

# Building back from Covid: Tackling Health Inequalities in Partnership

8 September 2020



social care  
institute for excellence

NHS England and NHS Improvement



## SPEAKERS

- **Professor Des Breen**, Medical Director, South Yorkshire and Bassetlaw Integrated Care System (ICS)
- **Samira Omar**, Assistant Director, Equalities, North West London Collaborative
- **Dr Kiren Collison**, Member of NHSEI task and finish group, Clinical Chair, Oxford CCG
- **Tracy Daszkiewicz**, Deputy Director of Population Health & Wellbeing, Public Health England South West Centre
- **Rachel Power**, Chief Executive, Patients Association

# COMMUNITY VOICES

*#Conversations for Change*

@CommVoicesNWL

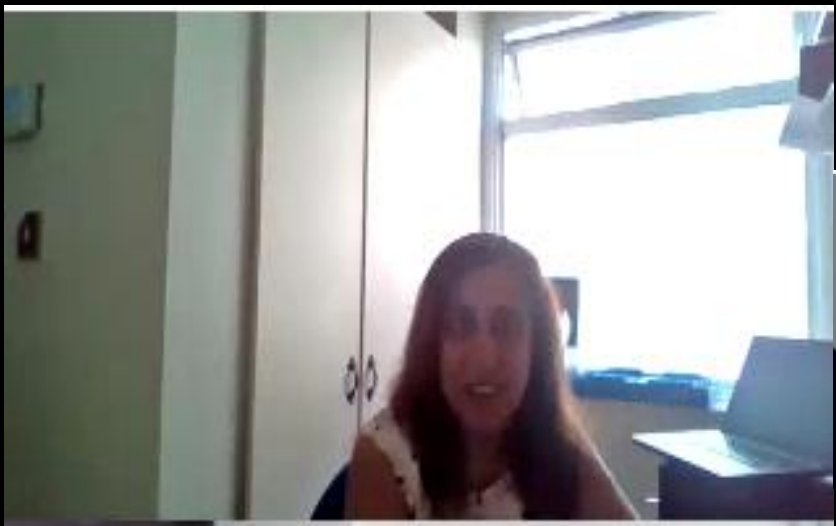
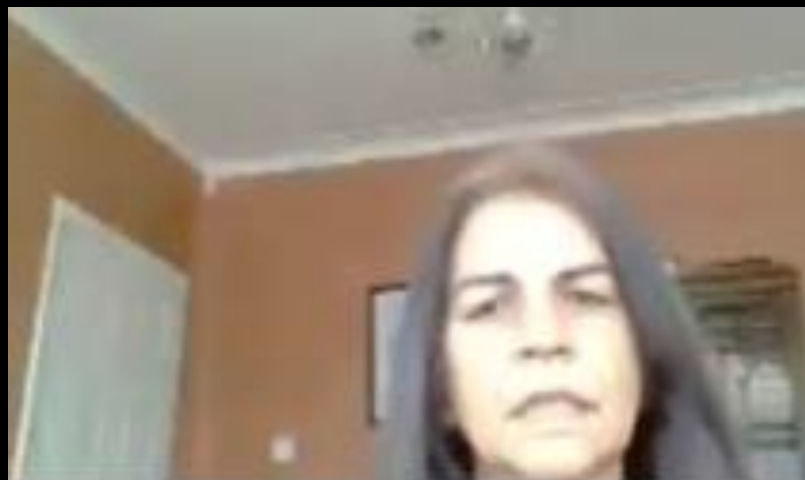
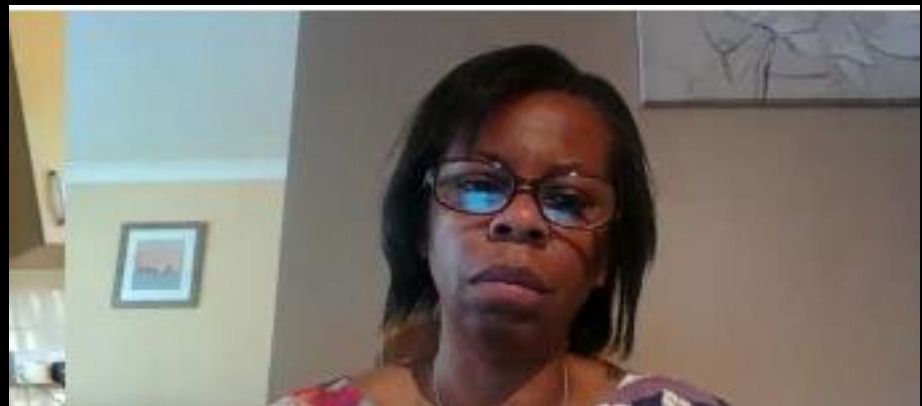
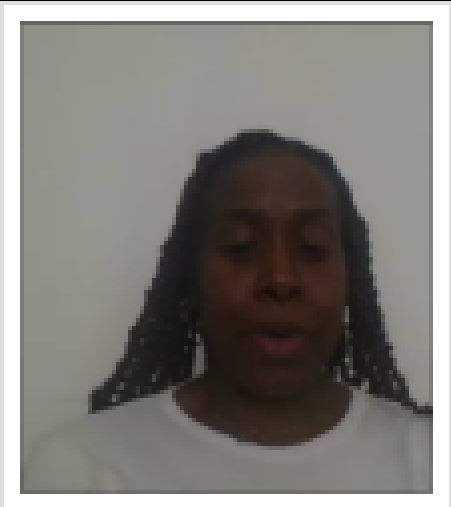
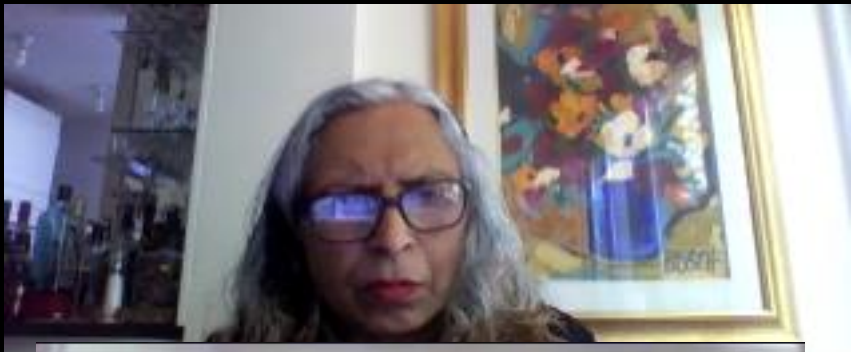
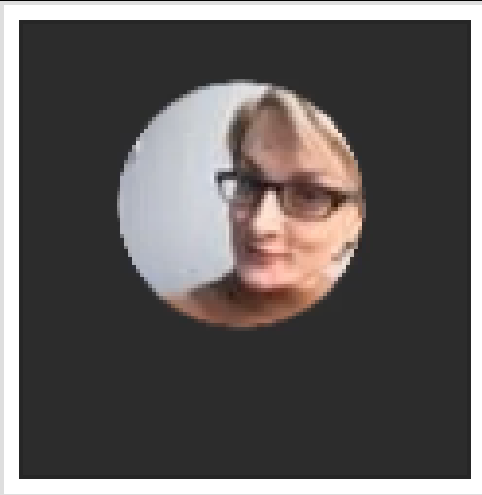
Samira Ben Omar



