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THE NORTHUMBRIA WAY
PEOPLE CARING FOR PEOPLE

Health Inequalities Programme Board

Overview and Update for Northumberland Health and Wellbeing Board June 2023 – Jill Harland Consultant in Public Health.

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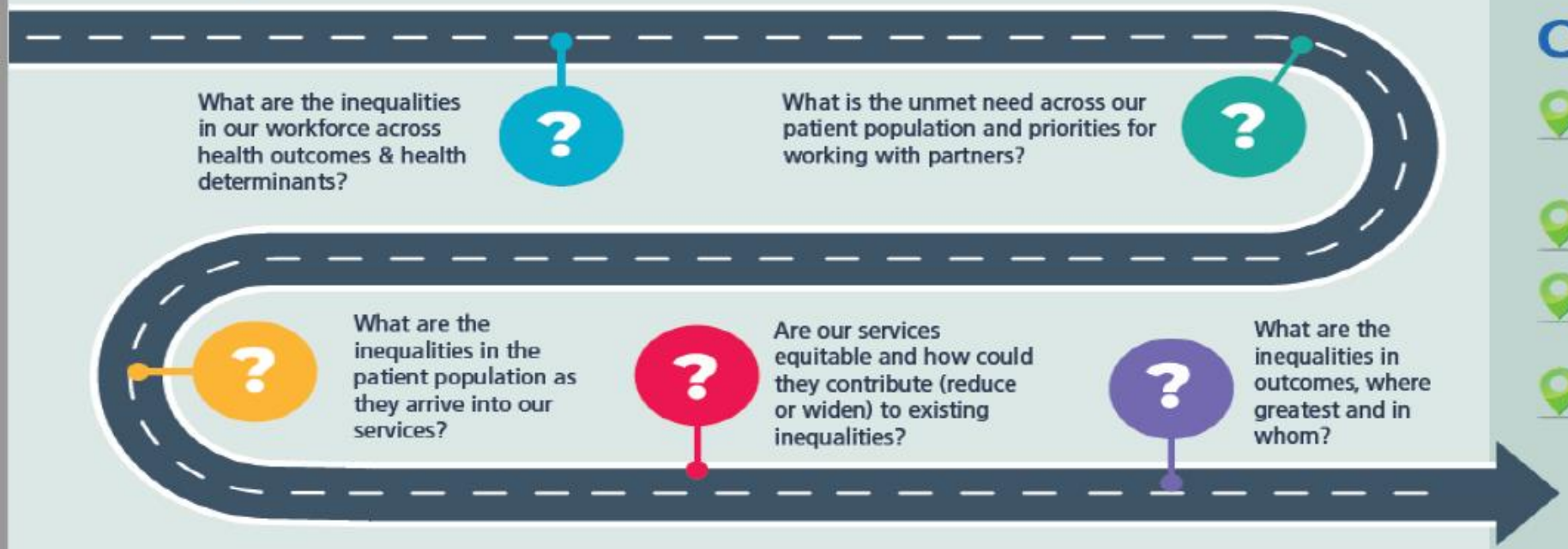
Health inequalities programme board

These five questions are what drives our work and will allow us to reach our destinations...



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*

Underlying themes

Functions of the programme board:

We have 1-2 clinical themes of focus at each meeting. For each, some data analysis of baseline inequalities will be done in advance to inform the discussion while clinical leads will outline their current work and strategy to mitigate these. Coordinated actions are agreed with a date to report progress against these back to the board.

To be a repository of health inequalities work across the trust to help document and facilitate spread of good practice. Publish an annual report on inequalities in our patient population and what we are doing about it.

Empower and enable colleagues across the trust, Northumberland and North Tyneside through characterising and quantifying inequalities within our 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.

Initial Priority Areas

TOBACCO DEPENDENCY (AND IN PREGNANCY)

LUNG CANCER CASE FINDING

HEALTH WHILE WAITING

OUT PATIENT NON ATTENDANCE (COLPOSCOPY PILOT)

