Institute for Healthcare Improvement

Inch wide, mile deep

Leading for equity improvement

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Aims

As a result of this session, participants will be able to:

- Understand how to move from describing equity challenges to deeply getting to know affected populations and working closely with them towards impact
- Understand how to lead for closing equity gaps
- Learn from national, regional and local experiences to close equity gaps

The plan

1. Context and the why (10m)
2. Table conversations (10m)
3. Leading for equity improvement (30m)
4. A conversation (15m)
5. Closing (10m)

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i. Context and why

ETHNIC HEALTH INEQUALITIES IN THE UK

BLACK WOMEN ARE **4x** MORE LIKELY THAN WHITE

women to DIE in PREGNANCY or childbirth in the UK.

Ref: https://bit.ly/3ihDwcN

24% OF ALL DEATHS IN ENGLAND & WALES, IN 2019,

were caused by CARDIO VASCULAR DISEASE in Black and minority ethnic groups.

Ref: https://bit.ly/3CYz22P

BLACK AND MINORITY ETHNIC PEOPLE HAVE UP TO **2x**

the mortality risk from COVID-19 than people from a WHITE BRITISH BACKGROUND.

Ref: https://bit.ly/3EZS2Qd

BLACK AFRICAN AND BLACK CARIBBEAN PEOPLE ARE OVER **8x**

more likely to be subjected to COMMUNITY TREATMENT ORDERS than White people.

Ref: https://bit.ly/3zK5IjL

IN BRITAIN, SOUTH ASIANS HAVE A **40%** HIGHER DEATH RATE

from CHD than the general population.

Ref: https://bit.ly/3iifo9V

SOUTH ASIAN & BLACK PEOPLE ARE **2-4x** MORE LIKELY TO DEVELOP

Type 2 diabetes than white people.

Ref: https://bit.ly/3ulDy88

ESTIMATES OF DISABILITY-FREE LIFE EXPECTANCY ARE

10 YEARS

LOWER FOR BANGLADESHI MEN living in England compared to their White British counterparts.

Ref: https://bit.ly/3urjmIt

CONSENT RATES FOR ORGAN DONATION ARE AT **42%**

for Black and minority ethnic communities and 71% FOR WHITE ELIGIBLE DONORS.

Ref: https://bit.ly/3ogH3fm

ACROSS THE COUNTRY, FEWER THAN **5%** OF BLOOD DONORS

are from BLACK AND MINORITY ETHNIC communities.

Ref: https://bit.ly/3ulg17r

IN THE UK, AFRICAN-CARIBBEAN MEN ARE UP TO **3x**

more likely to DEVELOP PROSTATE CANCER than white men of the same age.

