Access to healthcare services

Scrutiny meeting, 25/01/23

Data provided by Owen Richardson, Data and Insight Service

Structure and Purpose of todays conversation

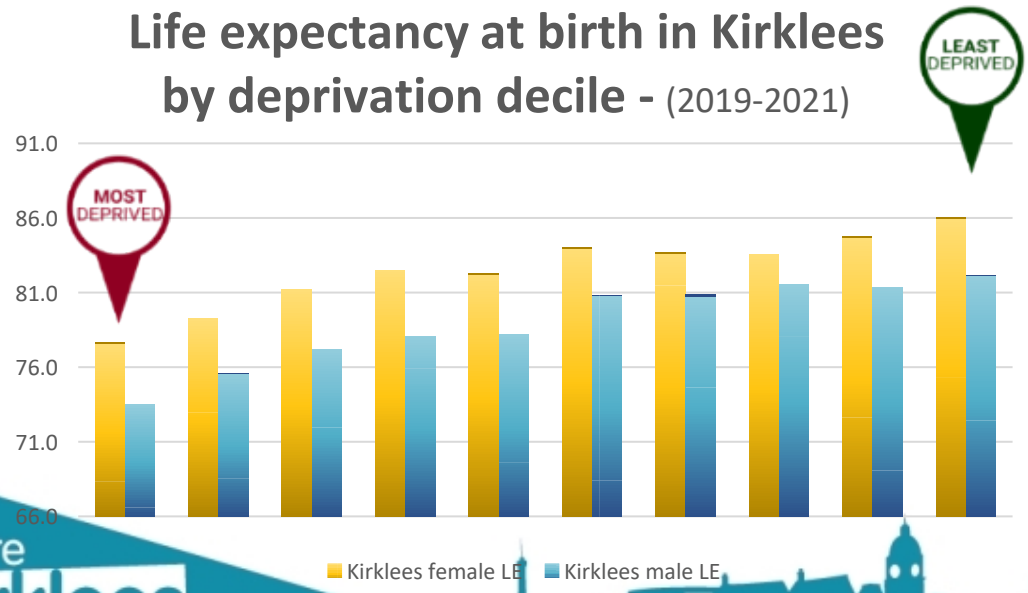
- Update scrutiny on the picture of inequalities across Kirklees
- Give a brief overview of the approach we need to take to have the greatest impact on the health and wellbeing of the population
- Hear from a selection of providers about the approaches that they are taking to delivering services and outcomes for the population including:
    - **Calderdale and Huddersfield Foundation Trust (17-21)**
    - **Kirklees Health and Care Partnership (22-28)**
    - **South West Yorkshire Foundation Trust (29-36)**
    - **VCSE (37-39)**
- A panel discussion on the next steps

What are health inequalities?

Health inequalities are avoidable differences between people or groups due to social, geographical, biological or other factors. These differences have a huge impact, because they result in people who are worst off experiencing poorer health and shorter lives.

The social gradient: Poor social and economic circumstances affect health throughout life. Life expectancy is shorter and most diseases are more common further down the social ladder. This social gradient in health runs right across society; not only those at the very bottom are affected.

Life expectancy at birth in Kirklees by deprivation decile - (2019-2021)



8.6 year gap for men
8.4 year gap for women

In recent years, **the gap** has been **increasing** for **women**

& **LE for women** in the **most deprived** areas, and for **men** has **decreased**

We're Kirklees

- How do we overcome the challenges posed by health inequalities? What does action look like?
  - Understanding your local population - work with community and local groups
  - Considering equity in all activities
  - A life course approach – tackling accumulation of disadvantage
  - Proportionate universalism – support all but with greater focus on most in need and worst health outcomes
  - Partnership working and co-production
  - Learn – monitor, evaluate and share
  - Aim to make change sustainable – long term

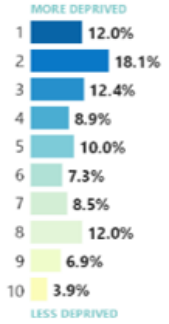
Index of Multiple Deprivation (IMD) 2019

Map of deprivation decile at Lower Super Output Area (LSOA) level

IMD2019 decile (Kirklees)

- Worst 10 percent
- Worst 10 to 20 percent
- Worst 20 to 30 percent
- Worst 30 to 40 percent
- Worst 40 to 50 percent
- Least deprived 50 to 60 percent
- Least deprived 60 to 70 percent
- Least deprived 70 to 80 percent
- Least deprived 80 to 90 percent
- Least deprived 90 to 100 percent

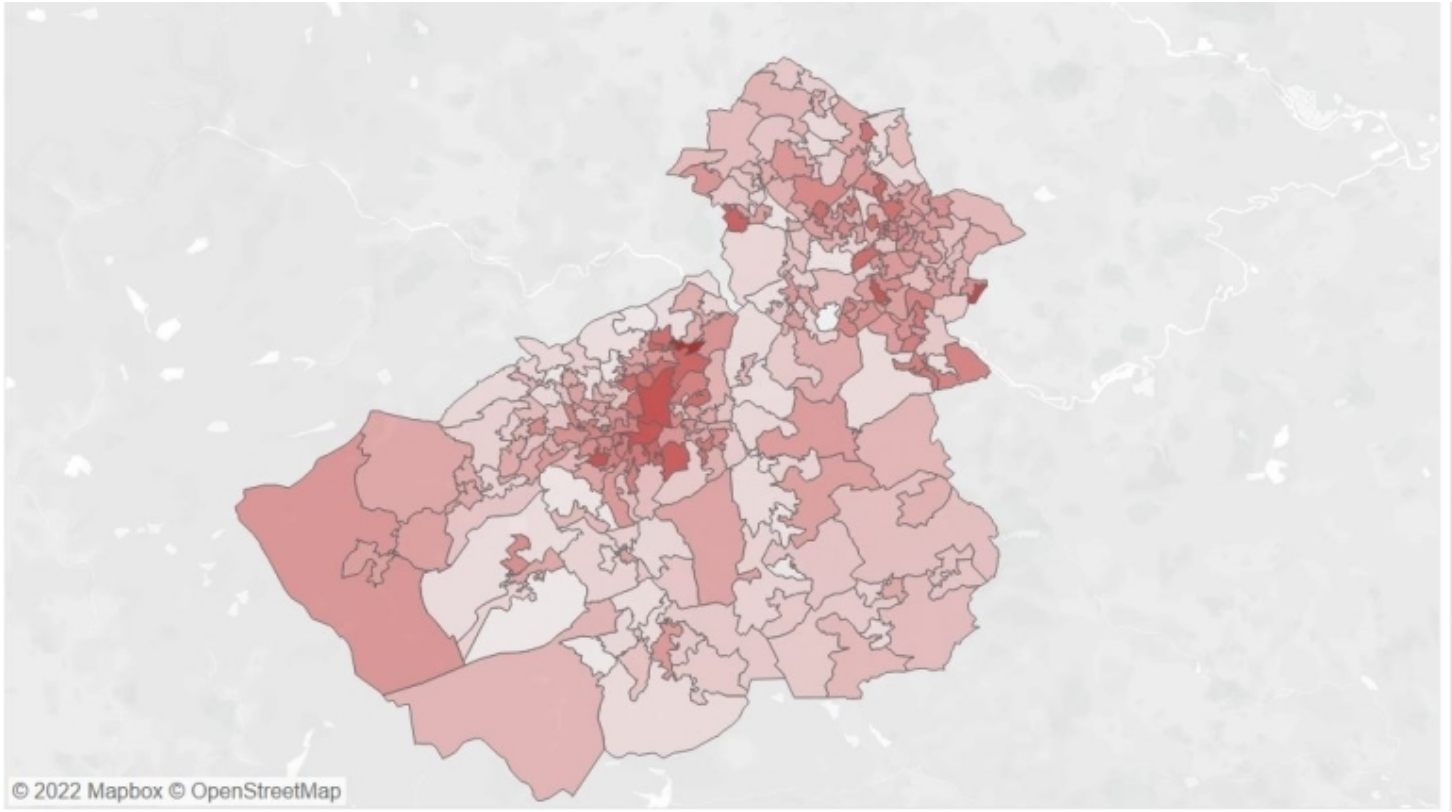
% of Kirklees LSOAs in each national deprivation decile



