

RACE
EQUALITY

Welcome

Taking a community driven
approach to addressing
health inequalities

June 2023


NHSProviders

12.00pm Welcome and introduction

Facilitated by chair – Dr MaryAnn Ferreux – Medical director, Kent, Surrey and Sussex Academic Health Science Network and Associate non-executive director, Kent and Medway NHS & Social Care Partnership Trust

12.05pm Presentation from Kathy McLean + Q&A

Kathy McLean – Chair, University Hospitals of Derby and Burton

12.25pm Presentation from Jenny Lewis + Q&A

Jenny Lewis – Director of HR and OD, The Leeds Teaching Hospitals NHS Trust
Michelle Stanley – Head of Leeds One Workforce, Leeds Health and Care Academy

12.45pm Presentation from Rob Aitchison + Q&A

Rob Aitchison – Deputy chief executive, Calderdale and Huddersfield NHS Foundation Trust

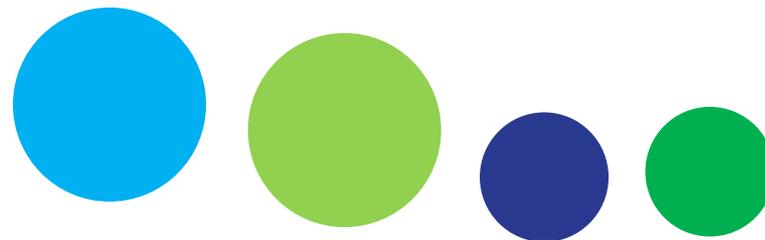
1.05pm Panel Q&A

Facilitated by chair

1.20pm Summary and close

Facilitated by chair

1.30pm Close of event



- Please note, this event is being recorded
- Please keep your camera on wherever possible
- If you lose connection, please re-join using the link in your joining instructions or email race.equality@nhsproviders.org
- Please ensure your microphone is muted during presentations to minimise background noise
- We will come to questions after each speaker and at the panel Q&A
- Please feel free to use the chat box for questions and sharing examples of what has delivered sustained progress in your organisation
- If you would like to ask a question audibly, please use the raise hand function during the Q&A section and we will bring you in
- Any unanswered questions will be taken away and answered after the event
- You will receive a link to an evaluation form at the end of the day, please take the time to complete it, we really do appreciate your feedback.

University Hospitals of Derby and Burton's approach to addressing health inequalities for ethnic minority communities.



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DERBY



Queen's
BURTON



Samuel Johnson
LICHFIELD



Sir Robert Peel
TAMWORTH



Florence Nightingale
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Derbyshire and Staffordshire Population

Registered population is about 2.4 million
1.3m Derby City & Derbyshire

1.1m Staffordshire & Stoke-on-Trent

% of people 50+ years
46% Derbyshire

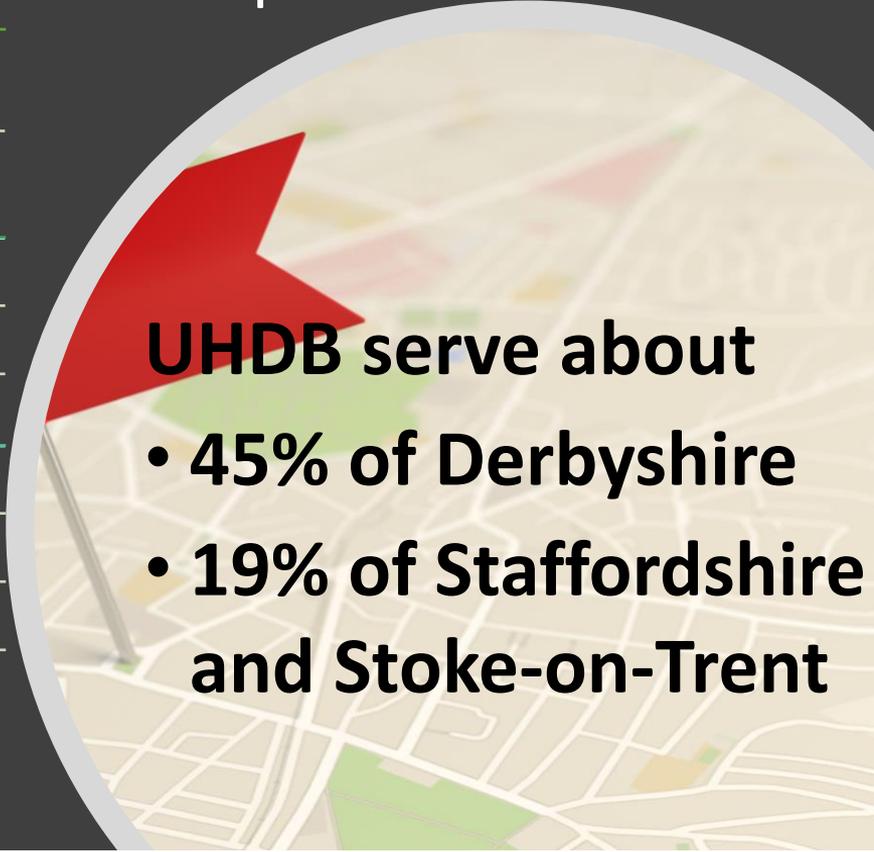
(Older population compared to England)
40% Derby City

