

Meeting title:	Public Trust Board	Public Trust Board paper I
Date of the meeting:	13 th July 2023	
Title:	Update on Health Equality and Inclusion	
Report presented by:	Dr Ruw Abeyratne – Director of Health Equality and Inclusion	
Report written by:	Dr Ruw Abeyratne – Director of Health Equality and Inclusion	

Action – this paper is for:	Decision/Approval		Assurance	x	Update	X
Where this report has been discussed previously	Trust Leadership Team – 27 th June Quality Committee (for noting) – 29 th June					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
<ul style="list-style-type: none"> Existing risk on BAF risk 1: failure to maintain and improve patient safety, clinical effectiveness and patient experience). (Existing risk on BAF risk 7b: Framework for health inequalities including resource requirements)

Impact assessment
<ul style="list-style-type: none"> Patients – improved equity of access to services, improved quality of care, and outcomes. Equality, Diversity & Inclusion – improved inclusivity in delivery of services, improved staff experience with respect to EDI. Services – improved utilisation of services, with impact on efficiency and productivity Finance – potential for cost improvement

<p>Acronyms used:</p> <p>BAF – Board Assurance Framework</p> <p>EDI – Equality, Diversity and Inclusion</p> <p>NHSE – National Health Service England</p> <p>LTP – Long Term Plan</p> <p>HEE – Health Education England</p> <p>UHL – University Hospitals of Leicester NHS Trust</p> <p>ERF – Elective Recovery Fund</p> <p>VCSE – Voluntary, Community and Social Enterprise</p> <p>IHI – Institute for Healthcare Improvement</p> <p>LRI – Leicester Royal Infirmary</p> <p>ED – Emergency Department</p> <p>LGH – Leicester General Hospital</p> <p>BTS – British Thoracic Society</p> <p>LLR – Leicester, Leicestershire and Rutland</p> <p>ICB – Integrated Care Board</p>

Purpose of the Report

The report provides an update on progress to address Health Inequalities. Key points to highlight are:

- Continued progress aligned to NHSE Core20Plus5 framework.
- Continued progress aligned to LTP prevention aims.
- Improved community and partnership working.
- Specific focus on adverse maternal outcomes for Black and Asian communities.
- Recruitment of HEE fellows

Recommendation

1. Receive the report for information.
2. Be assured that progress on health inequalities remains positive and a strategic priority.
3. Note resourcing of workstreams as a risk to sustainability, pace of change and reporting of results (with particular respect to prevention).

Summary

This report details key highlights relating to progress against health inequalities at UHL since the last update to TLT. The UHL Health Inequalities programme of work continues to progress. The non-attendance pilot mentioned in previous reports is now business as usual, with funding achieved through ERF monies.

Relationships with community partners continue to develop and improve as a result of proactive engagement with local VCSE and community groups; institutional mistrust is recognised as a significant barrier to tackling health inequalities.

Embedding the tobacco dependency service has progressed and the Alcohol Care Team has been established in ED at LRI.

Underpinning progress on health inequalities with robust improvement methodology is key to success. The IHI Pursuing Equity programme has enabled colleagues to begin the process of addressing adverse maternal outcomes for Black and Asian women through a quality improvement approach. Using maternity services as a model for improvement, this approach has started to lay the cultural and mindset foundations needed to embed service improvement through a lens of equality and inclusion as the norm.

Main report detail

1. Programme of work

The UHL health inequalities programme of work (figure 1) details around 30 projects all of which have a focus on addressing health inequality within services. These programmes are service led and each is mapped to an element or theme of NHS England's [Core20Plus5](#) framework for inequalities. The projects cover a range of services across all Clinical Management Groups (CMGs).

Challenges in delivery relate largely to resourcing but project leads and teams are committed to improving services through the lens of health equality and inclusion.