Ref: https://bit.ly/39KWqEs

NHS RACE & HEALTH OBSERVATORY

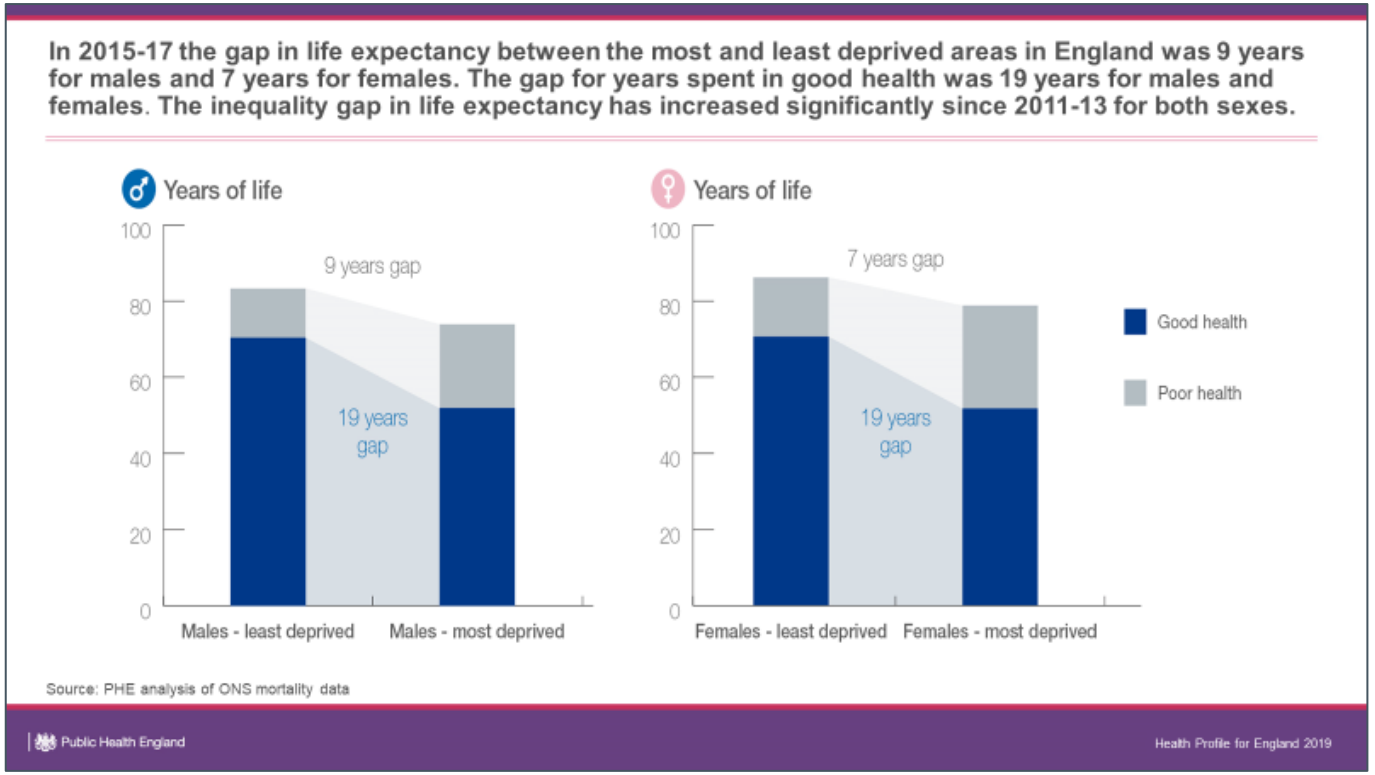
The people cost of healthcare inequalities…

…the pandemic has exacerbated inequalities

Disproportionate deaths from COVID-19 between those living in the most deprived areas and those living in the least deprived areas.

People in more **deprived areas spend more of their shorter lives in ill health** than those in the least deprived areas.

Recurrent **hospital admissions** (for acute exacerbations of chronic respiratory disease) are more prevalent in more deprived neighbourhoods.



For **women in the most deprived areas** of England, **life expectancy fell** between 2010 and 2019

In the areas of England with the lowest healthy life expectancy, **more than a third of 25 to 64 year olds are economically inactive due to long-term sickness or disability**

Social isolation and loneliness are associated with a **30% increased risk of heart disease and stroke**

Economic disadvantage is strongly associated with the prevalence of **smoking, obesity, diabetes, hypertension**

Living in **poverty** in early childhood can have **damaging consequences for long-term health**

Three principles for achieving health equity

- Value all lives equally
- Recognise past injustices
- Provide resources according to need

Dr Camara Phyllis Jones, M.D., Ph.D.

https://www.ncbi.nlm.nih.gov/books/NBK565035/

Building Trust

Trust underpins the solidarity that enables quality health care.

It is central to the complex interplay of relationships that shape health outcomes.

Martin McKee
Rachel Greenley
Govin Permanand

https://eurohealthobservatory.who.int/publications/i/trust-the-foundation-of-health-systems#:~:text=Trust%20underpins%20the%20solidarity%20that,information%20and%20follow%20treatment%20plans.