WORKFORCE – HEALTH AND WELLBEING

COMMUNITY PROMISE

LOCAL HEALTH INDEX

Health While Waiting; Health Coach Model

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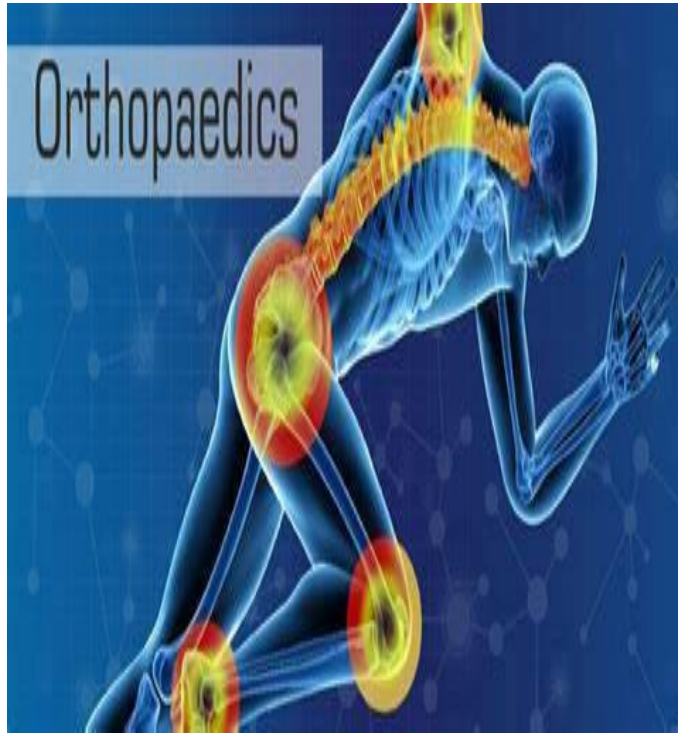
Orthopaedics

- Patient added to orthopaedic waiting list and given synopsis to complete
- Orthopaedic patients will be triaged following completion of synopsis by pre-assessment. Triggers in synopsis will enable triage nurse to refer to health coach.

- Health Coach Model:
  - **Offer:** up to 6 appointments, support patient to agree plan.
  - **Aim:** pre-surgery optimisation through behaviour change; targeting smokers, unhealthy diet, inactive, emotional wellbeing and motivational support.
  - **Key stages:** Synopsis; HC initial appointment & subsequent appts, sign post/referral on to community services.
  - **Indicators of success:** quantitative and qualitative; feedback and case studies; engaged in onward signposting.
  - **Outcome measures;** increased PA levels; quit rates; audit C, WHO 5 score (pre & post), generalised self-efficacy scale (pre & post)
  - **Evaluate pilot**