Figure 1:

Programme/Project	CMG	Core 20+5 Link	Update Q1 2023
STORK	W&C	Maternity	Funded by LMNS and the CCG for the first two years and will need plan for recurrent funding.
Janam App for maternity services	W&C	Maternity	App available for download on apple and google store. We have trained some core midwives to be able to support patients to upload and access the app in ready for roll out. Approval and support for roll out and evaluation of the app. Due to present the app at the RCOG congress and NHS race observatory this month. Anticipated roll out of the app end of June 2023. Evaluation package costed and

			ready for use.
Maternity Black African Research Programme	W&C	Maternity	4 focus groups have been run in the community to explore perceptions of communities in supporting pregnant and postnatal mums PhD student has started recruitment to the study exploring Black women's perception of perinatal services at UHL and their mental health.
Core 20 IMD & Ethnicity DNA Pilot	ALL	Respiratory & Cancer	Pilot expanded to BAU for IMD1&2; focused work on rough sleepers with Inclusion Healthcare
Breast Cancer DNA Pilot	CHUGGS	Cancer	Series of focus groups to understand barriers to accessing breast cancer services. Feedback collated. Strong feeling that additional CNS time in ACC would not impact non attendance at breast cancer services specifically. RA to meet with charity 'Black Women Rising' to consider collaboration on community focused awareness work.
InHIP AHSN Drugs Health Inequalities Programme	ESM	Cardiovascular	45 patients have been identified from the South Asian community. Appointments will be booked to invite them for interview. Rivaroxaban leaflet has been designed; awaiting graphics.
Communications Pilot	ESM	Cardiovascular	Engagement sessions to understand barriers complete. Co-production session June to be followed by interventions to be put in place with QI process.
Health Inequalities Minimum Data Set	ALL	Cross Cutting	Funding of £30k from LAHP received to begin data extraction and data analysis.
General Anaesthetic Programme (LD Community)	ITAPS	Cross Cutting	<i>Update pending</i>
ED Inequalities	ESM	Cross Cutting	EMAS to pull data and share.
General Surgery Listing	CHUGGS	Cross Cutting	Action transferred to LLR Planned Care Partnership for review and consideration
PCN Respiratory Pilot	RRCV	Respiratory	First UHL/PCN MDT June 23. Plan: monthly MDT, then the local team will invite those patients in need of a review to an enhanced service clinic on a Saturday.

Hearing Programme	Cards	MSS/CSI	Cross Cutting	Cards embedded in all OPA in MSS CMG and in Jarvis clinic, some areas in CSI and across the Alliance. Continuing to identify OP areas across all three sites to work with them to adopt the initiative
Cancer Prehabilitation	surgery	ITAPS/CHUGGS	Cancer	Started to disaggregate data/waiting lists for cancer, ortho pending. Aiming to present to CHUGGS board pre-Sept 2023. Evidence of disparity, with higher IMD cohorts more likely to be referred into service
Hip and Knee Prehabilitation	surgery	ITAPS/MSS	Core20	
Difficult bloods/cannulas on BAME patients/patients with darker skin tone		ALL	Cross Cutting	Completed: initial data showed that all blood tests completed based on NC record.
Bowel Cancer Screening		CHUGGS	Cancer	Series of community engagement events. Production of videos in Urdu, English and Gujarati to be sent as a text insert to patients in the Spinney Hill PCN who are first time invitees to the screening programme commencing June 23.
Inclusion Healthcare Homeless DNA pilot		ALL	Local 20%	Phone calls to patients registered with Inclusion Healthcare, process established for flagging upcoming appointment with Inclusion Healthcare. First review of Data Aug 23. Further focus group planned for Sept.
The Centre Project Outreach Pilot		ALL	Local 20%	Series of workshops and focus groups planned from mid-23 to year end, aligned to national campaigns to improve access to services relating to screening, cardiovascular and respiratory and preventative services.
A&E Abdominal Pain Attendances		ESM	Cross Cutting	Pending publication - in draft
Gynaecology Access Review		W&C	Cancer	HI fellows to start Aug 23 to lead this work.
Perinatal Mental Health Access Review		W&C	Maternity	DNA rate has reduced for LPT patients with face-to-face nursing assessments.
UHL Colleagues' Health Equality		ALL	All themes	Paused due to capacity, recruitment pending for Associate Director of OH, MH and WB to lead.
Radiation Information Sharing		CSI	Cross Cutting	MSc student starting July 23; initial heatmap of referral into services produced. Hotspots of low activity.

