

Health and Wellbeing Partnership meeting
28th November 2023

Achieving Equity

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Integrated Care Strategy

Pillar 2 – Transforming What We Do

Achieving Equity

1. Making Gloucestershire a better place for the future

Focus on early prevention and the wider determinants of health.

Signpost to the existing Health and Wellbeing Strategy and priorities:

- Physical activity
- Adverse childhood experiences (ACEs)
- Mental wellbeing
- Social isolation and loneliness
- Healthy lifestyles
- Early years and best start in life
- Housing

Addressing the social, environmental, economic factors.

Prevention across the life course.

2. Transforming what we do

Community & Locality focused approach

Locality based integrated working that supports the needs of the local population.

Decisions taken as close to communities as possible except where there are clear benefits to working at scale.

Support local people to address inequalities and strengthen prevention in their communities.

Achieving Equity

Reduce unfair and avoidable differences in outcomes, experience and access.

Targeted improvement for:

- Those living in the most deprived 20%
- People impacted by health inequalities
- The Core20PLUS5 clinical priority areas.

Acting as anchor organisations we'll work to benefit communities and enhance socio-economic conditions, and environmental sustainability.

Create One Workforce for One Gloucestershire

Make the best use of the workforce we have, and bring new people and skills into our system.

Ensure a collaborative approach to our work supporting our health and care services to access the skills and people they need.

One Gloucestershire Integrated Care System (ICS)

Interim Integrated Care Strategy

December 2022

Partners to deliver our care programme approach.

Strengthen integration across the life course, increasing our focus on the needs of children prioritising independence and age well.