Staff Health Needs Assessment – Intelligence informed interventions

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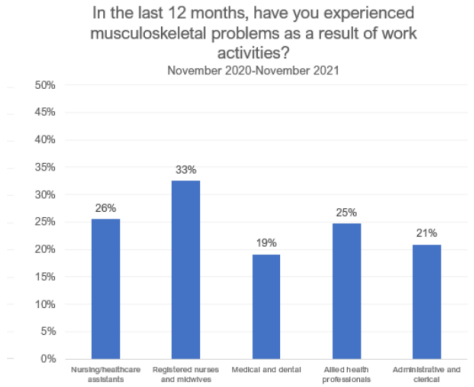
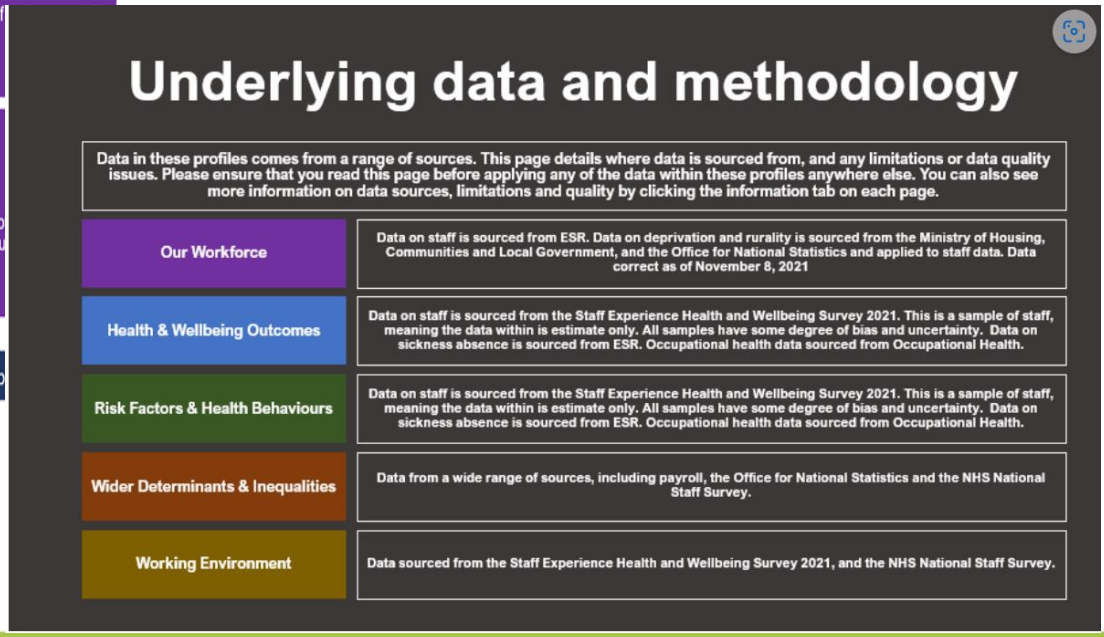
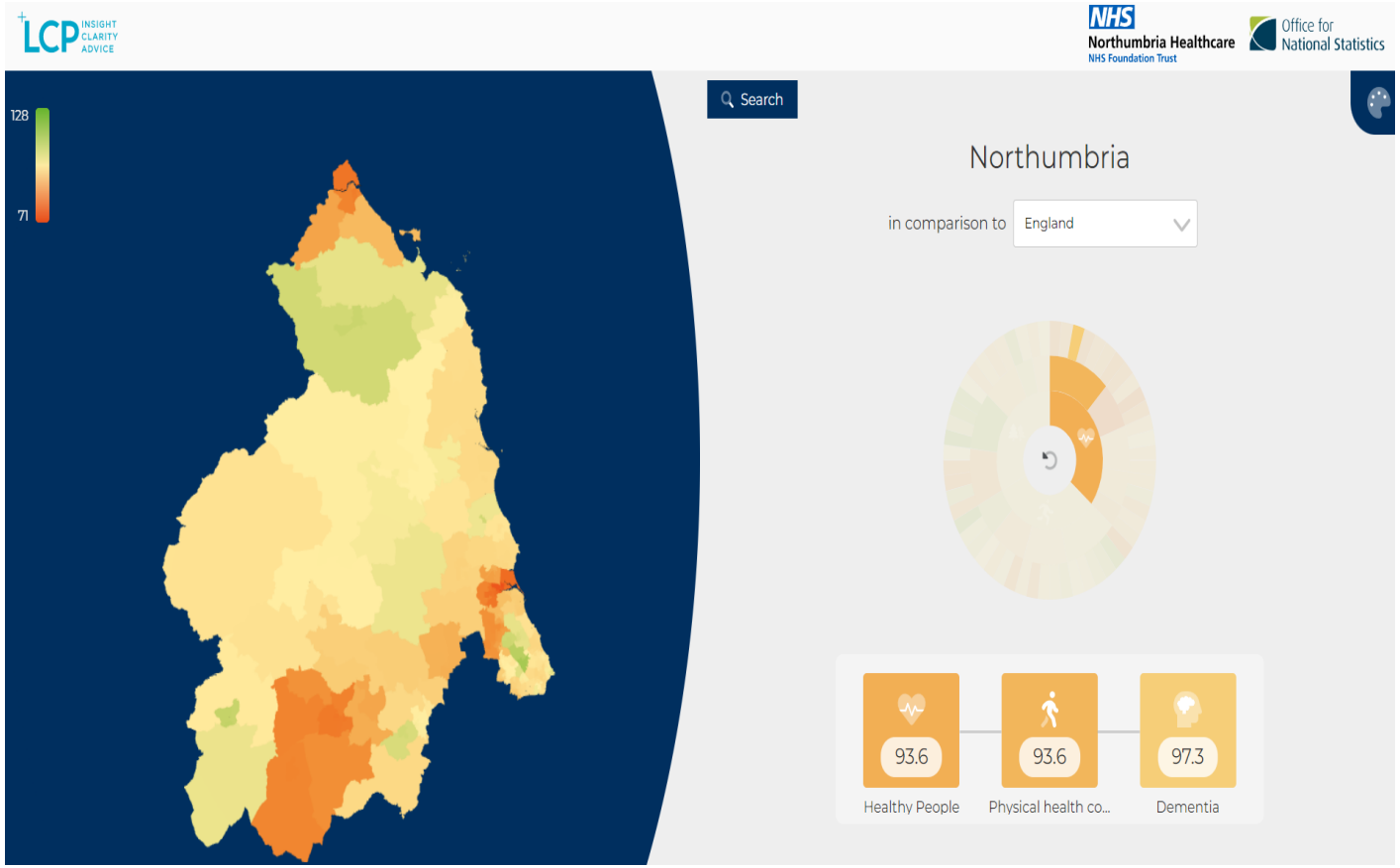
- April - August 2022
- The aim of the HNA was to synthesise data and intelligence from available data sources to provide insights into needs, identify gaps and address health inequalities.
- Two deep dives:
  - Musculoskeletal health
  - Financial wellbeing of staff in salary bands 1 to 3
- Collaborative approach between public health and other key stakeholders across the trust
- Shared intelligence via interactive dashboard – integrated delivery plan.





