

HSJ 
**REDUCING HEALTH INEQUALITIES
 FORUM**

Supporting Integrated Care Systems to drive data- and best practice-led action to improve health equity

Tuesday 16 May 2023, etc.venues Manchester

08.15	Registration & Refreshments
09.00	Chair's Opening Remarks Alastair McLellan , Editor, HSJ
09.10	KEYNOTE ADDRESS Bola Owolabi , Director, Health Inequalities, NHS England
09.40	PANEL The critical importance of leadership and effective resource allocation to successfully addressing the challenges of health inequality <ul style="list-style-type: none"> • Inspiring your workforce and taking people with you – getting buy-in across senior leadership • Focusing on local intelligence, partnerships, asset-based approaches, and community leadership to drive a strategic response to health inequalities • How financial planning needs to take Core20Plus5 into account for resource allocation • Leadership accountability and transparency <p><i>Moderator:</i> <i>Panellists:</i> Richard Mitchell, Chief Executive, University Hospitals Leicester NHS Trust Duncan Cooper, Consultant in Public Health, West Yorkshire & Harrogate Health & Care Partnership</p>
10.20	PANEL Driving early cancer diagnosis and treatment in hard-to-reach and underserved population groups <ul style="list-style-type: none"> • What is the patient experience? And the relationship between patient and care giver? What can we learn from this? • Equality of voice, and the input from frequently ignored communities/patient groups • Improving access to services, and the ability to self-manage • How do we allocate resources optimally to address these inequalities in care and treatment? • Is 75% of cases diagnosed at stage 1 or 2 by 2028 realistic? How can it be achieved in practice? Do we have the resources? Do we have the workforce? <p><i>Moderator:</i> <i>Panellists:</i></p>

	Riyad Karim , Assistant Director of Primary Care, North Central London ICB & Core20PLUS Ambassador, National Healthcare Inequalities Improvement Programme	
11.00	Morning break for networking and refreshments	
11:30	Interactive Discussion Groups	
<p>Join these intimate and focused small-group discussions to share experiences with senior colleagues and get your pressing questions answered. Bringing together 12-15 participants, ensure you sign up early to secure your place at your preferred table. Each discussion runs for 25 min so choose 2.</p>		
	<p>Hypertension case finding How can we optimise this process, including lipid management <i>Moderator:</i></p>	<p>Childhood obesity The rate of obesity in children in deprived regions is almost twice that in more affluent areas, and it means even before reaching secondary school, we're seeing significant health inequalities develop in the population. People in the most deprived areas are more than twice as likely to be admitted to hospital for obesity-related health problems. How can we tackle this, in practical terms? <i>Moderator:</i></p>
	<p>Women's health inequalities The gender health gap has been the subject of intensive research in the last few years, and, unlike many countries in the G20, it's been found that women in the UK have poorer access to treatment and poorer outcomes than men. Why is this, and how can we combat it? <i>Moderator:</i></p>	<p>Population health management How do we bring together work being done in health inequalities, personalised care, population health management, prevention or systems leadership to inform a more coherent and comprehensive approach to population health at a local, regional and national level? What works? What's the role of leadership in supporting the development of co-ordinated local and regional approaches to population health. And what does a population health focus mean for the design and delivery of local services? <i>Moderator:</i></p>
	<p>Addressing health inequalities through effective prescribing What does population health management mean and how does it relate to pharmacy and medicines? In this session we will consider how to utilise data and analytics to achieve better health outcomes, consider how a population health approach could drive positive change, and the critical role of community pharmacy to improve population health and reduce inequity. <i>Moderator:</i></p>	<p>Reducing healthcare inequalities for children and young people NHS England has recently launched a Core20Plus5 strategy specifically aimed at and tailored for children and young people. This discussion will consider how we can address health equity in this population group, with a particular focus on asthma, mental health, diabetes, oral health and epilepsy. <i>Moderator:</i></p>

Multimorbidity and health inequalities
 We know that people living in poorer areas, in poorer housing and eating a poor diet, have far greater levels of multiple diagnosed illness (multimorbidity). These significant inequalities in the burden of disease are concentrated within a handful of conditions, including chronic pain, diabetes, COPD, alcohol and/or drug dependence, anxiety and depression and cardiovascular disease. Often these conditions are exacerbated by smoking and obesity. This session will look at how data can be leveraged to identify these at-risk groups, and potential solutions to reach and treat them.
Moderator:

