

PURSUING EQUITY

Learning Session One

ELFT QI PROGRAMME – April 2022



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What is Equity?



- Absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality (e.g. sex, gender, ethnicity, disability, or sexual orientation).
- Health is a fundamental human right.
- Health equity is achieved when **everyone** can attain their full potential for health and well-being.

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Defining Equity

Definitions :

Equality	=	sameness
Inequality	=	unequal
Equity	=	fairness
Inequity	=	unfair or unjust

- Health inequities are differences in health that are unnecessary, avoidable, unfair and unjust.
- Health inequities put **disadvantaged groups at further disadvantage** with respect to health, reducing opportunities to be healthy.
- Key **social determinants of health** include household living conditions, conditions in communities and workplaces, and health care, along with policies and programmes affecting any of these factors.

Whitehead M. The concepts and principles of equity in health. *Int J Health Serv*1992;**22**:429–445.

Anand S. The concern for equity in health. *J Epidemiology Community Health*2002;**56**:485–7.
<https://jech.bmj.com/content/57/4/254>

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In your breakout groups, discuss

- The topic you will be working on as part of your equity work and why it's important.
- What do you feel some of the barriers and enablers might be to achieving equity?

(15 mins)

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CO-PRODUCTION AND PARTNERSHIP WORKING

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Participation is a Right

NHS Constitution

“You have the right to be involved in discussion and decisions about your health and care, including your end of life care, and to be given information to enable you to do this. Where appropriate this right includes your family and carers.”

“You have the right to be involved, directly or through representatives in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided and in decisions to be made affecting the operation of those services”

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ELFT Philosophy

- A value based approach, grounded in a candid and robust dialogue with service users, carers and a wider community that results in improvement.
- It required a fundamental change throughout the organisation in how it perceives and therefore works with service users and carers as expert partners in their care – still working on this
- Has a focus on improvement
- A process that incorporates a whole range of activities
- Moving beyond the traditional Patient Experience to one of Participation (not just measuring how people feel about a service but how they can actively change it)

