

Reducing health inequalities in urgent and emergency care settings

Peer learning forum – a non-judgemental space to:

- Step back and reflect
- Build greater awareness of what is happening across the provider sector
- Consider familiar problems from new angles and gain new perspectives
- Share insights and learning
- Take away practical ideas that might help address your local challenges
- Build ongoing peer connections

Introductory plenary: Rhian Monteith, specialist advisor on High Intensity Use services, NHS England

Breakouts

Group reflections

Closing plenary: Professor Bola Owolabi – director, National Healthcare Inequalities Improvement Programme, NHS England

- Please note the Chatham House rule applies
- Please keep your camera on wherever possible
- If you lose connection, please re-join using the link in your joining instructions or email health.inequalities@nhsproviders.org
- Please ensure your microphone is muted during presentations to minimise background noise
- After the breakout groups, there will be time to ask questions and make comments about what you have heard today
 - If you would like to ask a question audibly, please use the raise hand function
 - 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.

High Intensity Use Programme

Concentrate on people and results follow

Rhian Monteith

Specialist Advisor to High Intensity Use Programmes
NHS England

Rhian.Monteith@nhs.net

What is the problem we are trying to solve?

- Unmet need
- People left behind in society
- Boxes, labels, stigma

- Workforce under immense and relentless pressure
- Compassion fatigue
- Undervalued and undermined skill sets of coaching

- Our own lives, and showing up every day despite what goes on at home

Untruths

*Brought it on
themselves*

Manipulative

*This is
futile work!*

*Don't want to
change*

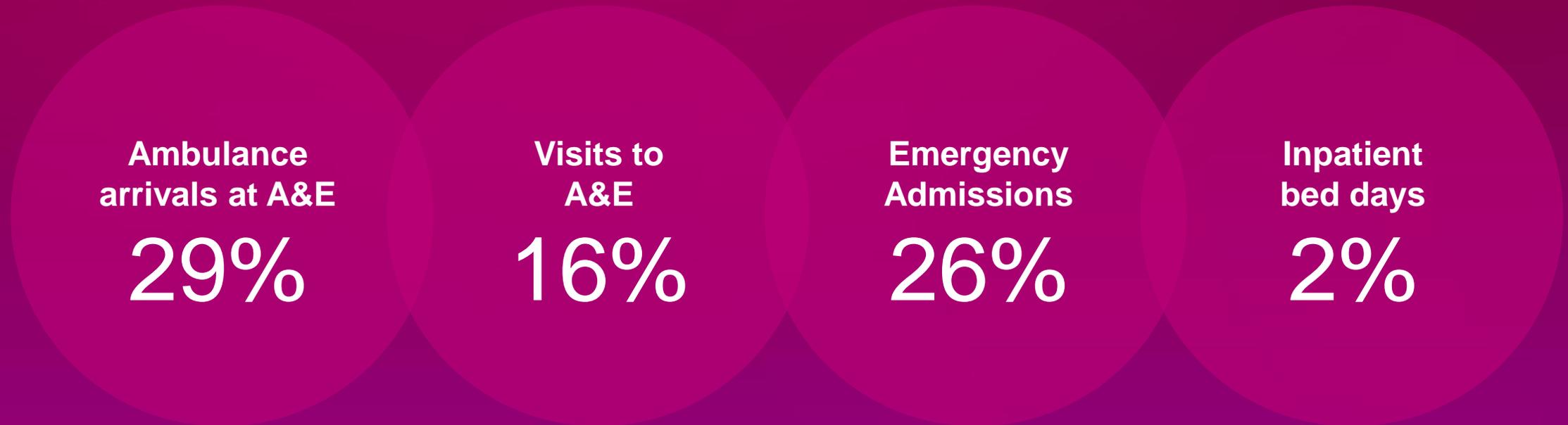
*Punishing
crises 'works'*

*Attention
seekers*

Scroungers

High Intensity Use of emergency services has a big impact on healthcare services

Despite representing 0.67% of the English population, High Intensity Use has a real impact across the non-elective pathway:



Based on the ambulance journeys, A&E attendances, and inpatient stays, we estimate an annual HIU cost of **£2.5 billion pounds**.