42% Staffordshire & Stoke-on-Trent

% of people describing themselves as white
96% Derbyshire

(lower proportion of ethnic minorities compared to England)
80% Derby City

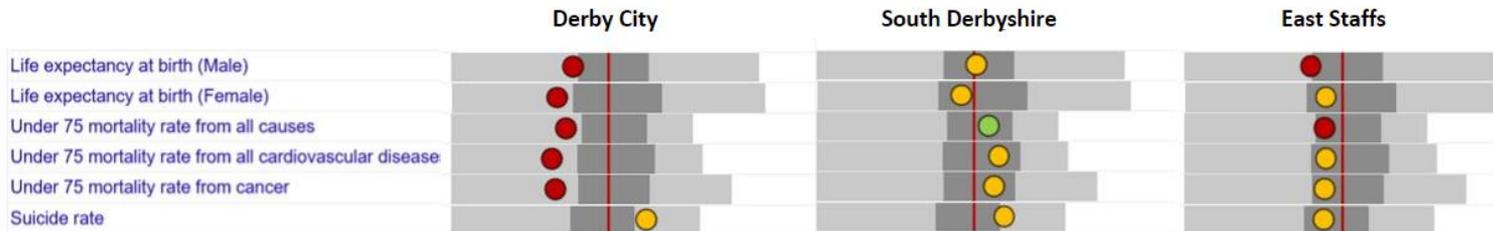
82% Staffordshire & Stoke-on-Trent



UHDB serve about

- **45% of Derbyshire**
- **19% of Staffordshire and Stoke-on-Trent**

Local Context – risk factors and outcomes



Behavioural risk factors

Indicator	Derby City		South Derbyshire		East Staffs	
	Value (Local)	Value (Region)	Value (Local)	Value (Region)	Value (Local)	Value (Region)
13 Hospital admission rate for alcohol-specific conditions	16.8	26.3 ~	22.9	26.3 \$	26.1	26.1
14 Hospital admission rate for alcohol-related conditions	877.7	699.5	667.2	699.5	828.4	739.3
15 Smoking prevalence in adults	19.2	15.8	14.4	15.8	14.1	14.5
16 Percentage of physically active adults	65.1	65.7	64.6	65.7	69.7	63.2
17 Percentage of adults classified as overweight or obese	65.5	64.4	66.9	64.4	67.5	65.7

Impact of deprivation

Significant number of people live within the most deprived areas in England.

- **13%** Derbyshire
- **33.8%** Derby City
- **19%** Stoke on Trent and Staffordshire

Residents in **most deprived areas have lower life expectancy**

The gap between the least and most deprived, has widened in recent years



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System approach to improving population health.

Turning the curve....