@benomsam



North West London Community Voices



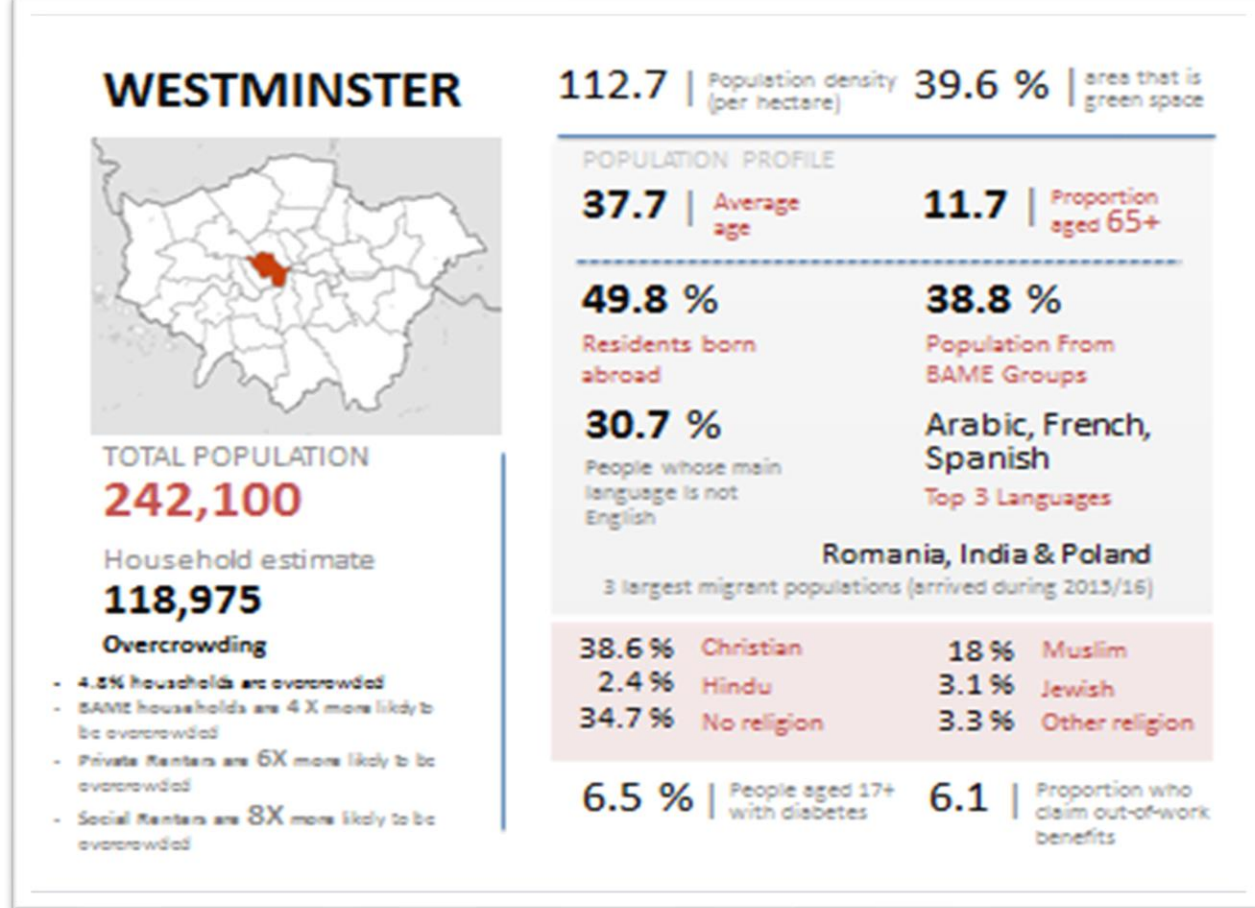