High Intensity Use

NHSE Definition of High Intensity Use:

Use of healthcare more than, or differently than, expected

Regions, localities, places: add numbers to this definition based on their own specific need

Principles: De-medicalised, Non-criminal, Human approach

What does it mean to have an HIU Programme?

Optimum impact HIU services all have the same things in common - **ALL** of the below:

- Full time, dedicated/ ringfenced HIU roles and programme - not added onto people's day jobs
- Assertive outreach in people's homes - not just MDT focus
- Minimum 18 plus offer
- Focus on A&E attendances and non-elective admissions in terms of data and identification of cohort
- Non-medical approach - looking at social, practical and emotional support rather than purely clinical
- Non policing approach - police may attend meetings, provide data and support but don't make up the HIU team members or form part of standard client contact.

Patterns of High Intensity Use

After the 7th attendance in one year, a person is more likely to continue over the long-term

90% are registered with a GP, and many say they go to their GP before visiting A&E

More likely to attend A&E at night time

More likely to arrive at A&E by ambulance

*The opposite to loneliness
is feeling embedded.*



How this programme works



Identifies people who attend A&E, admitted to acute or mental health hospitals, contact 999 or their GP frequently



Provides humane and holistic 1:1 coaching to avoid and de-escalate rumination using a de-medicalised and de-criminalised approach



Identifies and reconnects individuals with friends, purpose and community if that's what's missing in their lives

Designed, developed and constantly course-corrected by people served by the programme

Impact

Over 100 HIU programmes across England, supporting people accessing primary, secondary, mental health acute trusts, A&E and emergency services, more than expected.

Thousands of **people, families, communities, generations**, have seen positive changes

A&E attendances and Non-elective admissions reduced by **up to 84%**

999 calls reduced by **up to 78%**

NHSE Support Offer

1. **Set up** an HIU Programme if not already in place
2. **Maintain** an existing HIU Programme to continue making an impact
3. **Expand** an existing HIU Programme to a wider footprint
4. **Restart** where an HIU Programme has lapsed / not getting expected results

Contact

km.improvement@nhs.net

or

Rhian.monteith@nhs.net

Online HIU Toolkit

<https://www.england.nhs.uk/high-intensity-use-programme/>

Patient voice: lived experience of High Intensity Use services

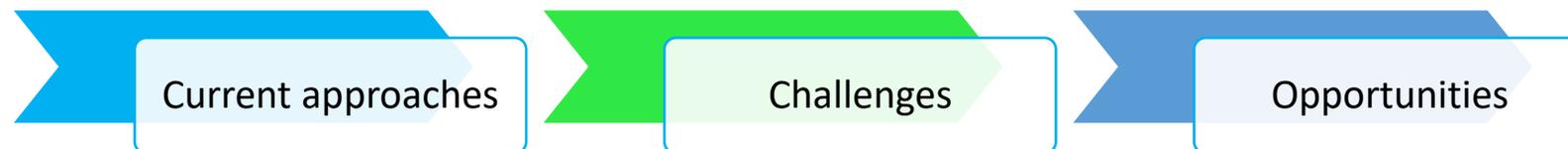
Patient voice: lived experience of High Intensity Use services



Plenary reflection and introduction to breakouts

- These breakouts are focused on current approaches, challenges and opportunities for reducing health inequalities in urgent and emergency care, with a focus on High Intensity Use services
- In each breakout room you will have a facilitator and a minute taker
- The facilitator will ask your group prompt questions on each of these topics
- After the breakouts, the facilitator will share key themes from your group, after this you may come in to share additional reflections, questions or comments
- Please remember to keep your camera on wherever possible and that
- Logistic support will be in the main room in case anyone has any technical difficulties – she will be giving time prompts for the breakouts.