We're Kirklees

Percentage of fuel-poor households

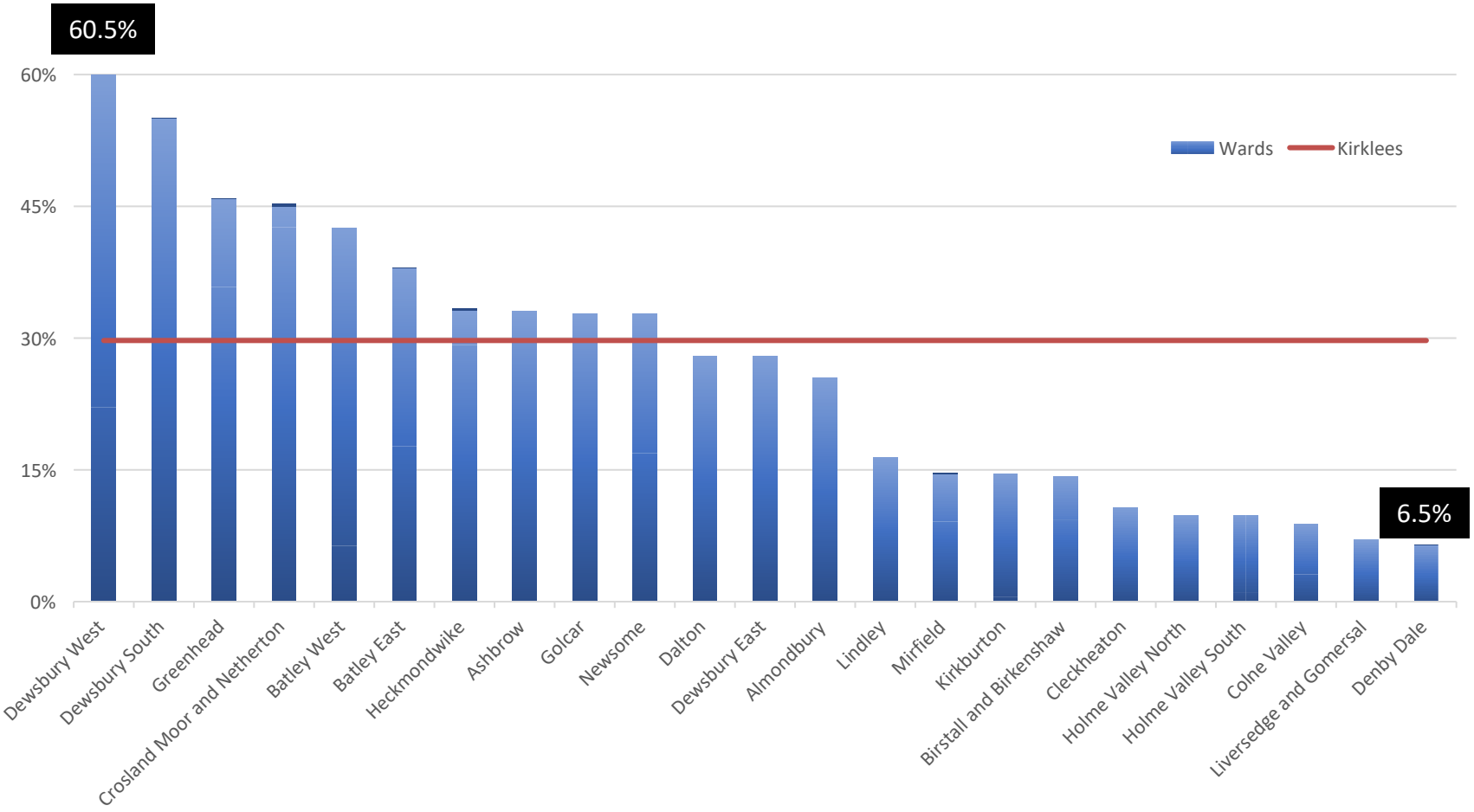
Based on 2020 data at LSOA level (released 2022)