REDUCING HEALTHCARE INEQUALITIES

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

Target population

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

CORE20PLUS5

Key clinical areas of health inequalities

1. **MATERNITY**
ensuring continuity of care for **75%** of women from BAME communities and from the most deprived groups

2. **SEVERE MENTAL ILLNESS (SMI)**
ensuring annual health checks for **60%** of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)

3. **CHRONIC RESPIRATORY DISEASE**
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

4. **EARLY CANCER DIAGNOSIS**
75% of cases diagnosed at stage 1 or 2 by 2028

5. **HYPERTENSION CASE-FINDING**
and optimal management and lipid optimal management

SMOKING CESSATION
positively impacts all 5 key clinical areas

REDUCING HEALTHCARE INEQUALITIES FOR CHILDREN AND YOUNG PEOPLE

NHS

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Key clinical areas of health inequalities

1. **ASTHMA**
   Address over reliance on reliever medications and decrease the number of asthma attacks

2. **DIABETES**
   Increase access to Real-time Continuous Glucose Monitors and insulin pumps in the most deprived quintiles and from ethnic minority backgrounds & increase proportion of children and young people with Type 2 diabetes receiving annual health checks

3. **EPILEPSY**
   Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism

4. **ORAL HEALTH**
   Address the backlog for tooth extractions in hospital for under 10s

5. **MENTAL HEALTH**
   Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation

Disproportionate impact requires…

NHS

Black women in England suffer more serious birth complications, analysis finds

They are six times more like to have pre-eclampsia compared with their white counterparts, as health inequalities persist

‘I had no idea my baby was at risk’: The fight to raise awareness of pre-eclampsia

Tobi Thomas
Health and Inequalities Correspondent

Mon 8 Apr 2024 06.00 BST

Share

- Structural violence?
- Violent inaction?
- Mile wide, inch deep won’t work
- Inch wide, mile deep

Inequities are variation

Inequities are harm

Created by systems.

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How do you build trust with communities historically affected by inequities

Mentimeter

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Leading for equity improvement

CORE20PLUS5

NHS England architecture to support delivery of **Core20PLUS5**; NHS England's approach to reducing healthcare inequalities

CORE20PLUS CONNECTORS

Connectors are those with influence in their community who can help engage local people with health services.

CORE20PLUS INNOVATION

Projects to improve access to innovative health technologies and medicines are being run with local communities. This work aims to identify, address and minimise healthcare inequalities for Core20PLUS groups through schemes such as the Innovation for Healthcare Inequalities Programme (InHIP).

CORE20PLUS COLLABORATIVE

The collaborative brings together strategic partners and experts working to reduce and prevent healthcare inequalities. Members are drawn from NHS England's key stakeholders, the wider NHS and strategic system partners including arms length bodies, think tanks, charities and academic partners.

CORE20PLUS ACCELERATORS

Accelerator sites help to develop and share good healthcare inequalities improvement practice across integrated care systems (ICSs)

CORE20PLUS AMBASSADORS

The ambassadors are people working within the NHS who are committed to narrowing healthcare inequalities and ensuring equitable access, excellent experience, and optimal outcomes for all – particularly Core20PLUS populations who are more likely to experience healthcare inequalities.

CORE20 PLUS 5 Building Trust, Sharing Power

> *Communities still feel a lack of trust towards the NHS and the trauma of the pandemic often leads to very frustrated conversations that are difficult to keep on track* – **Connector**

> *I feel I am being listened to. I feel excited about the future.* – **Connector**

https://scwcsu.nhs.uk/doclink/core20plus-report-july-2023/eyJ0eXAiOiJKV1QiLCJhbGciOiJIUzI1NiJ9.eyJzdWIiOiJjb3JlMjBwbHVzLXJlcG9ydC1qdWx5LTIwMjMiLCJpYXQiOjE2OTI4NzYwMDIsImV4cCI6MTY5Mjk2MjQwMn0.gEmWM7xsScYcHOw2NU83SHJY66v3ayW2ZuPNfig3_m8

CORE20 PLUS 5 System networks, listening & change

How Lambeth is closing the health inequality gap for Black and minority ethnic patients with high blood pressure

How entrepreneurship in the NHS is helping to narrow healthcare inequalities

Narrowing oral healthcare inequalities in Yorkshire and the Humber

Free transport reduces 'was not brought' rates for children at Midlands trust

City-centre clinic supports inclusion health groups

How one Yorkshire Trust eliminated the elective care backlog for people with a learning disability

https://www.england.nhs.uk/about/equality/equality-hub/case-studies/

NHS England

CORE20PLUS5 Quality Improvement Methods

Core20PLUS5 is driven by QI methodology, including:

1) **Strengths-based approach**:
   a) Identify Exemplars
   b) Build from strength