1. Reduce smoking prevalence to below national average
2. Increase the proportion of children and adults who are a healthy weight
3. Reduce harmful alcohol consumption
4. Improve participation in physical activity
5. Reduce the number of children living in low-income households.
6. Improve mental and emotional wellbeing
7. Improve housing standards



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System working

- Derbyshire local authorities – area co-ordination, housing, lifestyle services
- Derby City HI prevention group
- Local place Alliance Groups (e.g. high intensity users)
- ICS – population health management programme



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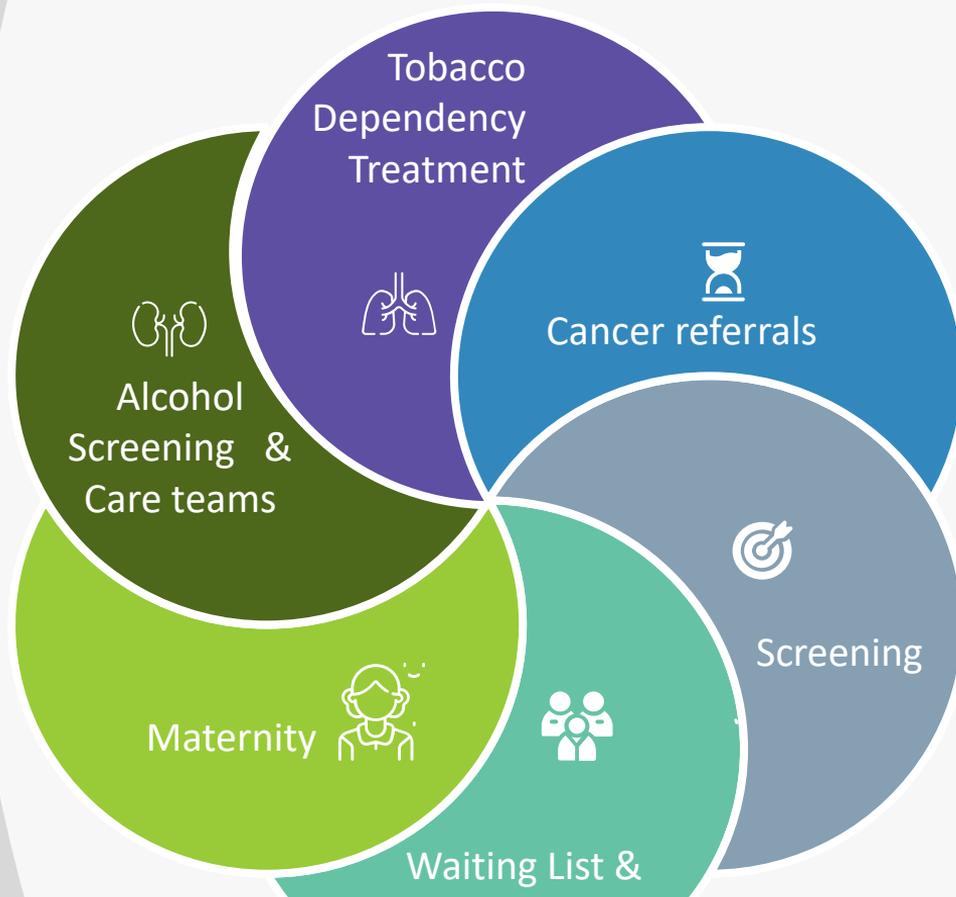


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What are UHDB's immediate priorities?



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University Hospitals of Derby and Burton's approach to addressing our Workforce Race Equality Scheme (WRES) inequalities for ethnic minority colleagues



‘Welcoming Diversity. Driving forward inclusion and belonging so that everyone can be themselves.’