7% 42%

Children in poverty

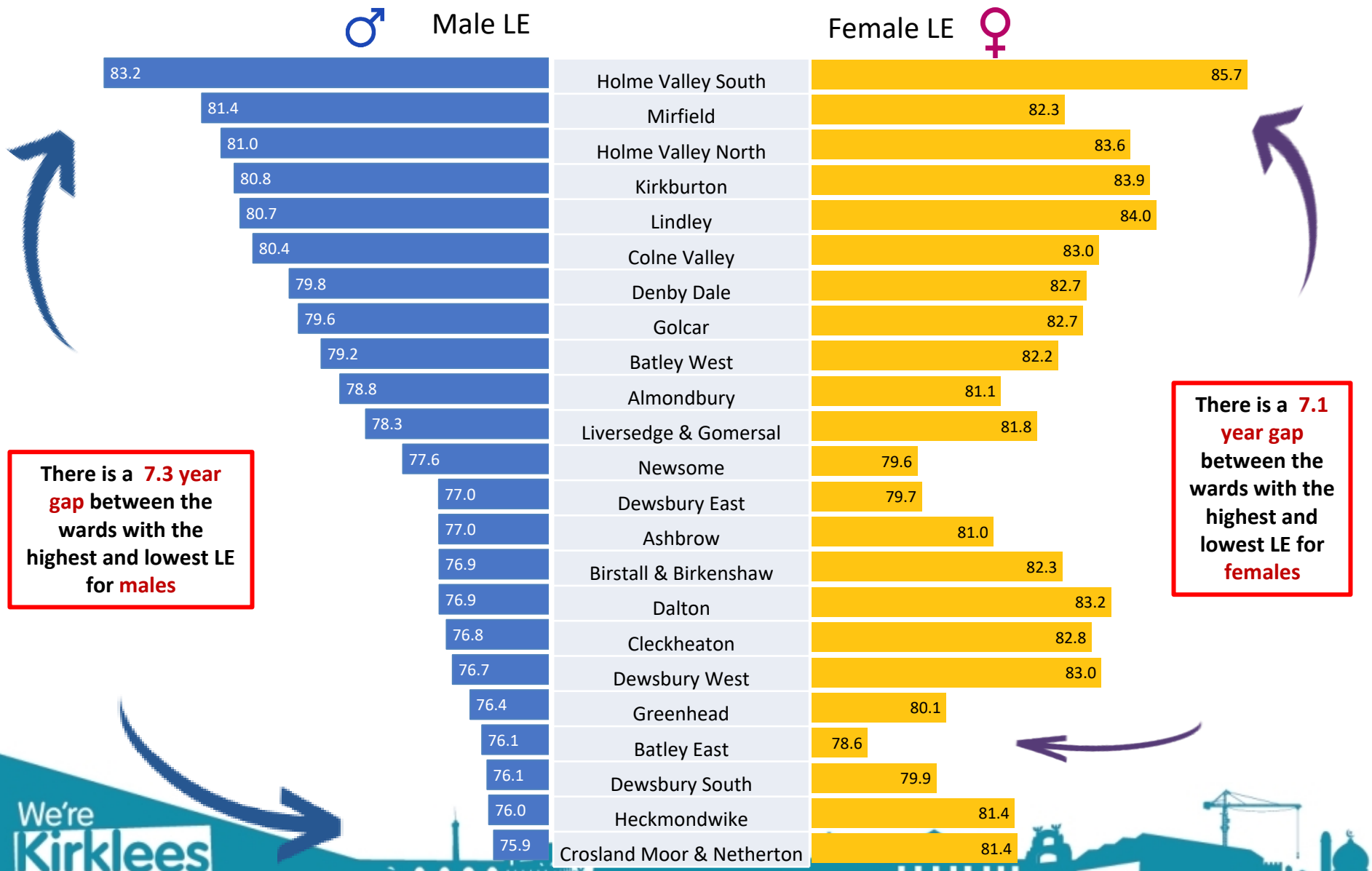
Based on 2021 CLiK survey data



Estimates of percentage of children living in poverty, based on annual household income below £20,000 (broadly equivalent to 60% of national median income)
Calculated as a percentage of total households with children

Differences in life expectancy by Ward

Life expectancy at birth (in years), 2019-21

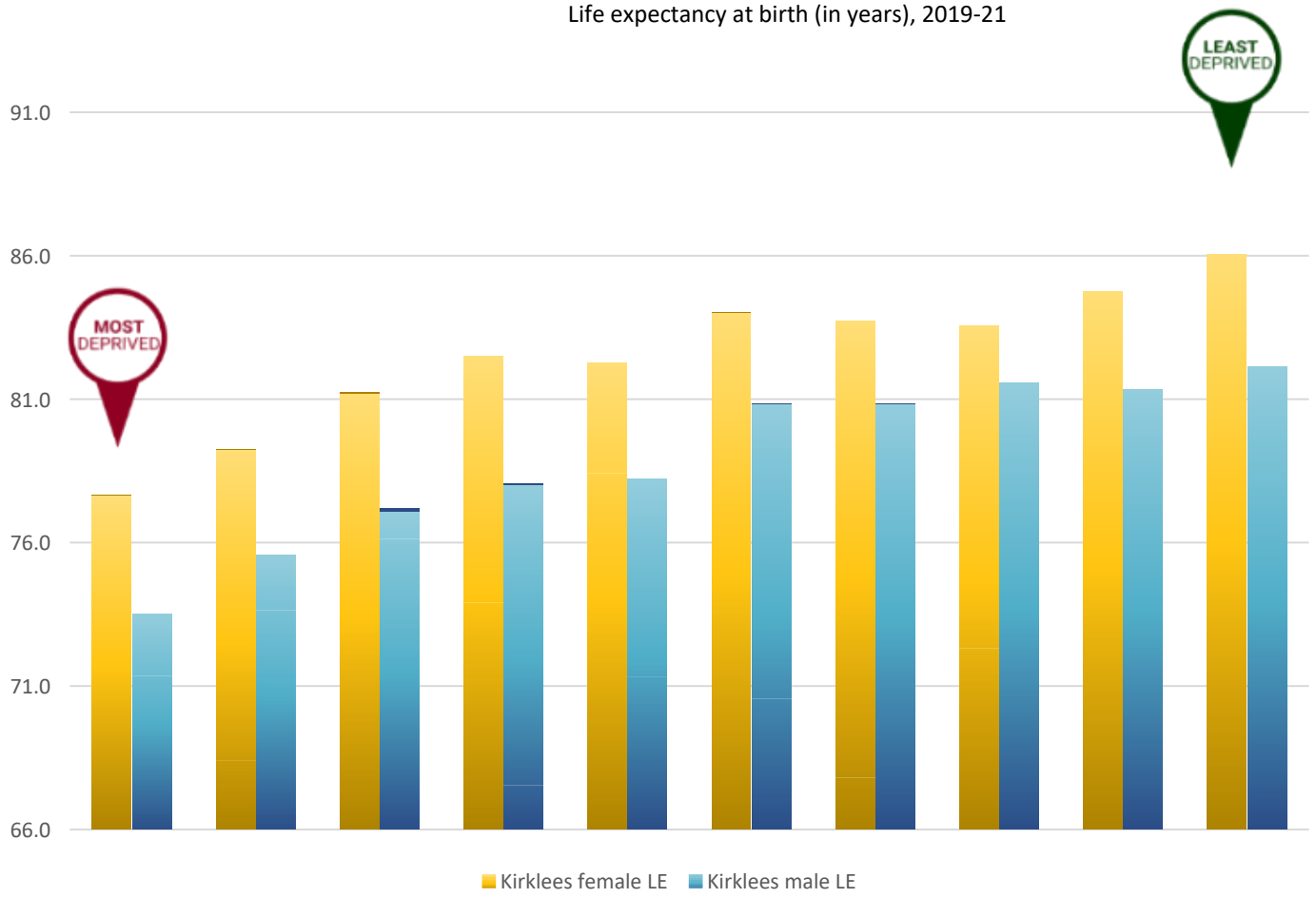


There is a **7.3 year gap** between the wards with the highest and lowest LE for **males**

There is a **7.1 year gap** between the wards with the highest and lowest LE for **females**