Local Health Index

- Collaboration with Office for National Statistics
- Experimental version – applying national methodology at lower super output area (1600 people)
- Assessment of health across three domains – disease factors **(healthy people),** health related behaviours **(healthy lives)** and wider social and environmental factors **(healthy places)**
- Score below 100 worse than England score above better.



Lung Cancer Case Finding Pilot

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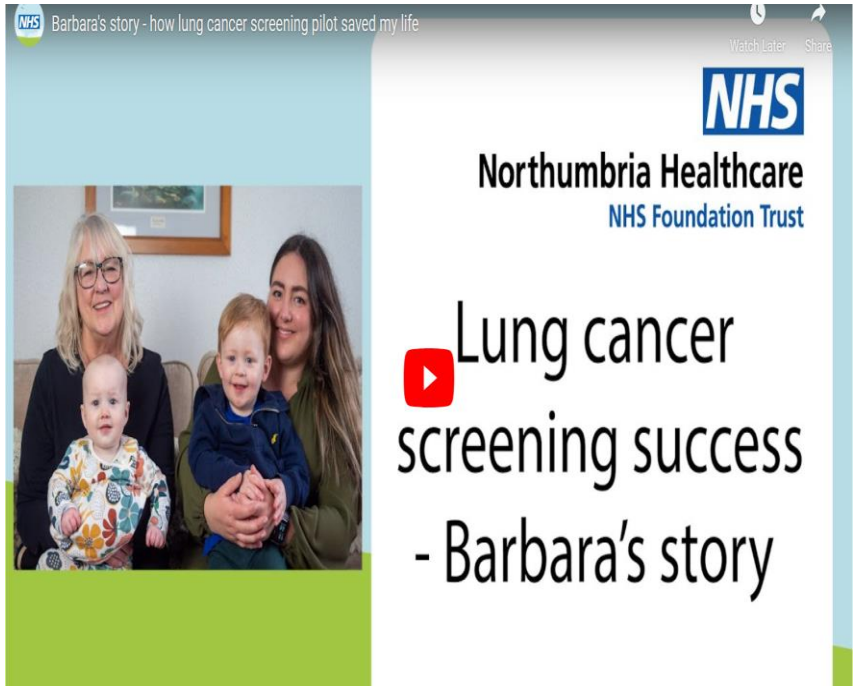
- Those with COPD (chronic obstructive pulmonary disease), who are over 55 years of age and living in more deprived areas are more at risk of developing lung cancer. This causes a health inequality in our communities,
- Pilot in N Tyneside (Wallsend and ongoing North Shields)
- Patients with COPD diagnosis aged 55-74 who are ever smokers offered low dose CT scan.
- Results a detection rate of 4.3%, higher than the international average of 3%.
- Funding secured from Northumberland County Council to roll out the pilot across parts of Northumberland (Valens PCN) – patients invited from May 2023.



Tobacco Dependency Treatment Service

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Commitment to provide treatment for inpatients who are tobacco dependant, as required by NHS Long Term Plan.