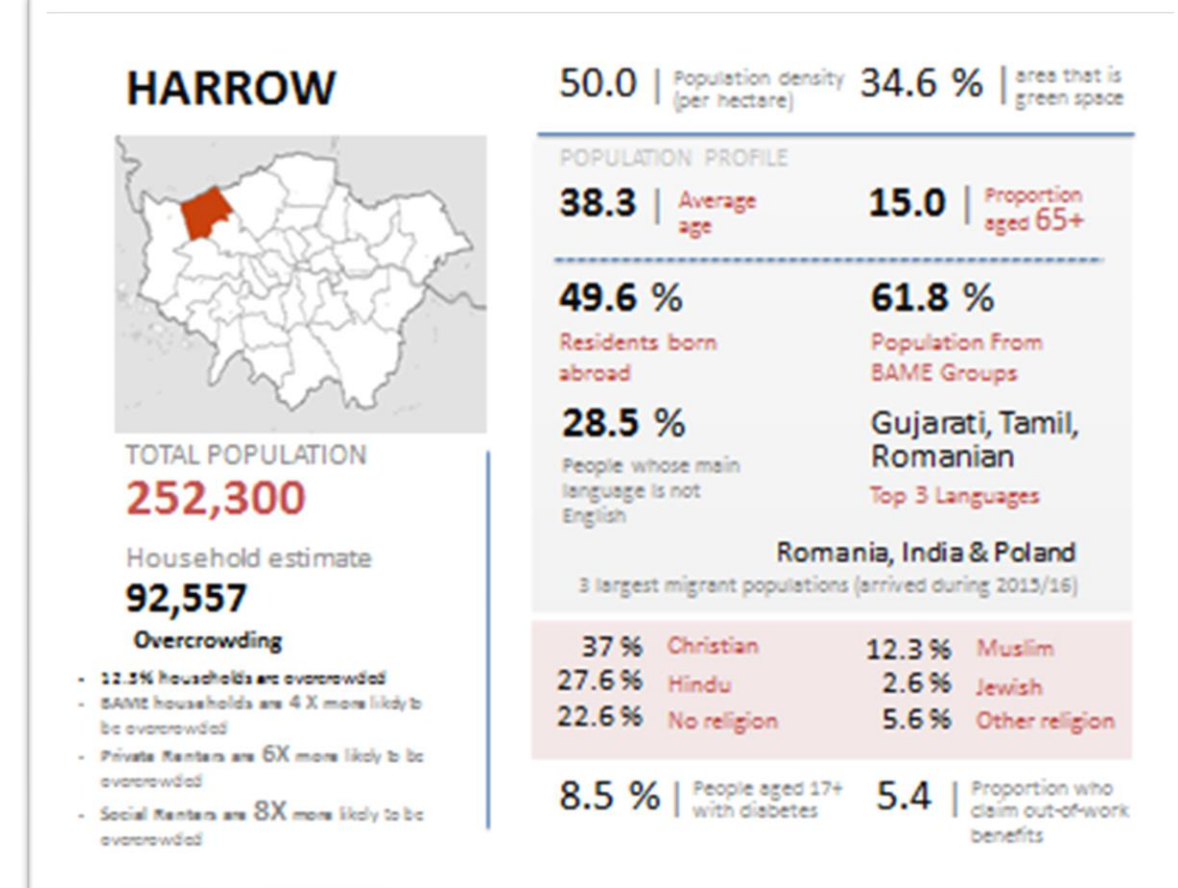
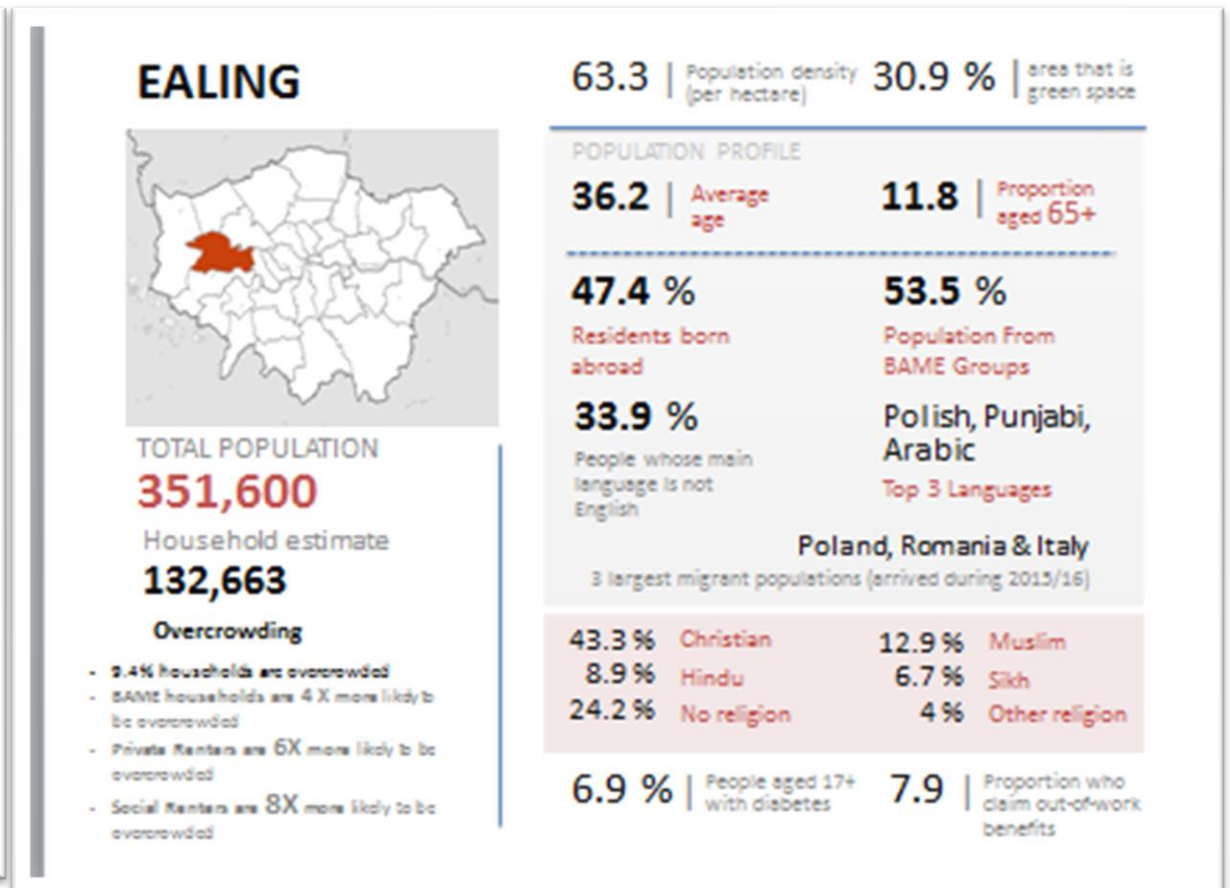
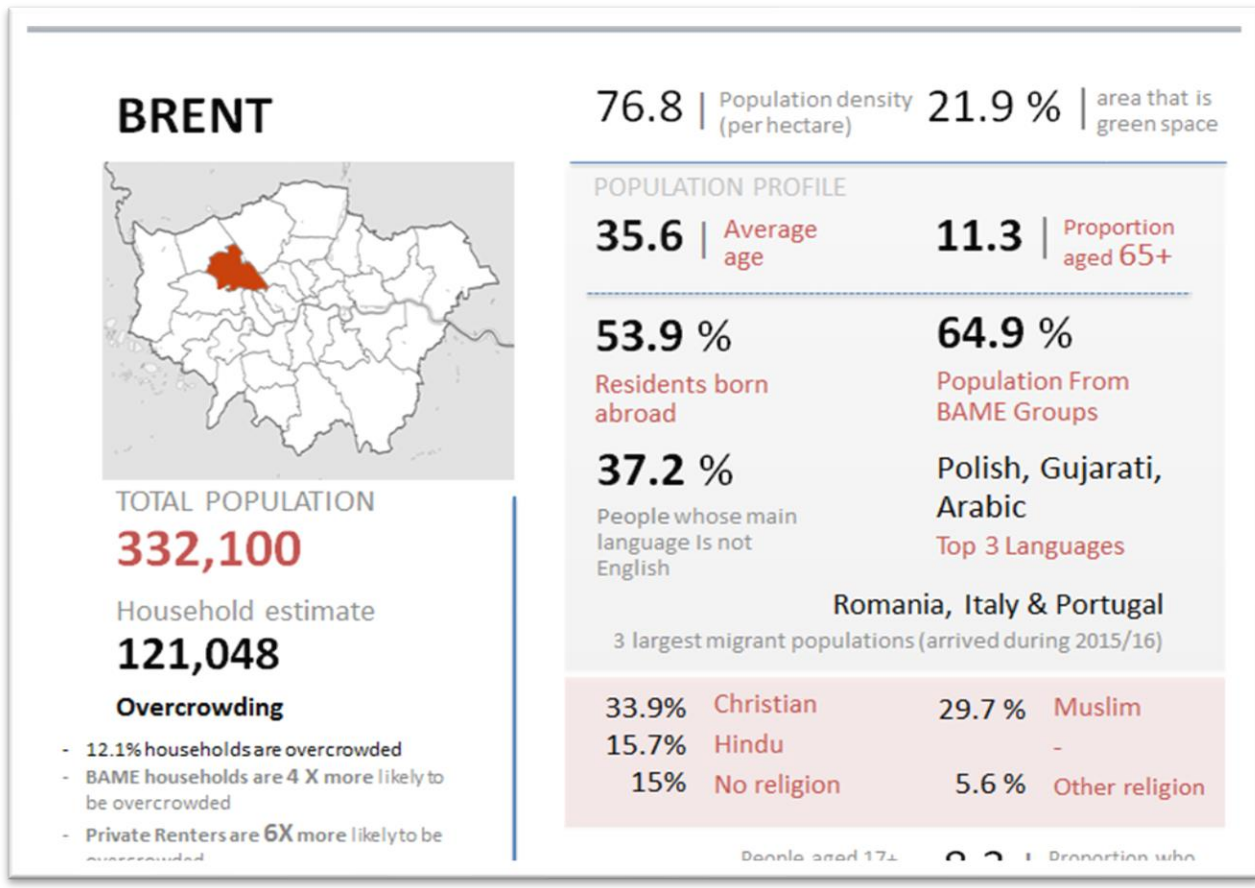