Equitable provision of diabetes technology in children	W&C	Diabetes	Further funding acquired from NHSE to continue to embed improved service focusing on underserved communities.
Breast Cancer Clinical Trials	CHUGGS	Cancer	good first workshop and got some helpful insights for our second workshop. The focus of our second workshop will be developing an audio and visual based clinical trials education programme. We also had some good ideas regarding how we can disseminate our work also
Renal Transplant	RRCV	Core20 + cardiovascular	RB to engage nephrology consultants to review lists re transplant status of patients on dialysis as best practice; to review re ethnicity and IMD once complete.
Home Dialysis	RRCV	Core20 + cardiovascular	Data received by SG, analysis pending.
IHI Pursuing Equity	W&C	maternity	Review of historical maternity outcomes to be carried out by UoL medical students June/July; interviews with patients and colleagues to be arranged for Aug/Sept
AAA screening	RRCV	core 20 + cardiovascular	Data extraction and analysis ongoing

2. Highlights from UHL Health Inequalities Programme of Work

i) Non-Attendance at Outpatients

The pilot has been presented at TLT (previously EQB, ESB). The pilot proved hugely successful, eliminating the differential in non-attendance between our most deprived populations and the trust's average non-attendance rate (8-10%). The pilot was iteratively scaled-up to include any patient with a scheduled outpatient appointment, across all specialities, with a post code relating to IMD1. Funding was secured through ERF to further increase the scope of the project to include all patients from IMD2 (therefore covering the 20% most deprived of the population) and most recently patients registered under Inclusion Healthcare (rough sleepers) and embed this work as business as usual.

ii) UHL Health Inequalities Minimum Dataset

Data intelligence underpins the health inequalities work at UHL. The UHL Health Inequalities Minimum Dataset group has worked to define the scope and remit of a dataset that could highlight inequalities within UHL services to provide focus for service improvement through a health equality and inclusion lens. The group has secured funding to recruit a Data Engineer and Data Analyst through the Leicester Academic Health Partnership and has started to extract and analyse data to define initial areas of work with a focus initially on unplanned care. The first pilot project is expected to begin by Autumn of 2023.

iii) Inequalities in Paediatric Diabetes services

Local data has shown children and young people from ethnic minority and low socioeconomic groups have lower usage of diabetes technology; only 27.5% of children and young people from ethnic minority use an insulin pump compared to 50% of white children.

Bridge the Gap (BTG) clinics were set up in the evenings and weekends to support children and families with structured education about the use of technology in managing diabetes. These sessions addressed multiple barriers to accessing and optimal use of technology:

- Cultural barriers – families hesitant to share about their child's diabetes due to stigma
- Lack of numeracy skills in the carers.
- Language
- Diet
- IT skills

NHSE funding enabled the paediatric diabetes specialist nurses, dietitian, and support worker to have additional time and resources to teach, train, reassure, support and educate the children and young people and their families to dispel any fears and anxiety about using technology and help them embrace the benefits. After demonstrating impact for children and their families, this work has received further NHSE funding to develop and grow the service through 23-24.

3. Working with Communities and Partners

Addressing health inequality is reliant on proactive patient and public involvement in service improvement and redesign. Low trust in UHL and healthcare is a significant barrier. Working with key partners including South Asian Health Action (SAHA), Shama Women's Centre, the African Caribbean Centre, The Centre Project and the Somali Women's Mosque is key to addressing this.