We're Kirklees

Life expectancy differences by deprivation decile

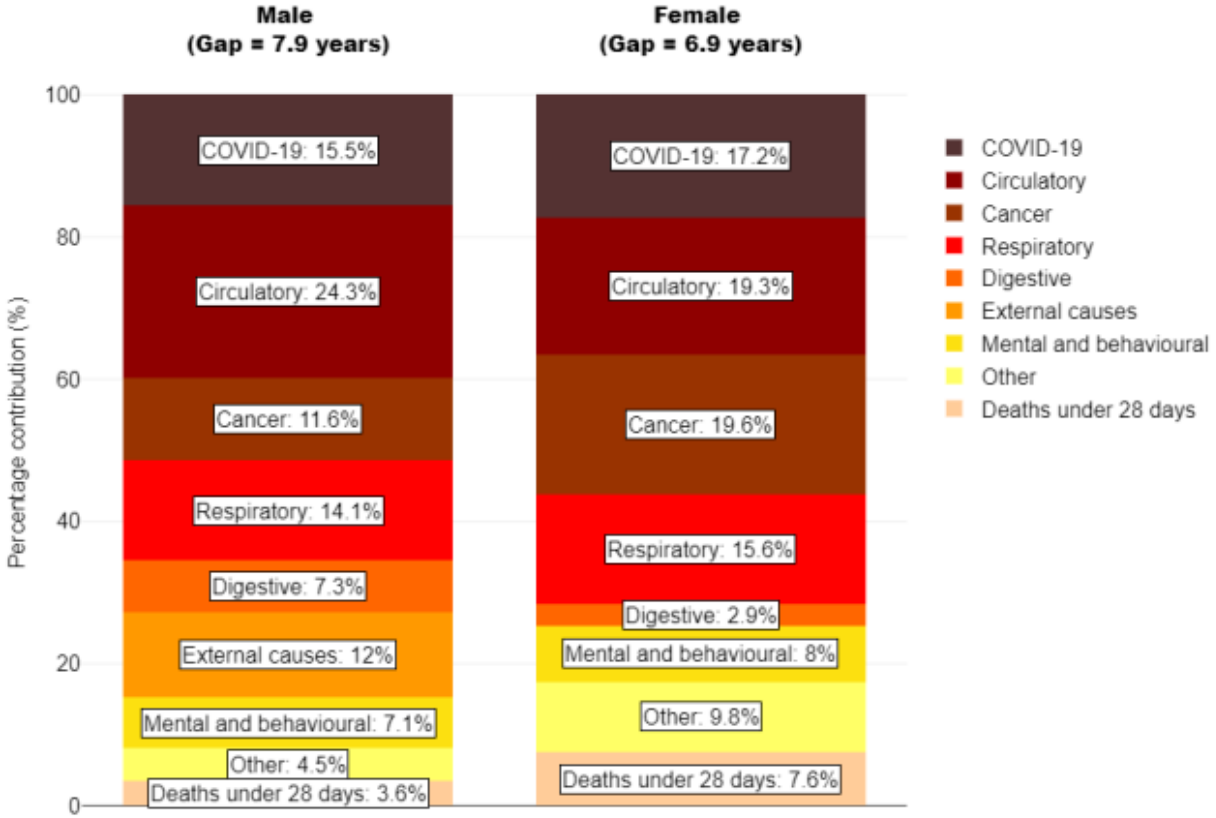


8.6 year gap for males; 8.4 year gap for females

Life expectancy difference by cause of death

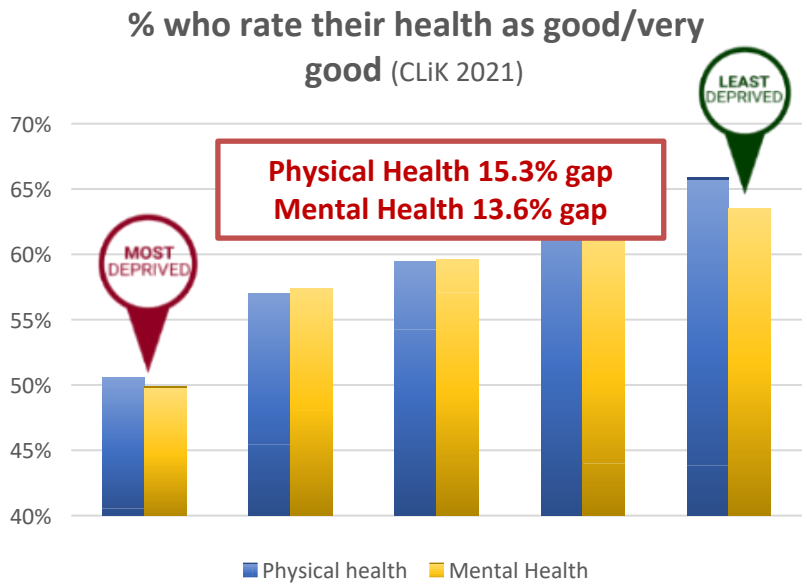
Figures for Kirklees based on OHID segment tool

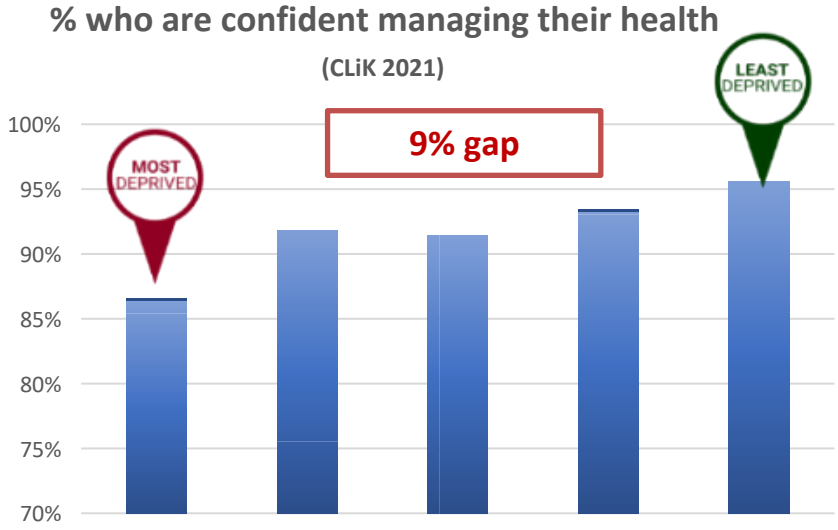
	Male	Female
Life expectancy most deprived quintile	73.4	77.3
Life expectancy least deprived quintile	81.3	84.1
Gap	7.9	6.9