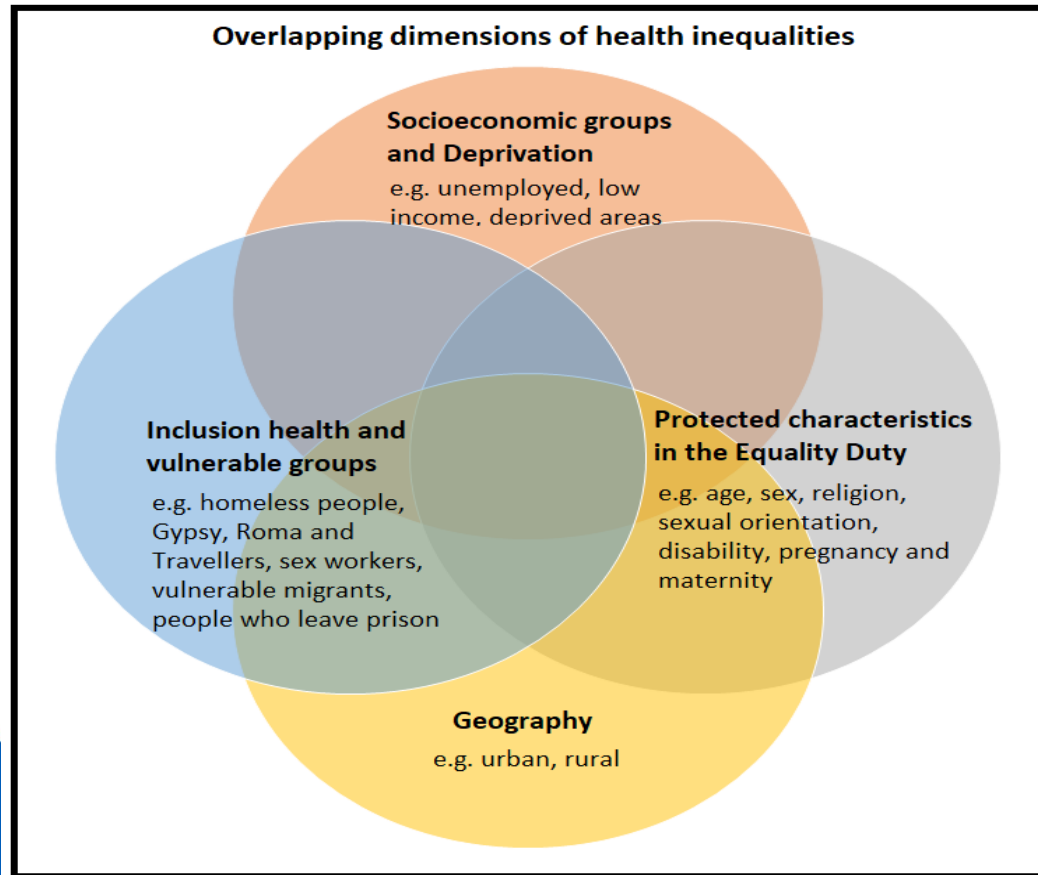
Community and hospital care

- Support improvements in the delivery of urgent and emergency care
- Improve mental health support across health and care services.

– What is Health Equity?

– Why is it important?

– What can HWP members do to recognise and take action on inequalities?



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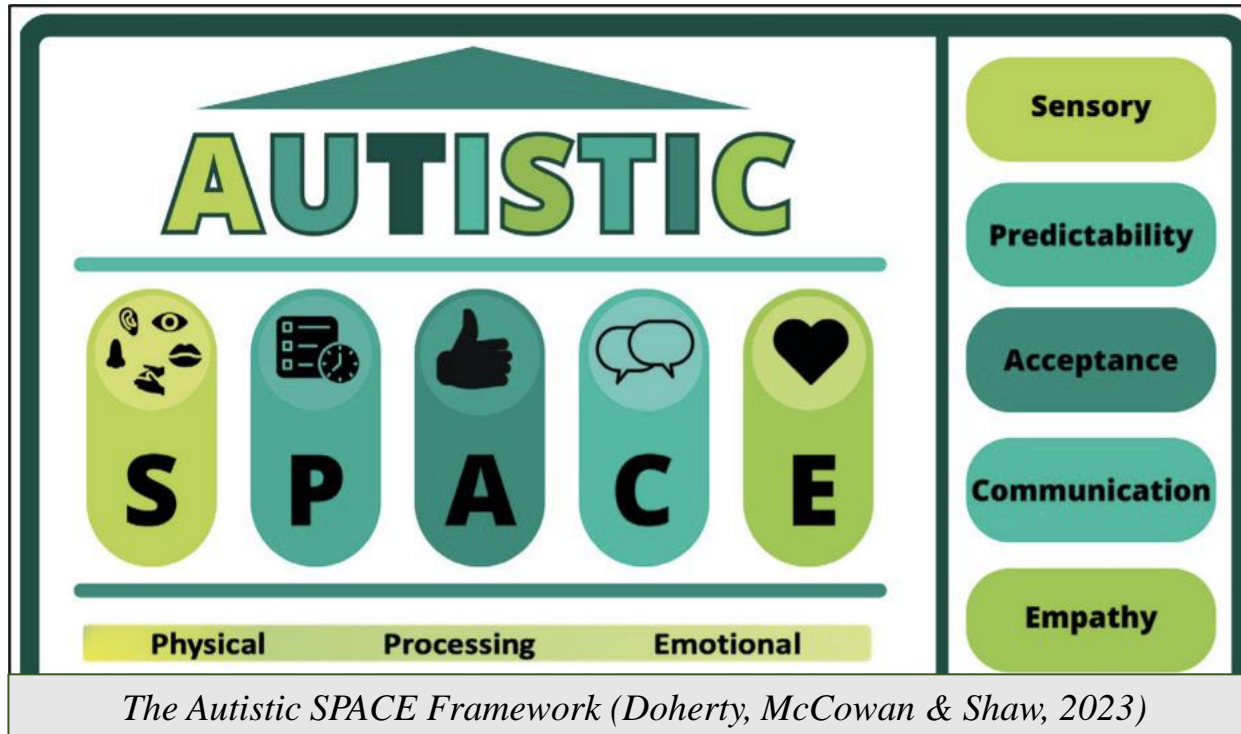
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‘The way that services are set up does rely on how you communicate with frontline staff. People who say the right things and speak in the right voice will tend to get places quicker and may access services more effectively. If your social interactions and the way you approach people doesn't match the way you're expected to interact, will reduce your access to services.’

