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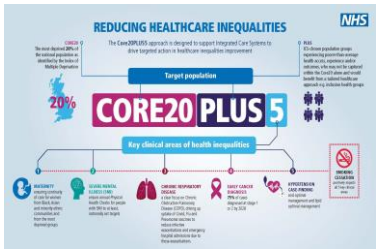
THE NORTHUMBRIA WAY

PEOPLE CARING FOR PEOPLE

Improving the health of people experiencing multiple and severe disadvantage - A Healthcare Perspective

Jill Harland – Consultant in Public Health Northumbria Healthcare NHS Foundation Trust.

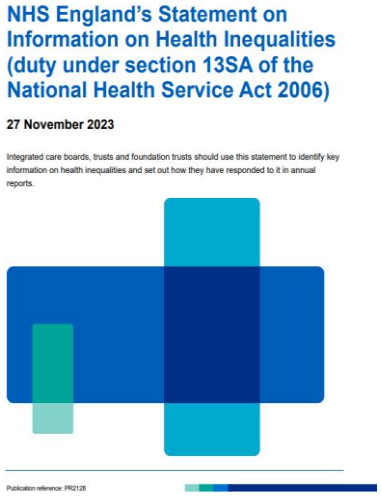
National Agenda



Three main national drivers of the healthcare inequality agenda.

- CORE20Plus5 for adults
- CORE20Plus5 for children and young people
- NHS England Legal Statement (NHS Duty to report on Health Inequalities)
  - Influencing multi-sectoral action on social determinants
  - Leveraging role as economic actor
  - Access to healthcare

NHS England


NHS England's Statement on Information on Health Inequalities (duty under section 13SA of the National Health Service Act 2006)

27 November 2023

Integrated care boards, trusts and foundation trusts should use this statement to identify key information on health inequalities and set out how they have responded to it in annual reports.

Publication reference: PR2128

Public Health

- NHS Long Term Plan - evidence based NHS prevention programmes
- CQC – new inspection framework 2024 (equity in access, experience and outcomes)
- Darzi Independent investigation of the NHS in England – prescribes seven themes for the 10 year NHS plan (expected spring 2025)
- Health Mission Delivery Board (will coordinate across government departments to tackle ill health driven by unequal social determinants)

Inclusion Health Groups

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Inclusion health Groups include

- People who experience homelessness
- People with drug and alcohol dependence
- Vulnerable migrants and refugees
- Gypsy, Roma, and Traveller communities
- People in contact with the justice system
- Victims of modern slavery
- Sex workers
- Other marginalised groups

Likely experiences in common

Discrimination and stigma
Violence and the experience of trauma
Poverty
Invisibility in health datasets
Over-lapping experiences

Leading to:

- Insecure and inadequate housing
- Very poor access to healthcare services due to service design
- Poor experience of public services
- Poorer health than people in other socially disadvantaged groups.

Core20PLUS5

Core20 refers to the most deprived 20% of the population. **PLUS** refers to identified populations or communities that are not thriving, and explicitly may include inclusion health groups. **5** refers to five clinical areas of focus, where there are particular inequalities including: maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis, hypertension case finding