Colleagues from UHL and leaders from local communities and voluntary groups have convened on several occasions to discuss barriers to access, community links and relationships. Several engagement events have been held and are planned with communities to explore a variety of topics, including barriers to accessing services, attitudes to cancer screening and experiences of working at UHL.

4. Racial Disparities in Maternal Outcomes Across LLR

In October 2022 Leicester City Health and Wellbeing board commissioned a review of actions to address race related disparities in maternal outcomes. A task and finish group, chaired by the Director of Health Equality and Inclusion has developed a framework in response to this covering current actions and recommended future changes in practice and education. This has been shared at Maternity Assurance Committee and will be presented in draft to Leicester City Health and Wellbeing board in June 23 before proceeding to final publication.

5. Pursuing Equity

UHL is six months into the Institute for Healthcare Improvement (IHI) Pursuing Equity Programme. This programme aims to address racial injustice in healthcare through quality improvement methodology with intensive support from the IHI. UHL established a Pursuing Equity team to take part in the programme and focus on a key clinical area, identified as adverse maternal outcomes in ethnic minorities. Three colleagues from the team attended in person training with the IHI in March 2023 and are working with the wider team towards the aim of reducing late booking for antenatal care for women of Black and Asian ethnicity through 2023-24. The learning from this programme and the project will influence and inform the wider approach to tackling health inequalities, especially those driven by racial disparities at UHL.

6. HEE Fellows

UHL was successful in being awarded funding to support four HEE fellows in Health Equality (ESM, RRCV, W&C). Recruitment is underway with fellows expected to start in post in Aug 2023.

7. Prevention

Prevention is a key feature of the NHS LTP. The UHL Prevention Board meets quarterly overseeing alcohol, tobacco and obesity services. A summary of recent progress is provided below.

1. Roll-out of the tobacco dependency service to Leicester General Hospital, the tobacco dependency service is now fully established at all sites within UHL and this has been reported to NHSE.
2. The tobacco dependency service is operating within the maternity services at LRI and LGH with dedicated tobacco dependency advisors and is therefore compliant with the NHSE service model for maternity.
3. Progress is being made with NerveCentre and the electronic prescribing system that will facilitate tobacco dependency advisors prescribing nicotine replacement products for patients.
4. The tobacco dependency team was selected to take part in a national quality improvement programme supported by the BTS to improve our treatment pathway.
5. The tobacco dependency treatment offer for UHL staff has been extended to the end of March 2024 and to date, approximately 100 staff have self-referred.
6. UHL is now submitting mandated patient level data for the tobacco dependency treatment service to NHSE and our focus will be to improve data quality over the coming months
7. An Alcohol Care Team has been established in ED at LRI. There is more work to do to provide a 7- day service and the required patient level data set for reporting to NHSE.
8. Funding to expand tier 3 obesity services at UHL was agreed earlier this year.
9. The latent TB programme screening new migrants to LLR continues.

Resources to support the infrastructure of prevention at UHL have not been identified to date and therefore further developments, monitoring and reporting will be limited.

8. Risk

LLR ICB have identified and agreed health inequalities as a significant risk on the ICB BAF:

“Failure to adequately address health inequalities due to a lack of investment and lack of collaboration and partnership working, therefore unable to improve health equity and outcomes for the population of LLR.”

Objectively UHL has demonstrated how action on health inequalities mitigates risks identified with respect to UHL’s BAF as referenced above and feedback to the ICB has been consistent with this. Mitigating the risk posed by health inequalities will require sustained investment and improvement through the lens of equality and inclusion.

9. Accessible Information Standard

The AIS group is working towards continued implementation of the standards set out for the trust. The website accessibility concerns raised by the Accessibility Monitoring Cabinet review have been addressed: a re-test was requested on 8th June, the website itself passed with no errors. One of the original issues was an outdated Accessibility statement. This has been amended with all legal elements now include, re-tested and passed. This has been forwarded onto the Communications team for final approval.