*Community Voices hears  
what matters to people, it  
gathers the stories of our  
communities, in their own  
words and through their  
preferred formats*

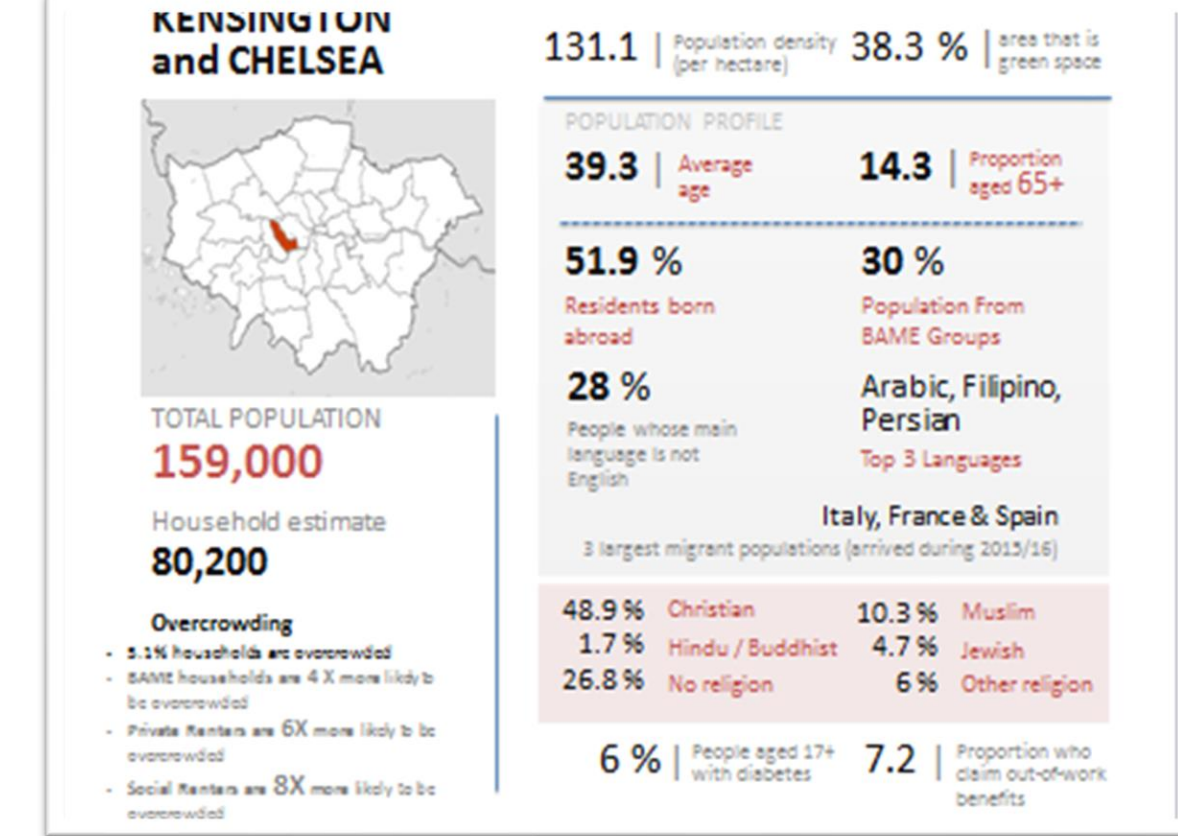
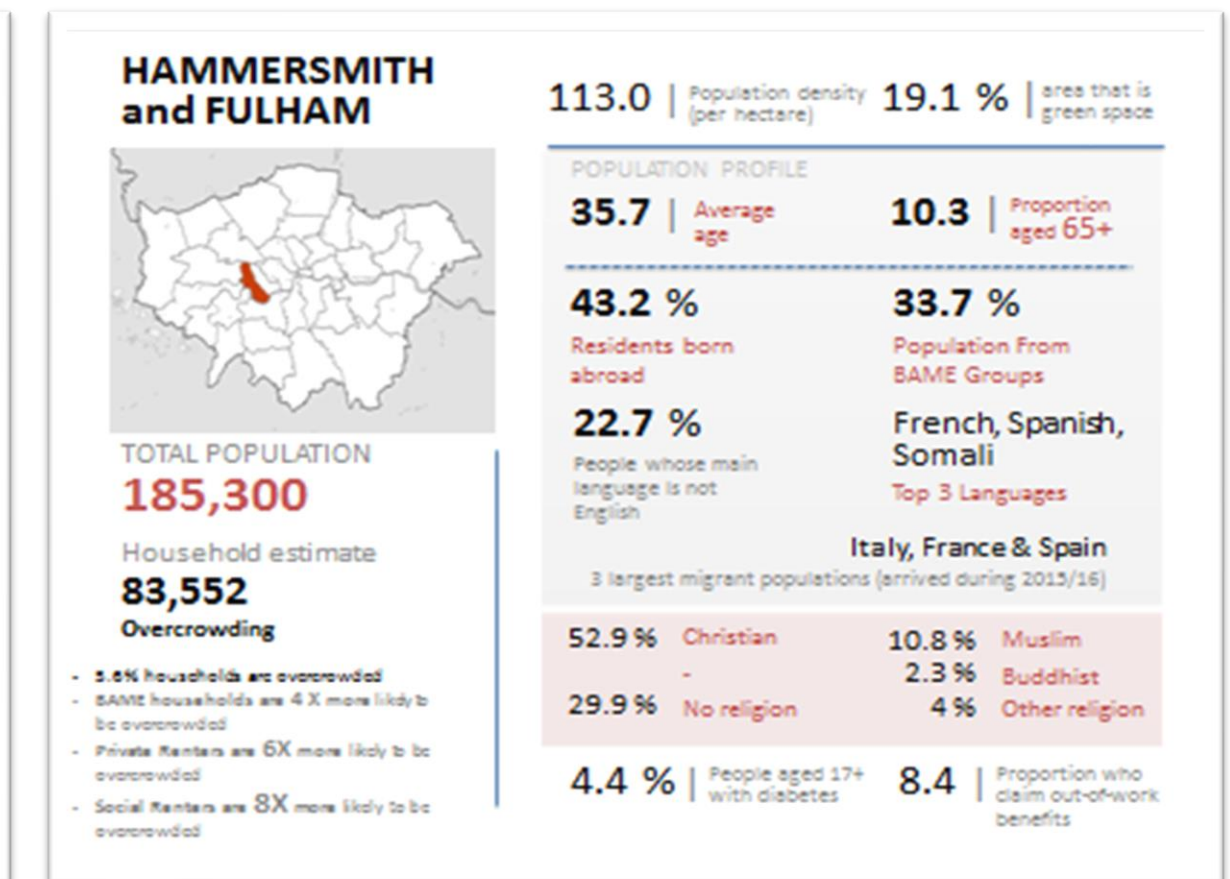
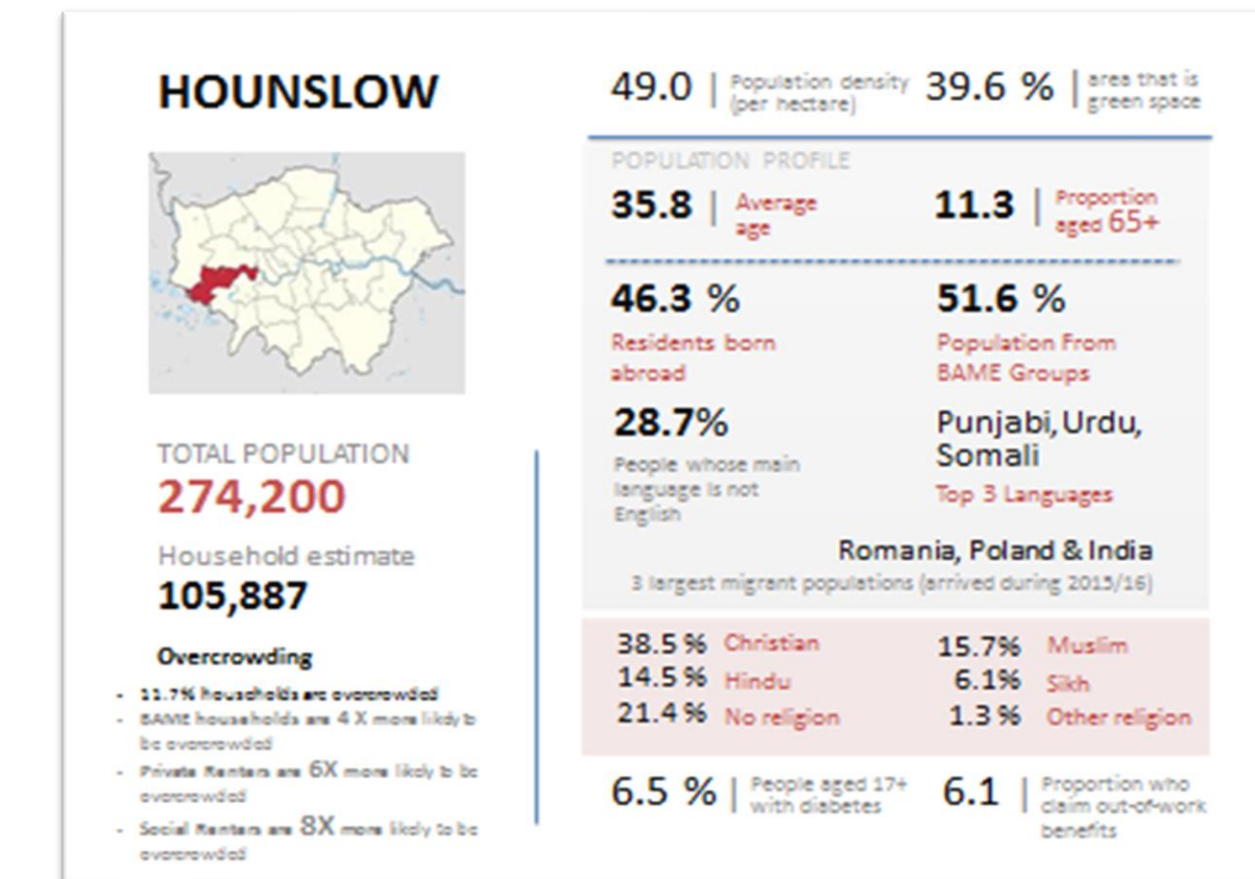
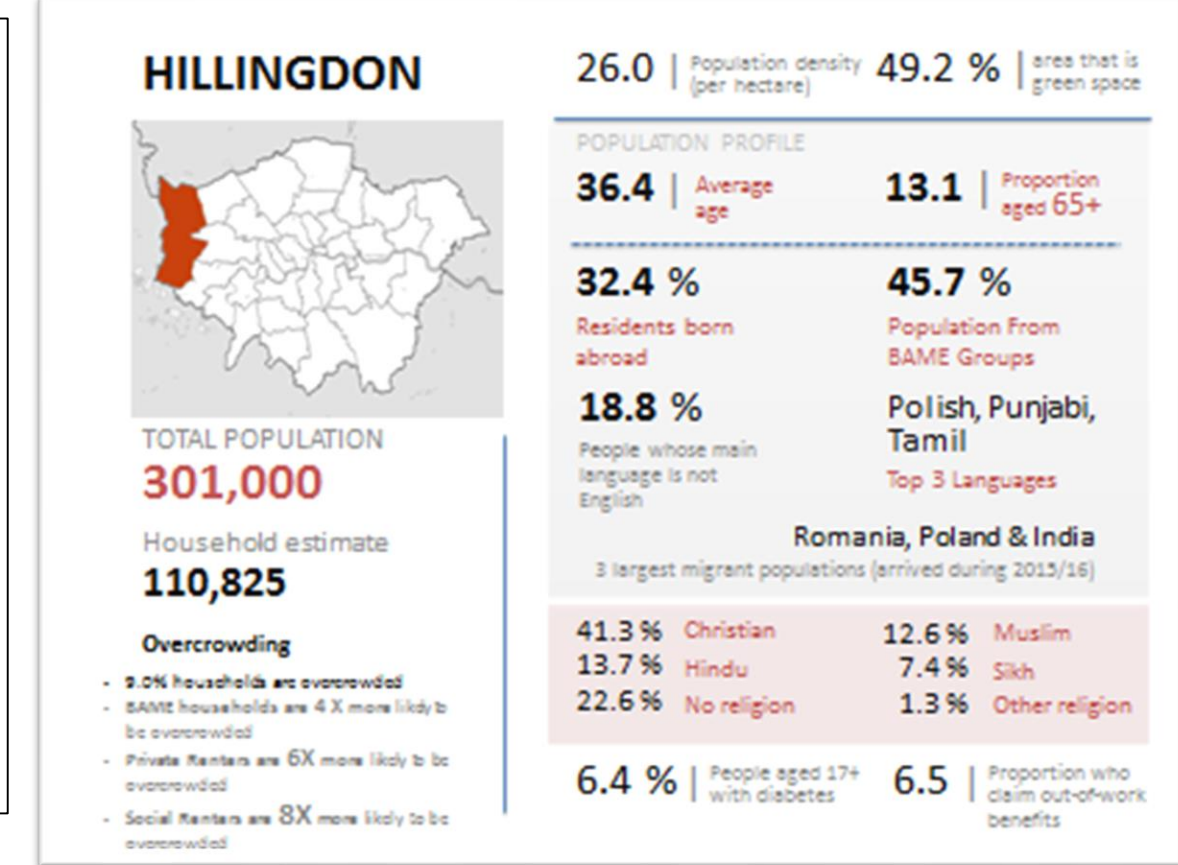
# Who Are We?