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The Ladder to Co-production

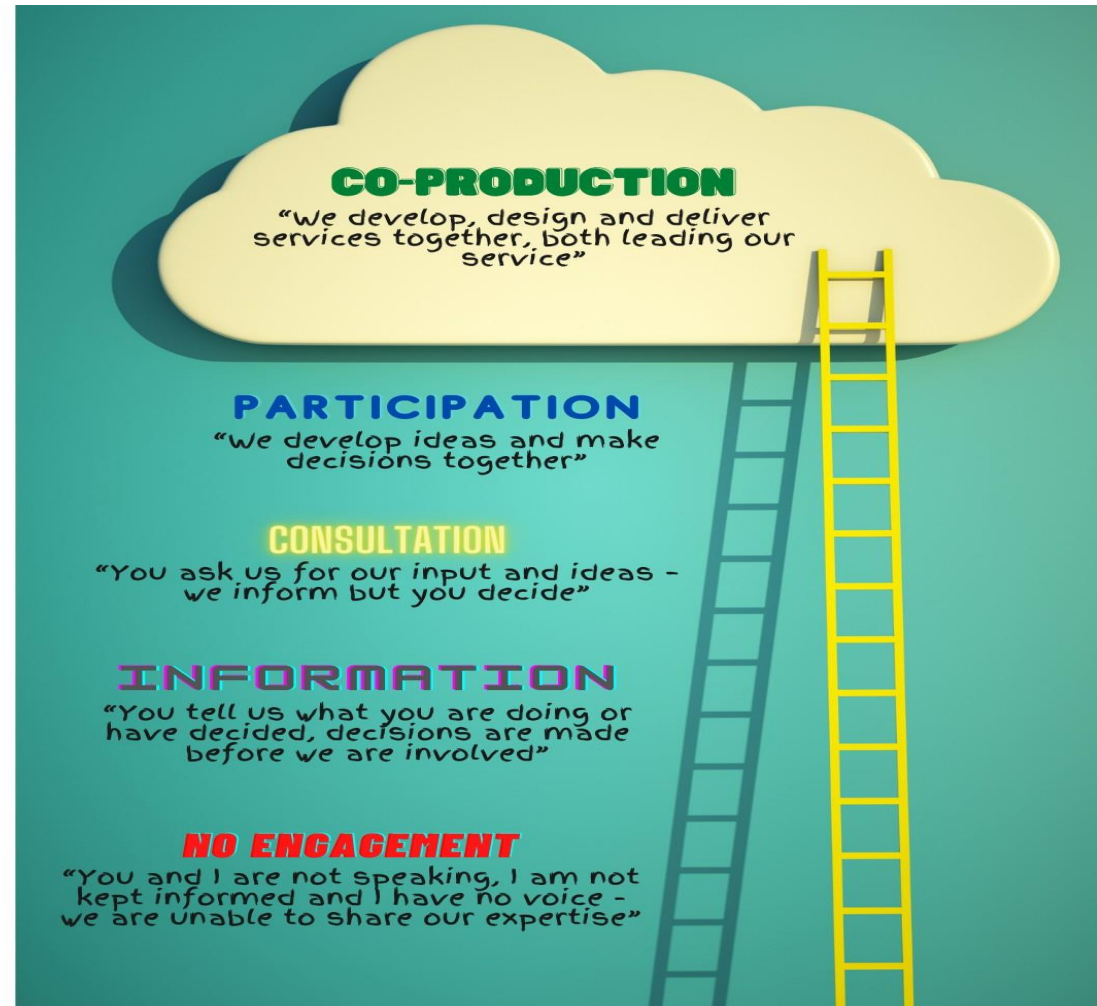
The Core of Co-production

Myself, the Service User, The Carer, the Expert by Experience is at the core of the work we do together. We work towards and in true partnership and co-production side by side.

Bringing both professional and lived experience together on equal footing, sharing and valuing each other's knowledge, without hierarchy or assumption.

Working together has the power to revolutionise our service, valuing people, empowering me and allows me to provide insights that sometimes staff do not have. I feel that I am more than a label, but a person with skills and understanding, I have a voice and I am heard.

Being inclusive is a core value of the Trust and underpins our working relationship, both striving for brighter and more inclusive future.



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Key things we've learnt about co-producing with service users

Involvement in improvement can be an important part of recovery

Include from the beginning and not as an after thought

Be clear about what they will be doing, agree on their role and what they would like to gain

Think about how you communicate and invitations to meetings – will times suit etc.



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How to give your improvement work the best chance of success – ask these questions?

Is your diverse team comfortable with discussing bias and inequity?

Are there frequent opportunities to meet?

Do you have active support from a QI Coach/Sponsor?

Is there authentic co-production and service user involvement?

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Exercise – Where are you now and where do you want to be?

In your breakout groups have a go at supporting each other to think through the below

Area	Where are you?	Your next steps
Co-production and Service User/carer involvement		
Diverse team that promotes inclusivity are comfortable with discussing bias and inequity		
Frequent opportunities to meet		
Active support from a QI coach and sponsor		

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USING DATA TO UNDERSTAND THE ISSUE WE ARE TACKLING

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Understanding the topic or problem we are tackling using data

1. What does service and wider population data tell you about who is impacted by the issue you are tackling?
2. What can those in the population experiencing the inequity tell us? What is not working well and what would make it better?
3. What do people providing care or support tell you about the extent of the issue at hand?

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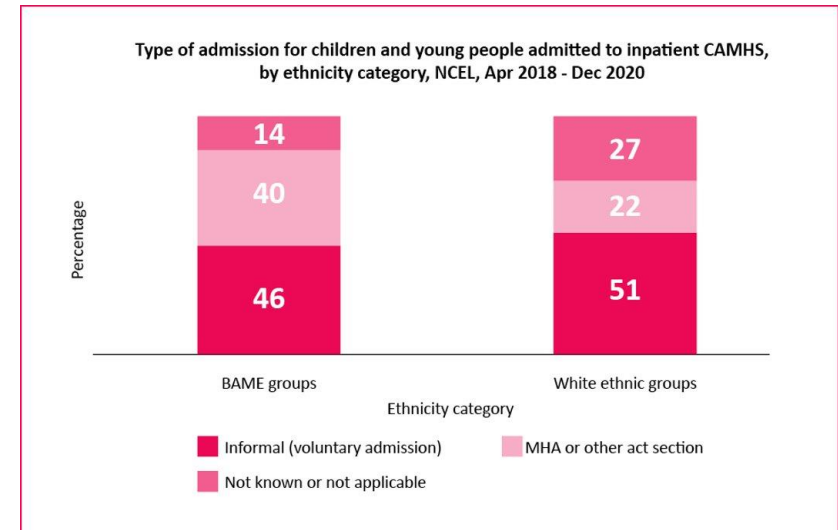
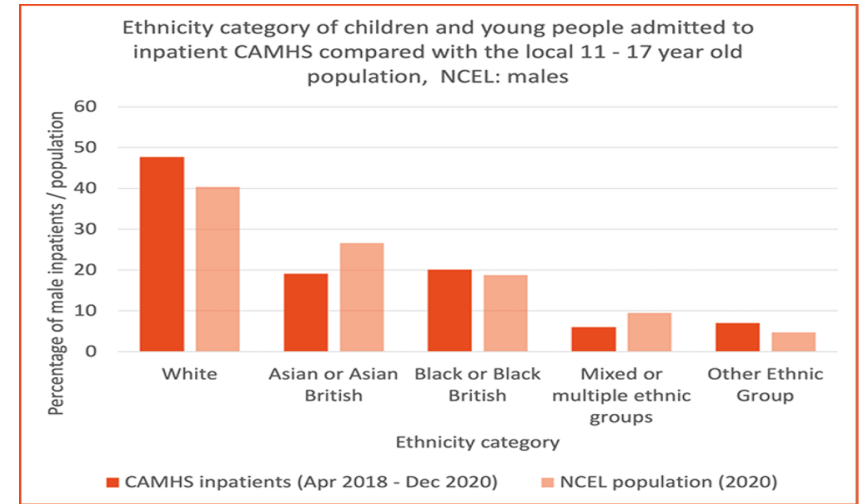
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Identify the current issue using Health Service Data