- An inclusive and compassionate culture is at the heart of good patient care
- We have a robust equality governance structure, linking together our inclusion and organisational development programmes to achieve a cultural change
- Our Inclusion and Belonging Plan 2022 – 2025, unites us around a set of actions and holds us to account to deliver change and achieve equality and inclusion
- To support everyone to take ownership of EDI we:
 - work closely with leaders and our staff networks
 - ensure diverse representation in decision making
 - using diagnostic tools to embed accountability and governance into processes

Key Actions Taken to Improve Our Workforce Race Equality Scheme (WRES)

- Divisional improvement plans the delivery of WRES for ownership
- Reciprocal mentoring continues to be delivered (cohort 3)
- Allies for Change programme (includes wider protected characteristics e.g. microaggressions, racism, homophobia and sexism) for senior leaders
- EMBRACE Staff Network - continues to be strengthened and influencing the development of programmes. Staff Network sponsor is Chief Executive and leads meet the Trust Chair on a regular basis.
- Glass Ceiling project (development and interventions for progression) for nursing underway

Key Actions Planned to Continue to Improve Our Workforce Race Equality Scheme (WRES)

- Compassionate and Inclusive Leadership - anti-racism programme including
 - Anti-racism Board Development
 - Anti -racism programme for white presenting senior leaders
- Faith tours for a range of staff and leaders to understand more about the faiths of our local population
- Civility and respect support pathway

Our Board diversity has increased with the appointment of an Associate NED and new NEDs

Our achievements so far



Increased workforce diversity: BAME colleagues to 23.8%; colleagues declaring a disability to 4.28%; BAME colleagues in senior posts to 51



Our Board successfully took part in reciprocal mentoring cohort 1, with staff network leads



Re-signed commitment to Armed Forces Covenant



BAME colleagues are no more likely than white colleagues to enter the disciplinary process



Community partnership work - Celebrated participation in Project Search Derby, for individuals with learning disabilities and or autism. Secured employment at UHDB and programme partner ISS for 4 individuals.

Leeds Teaching Hospital Trust's approach to addressing health inequalities for its ethnic minority communities: Our journey so far 2016 -2023

Jenny Lewis – Director HR & OD, Leeds Teaching Hospital Trust
Michelle Stanley – Head of Leeds One Workforce, Leeds Health and
Care Academy



Growing Points 2016

- LTHT partnership established with Growing Points, a charity who support people from disadvantaged backgrounds, principally refugees and asylum seekers, into work.
- The initiative supported applicants to gain maths and English skills, offered them career guidance and developed their interview technique. Recruitment process unchanged.
- **6** cohorts supported through the programme leading to **c70** candidates joining an entry level role via an apprenticeship
- **Guardians** supported individuals **12 months post employment.**



Lessons learnt

- Careful about assumptions; eg when applicants confirm they can access the internet this may not necessarily mean computer access – they might be using a mobile phone.
- There may be a range of complex issues affecting refugees and asylum seekers, therefore, be mindful of their backgrounds and prior experiences;
 - Guardians able to understand the nuanced issues affecting refugees and asylum seekers and served as another point of support beyond that of the line manager this had a positive impact on the retention of participants.
- One size does not fit all !



LTHT; Lincoln Green - 2019

- **Geographically targeted** campaign to support residents adjacent to St James Hospital into roles within E&F.
- Area of focus within **3% IMD**
- **Partnership approach** between LTHT, Employment and Skills and Community Learning Partnerships.
- **Demographic profile** of community **mapped**; insights used to develop communication and engagement approach.
- Candidates invited to an **information session, individual assessments** completed, each candidate given **bespoke next steps** tailored to their ambition and ability.
- **6 week pre employment** programme designed, recruitment process unchanged i.e. NHS jobs, assessment centre and interview
- **50 people** supported into employment; **45 in to roles within E&F, 5 within nursing workforce** due to previous qualifications/experience.
- **2nd cohort** paused due to covid.



Lessons learnt

- Word of mouth most effective tool when engaging with local communities.
- Be clear on the end destination. Community engagement is based on trust.
- Organisational culture can either accelerate or limit the success of community outreach initiatives – be prepared to work with recruiting managers/operational leads – take them on the journey with you !
- Pre employment programme enabled candidates to be interview ready and not work ready
- Traditional recruitment process inhibits a person centred approach e.g. predicated on candidates ability to write application aligned to a job description !

- Team Leeds- One Workforce approach: [Leeds Health and Care One Workforce Strategy: 2024](#)
- Collaborative programme – Connecting Communities through Health and Care Careers
- Candidates supported through a hub and spoke model to achieve their potential
- Innovation tested through proof of concept- flipped recruitment model

Who is it for?