Non Attendance – HMP Northumberland

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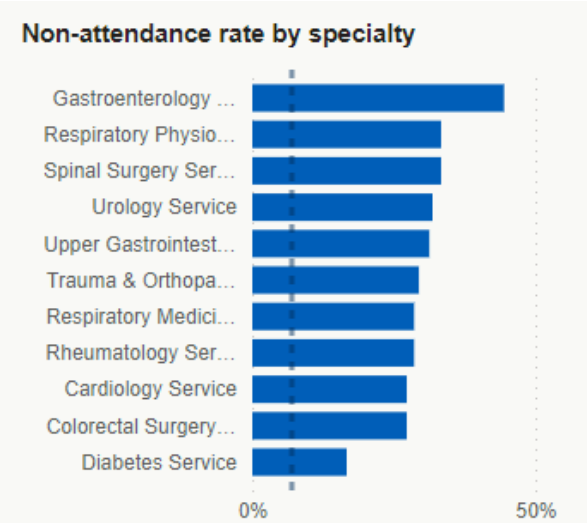
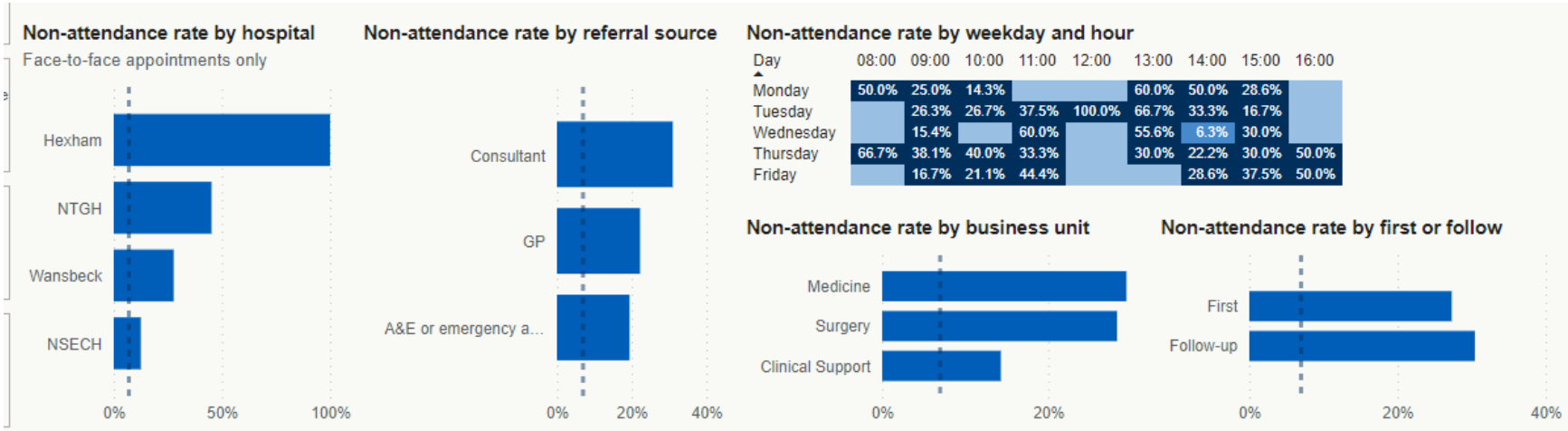
Number of non-attendances	Non-attendance rate
100	28.3%





Evidence

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1. Security overriding healthcare need or experience

Patient does not know hospital appointment time or date
Patient cannot prepare for appointment (physically or mentally)
Difficult for patients to access information on their condition

2. Security creating public humiliation and fear

No privacy for intimate examinations
Rushed through public spaces or segregated from general public
Patient wearing handcuffs

3. Difficulties relating to the prison officer's role in medical

Prison officers within appointment act as an unchosen companion/support
Prison officers within the consultation compromise patient privacy/confidentiality
Power in the room – Doctor may address questions and answers to prison officers
Prison officer dominating conversation/overstepping boundaries of information sharing

4. Delayed access due to prison regime and transport requirements

Patients have no control over prison-initiated cancellations, appointment delays and prioritisation of appointments
Patients to be escorted to hospital are prioritised against peers for limited available transfers to hospital

5. Patient autonomy restricted in management of their own healthcare

Patient acceptance of a lower standard of care
Patients cannot manage own condition independently/self care
Patient anxiety about judgement by staff/public

"He didn't give me all the leaflets that they hand out to every other patient because he was under the inference because I was in prison the prison would sort that side of things out. The prison assumed, oh, because I went out to see the specialist I'd get all the information. "

NHS Framework

Our current position

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Commitment	Rating	What we do well	Where we can do more
Commit to action on inclusion health		Named Lead HI Board and Dashboards ?Lived experience: Patient experience networks	Build IH into leadership programmes
Understand the characteristics and needs of people in inclusion health groups		Lots of HI work and QI Lived experience networks Working with academic partners on research (on HI, ?is this IH)	Identifying inclusion groups in data (flags in clinical systems/reasonable adjustments)
Develop the workforce for inclusion health		?Mandatory training ?Offer paid and voluntary employment opportunities to people from inclusion health groups. Sharing best practice	Widening mandatory training or specialist training for seniors
Deliver integrated and accessible services for inclusion health		Safeguarding Inequality work on access e.g. travel Navigator/care coordinator roles ?Homelessness work Poverty proofing	?Co-designing with IG Consider specific IH navigator role
Demonstrate impact and improvement through action on inclusion health		Inclusive language Sharing of learning and best practice World café Event: VCSE links around HI	?lived experience informing work ?audits/indicators and achievable outcomes

Some actions we are progressing on inclusion health

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- NIHR Research with Newcastle University and partners – increasing our understanding and taking internal action and with partners across system.
- Health Inequality Programme Board - August session – linking with Business Units – Annual Planning and Quality Panels. Priority.
- System Approach
- Respiratory In Reach – Drug and Alcohol Service
- Healthcare Navigator Pilot - Academic Evaluation
- World Café Events linking with trusted community partners
- HMP Northumberland – Shared Actions
- Quality Improvement – Healthcare Travel/Poverty Proofing/Digital Inclusion/Health Literacy
- Public Health Learning and Development Offer
- Patient and Staff Experience – Patients Charter and Patient Panel
- Clinical Strategy
- Identifying groups in the data – (Very Challenging)
- More to be done ……NHS Framework

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Thank you
jill.harland2@northumbria-healthcare.nhs.uk