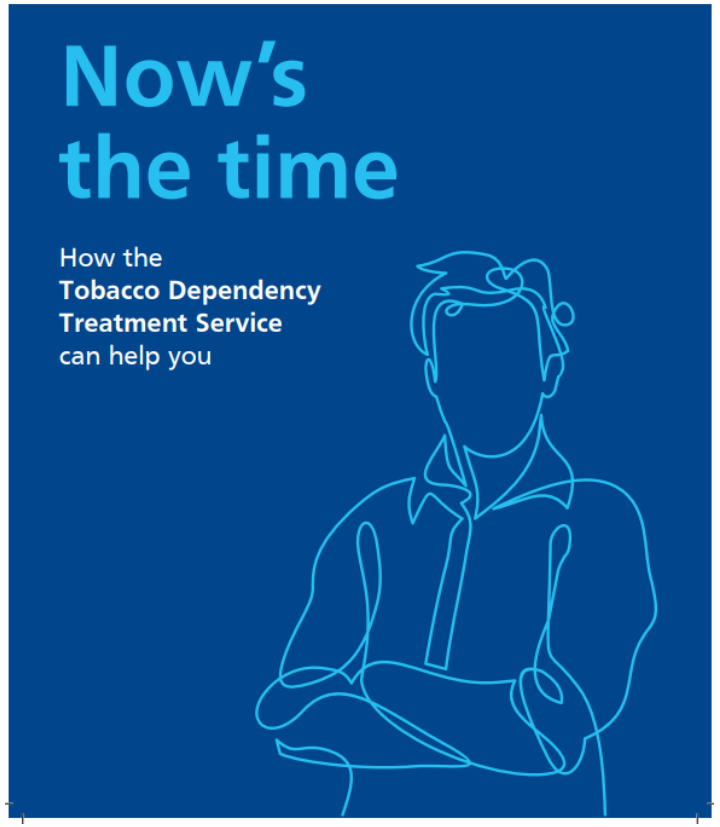
Responsibility of the admitting team to ensure patients who smoke are offered and receive Nicotine Replacement Therapy (NRT) within 2 hours of admission.

TDTS aim to see all inpatients who smoke within 24 hours of admission - ensure the patient has received appropriate nicotine replacement therapy (NRT), carry out a stop smoking initial assessment, agree a treatment plan and provide motivational & behavioural support.

Patients are encouraged to use this opportunity to make a long term quit attempt and if the patient wishes - on discharge, their care is transferred to a community provider. Patients receive two weeks NRT on discharge.

As a minimum, a follow up call or visit are made at 1 week and 4 weeks. Smoking status at 4 weeks is recorded.

Data on tobacco dependency treatment for inpatients is submitted monthly to NHS Digital.



Best Start in Life Service

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- All pregnant smokers receive support from a NHS funded tobacco treatment service embedded into the maternity pathway

- NHCT model – ‘Best Start in Life Advisors’ deliver smoking cessation services plus other interventions to promote a healthier pregnancy.

- New model commenced 2nd May 2022
- Smoking At Time of Delivery in Q3 is 8.3% across NHCT lower than England average (8.6%) and below NENC average (12.3%) – first indication of quarterly SATOD data from women who have completed the BSIL pathway (booking for their pregnancy in May 2022 and delivering in Q3)

The Community Promise

- National and international award winning programme
- Commitment around six key themes which relate to the factors impacting on inequalities in our community
- The first Trust in the country to make a formal commitment on the full range of ways we can make a difference to improving the community we serve
- The community promise is aligned to our overarching organisational strategy and focuses on the theme of being a good corporate citizen
- Links to the BIG SIGNALS from the Chief Executive
- Developing partnership with local and regional stakeholders

Colposcopy – addressing Health Inequalities in attendance

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Patient DNAs

Weekly phone calls to all patients who did not attend.

Patient Cancellations

Data gathered by secretaries when patients phoned to cancel.

Patients in Clinic

Discussion with patients in colposcopy clinic waiting room.

Colposcopy Staff

Survey to all members of colposcopy staff.

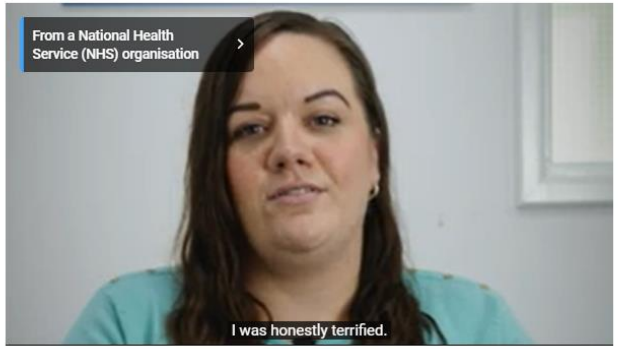
2022											
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Pre-intervention period							Intervention		Post-intervention period		

	Attendances	Non-attendances	Total	DNA Rate
2022 Pre-Intervention	1,736	195	1,932	10.1%
2022 Intervention	494	45	539	8.3%

	Pre-Intervention DNA rate (2022)	Intervention DNA rate	Change (PP)
Women in 20% most dep	16.2%	11.1%	-5.1
Women aged 25-39	11.7%	9.3%	-2.3
Women in 20% most dep aged 25-39	20.1%	11.5%	-8.6