2) **Co-Production**:
   a) Engaging Communities in design, implementation & evaluation.
   b) Genuinely listen with curiosity

3) **Data-driven Improvement** – Creating virtuous circles of data generating actionable insight which then drive interventions to bring about improvement thus generating intelligence about what works

NHS England

Key leadership lessons

- Partner, as improvement moves at the speed of trust
- Be unapologetically hyperlocal
- Leverage data to go inch wide, mile deep
- Unify data for project learning
- Embrace curiosity and humility driven distributed leadership

Inch wide, mile deep

NHS Lancashire and South Cumbria Integrated Care Board

Aim: Improve earlier cancer detection and earlier stage diagnosis within the specific population - Bowel (Colorectal) Cancer, South East Asian, Women and Men, St Mathews area, all ages but specific screening for over 55

Approach: "Inch wide mile deep" - focussed work with one specific population group

Strategy: Through direct engagement with a specific population to

1. Improve awareness of cancer symptoms and body vigilence,
2. Improve education of cancer treatment and outcomes
3. Improve access to cancer screening and services

NHS England

Aim: Nottinghamshire Integrated Care System

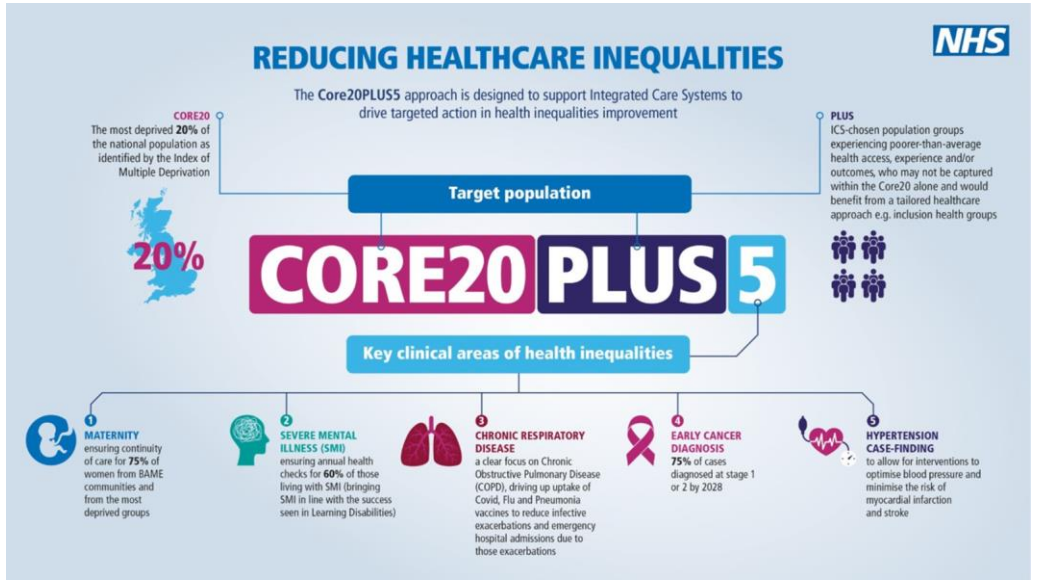
By December 2028, the proportion of people dying before aged 75 of CVD in the most deprived areas of Nottingham and Nottinghamshire will reduce (per 100,000), becoming more similar to those in the least deprived areas.

Our Initial Key Population Group:

People in a Core20 Population aged 40 without a Blood Pressure Reading in the last 5 years with an additional risk factor for CVD.

With an additional focus on people from a Black African/Caribbean Ethnicity who are overrepresented in this cohort.