Young people – 16 years +

People from diverse backgrounds

People currently unemployed

People looking to change careers

People needing flexibility or specialist support

What are the opportunities?

Entry level jobs

Experienced jobs

Education and Training courses

Employability programmes

Volunteering

What are the possible careers?

Clinical and Care

Administration

Business services

Facilities and Estates

Science and Tech

Who are the opportunities with?

3 x Leeds NHS Trusts

Local Care Homes

GP Practices

Home care providers

Leeds Colleges

Leeds Universities

Impact



Improve Quality

- Flipped recruit model enables individuals to undertake stimulated learning to make an informed decision whether the role is right for them. **Retention for supported candidates is 95% at 12 months**
- **172** candidates supported to achieve an accredited qualification



Accelerate progress

- Recruitment cycle reduced by 6-8 weeks
- Fast track processes now established for hidden talent candidates



Amplify impact

- **166 people supported** in to employment of which **86% are from a non white British background** with **58% being unemployed** for more than 12 months
- **17 Covid-19 vaccinations administered** during community outreach events through partnering with Bevan Nurses. Of which **3 were first vaccinations.**
- Programme intentionally unfunded but due to the success is now **attracting external funding** into the city to enable upscale.



Drive efficiency

- Established talent pools reduce cost and time associated with traditional recruitment cycles
- Focus not just on employment but **connecting candidates to achieve their potential** through education, training, volunteering and work experience

The Personal Impact of Supportive Recruitment

- Originally from Congo, John and Bernadette were supported into E&F roles with LTHT back in 2019. Bernadette was heavily pregnant with their fourth child when she attended the 6 weeks employment programme.
- Bernadette returned from maternity leave and went on to successfully complete the L2 Apprentice Clinical Support Worker programme. She is now currently working flexibility via the staff bank whilst she completes an access course to achieve her dream of becoming a registered nurse.
- John has also progressed within LTHT and now is a valued member of the acute admissions ward, working as a clinical support worker.
- Winnie, their eldest daughter joined the Trust back in November 2022 and we are currently working with Faith (their second daughter) to support her into employment once she completes her college course in July.

Video link here:

<https://www.youtube.com/watch?v=ucJ-05s4mI>



Key messages:

- It's a (ultra) **marathon not a sprint** !
- **Invest** in developing community partnerships
- **Build with them** and not for them
- **Identify and address root cause** not just barriers to make the systemic changes required to reduce health inequalities
- **Map existing partner agencies and initiatives** to increase impact and accelerate progress by avoiding duplication of effort.

Additional reading

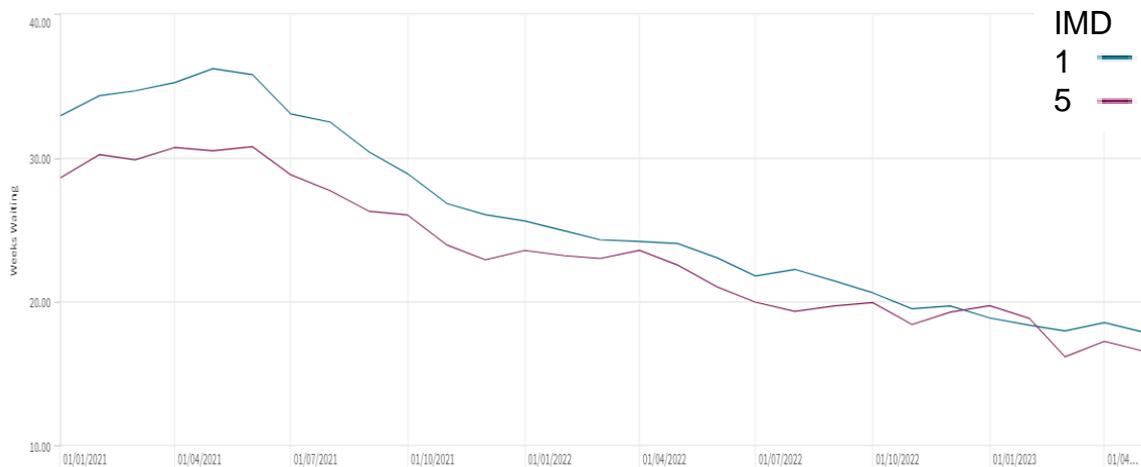
- ‘Developing Employability Skills in Local Communities’, [tandfonline.com](https://www.tandfonline.com)
- [Reducing Health Inequalities through skills, training and employment](#)
- <https://haln.org.uk/case-studies/connecting-communities>
- <https://www.nhsemployers.org/case-studies/hidden-talents-refugee-and-asylum-seeker-community-recruitment>
- <https://leedshealthandcareacademy.org/partner-workforce/>