- e.g. gender, ethnicity, (social disadvantage – postcode; benefits, employment status, housing status, smoking)
- **Access** to your service by groups; who accesses your services does it reflect the need in the local population?
- **Experience** - do certain groups drop out or have worse experiences ?
- **Outcomes** – do certain groups do less well, increased readmissions

Power BI for inpatients can help with this



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Identify the current issue - Population Group

- There is a lot of data on the health of our local communities:
- Fingertips: Office of Health Inequalities and Disparities
<https://fingertips.phe.org.uk/>
- [Child and Maternal Health](#)
- [Learning Disability Profiles](#)
- [Local Authority Health Profiles](#)
- [Local Tobacco Control Profiles](#)
- [Marmot Indicators](#)
- [Physical Activity](#)
- [Productive Healthy Ageing Profile](#)
- [Wider Impacts of COVID-19 on Health](#)

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Hackney

Published on 03/03/2020

Area type: Unitary authority
Region: London

Local Authority Health Profile 2019

This profile gives a picture of people's health in Hackney. It is designed to act as a 'conversation starter', to help local government and health services understand their community's needs, so that they can work together to improve people's health and reduce health inequalities.

Visit <https://fingertips.phe.org.uk/profile/health-profiles> for more area profiles, more information and interactive maps and tools.

Health in summary

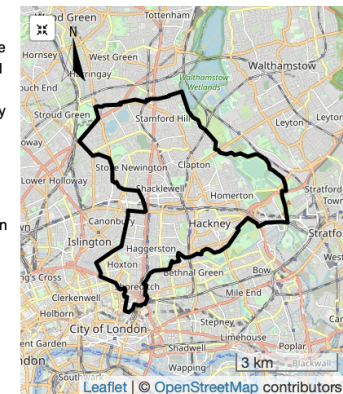
The health of people in Hackney is varied compared with the England average. Hackney is one of the 20% most deprived districts/unitary authorities in England and about 24.7% (13,710) children live in low income families. Life expectancy for both men and women is similar to the England average.

Health inequalities

Life expectancy is 6.3 years lower for men and 4.5 years lower for women in the most deprived areas of Hackney than in the least deprived areas.

Child health

In Year 6, 24.8% (626) of children are classified as obese, worse than the average for England. The rate for alcohol-specific hospital admissions among those under 18 is 16*, better than the average for England. This represents 10 admissions per year. Levels of GCSE attainment (average attainment 8 score), breastfeeding and smoking in pregnancy are better than the England average.



Contains National Statistics data © Crown copyright and database right 2019
Contains Ordnance Survey data © Crown copyright and database right 2019
Local authority displayed with full resolution clipped boundary

Population Topic

- There are specific websites for these data:-

For example:

- **Obesity** <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-obesity-physical-activity-and-diet/england-2020>
- **Inequalities** <https://www.local.gov.uk/our-support/safer-and-more-sustainable-communities/health-inequalities-hub>
- **Smoking** <https://ash.org.uk/category/information-and-resources/>

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Exercise – What data (numbers, words and pictures) do you have available to help you understand the problem you are trying to tackle?