12.30 Lunch

13.30 PANEL
Utilising data to create actionable insights

- Generating, analysing and interpreting data
- Ensuring datasets are complete, accurate, and timely
- Leveraging AI and ML approaches to tackle waiting lists
- Using data to gather insights that inform clinical and operational decisions on access, outcomes, and experience
- Action planning: Real time data to identify areas of change, improvement and deterioration

Moderator:
Panellists:

Case Study Stream 1

Case Study Stream 2

<p>14.15 – 14.45</p>	<p>Case study: Mitigating against digital exclusion <i>Digital exclusion is a fundamental issue in the health inequalities debate, since people and families without access to devices and connectivity are automatically at a disadvantage when it comes to education, health education, and access to services, and so much more. This session will look at how health providers and their partners can work together to drive digital inclusion in a practical way.</i></p>	<p>Case study: Learning disabilities <i>People with learning disabilities often struggle with access to services, an understanding of their own health challenges, and the options for treatment. This session will look at how these population groups can be reached and assisted, in a respectful, cooperative, and collaborative fashion.</i> Preeti Sud, Head of Strategy Unit, Mid & South Essex NHS Foundation Trust</p>
----------------------	--	---

<p>14.50 – 15.20</p>	<p>Case study: Homelessness <i>People experiencing homelessness face significant health inequalities</i></p>	<p>Case study: Tackling health inequalities in mental health</p>
----------------------	--	---

	<p><i>and poorer health outcomes than the rest of the population. Mortality is around ten times higher than the rest of the population and life expectancy is around 30 years less, often complicated by drug and alcohol misuse and mental health issues. The homeless population face barriers to accessing health and social care services including stigma and discrimination, a lack of trusted contacts, and rigid eligibility criteria for accessing services. The HealthBus Trust is a charity based in Bournemouth providing accessible and appropriate healthcare to people experiencing homelessness. The mobile, GP-led team partners with multidisciplinary providers of homeless services to engage vulnerable clients who struggle to access mainstream care elsewhere. Maggie will demonstrate how barriers to homeless healthcare have been overcome, how positive health outcomes have resulted, and how plans to scale and expand are progressing.</i></p> <p>Dr Maggie Kirk, GP & Medical Director, HealthBus</p>	<p><i>The pandemic was accompanied by a sharp rise in demand for mental health services, but even before that, mental ill health was a prevalent form of illness, with one in six people experiencing symptoms, at a cost of £119 billion in England alone. But we know that mental illness is much higher for certain groups who experience structural discrimination and disadvantages. How can this be addressed in a practical and solution-focused way?</i></p> <p>Susan Cummins, Specialist Primary Care Mental Health Nurse, Camden & Islington NHS Foundation Trust & Islington GP Federation</p>
<p>15.25 – 15.55</p>	<p>Case study: Non-attendance at UHL outpatients department</p> <p>Dr Ruw Abeyratne, Director of Health Equality and Inclusion, University Hospitals of Leicester</p>	<p>Case study: Maternity inequalities in BAME communities</p> <p><i>Outcomes for women from Black, Asian, and Minority Ethnic backgrounds and their babies are demonstrably less good than their white counterparts, even if they are in similar socio-economic groups. Why is this, how can we track and identify at-risk cases, how do we improve outreach, communication and positive health education?</i></p>
<p>15.55</p>	<p>Afternoon break for networking and refreshments</p>	
<p>16.25</p>	<p>PANEL Chronic respiratory disease and COPD</p> <ul style="list-style-type: none"> • Maintaining a clear focus on COPD and particularly the importance of smoking cessation • Driving uptake of Covid, flu, and pneumonia vaccines to reduce infective exacerbations and consequent hospital admissions • Key groups at risk and designing a strategy for them: people with severe mental illness, people with learning difficulties, and the homeless <p><i>Moderator:</i></p>	

	<i>Panellists:</i>
17.05	<p>PANEL Integrated care systems and health inequalities: is this the opportunity to take things to the next level?</p> <ul style="list-style-type: none"> • Collaboration across the system and community – working with local government, community leaders, champions, and patient groups • Aligning a message and strategy to address air pollution, the provision of good quality housing, and safety in the workplace • Building resilient communities and leveraging the contribution of anchor institutions • Creating a fairer, green, and more sustainable future to support the reduction of health inequalities <p><i>Moderator:</i> <i>Panellists:</i> Victoria Tzortziou Brown, Research & Innovation Lead, North East London ICS and Vice Chair, Royal College of General Practitioners</p>
17.45	<p>Closing remarks from the chair Alastair McLellan, Editor, HSJ</p>