30 minutes to discuss:



Breakout feedback

NHS England: High Intensity Use

Dr Bola Owolabi,
Director,
National Healthcare Inequalities Improvement Programme,
NHS England



National Policy

HIU demonstrates that innovations from the front line can be developed into national policy and that impactful innovations can be scaled nationally. HIU has increasingly been included in NHS policies as detailed below:



Delivery Plan for Recovering Urgent and Emergency Care Services and The UEC Framework

“Systems will continue to roll out High Intensity Use Services, adopt good practice in supporting patients who are experiencing homelessness or rough sleeping, and embedding family support workers in A&E settings to provide additional support to children and families presenting with non-urgent issues.”



2023/24 priorities and operational planning guidance

“Continue to deliver against the five strategic priorities for tackling health inequalities and establish High Intensity Use services to support demand management in UEC.”



23/24 Business plan

“Support the continued roll out of High Intensity Use services.”

High Intensity Use is associated with several demographic patterns including poverty, housing instability, social isolation and loneliness.

HIUs are split roughly equally between men and women with almost one third of HIUs aged 20-40

20% of HIUs live in areas in the most deprived band (IMD band 1 of 10).

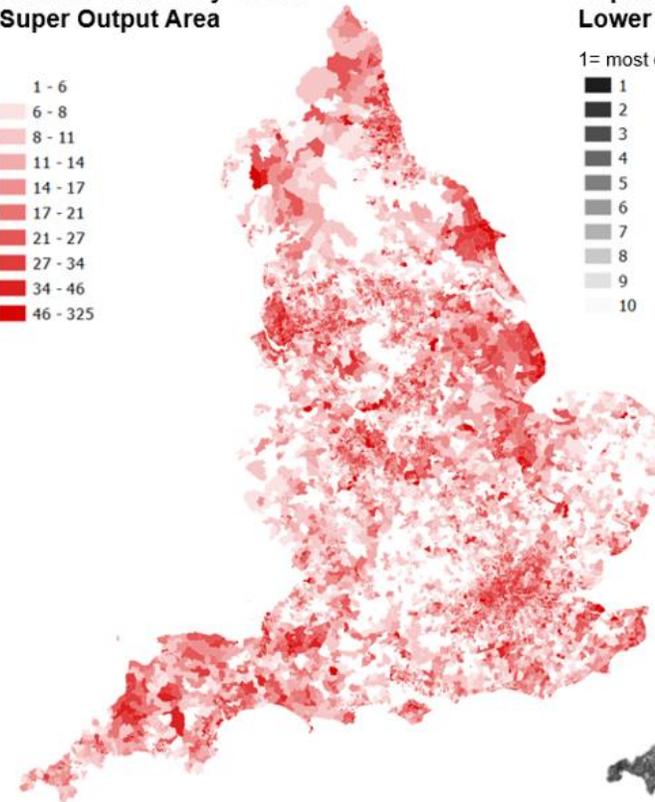
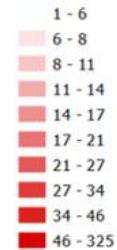
HIUs are over a third more likely to live alone than the general population