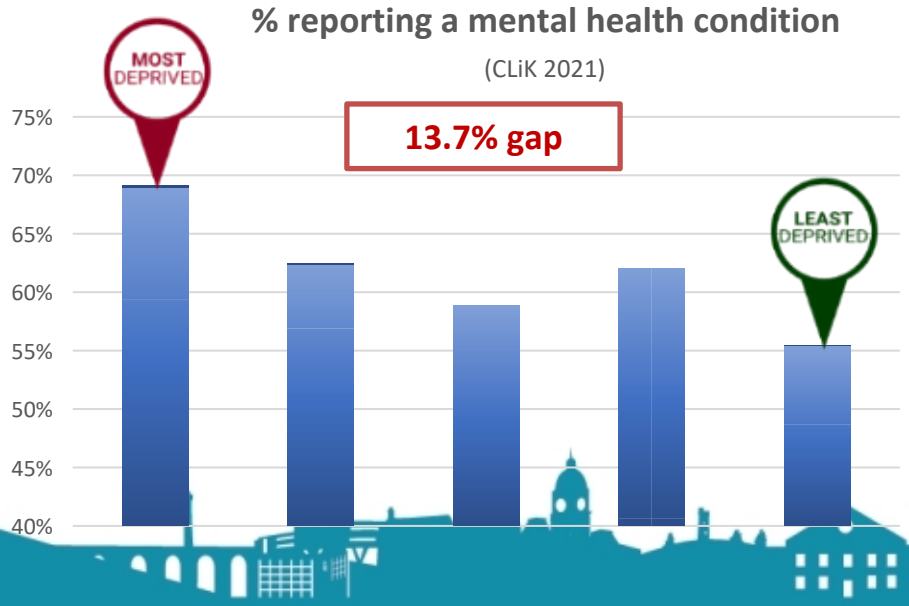


Self-reported health, by deprivation quintile

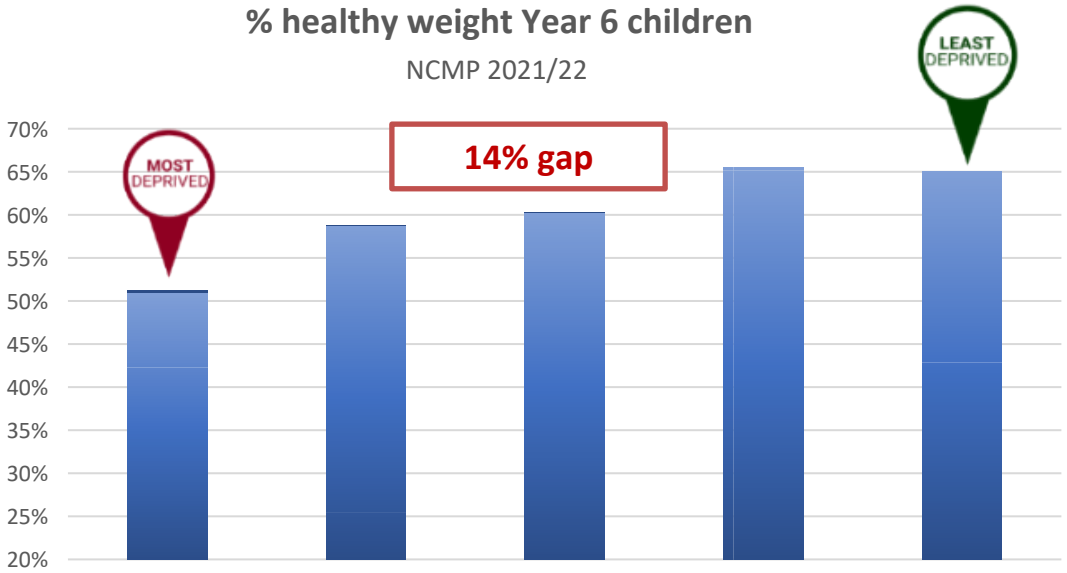
Based on 2021 CLiK survey data



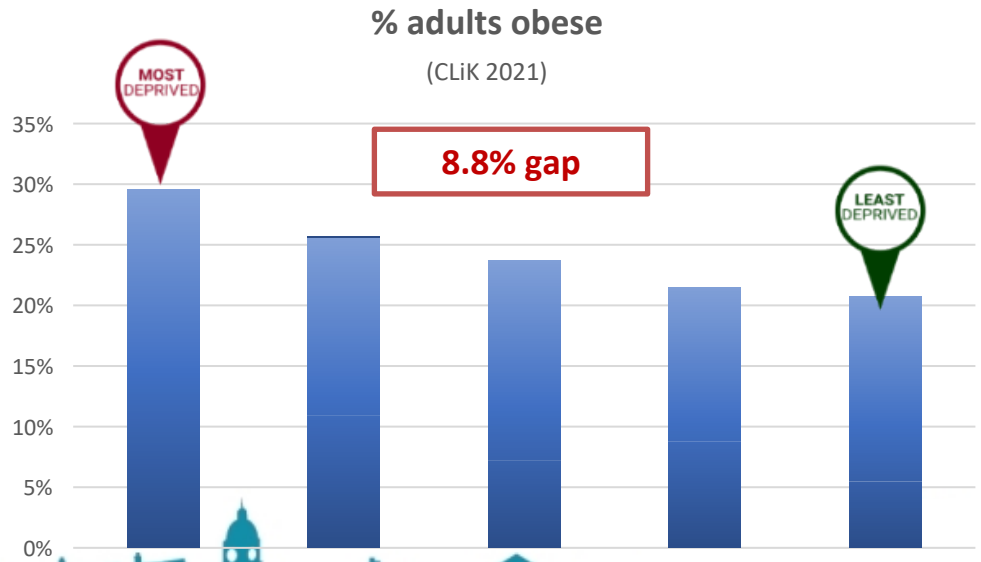




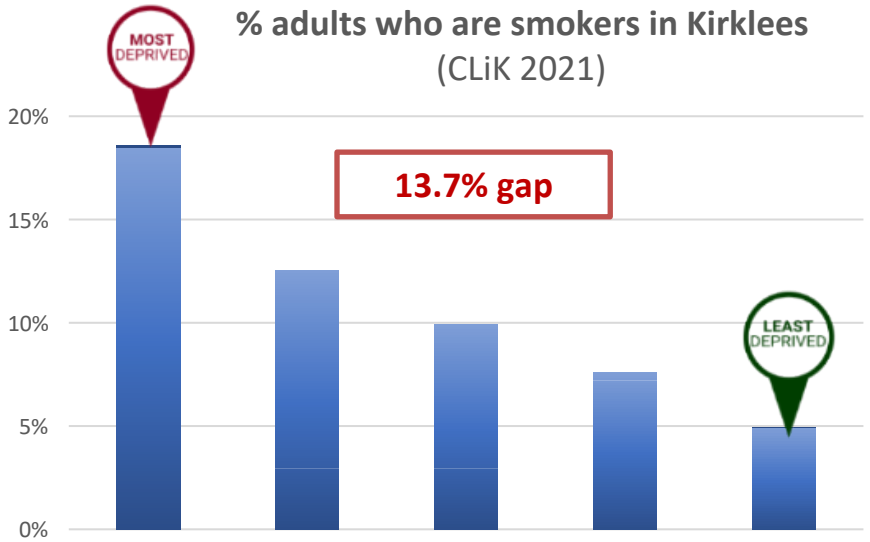
Weight-related metrics, by deprivation quintile

