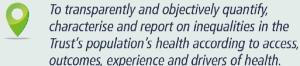# Health Inequalities – from defining the problem to implementing real change on patients' lives

Jonathan Pearson-Stuttard, Chair, Health Inequalities Programme Board

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Programme board objectives

Our objectives

To transparently and objectively quantify, characterise and report on inequalities in the Trust's population's health according to access, outcomes, experience and drivers of health.

To normalise and standardise reporting on HI across the Trust's activities

To bring together all existing initiatives regarding health inequalities and to identify, enable and support priority areas for interventions

To work with local partners to drive coordinated approaches to reducing health inequalities including through development of data-driven collaborative approaches

Programme board function

- To be a repository of health inequalities work across the Trust to help document and facilitate spread of good practice and to publish an annual report on inequalities in the Trust's patient population and what the Trust is doing about it

- Empower and enable colleagues across the Trust, Northumberland and North Tyneside through characterising and quantifying inequalities within the Trust's sphere of control and influence

- To coordinate, champion and support implementation of interventions to reduce inequalities. To support evaluation, dissemination (including publishing) and spreading of pilots and interventions

Domains of inequalities

Inequalities in access, outcomes, experience and drivers of health across three 'domains of inequalities' within our direct control (#1) and sphere of influence (#2 and 3):

1. Within the Trust's operations and care (including workforce)

2. Across the Trust's population (including primary care, local authorities etc)

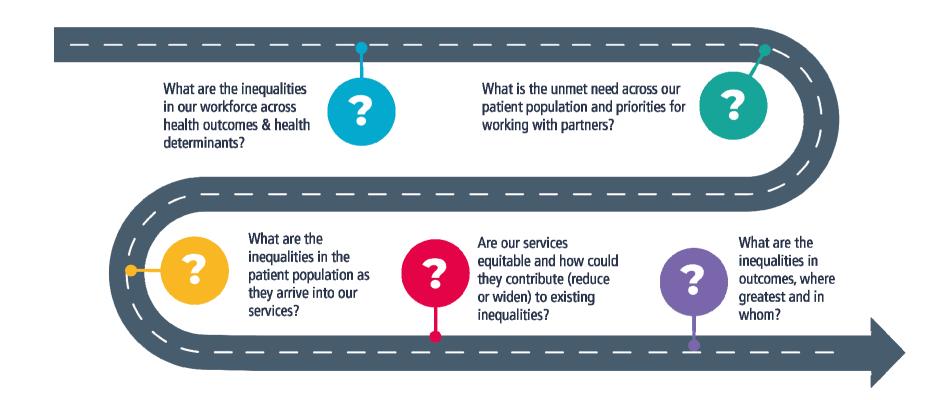3. Regional/ICS population including other NHS Trusts, ICS, VCSO etc

How should we measure inequalities?

- Part of usual performance reporting
- Useful, rather than just interesting
- Consistent and standardised

Questions to answer in shaping our work

What are the inequalities in our workforce across health outcomes & health determinants?

What is the unmet need across our patient population and priorities for working with partners?

What are the inequalities in the patient population as they arrive into our services?

Are our services equitable and how could they contribute (reduce or widen) to existing inequalities?

What are the inequalities in outcomes, where greatest and in whom?

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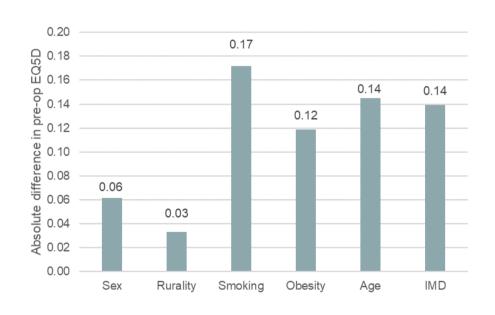We found equal waiting times across RTT populations but unequal health while waiting

Mean waiting time in days for all open pathways
March 31, 2021
Northumbria Healthcare NHS Foundation Trust