HIUs are at least 25% more likely to move than the general population

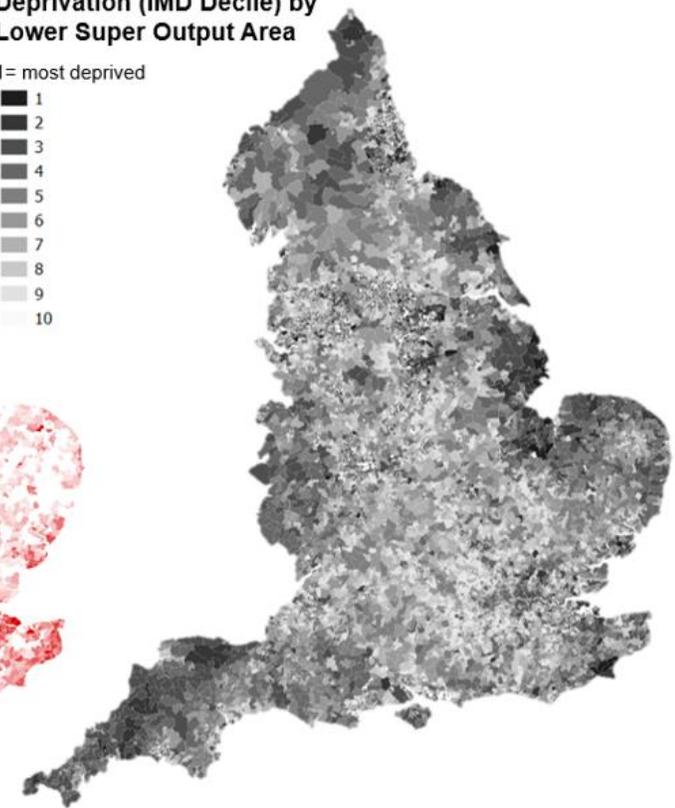
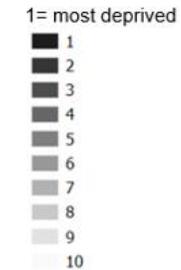
HIUs aged 30-50 mortality rates are elevated by 7.5 times compared to the average population

HIUs who attend 16 times a year, remain an HIU for multiple years

Number of HIUs by Lower Super Output Area



Deprivation (IMD Decile) by Lower Super Output Area





England

HIU Contacts

km.improvement@nhs.net

Health Inequalities Lead Contacts

London	Kevin Fenton	Regional Director of Public health and SRO for HI	Kevin.Fenton@dhsc.gov.uk
	Julie Billet	Deputy SRO to Kevin Fenton	Julie.Billett@dhsc.gov.uk
	Bhavi Trived	Deputy Director (Deputy SRO)	bhavi.trivedi1@nhs.net
	Zara Brookes	Clinical Network Clinical Senior Manager - has access to stocktake action log	zara.brookes@nhs.net
	Tim Pyke	Clinical Network Coordinator	tim.pyke2@nhs.net

Regional Lead Contacts

Alison Hewitt	Member/ Required	Regional Lead - NHSE NW	alison.hewitt14@nhs.net
Helen Reynard	Member/ Required	Regional Lead - NHSE NEY	helen.reynard@nhs.net
Tracey Johnstone	Member/ Required	Regional Lead - NHSE NEY	tracey.johnstone2@nhs.net
Amy Armstrong	Member/ Required	Regional Lead - NHSE East	a.armstrong6@nhs.net
Isla Rowland	Member/ Required	Regional Lead - NHSE East	irowland2@nhs.net
Lynne Dickson	Member/ Required	Regional Lead - NHSE SW	lynne.dickson4@nhs.net
DR Bruce Pollington	Member/ Required	Regional Lead - NHSE SE	bpollington@nhs.net
Matthew Spilsbury	Member/ Required	Regional Lead - NHSE Midlands	m.spilsbury@nhs.net
Samantha Mattis	Member/ Required	Regional Lead - NHSE Midlands	samantha.mattis@nhs.net

Book now

Provider Collaboratives: improving equitably
Improving wait lists equitably – the importance of partnership approach

Webinar | 5 December 2023

Race Equality

Tackling inequalities to build a healthy workforce

Webinar | 11 December 2023

Access these events from the link in the chatbox
or via our website

Tell us what you think

Your feedback helps us shape future events.

Please take five minutes to complete our evaluation.



Scan here to access our evaluation

Visit our website

Discover further topics on how to address health inequalities including:

- Being an anchor institution
- Board reporting and assurance
- Quality improvement.



Thank you for attending

Your feedback helps us shape future events.



Scan here to access our evaluation