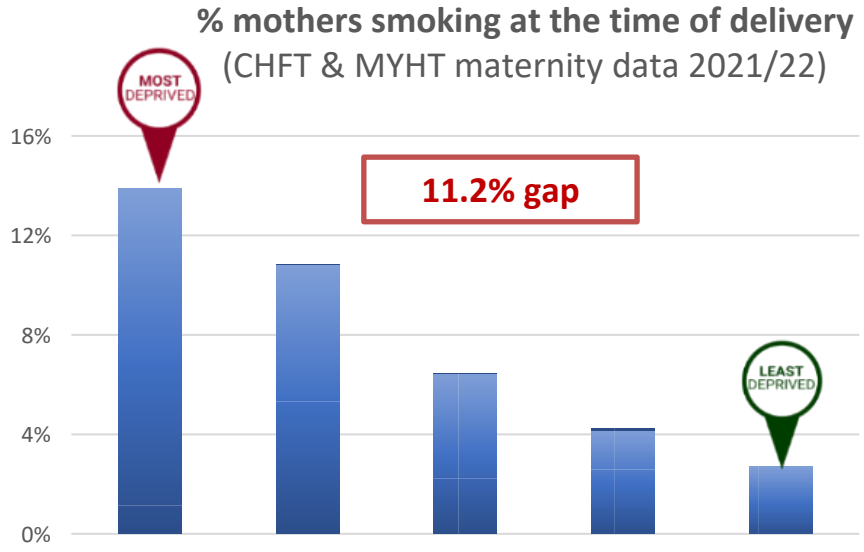


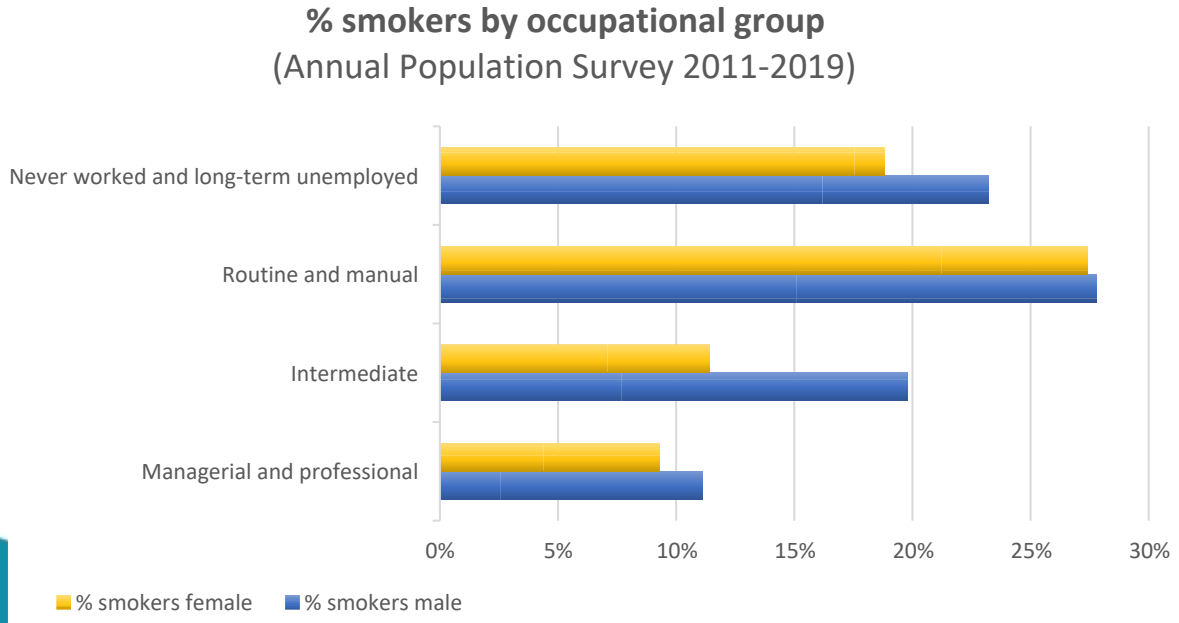
There is a 22.3% gap between the most and least deprived deciles



Smoking status



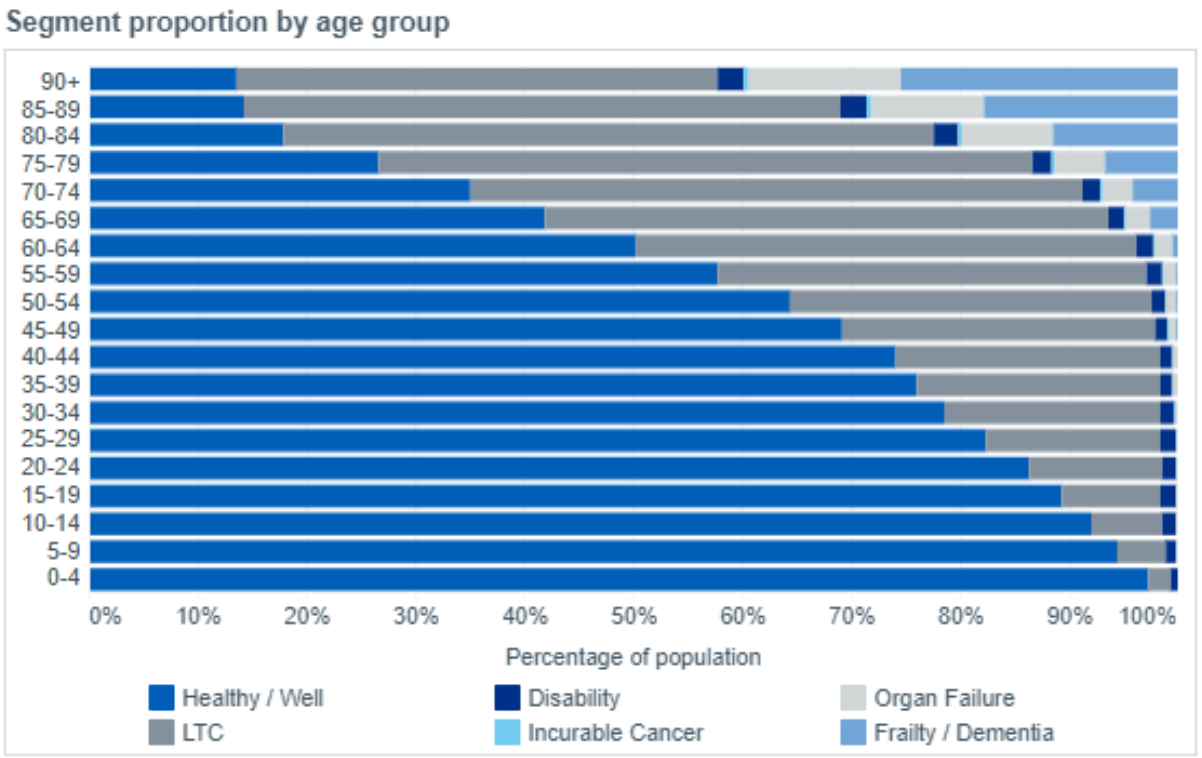




Health segmentation by age

NHS Population and Person Insight Dashboard, snapshot at 30/06/21 for NHS Kirklees CCG