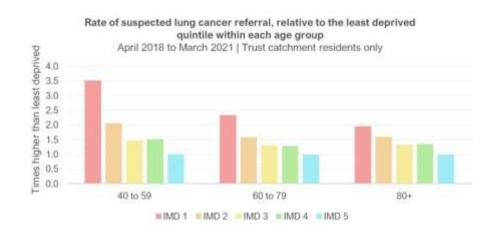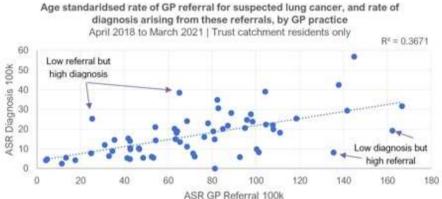# Clear modifiable drivers of inequality in health while waiting

- Smoking and obesity big drivers of (ill)health while waiting

- Pilot -> targeted weight management, smoking cessation and mental health support while on waiting list & afterwards

- Close collaboration with local authorities

Lung cancer case finding

In house analysis of inequalities in lung cancer referrals, diagnoses, stage at diagnosis, pathway and survival

Rate of suspected lung cancer referral, relative to the least deprived quintile within each age group
April 2018 to March 2021 | Trust catchment residents only

Age standaridsed rate of GP referral for suspected lung cancer, and rate of diagnosis arising from these referrals, by GP practice
April 2018 to March 2021 | Trust catchment residents only

Case finding pilot -> expansion

- 1,000 high risk (COPD + smoking) patients invited (ongoing) for screening from high risk North Tyneside areas
- ~2/3^{rds} attended
- To date 450 scans -> 3.8% pick up of CA
- >80% early stage -> curative treatment
- Expand across other high risk North Tyneside AND Northumberland with local authority, cancer alliance and third sector

Addressing Health Inequalities through our Public Health Programme

Jill Harland, Consultant – Public Health

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Northumbria Public Health
Five Year Strategy 2021-2026

VISION

To transform the health and wellbeing of our population by becoming an exemplar at promoting good health - alongside our consistent delivery of outstanding healthcare.

MISSION

To improve population health, promote healthier lifestyles, and reduce health inequalities across the life course.

To work with our communities and partners to address the root causes of ill health and improve the conditions in which people live, learn, work and age.

KEY OBJECTIVES

Our Priorities

- Promote a culture of health and wellbeing with our staff and the communities we serve
- Tackle inequalities in how our communities access our services
- Accelerate preventative programmes and target those most at risk of poor health outcomes
- Reduce demand for avoidable healthcare interventions
- Continuously improve and innovate to meet local health needs and system priorities.

Key actions

- Co-ordinate action on population health and health inequalities across the organisation
- Build our analytic capacity to manage our population's health
- Target those most at risk of poor health outcomes
- Develop a workforce that has the skills, enthusiasm and tools to implement Public Health initiatives across the whole of our population
- Embed the MECC at scale programme
- Innovate and embrace new technology
- Contribute to an evidence-based culture: evaluate, learn and share

KEY ENABLERS

Implementation of Five Year Strategy

Consistently feature in all Business Unit Annual Plans

Strategic Leadership

Research & Innovation

Data Intelligence & Performance Metrics

Communication & Engagement

Information Technology

Finance

Building analytical capacity to monitor health inequalities, assessing performance and providing assurance

- Investment in public health data analyst roles and embedding approach

- Health inequalities indicators being incorporated into existing reporting and assurance mechanisms

- Data dashboards to understand access, experience and outcomes from a health inequalities lens (outpatients, waiting lists)