Area	What data would be helpful to look at and what questions could we ask people?	How will you plan to collect this?	Any challenges in doing this?
What does our service and wider population data tell us about who is impacted by the issue?			
What can those who are affected tell us about the issue?			
What do people providing care/support think?			

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What to do between now and when we next meet

If you are just starting your improvement work	If you have been working on your improvement work for a while
Create a representative team including people in the population and meet regularly (e.g. 30 mins fortnightly)	Review your team. Do you have the right people including service users to make a difference to the issue you are tackling?
Collect some data to help you understand the issue you are working on	If you have an aim and driver diagram review them. If not go ahead and start creating one
Speak to your improvement advisor to get support from a coach and sponsor if you haven't got one.	Can you test a change idea? Do you need help with developing a measurement plan?

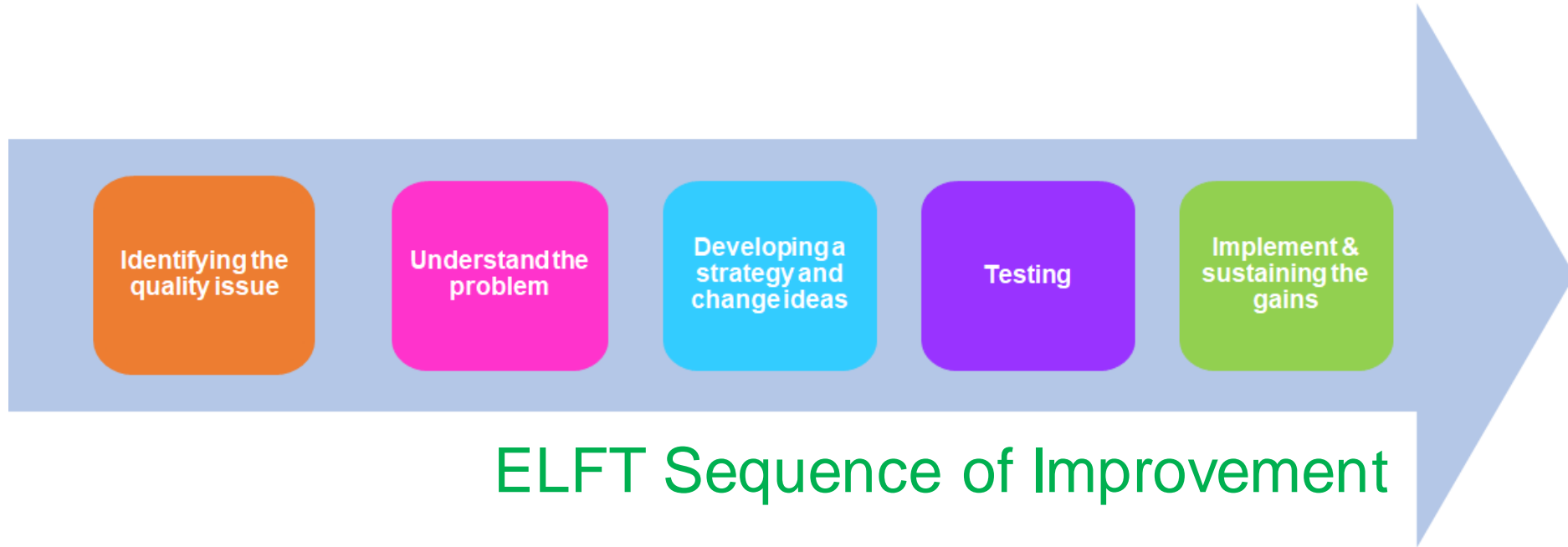
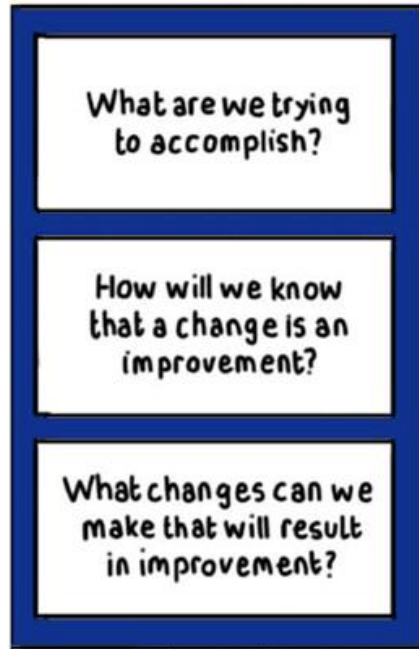
Remember you always have support from QI coaches and Improvement Advisors

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Model of Improvement



ELFT Sequence of Improvement



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