NHS Providers Webinar
Race Equality and Health Inequalities:
Taking a community driven approach to addressing health inequalities

Rob Aitchison
Deputy Chief Executive
Calderdale and Huddersfield NHS Foundation Trust

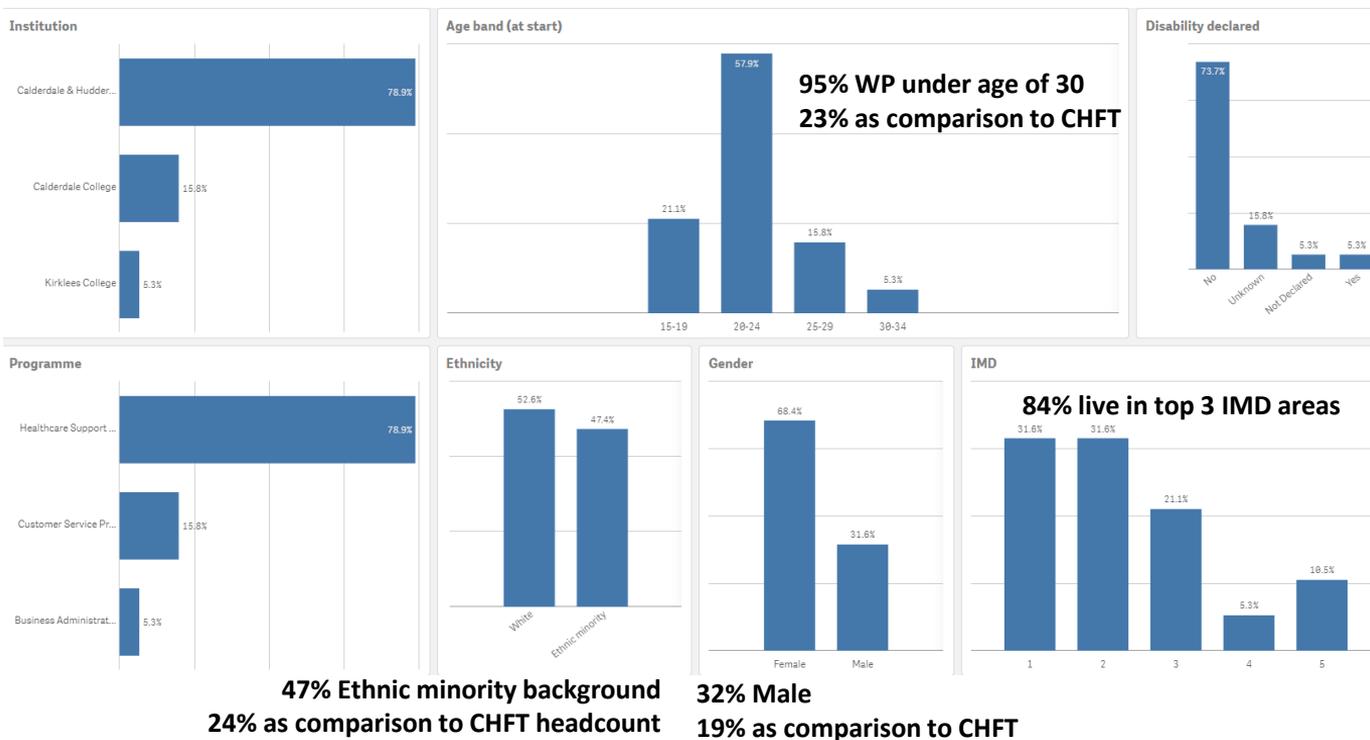
Finding the why...