- **individuals from across teams, communities, organizations and systems** who come together to think differently about the relationship between communities and systems.
- **We use community organizing principles to drive change** – asset-based approaches, deep listening and dialogic change, building grassroots energy for change.
- **We facilitate open and safe spaces** where people with diverse views and experiences share their authentic story and commit to take action
- **We aim to achieve big impact in complex systems** through connections, networks and partnerships.
- **We offer a emergent perspective to the challenges facing health and care that are rooted in conversations**, stories, and ethnographic approaches to change.
- We encourage a **high level of conscious inquiry**, equality competence and community insight.





# OUR STARTING POINT





*‘...the heart of Community Voices is situated in ways of knowing and researching that see value in stories as a form of acceptable, robust and important research, and valid sources of data. It works with people and communities and positions them as central to producing knowledge.’*

### Deductive Framework for Coding Qualitative Feedback....

Code	Definition
<b>1. Financial Issues</b>	<b>The Impact of COVID and related measures on people's financial health</b>
Debt	Impact of COVID and related measures on people's debt
Rent/mortgage payments	Impact on rent/mortgage payments
Loss of wages	Impact on loss of wages
Impact on life/family/kids	Impact of financial issues on lifestyle, family and children
Ways of gaining/earning or increasing finances	Approaches that people submitting the data have taken to increase finances
Other	Other aspects not covered in the codes above
<b>2. Employment</b>	<b>The Impact of COVID and related measures on employment</b>
Gain/loss of employment	Inc. redundancy
Experiences of furlough	Descriptions of people's experiences of being furloughed
Treatment by employers	Data describing how people have been treated by their employers
Impact of lockdown	Influence of lockdown measures on employment/going to work
Other	Other aspects not covered in the codes above
<b>3. Relationships</b>	<b>Anything to do with relationships with friends, family, partners who are cohabiting or not, including challenges but also ways to cope and new approaches to relationships</b>
Family	The impact of COVID and related measures on family relationships
Children	The impact of COVID and related measures on children & relationships with children (inc. visitations)
Extended family	The impact of COVID and related measures on relationships and life with the extended family (who live together or separate)
Partners	The impact of COVID and related measures on life with partners (cohabiting or non-cohabiting)
Parents & parenthood	The impact of COVID and related measures on parents and being a parent, including single parents, new parents or older parents who may also be self-isolating
Friends	The impact of COVID and related measures on friends and friendships
Other	Other aspects not covered in the codes above

### Deductive Framework Continued..

Sources of information	Where are people getting relevant information?
Understanding of the pandemic and related measures	What do people understand about the pandemic and related measures
<b>10. Dealing with, and managing, death</b>	<b>How are (non-frontline) people dealing with and managing death and the related processes during COVID</b>
Dealing with COVID related deaths	Emotional and practical factors related to dealing with deaths from COVID
Dealing with non-COVID related deaths	Emotional and practical factors related to dealing with other deaths during COVID
Experiences of and managing funerals	Emotional and practical factors of planning and attending funerals
<b>11. Experience of (BAME) frontline staff</b>	<b>Experiences people have shared of their frontline work during the pandemic</b>
Dealing with death	Views and experiences of death and dealing with death on their practice
PPE	Views and experiences of using PPE
Views of COVID & BAME	Views of the apparent inequalities related to COVID by BAME on frontline staff
COVID in their community	What are frontline staff saying about COVID in their communities; how they feel this is impacting their practice
Strategies for coping	What is said about how frontline staff are coping



# Messages from Stories So Far

- **Race and ethnicity impact on health and social outcomes** (deep anger, loss, fear and anxiety on impact in BAME community)
- **Systemic inequalities exist despite transformation investment** (physical social, mental health, economic disadvantage, diabetes, multiple long term conditions)
- **Consistent disparities across systems**, services, and opportunities
- Barriers to good quality health and social care service **lack of trust, stigma, stereotypes**
- The pandemic exposed and **exacerbated longstanding inequalities affecting BAME groups in the UK** (overcrowding, un-employment, access to green space, feeling safe in your neighbourhood)

It's just been on-going dealing with death and bereavement"

We use humour to get through that...It's a stress reliever but we go dark sometimes..."

