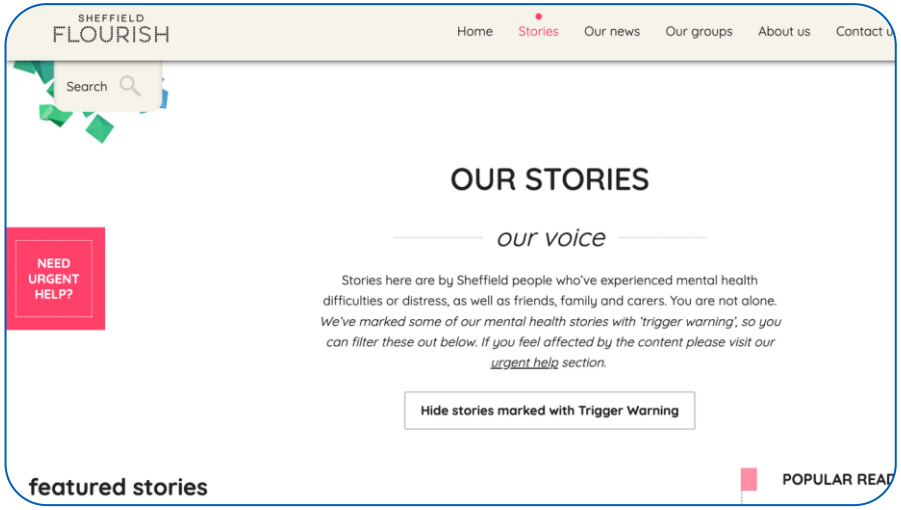


- Brunsmeer Awareness FC - women's and men's football
- CAST art and writing groups
- Connected Worlds storytelling and poetry
- Flippin'Mental Theatre
- Oasis gardening
- Open Door Music



551 people attended our groups last year


Objective 2: Provide mental health friendly communication, information and signposting for SHSC service users



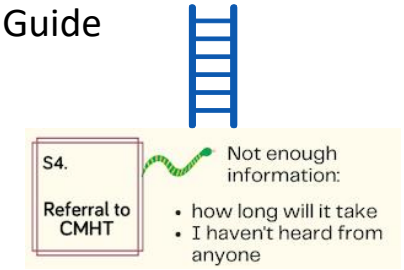
"I have learnt through Sheffield Flourish that I am not unique in my experiences of depression, anxiety and fears. It helps me to feel accepting of myself, helps me to be less judgemental about myself."

- Sheffield Flourish website
- Sheffield Mental Health Guide
- Sheffield Suicide Support
- My Toolkit

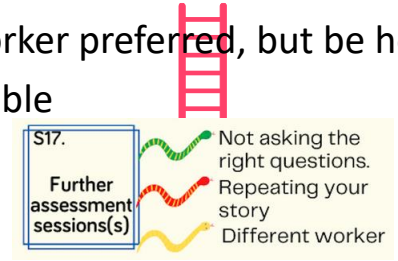
"The sheffield mental health Guide OFFERS A CLEAR, SIMPLE, AND TRUSTED GUIDE TO SERVICES ACROSS THE CITY. I HIGHLY RECOMMEND IT." - Greg Fell,Director of Public Health Sheffield

Objective 3: Support SHSC to co-produce and co-design services, policy and practice in partnership with people with lived experience of mental ill-health

- Provide a contact number
- Information on other MH Services while I wait/MH Guide



- Give me space to talk about what I want to tell you
- Same worker preferred, but be honest if this is not possible



Get in touch:

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Healthworks

the community health charity

Paul Court CEO

Healthworks is an award-winning charity, working across the North East region with people of all ages to enable them to lead longer, happier and healthier lives.

From the antenatal period onwards, we offer a range of services that help and support people to; reduce the risk of preventable ill-health, become more active, eat more healthily, give up smoking, improve mobility, reduce the risk of a fall, improve mental wellbeing, have a healthier lifestyle and manage existing medical conditions.

We're committed to promoting equality, valuing diversity and championing inclusion. We include these principles in all of our behaviours and everything we do – as an employer, as a provider of services and as a partner organisation. Equality, diversity and inclusion is at the heart of all our processes, policies, practices and behaviours.

REGIONAL CHALLENGES

2.6m
people live in the North East of England

34%
of people live in places classified as being in the 20% most deprived areas in England

7
out of 12 local authorities are within the 25% LA's with the highest deprivation score overall

59 years
Healthy Life Expectancy for males is 59.1 and 59.7 for females (the England average is 63.1 (for male and female)

16%
of adults in the North East smoke which is almost 2% higher than the England average

15.7%
of pregnant women smoke compared to only 10.6% across England

59%
breastfeeding initiation compared with 74.5% in England

63.5%
of adults do the recommended 150 mins of weekly physical activity compared with 65.9% in England

69.7%
of adults are classified as overweight or obese, compared to 63.5% in England

53.7%
eat the recommended '5-a-day' compared with the England rate of 55.4%

1 in 4
adults reported feeling high anxiety compared to 1 in 5 in 2016-17

1133
per 100,000 emergency hospital admissions due to falls in people aged 65-79 compared to 937 in England

Healthworks

Based in Newcastle for over 27 years, but working across the region, Healthworks is one of the leading North East charities working with disadvantaged local communities to tackle health inequalities and improve their health and wellbeing.

Our Patron, Professor Sir Michael Marmot is one of the world's leading researchers into the impact of inequalities on health and wellbeing.