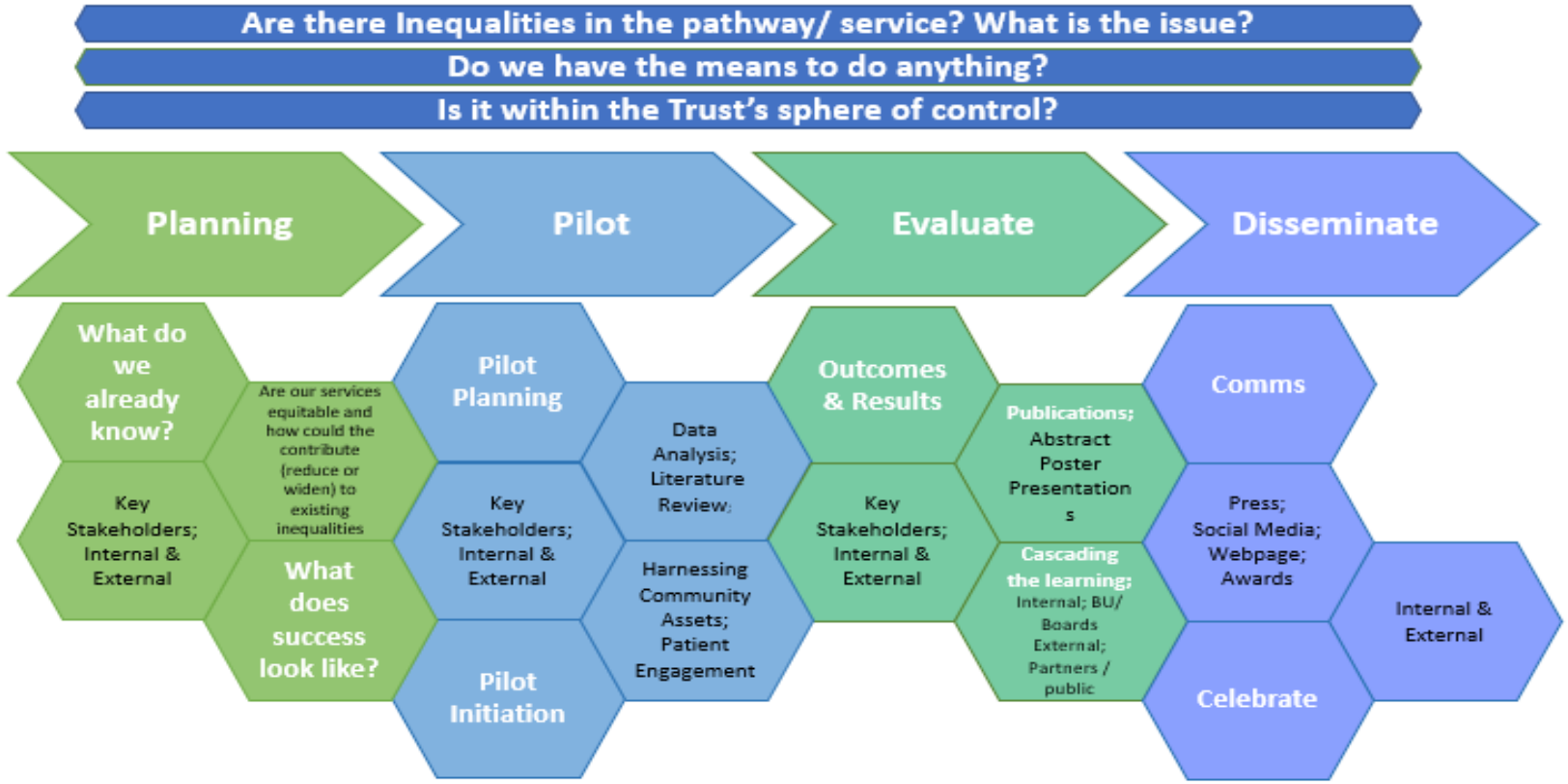
Patient stories...

Aimee has needed regular colposcopies since her first smear at 25, watch her short video to hear her story.



Focus Groups - Co Design ….Readability assessment, accessible information standard.

Addressing Health Inequalities: Quality Improvement approach.



Three areas of focus for year 2

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- Developing the capacity and capability for a population health laboratory approach – health inequalities metrics in routine reporting.
- Embed & integrate approaches to tackle health inequalities across the Trust's work
- Complete initial pilot projects, adopt good practice & disseminate widely – new projects.

NHSE's Core20Plus5 approach cuts through all of HIPB's work and will be reported upon bi-annually

Find out more

Website : Our work to address inequalities in health : Northumbria Healthcare NHS Foundation Trust