"Sometimes it is hard to manage the over whelming pain that people we are supporting, that they are dealing with during this time, I find that I am unable to just shut off from some of our service users, as they have such high priority needs and I am always trying to support them..."

"She's scared, she is terrified, she doesn't want to die there... and the more she is becoming fearful the more breathless she is getting"

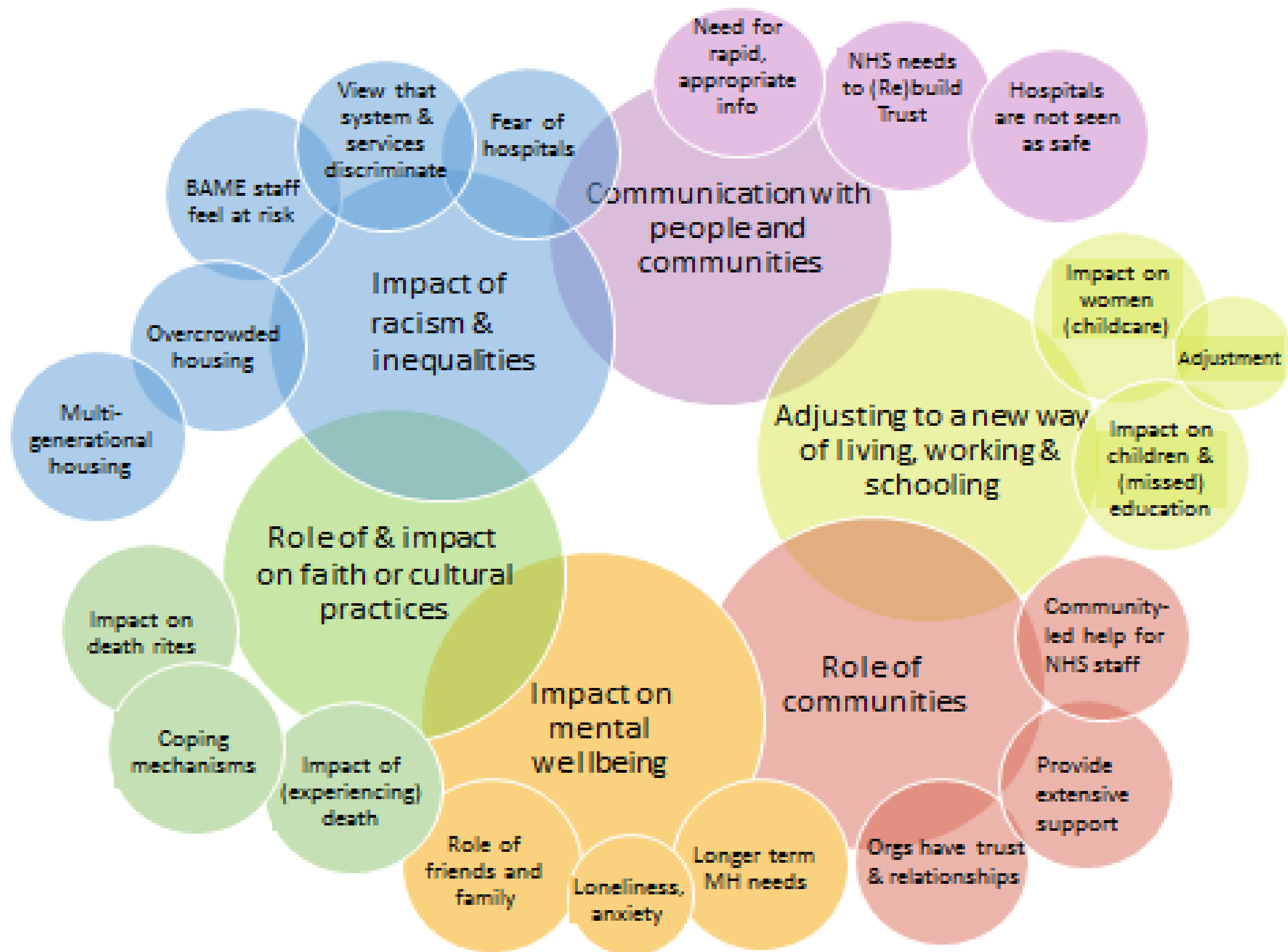
"If one of us gets it, we all get it", "who can take that fear away?", "I hope and pray every day".

"people need to feel safe to go to hospitals in the case of emergency, attend appointments and feel encouraged to contact their GP's when unwell."

"The support I have received from my family and friends helped me to come out through the dark time."

"These wards are behind the Hospital. And you know, when they say "no visitors", so imagine, someone is actually dying, and you are not going to allow any visitors. I didn't sleep for 2 nights, I mean it really affected me. Because I would not have wanted anybody to die without their family close to them... When my father died, he died in Kenya and I couldn't be with him or go to the funeral and it stayed with me."





# **Time To Flip the script on resetting the NHS Perhaps?**

- **Growing sense of unease with the lack of progress on health inequalities**
- **Reset vs. radical overhaul**
- **Messages for system leaders**
- **What is not working – (maybe) cannot be fixed**
- **Use a different starting point for change**



# What We Have Heard So Far Mirrors The Recommendations From National Engagement

*‘Throughout the stakeholder engagement exercise, it was both clearly and consistently expressed that **without explicit consideration of ethnicity, racism and structural disadvantage in our responses to COVID-19 and tackling health inequalities there is a risk of partial understanding of the processes producing poor health outcomes and ineffective intervention.** No work was done to review the evidence base behind stakeholders comments’.*

# SO WHAT NOW...?

*the energy for change is palpable, there needs to be a willingness to lead from a place of diversity, passion and a desire to accelerate change*

***Move outside comfort zones and explore perspectives, realities, change ideas.***

*Stand out from the noise and the crowd in your response to Covid-19.*

*Share your voice, power, change story – intentions, aspirations, and commitments.*