- Input to the Health Inequalities Programme Board and work areas

- Integrate public health analysis across business units

Best Start in Life

Smoking in Pregnancy	Healthy Weight	Reproductive Health	Maternal Mental Health	COVID-19	Ethnic Minority women
• SiP Steering Group • NHS LTP TDP Maternity pathway implementation • SiP mandatory training for all maternity staff • CNST Maternity Safety Action compliance reporting/monitoring (reported to OGGB) • CDOP report response	• Maternal Healthy Weight Steering Group • Health Coach Obesity Clinic • Healthy weight mandatory training for all maternity staff • Active Hospitals pilot area • Development /monitoring of community based interventions • CDOP report response	• Implementation of postnatal contraception offer • Co-ordination of training/competency for staff • Development of antenatal and postnatal pathway	• Monitoring of mandatory MMH training for all maternity staff • Embedding Northumbria MMH pathway into care • Emotional Eating Group to commence • Research support to Psychology team (participants/recruitment)	• Development /operationalise Trust COVID vaccination programme for pregnant women • Staff training • Patient Comms	• Response to NHSE/CQC/Ockenden • reports • Implementation of EM pathway (including additional appointment) • EM mandatory training for all maternity staff • Focus groups with service users

Immunisations

Flu – new pathway to be developed

NIVS

Pertussis

Alcohol use

Monitoring of pathway

CDOP report response and plan

Patient comms

Parentcraft sessions development/delivery

Maternity social media management

Maternity Staff Wellbeing project

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Treating tobacco dependency

Many long term illnesses and deaths are entirely avoidable by stopping smoking. An estimated 1 in 4 patients in acute hospital beds in England are smokers and around 60% of these want to stop smoking.

By consistently offering treatment and support to patients who use our services, in Northumbria we could prevent 480 deaths in 1 year, reduce all cause readmission by 940 in 1 year, save £1,500,000 on readmissions, and result in 12 extra beds per day.

We have a treating tobacco dependency team who can provide behavioural support to inpatients and can signpost outpatients to most appropriate services for them.

Treating tobacco dependency – Everyone has a role.

- Ensure very brief advice (VBA) on smoking is embedded in patient pathways and procedures.

- Ask smoking status, advice that support and treatment is available, act by giving nicotine replacement therapy on admission and refer for support.

- For inpatients ensure NRT is offered within 2 hours of admission.

- Outpatients refer for support, this offers best chance of a successful quit attempt.

- Smoke free estate

How to refer

- ICE – find patient and click on referral tab or Smokefree intranet page – blue button

For information – Smokefree intranet page or https://www.northumbria.nhs.uk/stopsmoking/

Active hospitals

One of only four secondary care providers

Co-create and test a model of care that promotes physical activity in pilot pathways

Training programme to increase HCPs knowledge, skills and confidence

Have more conversations about PA

Develop the hospital environment to prompt and enable PA

Pilot pathways include oncology, active ward, Parkinson's Disease, diabetes, maternity, PA messaging as part of Comms, staff well being support

Healthy Weight Declaration

Committed to NHS Healthy Weight Declaration jointly with North Tyneside Council – co-ordinated by Food Active charity
Part of our strategic, system wide commitment to promote healthier weight, good overall health and wellbeing and reduce health inequalities for the benefit of staff, patients and the wider community.
Due to launch later this year
Training for HCPs to have supportive and effective conversations about healthier weight
Weight stigma and bias / language

MAKING EVERY CONTACT COUNT

Supporting people to improve their health and wellbeing at every opportunity

meccgateway.co.uk/nenc

NHS
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MECC at scale – in house and regional programme

- As well as our own in house MECC training, the public health team also host the regional MECC at scale programme – building MECC capacity across the region.

- MECC - An approach to behaviour change that utilises the day to day interactions that organisations and people have with other people to encourage changes in behaviour that have a positive effect on the health and wellbeing.

New Developments:
- Website
- Trainer Zone
- Trainer App

Future Work:
- Bespoke training for sectors i.e. Housing, Social Care and Screening

More than Medicine

'Its all about you' postcards are available to help promote the health coach service and to act as a conversation starter with patients.

Support available for you

It's important, now more than ever, that you look after yourself and stay as healthy as possible.

Our team of health coaches can support you with your health and wellbeing.