Weeks waiting for treatment by IMD Category (1 and 5)



Calderdale	male life expectancy	LEAST DEPRIVED	Gap of 10.6 years
	female life expectancy	MOST DEPRIVED	Gap of 9.1 years
Kirklees	male life expectancy		Gap of 9.3 years
	female life expectancy		Gap of 8.1 years

1. Ensuring an inclusive and representative workforce – Progression into Apprenticeships



- Dashboard created to track those progressing into Apprenticeships
- Recruitment team has continued to develop excellent links with local communities, voluntary groups and education providers.
- Continue to work with local authorities to promote work opportunities

2. Reducing the impact of Covid on BAME communities

- In 2020, early data showed those from BAME communities were disproportionately impacted by Covid.
- Engagement with different communities across Calderdale including Park Ward to co-create a system-wide action plan to reduce the impact of Covid on BAME communities.
- Action plan included creation of community hubs, working with faith leaders to promote messaging and enlisting of covid community champions to work closely with communities. This work was also a precursor
- Focus on higher risk occupations including taxi drivers, small independent shops and care home staff – provided PPE, hand sanitizer, easier access to vaccines and mask wearing made a condition of licence

[Calderdale Action Plan to Reduce the Impact of COVID 19 on our BAME Communities. - YouTube](#)



3. Reduce inequalities in accessing care - Vulnerability Prioritisation Tool

- Aim 2 of the Trust's strategy: *To reduce inequalities in **access** to care and ensure **prioritisation** promotes equitable access and outcomes.*
- In response to this ambition, we have developed a vulnerability prioritisation tool for use by clinical specialities. Our cancer prehabilitation service is the first to go live using this.
- A selection of core metrics covering factors known to play a significant role in health inequalities and potential vulnerability are included in the tool, with each factor inputting into an equation which then produce a “**vulnerability score**” for each patient.

Core metrics:

- Deprivation – Index of Multiple Deprivation Decile
- Ethnicity – Ethnic minority
- No Fixed Abode
- English As a Second Language

In addition to these core metrics, additional optional metrics which may also be of relevance can be “turned on” to be included in calculating the vulnerability score.

What does a community led response look like? Other examples of work we're doing to engage and collaborate with underserved parts of our communities

Significant work to support those with learning disabilities – graph shows weeks waiting for treatment



Pop up clinics in North Halifax to support vulnerable individuals



Development of the BLOSM service within our Emergency Department



CHFT Population Health and Inequalities Strategy

Connecting with our communities and partners



Harnessing our role as an anchor institution and key partner in the local health and care system, we will work to address inequalities in the wider determinants of health in our local communities, deliver social value, and work with system partners to identify and deliver shared priorities to improve population health.

Develop a joint strategic approach to inequalities with partners across Calderdale and Kirklees

Continue delivery of the **BLOSM** service in ED for vulnerable patients, including rollout of trauma informed practice and Trauma Navigators

Evaluate success of the **reducing inequalities in asthma pilot** with Greenwood PCN and look to expand learning and new approaches

Use the output from **Social Value Assessment** to inform implementation plans for estate developments

Equitable access and prioritisation



We will reduce inequalities in access to care by removing barriers, improving access for the most vulnerable groups, and moving towards a more holistic approach to prioritisation where a broader range of risk factors are considered.

Develop and pilot a "**Health Inequalities Vulnerability Matrix**" to support a more holistic approach to prioritisation

Monitor and proactively respond to **key inequalities indicators**: waiting times, Did Not Attend, unplanned admissions

Development and implementation of the **Digital Inclusion Strategy**

Carry out **Reasonable Adjustments** audit, and review of **patient contact preferences** and requirements

Lived experience and outcomes



We will address disparities in experience of care to improve patient outcomes. We will focus on improving the lived experience of patients, particularly those known to be most at-risk of experience inequalities and poor outcomes. We will take a holistic and compassionate approach, recognising the importance of behavioural and wider determinants of health.