- Health deteriorates and comorbidity increases with age

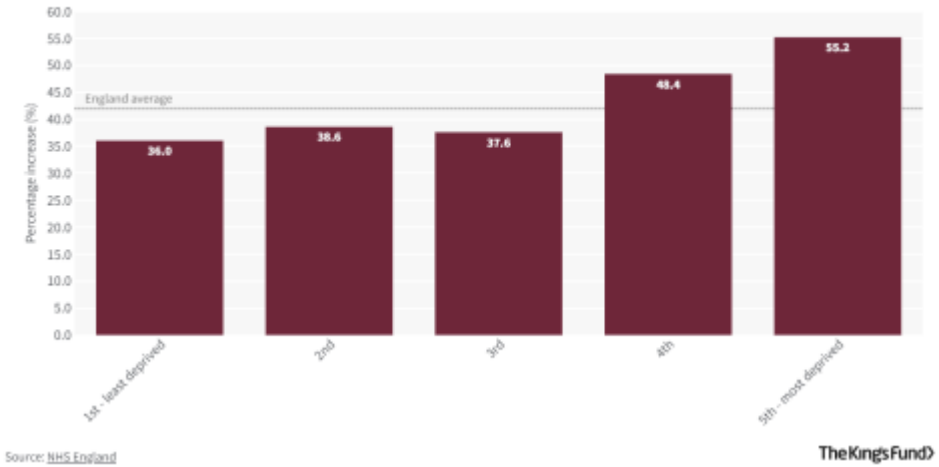


Waiting times for elective referrals

King's Fund blog, 27/09/21

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

April 2020 to July 2021



Analysis of the number of waits of more than 52 weeks in July 2021, shows that in the most deprived quintile 7.3 per cent of patients had been waiting more than 52 weeks compared to 4 per cent in the least deprived quintile (1.8 times higher).

[Kirklees Health and Wellbeing Strategy 2022]

CHFT - Population Health and Inequalities Strategy 2022 - 24

“CHFT will play a leading role locally in improving population health and tackling inequalities, taking bold action, and working with our partners to deliver impactful change for the communities we serve.

We will ensure equitable access and excellent experience of care to improve outcomes for everyone.”

To harness our role as an anchor institution and **connect with our communities and partners** to promote health and equity in the local population.

To reduce inequalities in **access** to care and ensure **prioritisation** promotes equitable access and outcomes.

To ensure all patients **experience** high-quality, compassionate, and holistic care to improve **outcomes** and reduce inequalities.

To promote a **diverse and inclusive workforce** which reflects the populations we serve and where everyone feels valued.

Connecting with our communities and partners

Examples of what we have achieved so far

- Established and led a multi-agency working group to reduce inequalities in asthma within a Primary Care Network Area (Greenwood PCN, Kirklees).
- Created a new service called BLOSM within our emergency departments to tackle health inequalities and engage with vulnerable service users attending A&E (BLOSM stands for Bridging the Gap, Leading a change in culture, Overcoming adversity, Supporting Vulnerable People, Motivating Independence and Confidence).
- Generating social value from our investments targeting local jobs, training and apprenticeships for most deprived communities.

Access and prioritisation

Examples of what we have achieved so far

- Analysed waiting list data through an inequalities lens and reduced gaps in waiting times seen between White and BAME patients, and patients from the most and least deprived communities. Eliminated 7 week longer wait for people from BAME communities.
- Working with clinical teams to develop and trial clinical prioritisation tools supported by inequalities data
- People with learning disabilities were prioritised with all known people with a learning disability on existing waiting lists having their surgery.
- Outpatient Transformation to offer remote appointments and implementation of patient-initiated follow-up (PIFU) pathways includes specific actions to ensure digital inclusion, with the development of referral information to identify where reasonable adjustments are needed to enable equitable access.

Lived experience and outcomes

Examples of what we have achieved so far

- Undertaken discovery interviews in Maternity to gain insight into women's experiences of care and engage those less likely to send in feedback.
- English as a Second Language pregnancy antenatal classes. Improved language accessibility of maternity services, including welcome signs produced in top 10 local first languages and mapping of multi-lingual resources available.
- Carried out a staff survey on cultural competence with maternity staff and rollout of a cultural competence training package.
- Vitamin D / Healthy Start Scheme being promoted by Midwifery teams to increase uptake of Vitamin D and access to healthy food 'vouchers' for pregnant women and new mothers on very low incomes to spend on veg, fruit and milk.
- A wide programme of work has taken place to improve the experience of patients with a learning disability, to ensure that patients with a learning disability are prioritised on the waiting list and their care access and experience improved.

Diverse and inclusive workforce

Examples of what we have achieved so far

- Established several Colleague Voice equality groups.
- Guidance developed to include engagement with all internal network groups and links to engagement team as part of Equality Impact Assessments for service design and improvement.
- Embedded process for previewing all cases of racial discrimination in disciplinaries & complaints prior to progress through formal stages.
- New recruitment strategy developed and launched, including bold and ambitious statements for equality of opportunity.
- Inclusive talent toolkit and framework developed and embedded in People Strategy.

Health Inequalities – General Practice

For OSC – Jan 23

Fuller Stocktake – May 2021

- “We have known about the inverse care law, where services are often under-resourced in areas with high deprivation compared to areas with no deprivation, for over 40 years, but efforts to address inequalities in the provision of GP services have not eradicated them.
- The Core20PLUS5 approach provides a focus for reducing healthcare inequalities across systems, identifying a target population comprising the most deprived 20% of the population of England (the Core20) and other groups identified by data (plus groups), alongside five clinical priorities for action to reduce inequalities.
- Primary care already plays an essential role preventing ill health and tackling health inequalities.
- Through the Fuller stocktake, we have identified three areas in which primary care is taking a more active role in creating healthy communities and reducing the incidence of ill health:
  - by working with communities,
  - more effective use of data, and
  - through close working relationships with local authorities.”

Kirklees Health Inequalities Scheme

- Tackling health inequalities forms part of our 'Kirklees Essentials' contract that asks all practices to consider the needs of patients from BAME backgrounds, those who are carers, homeless, asylum seekers and military veterans.
- The ICB in Kirklees has a Health Inequalities scheme for General Practice that was introduced in 2021. The scheme supports the 15 practices with the highest level of deprivation and those with a high percentage of Black and Minority Ethnic (BAME) population.
- A network of these practices meets four times per year, chaired by a GP (Independent Medical Advisor). The network is also attended by the LA Public Health Team.
- Practices that are part of the scheme share good practice, help to share solutions to challenging issues and listen to external speakers who focus on a range of issues that are pertinent to the health inequalities in Kirklees.
- Examples of these sessions have provided a focus on dementia diagnosis, Core20plus5, Safer Surgeries Scheme, CAJA Cervical Screening Programme and improving NHS cancer screening for people with a learning disability.

Kirklees Health Inequalities Scheme

- Each of the practices on the HI scheme receives a limited amount of additional funding which is linked to the Core20plus5 approach.
- In 2022/23 practices were required to identify three priority 3 priority areas, which aim to address health inequalities and improve quality of health care.