NHS England

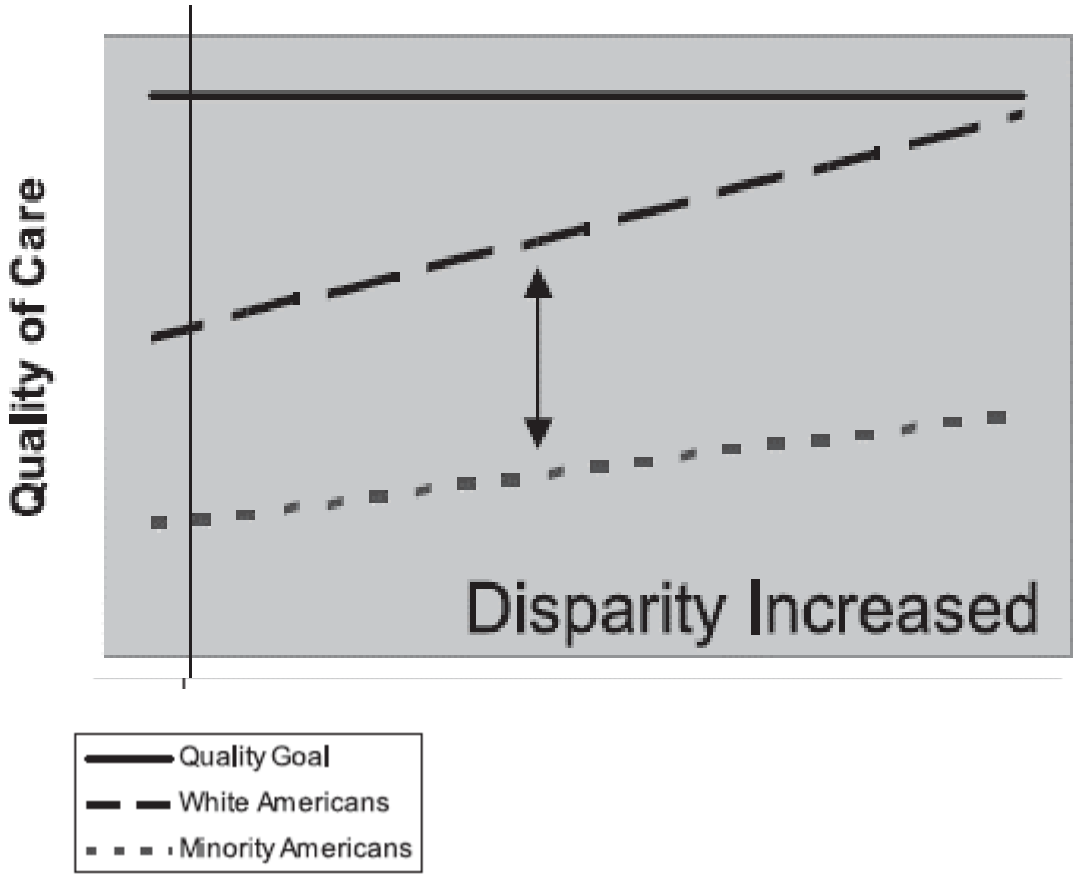


Quality Improvement & Equity

Our systems are perfectly designed to create inequities

The benefits of quality tend to accrue to the powerful before others

Improvement tools can reduce inequities, but not without deliberate aims



Green, Alexander R., et al. "Leveraging quality improvement to achieve equity in health care." *The Joint Commission Journal on Quality and Patient Safety* 36.10 (2010): 435-442.

IHI Health Improvement Alliance Europe

5 Simple Rules for Curiosity in Leadership

The curiosity to ask, the courage to listen, the commitment to change, focused on purpose

1. Ask rather than tell.
2. Listen to understand rather than to respond (practice “humble inquiry”)
3. Hear every voice rather than only those easiest to hear.
4. Prioritise problem framing rather than problem solving.
5. Treat vulnerability as a strength rather than a weakness.