‘Accessibility is such an individual experience, and one autistic person's experience isn't going to be anything like any other autistic person's experience.’

‘If people can understand the stuff that actually would make us feel way more comfortable and make accommodation for that, I really feel confident that it would make the situation more enjoyable for everyone.’

‘If you had a disability and you weren't able to walk up the stairs, we've got a lift for you, but I don't know what that side of things is for people with autism.’



‘Autism is a social and communication difficulty and the access points to healthcare are also to do with social communication. Not everyone has an advocate. The system isn't always the easiest, even with someone helping you.’

‘I hate phones.’ ‘I could be really ill, and I would rather be really ill than make contact with the GP over the phone.’

‘I have difficulty putting my thoughts clearly, especially about complicated or emotional things, into verbal form. Being able to do things by email or messaging gives me enough time to put the words together and edit it.’

‘I feel like I have to justify myself to literally everyone. I have to deal with all of healthcare professionals' reactions, and I feel like I'm doing a little hand holding for them. I have to hold back my symptoms just to make them feel more comfortable.’

Eye Health - Reducing Inequalities

Homeless Eye Care Service

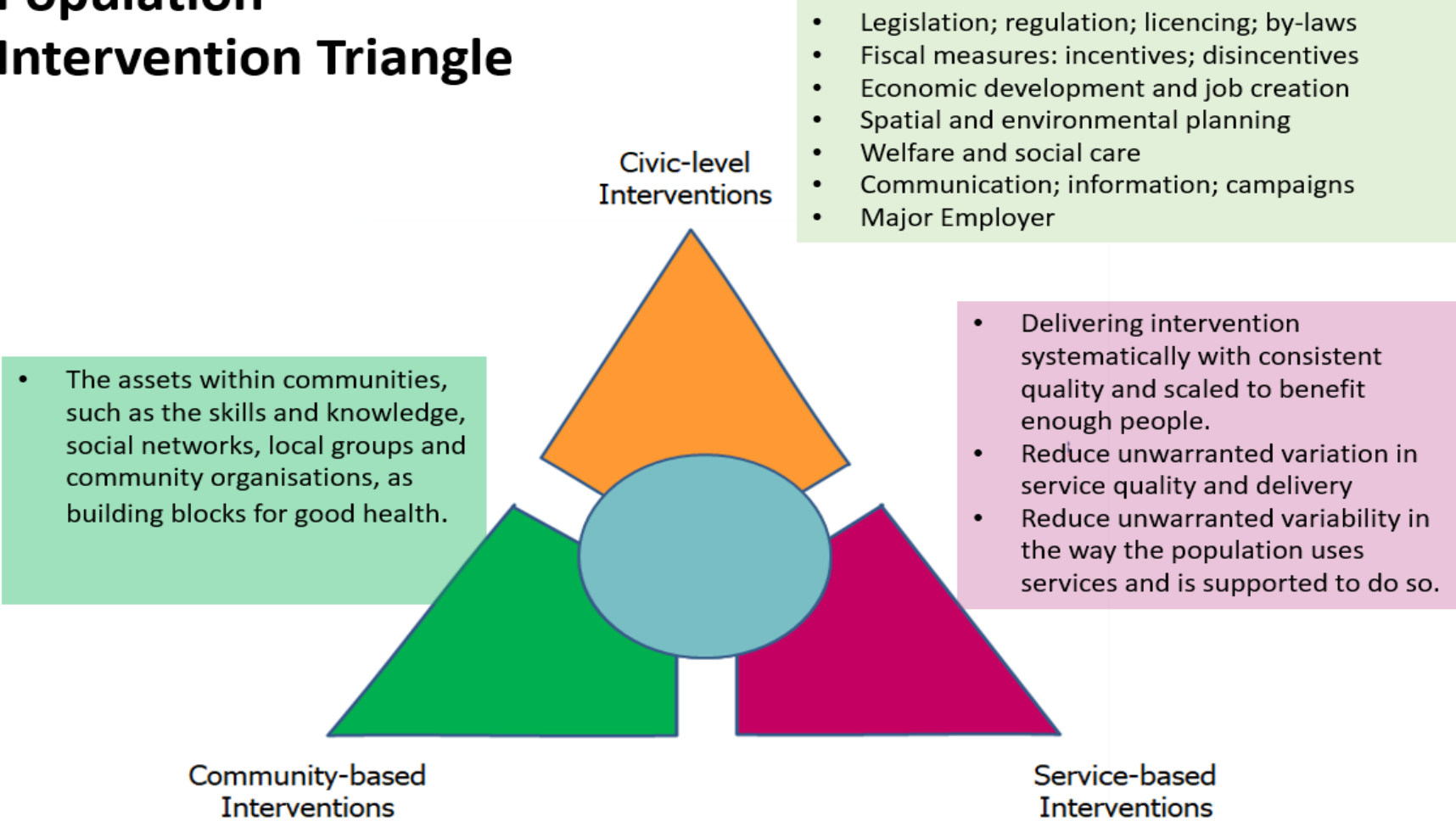
- Run with the charity Vision Care for Homeless People (VCHP) and staffed entirely by a volunteer rota of community optometrists and optician support staff from across Gloucestershire.
- Most people seen in the clinic have not accessed a sight test for over 10 years. 81% of people seen in clinic needed spectacles which the clinic has been able to provide free of charge. Over 100 spectacles have been provided to date.
- 14% of the people seen in clinic have needed an onward referral into secondary care eye care services. The Ophthalmology Department at GHNHSFT have supported the charity in being able to make urgent referrals.