King's Fund/GSK award for our work improving the physical and mental health of people across the North East of England

Healthworks believe that everyone regardless of the challenges they face - low income, unemployment or poor housing - should have the same opportunity to live in good health. Our aim is to support people facing these issues, across the North East to maintain and improve their wellbeing and life outcomes.

We are funded by NHS Hospital Trusts, PCNs, Local Authorities, and other partners to deliver evidence based outcomes to support better health.

Healthworks
the community health charity

Our offer

We offer a range of group and one-to-one services delivered by our Health Improvement and Health Promotion Teams. These services are designed to give the support and information needed in order to take steps to achieving a healthier lifestyle.

Our Health Improvement Practitioners offer a range of services including: stop smoking support, healthy eating, healthy lifestyle advice and guidance to help people make good choices and improve their health and wellbeing. A range of opportunities are available to help elderly people be more active, including those with an existing medical condition ESCAPE Pain services- Back and Hips and Knees). Our evaluated Staying Steady programme supports falls prevention (published in BMC Public Health).

The Health Promotion practitioners deliver a range of sessions from cancer awareness and screening support to sessions for parents/carers and children covering a range of topics and themes including antenatal and breastfeeding support, the Eat Well Guide, food and fuel poverty.

In terms of supporting NHS hospital activity, we have been working closely with NHS to develop a Tobacco dependency service on the wards service and perioperative/prehab/rehab for a range of conditions and additional specific, targeted interventions for our most disadvantaged communities, (however defined), who are in most need as part of active recovery support. Long Covid, Peripheral Arterial Disease, Abdominal Aortic Anuerysims, Cardiac rehab.

Healthworks
the community health charity

Healthworks
the community health charity

Health Improvement Practitioner

The Health Improvement Practitioner's role is to actively manage people's needs. This addresses not just the individual but takes a whole family approach. There is also the opportunity in the intervention to tackle confounding lifestyle factors, such as:

- Smoking cessation
- Physical Inactivity
- Alcohol Consumption
- Obesity
- Diet, weight management issues.
- Fatigue management, mindfulness and sleep hygiene.

www.healthworksnewcastle.org.uk - 0191 272 4244 - enquiries@hwn.org.uk

Working with academics

Healthworks is a key partner in health inequalities research and is a core member of Newcastle Health Innovation Partners Health Science Network one of eight Academic Health Science Centres in the UK and brings together world-class research, education and clinical practice for the benefits of the region.

Cancer -Newcastle University

Zone West (Children and Young People)- Newcastle University

Long Covid -Northumbria University

PAD- Northumbria University

Staying Steady – Northumbria University published BMC Public Health

PhD Studentships and placements

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MAKING A DIFFERENCE

Research undertaken by Dilupa Samarakoon, Senior Research Fellow in Health Economics, Northumbria University recently published an evaluation of the work we do. The report highlighted:

“It is evident from the Return On Investment tools and scoping review of the available literature that all programmes are of benefit to the Healthworks enrolled population and community. As mentioned before, benefits can be gained in the short-run and long-run, especially due to opportunity cost savings. The programmes have delayed the onset of diabetes cases, led to fewer inpatient admissions thus freeing up hospital beds, reduced the burden on GPs, A&E departments and ambulance services, reduced falls, and reduced anxiety and loneliness. While these benefits may not always result in cost-savings that can be quantified immediately, the resource allocation can potentially relieve pressures on the NHS and Local Authority.”

Waiting Well –North East and North Cumbria ICS

- The pandemic has placed considerable strain on planned service delivery.
- Significant waiting lists across the country.
- Addressing health inequalities remains a key element of elective recovery.
- Improving perioperative care
- The safety and effectiveness of community-based prehab for is well established

Healthworks
the community health charity

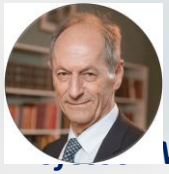
The last couple of years has increasingly shown that not everyone has the same pressures or opportunities in life. This makes it harder for some people to live healthily or increases barriers to seeking healthcare.

The combination of these factors leads to a 'health gap' between the most and least deprived in society, with the most disadvantaged more likely to suffer from worse health and have a lower life expectancy.

'The Health Gap-the challenge of an unequal world' was the title I gave to my book on health inequalities, which although accurate, isn't full picture. It's accurate in the sense that, if you look at the North East, you consistently have some towns and cities with the lowest life expectancy. But the real issue exists as a gradient.So, those differences in money, power and resources between different groups mean that the lower social and financial position someone finds themselves in, the more likely they are to suffer from worse health, with outcomes getting worse the further they are from the top.

Ultimately, these inequalities are profoundly unfair. But they are also avoidable. We need social and economic policy to move in the direction of reducing health inequalities.

But we also need organisations like Healthworks that work with local communities to help them lead healthier lives.



Michael Marmot, Patron

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the community health charity

For more information about our work visit
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Poll 1

How much would you say this webinar has increased your approaches to reducing health inequalities to tackle elective recovery?

NHS England

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Poll 2

How much would you say that this ICS webinar met your expectations?

NHS England

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Integrated Care Webinar series 2022 / 2023

A recording of the webinar, slides and resources will be shared on the Integrated Care Learning Network.

Next webinar will be 28 February

11.30 am – 1pm. Developing compassionate, inclusive and collective cultures in integrated care systems. Registration soon.

To join the network email **integratedcare-manager@future.nhs.uk**

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