If you would like to chat to one of our team please call us on **0191 293 2539.**

Tick any of the options below that you would like to find out more about in your call

- ☐ Healthy eating
- ☐ Sexual health/relationships
- ☐ Weight management
- ☐ Keeping active
- ☐ Feeling down, stressed or lonely
- ☐ Alcohol
- ☐ Smoking / e-cigarettes

For more information please visit
www.northumbria.nhs.uk/health-improvement

Support to stop smoking

There has never been a better time to quit. There are many ways to stop smoking, let us help you find a way that works for you. Call **01670 813 135** or visit **www.northumbria.nhs.uk/stopsmoking**

For the latest NHS information and advice about coronavirus please visit
www.nhs.uk/conditions/coronavirus-covid-19
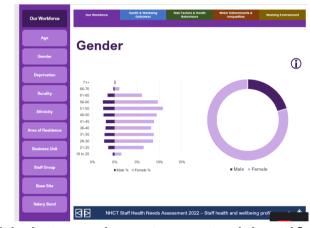
Staff Health & Wellbeing

- Our vision is to provide a working environment in which staff are able to enhance and maintain their physical, mental and social Health & Wellbeing
- The H&WB Steering Group maintains an action plan that feeds into the overall H&WB Strategy
- A team of trained Health Advocates from across the trust promote wellbeing with their colleagues
- A Wellbeing portal houses information about what staff can access to support their wellbeing
- A comprehensive HNA is shaping the approach to ensure that it reflects staff need and addresses health inequalities
- Activities offered to staff include Couch to 5K groups, mini health checks, Weight management groups and seasonal campaigns
- Wellbeing Conversations are being offered to all staff as part of the NHS People Plan with a full set of resources, training and support for line managers

Workforce health and wellbeing needs assessment

"a systematic method for reviewing the health issues facing a population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities."

1. Developing a **profile of workforce health and wellbeing** drawing on a range of data sources and information:
   - demographics, health and wellbeing outcomes, risk factors, wider influences on health, employment and health

2. Recognition of areas of need and inequalities based on evidence

3. Working collaboratively with internal partners to identify **'unmet needs'** and prioritise those issues to be addressed

4. Developing recommendations to improve workforce health and wellbeing;
   Prioritising actions to achieve optimum impact on improving health and reducing inequalities

NIHR Research for Social Care – Mental health research in Northern England

WP1 - Profile of health and social needs

- Needs of individuals experiencing homelessness presenting at ED (Northumberland, N Tyneside)

WP2 – Mapping support across system

- Map health, social, housing, police, voluntary sector to identify gaps & opportunities in support

WP3 – Co-develop multi-agency pathway

- Pathway for holistic wraparound support for individuals experiencing homelessness

WP4 – Trauma-informed approach in multi-agency pathway

- Feasibility, opportunities and barriers for adopting trauma-informed approach in pathway

WP5 – Trauma-informed training in multi-agency pathway

- Assessing trauma-informed training across the multi-agency pathway

Quality Improvement

- **Aim:** To gain qualitative data to better understand why women don't attend colposcopy and how the service can be improved to facilitate attendance
- **How:** obtain data from four groups:
    - 1) *Non-attendees* – Weekly phone calls to patients who did not attend colposcopy
    - 2) *Attendees* – Speaking to patients in colposcopy clinic
        - As well as specific questions added to patient survey regarding colposcopy service
    - 3) *Cancellations* – Patients who call to cancel appointments asked why unable to attend
    - 4) *Service Providers* – Brief interviews with Colposcopy Staff
- **Timescale:** 24 January 2021 – 22 April 2021 (12 week period)
- **Qualitative Analysis** as to why women do not attend
- Propose **Service Improvement** and/or **further research**

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Health Inequalities – Collaborative Action & Capacity Building

Commissioned Services

Sexual Health Services
Better Health at work
Sunderland Stop Smoking Service

Wider System Partners

Integrated Care System
Integrated Care Partnerships
Primary Care Networks
Local Authorities

Northumbria Healthcare NHS Foundation Trust

All Business Units and Services
Staff Health and Wellbeing

L & D Opportunities and Placements

PH Speciality Registrars
Medical CPD post
Paediatric Registrars
Population Health Fellows
Pharmacist
SSC placements
IMT Placements

NHCT Public Health Team

Executive Medical Director
Deputy Director
Consultant in Public Health
Operational Services Managers
PH Strategy and Programme Manager

Population

Interventions based on health need

Place

Community role and wider determinants (CSR)