Smoking
Rollout Long-Term Plan smoking cessation pathway for all inpatients

Maternity
Health pregnancy classes, ESOL antenatal classes, discovery interviews, cultural competence

Learning Disability
Deep dive into care pathway for LD patients, business case for LD care navigators, 90% staff completion of LD e-learning

Mental Health
Pilot of goal setting support sessions to aid patient transition to self-management, promotion of inpatient and screening and referral for depression

Diverse & Inclusive Workforce



We are committed to ensuring our workforce reflects the diverse populations we serve and that we take action to promote equality of opportunity. We will promote colleague health and wellbeing and create a compassionate and inclusive environment in which all our workforce feels valued in line with our One Culture of Care approach.

One Culture of Care values and behaviours implemented into recruitment

EDI Awareness and Education Programme, EDI module in leadership development for managers

Growing inclusive recruitment through the **Widening Participation** channels, growing the **apprenticeship programme**

Promote, support and engage with the **Equality Networks**

12-month **Inclusion event programme**

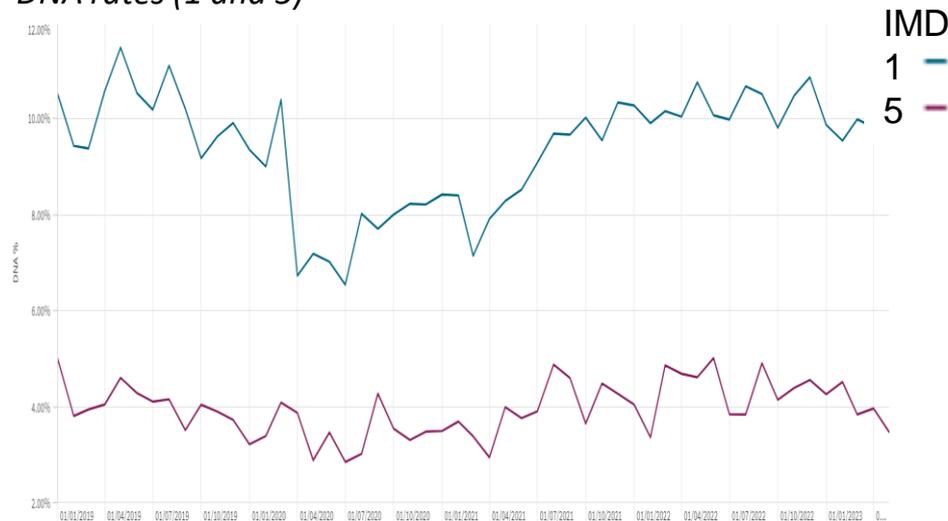
Ways of working: data and intelligence, collaborative working, leadership

Key learning and our next steps

- Certain roles important in helping driving the work...good Informatics support, Consultant in Public Health and Learning Disability Nurse Consultant in particular have been key at CHFT
- Look for the early wins, there will be lots of people, both in your workplace and in your communities, happy to get involved in this work.
- Find a small number of key projects to get momentum behind

Lots of great work done...however, lots more to do.
We still have clear differences in access to care...

DNA rates (1 and 5)



THANKS FOR LISTENING

Rob Aitchison
Deputy Chief Executive
Calderdale and Huddersfield NHS Foundation Trust
Rob.Aitchison@cht.nhs.uk

Book now:

This upcoming event relates to anticipated actions in the awaited EDI improvement plan

Creating support and belonging for internationally recruited NHS staff

Friday 23 June 2023 | 2pm – 3pm

Virtual event via Zoom



Scan the QR code
to access our events

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Tell us what you think



Scan here to access
our evaluation


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Visit our website for further information on the Race Equality work:

- [Race 2.0 report](#) – our seminal research that gathered trust leader’s insights
- [Podcasts](#) – including one on the importance of staff networks
- [My journey as a white ally videos](#) – where we speak to white trust leaders
- [Blogs](#) – including one on our recent attendance at Seacole Group House of Lords event
- [Previous events and additional resources](#)



Scan here to access our website

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Thank you!



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