The importance of trust

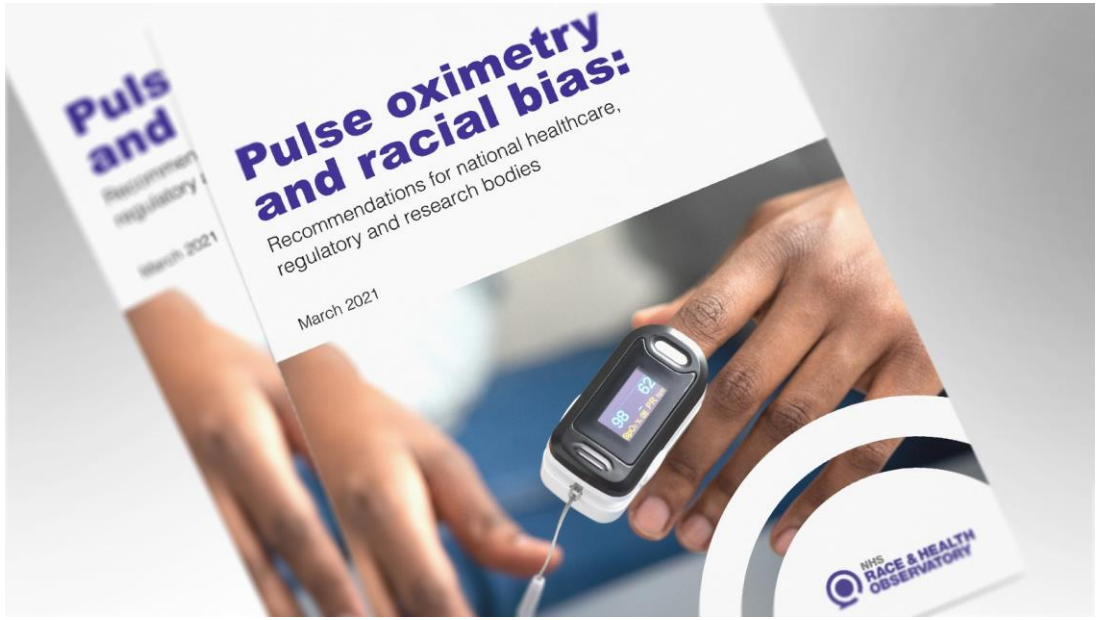
Truth x Consistency x Time

The RHO anti-racism principles

- **Name racism,** engaging seriously and continuously with the ways in which racism impacts the lives of the patients and service users who are your focus.
- Establish a **mutually accepted model of racism** and health, which all partners will accept and ratify.
- **Involve racially minoritised individuals** in every stage of development, including ensuring that the improvement team themselves are racially diverse.
- **Collect and publish data** on race inequity in its entirety. Where data is not available, change policies to ensure that data is collected.
- **Identify racist bias** in policies, decision making processes, and other areas within your organisation.
- **Apply a race-critical lens** to the adoption of interventions to be tested – did underlying research involve community participation? Who were the researchers?
- **Evaluate** based on measures that recognise the role of racism as determinant of health.

Leading for equity by tackling the ‘causes of the causes’

- The root causes of racial inequalities in health and healthcare
- Evidence-driven, factual and solution focussed
- Sustained and meaningful change



Learning and Action Network

Reduce clinically avoidable severe maternal morbidity, perinatal mortality and neonatal morbidity while improving experience of care of pregnant women and people from Black, Asian and minority ethnic groups

What?

Racism is one of the factors that underlies the persistence of the maternal and neonatal health inequalities

Why?

No large scale maternal and neonatal improvement programme has focused specifically on ethnic inequalities and there are evidence gaps around translatable innovations to reduce maternal and neonatal ethnic health inequalities

How?

We aim, through this programme, to:

1. **Develop an anti-racism focused QI model**, that supports practitioners to identify and address racism within maternity services
2. **Identify, scale and spread improvement approaches** that embed anti-racism into services and improve maternal and neonatal health outcomes

We plan to undertake research to **understand factors influencing effectiveness and scalability of the anti-racism QI model for maternity and neonatal** services.

Leadership responsibility

Although many of the causes of ethnic health inequalities are beyond its control, the NHS does have an important role to play in tackling them.

1. Accelerating action to **diversify its senior leadership** and improve the experience of staff from Black and minority ethnic groups.
2. Ensuring **health inequality leads** and **equality leads** are fully enabled and supported to fulfil that critical function.
3. Increase **investment in engagement** - to build sustained and trusting relationships.
4. Actions to address ethnic health inequalities must sit within a **broader approach to addressing the overlapping causes** and dimensions of inequalities.
5. NHS structures need to reinforce the tackling of **ethnic health inequalities as a priority** without repeating previous errors of an overly centralised and top-down approach.
6. The NHS must act at every level from national government through to local neighborhoods to address ethnic inequalities in health, and critically, the **root causes** of those inequalities – making this 'business as usual' rather than a sideshow.

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Questions

3m reflections on tables

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Closing

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Thanks!

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