# Community Voice Core Members

Adeola Adeleke  
Alex Silverstein  
Anne-Marie Morris  
Assia Donovan  
Bethany Golding  
Boba Rangelow  
Beverley Braithwaite  
Carrie Hirst  
Chakshu Sharma  
Daksha Chauhan-Keys  
Dilo Lalande  
Dipen Rajyaguru  
Donjeta Zogi  
Ethanada Manley-Browne  
Hiten Shah  
Ijaz Khan  
Janet Wildman  
John Licorish  
June Farquharson

Kay Ollivierre  
Malik Gul  
Manpreet Bains  
Maria Ilia  
Marie Pate  
Meerat Kaur  
Michelle Johnson  
Mudhar Inderpa  
Nafsika Thalassis  
Odeta Pakalnyte  
Olivia Clymer  
Phayza Fudlalla  
Radhika Howarth  
Ray Johannsen-Chapman  
Reinat Popat  
Rory Hegarty  
Rudi Page  
Samira Ben Omar  
Sarah Stayt  
Sharon Tomlin  
Varsha Dodhia  
Judith George

# Addressing Health Inequalities

**Dr Kiren Collison**

GP and Clinical Chair, Oxfordshire CCG

Member, National Health Inequalities Expert Group



NHS England and NHS Improvement





# Priority actions (1)

## 1. Protect the most vulnerable from COVID-19

- Proactively review care needs for clinically vulnerable/shielders/workforce
- Accessible information about risk and avoiding infection

## 2. Restore NHS services inclusively

- Monthly performance reporting re patients in 20% most deprived neighbourhoods and BAME from 31 Oct
- New key metrics for use of hospital services, cancer referrals, mental health, children's health, disability

## 3. Digital inclusion

- Shift to digital during pandemic shows positive potential but need to ensure people not excluded
- Test new care pathways impact starting with 111, GP total triage, mental health, outpatients
- By 31 March 2021 publish system reviews and actions

# Priority actions (2)



## 4. Proactive engagement on prevention

Consistent progress on:

- Uptake of flu vaccination by most deprived, BAME, people with a learning disability
- Priority lists for preventative support and LTC management
- LD health checks 67% by 31 March
- Maternity continuity of carer 35% by 31 March esp deprived, Black and Asian

## 5. Mental ill-health

- Systems to have plans to improve equality in access, experience and access
- By 31 December 2020 improve quality and flow of data to identify and respond to issues
- Further advice and support from Advancing Mental Health Equalities Taskforce by 31 Oct



# Priority actions (3)



## 6. Strengthen leadership and accountability

- Before Oct 2020 each system and NHS organisation to identify executive board-level lead for tackling inequalities
- PCN clinical director or alternative to champion health equality
- Over next 5 years boards and senior staff to match BAME workforce or local community

## 7. Complete and timely datasets

- Review consistency and accuracy of ethnicity data
- Ethnicity data for all patients recorded by 31 Dec 2020
- Retrospectively complete COVID-19 Hospital Episode Surveillance System (CHESS)
- Use data to improve care and planning for inclusion health and other groups

## 8. Collaborative local planning and delivery

- Collaboration between NHS, local government and civil society
- By 21 Sept 2020 system plans to restore critical services to take account of actions on inequality
- By 31 March 2021 assess progress and overall account of delivery
- Strengthen accountability to local population and publish data



# Population Health Management – A framework for tackling inequalities.

Tracy Daszkiewicz



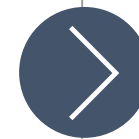
# What is Population Health Management?

## Population Health...

...is an approach aimed at **improving the health of an entire population.**

It is about improving the physical and mental health outcomes and wellbeing of people, whilst reducing health inequalities within and across a defined population.

It includes action to reduce the occurrence of ill-health, including addressing wider determinants of health, and requires working with communities and partner agencies.



## Population Health *Management*...

...improves population health by **data driven planning and delivery of proactive care to achieve maximum impact.**

It includes segmentation, stratification and impactability modelling to identify local 'at risk' cohorts - and, in turn, designing and targeting interventions to prevent ill-health, promote wellbeing, to reduce inequalities, and to reduce unwarranted variations in outcomes.

# 3 core capabilities for developing effective PHM

*The basic building blocks that must be in place*



## Infrastructure

- Set up a leadership team and governance processes representative of all parts of the system and capable of making decisions for the wellbeing of the population.
- Have clearly defined, common population definitions across the system for each the geographical levels (system, place and neighbourhood).
- Make sure there is clear Information Governance (IG) set up across the system
- Be clear about the data sets that are available across the system and how they can be used.



*Opportunities to improve care quality, efficiency and equity.*

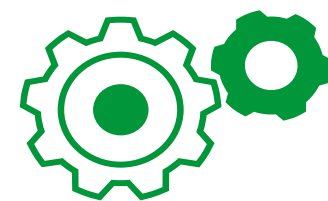


## Intelligence

- Understand the specific needs of the local population, the impact of wider determinants (e.g. housing related data) and explore gaps in care and unwarranted variation.
- Identify high and emerging risk groups and target interventions through tools such as risk stratification, predictive analytics and impactability models.
- Size the opportunity and conduct system modelling to understand impact on financial risks and incentives.



*Proactive interventions to prevent illness and address inequalities.*



## Interventions

- Design care models and interventions based on evidence to target priority groups
- Develop a clear and compelling case for change and implementation plans with contributing resources agreed at all tiers.
- Map and model workforce changes to determine gaps and new role definitions.
- Implement interventions and care models.
- Evaluate impact against agreed indicators and outcomes, and whether any changes are needed to be made (going back to understanding the needs of the population).



# PHM requires a system wide approach to improving outcomes

PHM is system wide, **outcome focus**, driven by need and not by existing services.

PHM considers the whole **life course** from addressing the wider determinants of health to early intervention, **primary, secondary and tertiary disease prevention**.

Factors much wider than health and care services alone impact on health outcomes. These **wider determinants** must be taken into account in population health management.

In order to improve outcomes the distribution of health across a population should be considered. Understanding and addressing **inequalities in health** has a positive impact on outcomes overall.







# PHM – a focus for action

- The King's Fund definition of population health leads to a focus on actions in four broad areas or pillars of population health.
- Improving population health requires action on *all four* of the pillars and, crucially, the interfaces and overlaps between them.

**Rachel Power,**  
Chief Executive, Patients Association



NHS England and NHS Improvement



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

To join the network email

[integratedcare-manager@future.nhs.uk](mailto:integratedcare-manager@future.nhs.uk).



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