Care of the Elderly (COTE) Ward Eye Care Liaison Officer (ECLO)

- The ICB commissioned the RNIB to provide ECLO support to the COTE wards at Gloucester and Cheltenham. Of the patients seen to date, 27% have needed further support with either provision of spectacles, emotional support, aids and adaptations of onward referral.
- GHNHSFT have made urgent provision to be able to provide spectacles to inpatients or see them in the relevant clinic so that the patients discharge is supported, and they are not discharged without a plan in place for their eye health needs.

Summary

Population Intervention Triangle



Questions for discussion – Achieving Equity

How can you consider health equity in your organisations/work areas?

Where has the Partnership got the opportunity to add value?

How do we systematically understand where we are not achieving health equity and what do we do about it?

Appendix

Definitions and links for Case Study 1 – Autistic SPACE Framework

Autism: also called Autistic Spectrum Disorder, constitutes heterogeneous conditions related to brain development resulting in social interaction and communication differences between autistic and non-autistic people (World Health Organisation, 2022).

Autism-friendly: where the authenticity and needs of autistic people are met.

Interoception: awareness and understanding of bodily cues which help self-regulate feelings such as pain, satiety, tiredness, anxiety, boredom, and toileting. For example, interoception includes noticing a rumbling stomach, understanding the connection to hunger, and using the prompt to eat. Interoceptive issues are often a part of autism (Williams et al., 2022).

Intersectionality: connections between social, cultural, or health factors contributing to identity and subsequent inequalities.

Masking: ‘a term used by the autistic community to describe the suppression of aspects of self and identity’ (Miller, Rees & Pearson, 2021).

Neuroinclusive: describes the inclusion of people of all neurotypes.

Appendix

Definitions and links for Case Study 1 – Autistic SPACE Framework

Neurotype: describes human brains and ways of thinking or cognition. Neurotypical (also neuronormative) and neurodivergent are the two neurotypes. Autistic people are neurodivergent.

The paper link is

<https://www.magonlinelibrary.com/doi/full/10.12968/hmed.2023.0006>

Autistic SPACE: a novel framework for meeting the needs of autistic people in healthcare settings

Published Online: 17 Apr

2023 <https://doi.org/10.12968/hmed.2023.0006>