An example of some of the work that has been done by one of the practices:

- Meltham Road Surgery has been working to improve control of diabetes in patients of Asian descent and engaging with the NHS Digital weight management programme and Nawab restaurant
- Rose Medical Practice - Identifying and recoding reasonable adjustments patients with LD may have to access care. Ensuring reasonable adjustment data is passed on with referrals to other services to ensure the patient gets the support they need to access that care.
- Sidings Health Centre - proactively trying to increase the uptake of cervical cancer screening test for those patients from BAME backgrounds or those with language barriers. Staff who can speak multiple languages follow up individually with patients who have not responded. Utilisation of leaflets in numerous languages and utilising easy read literature. Practice has seen an increased screening uptake
- Greenwood PCN – focusing on children from BAME background who have asthma

Primary Care Networks – Tackling Neighbourhood Inequalities

- Each of the 64 GP practices in Kirklees is part of a Primary Care Network (PCN) and deliver the PCN Directed Enhanced Service
- As part of the 2022/23 service specifications that the PCNs deliver, one is focussed on tackling neighbourhood inequalities.
- PCNs must
  - identify and include all patients with a learning disability and SMI and deliver an annual health check for those patients
  - Record ethnicity
  - Appoint a lead for tackling health inequalities
  - Develop a plan for a bespoke population using available data on health inequalities
- In Kirklees, the PCN data packs have recently been refreshed to assist with this work https://observatory.kirklees.gov.uk/wp-content/uploads/PCN_data_pack_2022_Kirklees.pdf

Primary Care Networks – Tackling Health Inequalities

- Some examples of bespoke projects that the PCNs have undertaken to focus on Health Inequalities:
- Dewsbury and Thornhill, 3 Centres and Spen PCNs – focus on management of diabetes in areas of higher deprivation and South Asian populations
- Tolson PCN – a focus on reducing childhood and young adult obesity
- Valleys – focus on improving access for patients with a Learning Disability. Recent project using a team of employed (ARRS) Care Co-ordinators, Social Prescribing Link Workers and Mental Health Social Prescribing Link Workers. Initiative to offer benefits advice and some of the statutory council services in a place based way from GP practices - addressing some of the challenges of the geography in the Valleys.
- MAST – Focus on military veterans and an offer of Military Veterans Health Checks. In the last year, focussed on social isolation and offered services via a health and wellbeing bus.
- Greenwood PCN – Respiratory focus - improving identification of the causative triggers in patients with multiple admissions from deprived areas and from a BAME background. By highlighting these triggers, we aim to provide the right support to patients and increase uptake in smoking cessation. The PCN worked in partnership with CHFT and Public Health on this initiative

COVID Vaccination

- Numerous examples of working with community champions, voluntary and community sector and faith organisations to reach patients from backgrounds where uptake of covid vaccination was considerably lower.
- EG pop up clinics in mosques and accommodation for asylum seekers.

Addressing health inequalities

South West Yorkshire Partnership FT

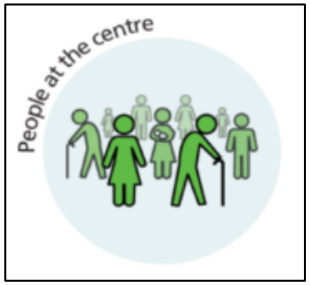
Improving the collection and use of both insight and data

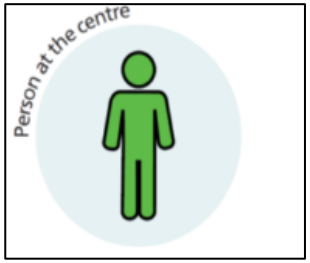
Capturing insight to understand our communities

NHS West Yorkshire Integrated Care Board

NHS South Yorkshire Integrated Care Board

Working in partnership to understand the population we serve using data and insight





Joint Needs Assessment, population health data and working in partnership with communities with partners to **capture voice** and ensure greater involvement.

Equality Impact Assessments (EIA) to ensure our services are culturally sensitive, appropriate and relevant. Taking action against impacts and **co-designing improvements**

Capturing and monitoring equality data to inform person centred care by a reflective work force and **capturing patient experience**

We're Kirklees

All of you campaign

A campaign aimed at both staff and people who use our services to improve the quality of our equality data for both staff and people who use our services

The campaign has already resulted in noticeable improvements in the data we now hold.

Alignment with the work we are doing

SWYPFT have an inequality dashboard in line with **CORE20plus5** and broken down by the data metrics listed below using the fields of **ethnicity and deprivation.** Our metrics line up with NHSE/I dashboard and are:

- **Referrals** – Referral data is included in our dashboard
- **Admissions** – Admission data is included in our dashboard
- **Waiting times** – In progress with some data in place
- **Emergency** – We would look at crisis response, criteria yet to be agreed
- **Discharges** – Discharge data is included in our dashboard
- **Contacts & Contact Method** – This data is available – focus on digital

Examples of work to address health inequalities in Kirklees

- **Creative Minds** ‘Lead the Way’s Art - people with learning disabilities **Recovery College Kirklees is working with the south Asian community**
- **Perinatal pathways include peer support workers**
- **Transgender policy and Accessible Information Policy**
- **Young people** co-creation **choose well campaign**
- **Paediatric SALT** Facebook page
- **Respect Project’** art competition across the wards
- **Spirit in mind and pastoral support**
- **Removing the requirement for Maths and English** in recruitment
- **Training ‘Transcultural Therapy’**
- **Kirklees carers of people with a learning disability project**

With **all of us** in mind.

VCSE and Health Inequalities

- Recognised as a key partner in addressing health inequalities
- Relationships and structures developing at different levels – West Yorkshire, Kirklees and neighbourhood
- Progress around shared understanding between sectors but still work to do
- Connections with Social Prescribing and PCNs
- A very diverse and varied picture – from very small grass roots activity to providers of services across Kirklees
- Resources a challenge for everyone – capacity within communities can mirror the inequality challenges

VCSE approach and what it brings

- Our approach – a key strength is our holistic, personalised and community-based approaches
- We build resilience, promote self-care and independence and help people find purpose
- Trust – we develop relationships over the long term and build trust
- We respond to local needs and concerns and develop solutions building on local strengths and assets
- We are flexible, responsive and innovative – we can react quickly when we need to
- We can engage with parts of the population that statutory agencies may have challenges working with
- We share lived experience and can bring this to inform more effective, sustainable services – those closest to an issue are well placed to develop solutions
- We understand and can promote understanding of the specific needs of our communities.

What we do

- Very wide range - preventative activities, service delivery and recovery support
- Providing opportunities for social connection - befriending, peer support, social groups, stay and play, arts and creative
- Getting active – walking groups, growing projects, yoga
- Help access services – e.g. support with technology, bring services and clinics into communities, advocacy groups
- Community Champions – trained people from the local community - working alongside Community Anchor organisations to provide accurate information around Covid and to encourage appropriate use of health services
- Crisis response - Mutual aid groups responding to Covid, providing food and warm spaces to respond to Cost of living crisis
- Lots of examples and case studies:
  - Harnessing Power of Communities - Our work with the voluntary, community and social enterprise sector :: West Yorkshire Health & Care Partnership (wypartnership.co.uk)
  - Kirklees :: West Yorkshire Health & Care Partnership (wypartnership.co.uk)