

March 2024  
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# Reducing Health Inequalities in South Tees NHS Hospitals Foundation Trust

Middlesbrough Council Health Scrutiny Panel  
19<sup>th</sup> March 2024



## Health Inequalities

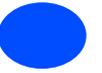
**Unfair and avoidable** differences in health across the population, and between different groups within society

Arise because of the conditions in which we are born, grow, live, work and age

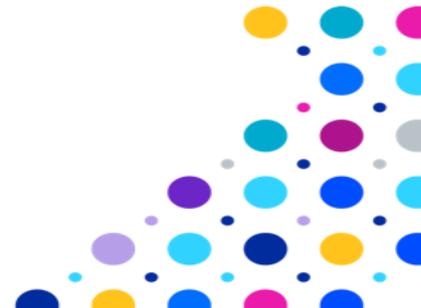
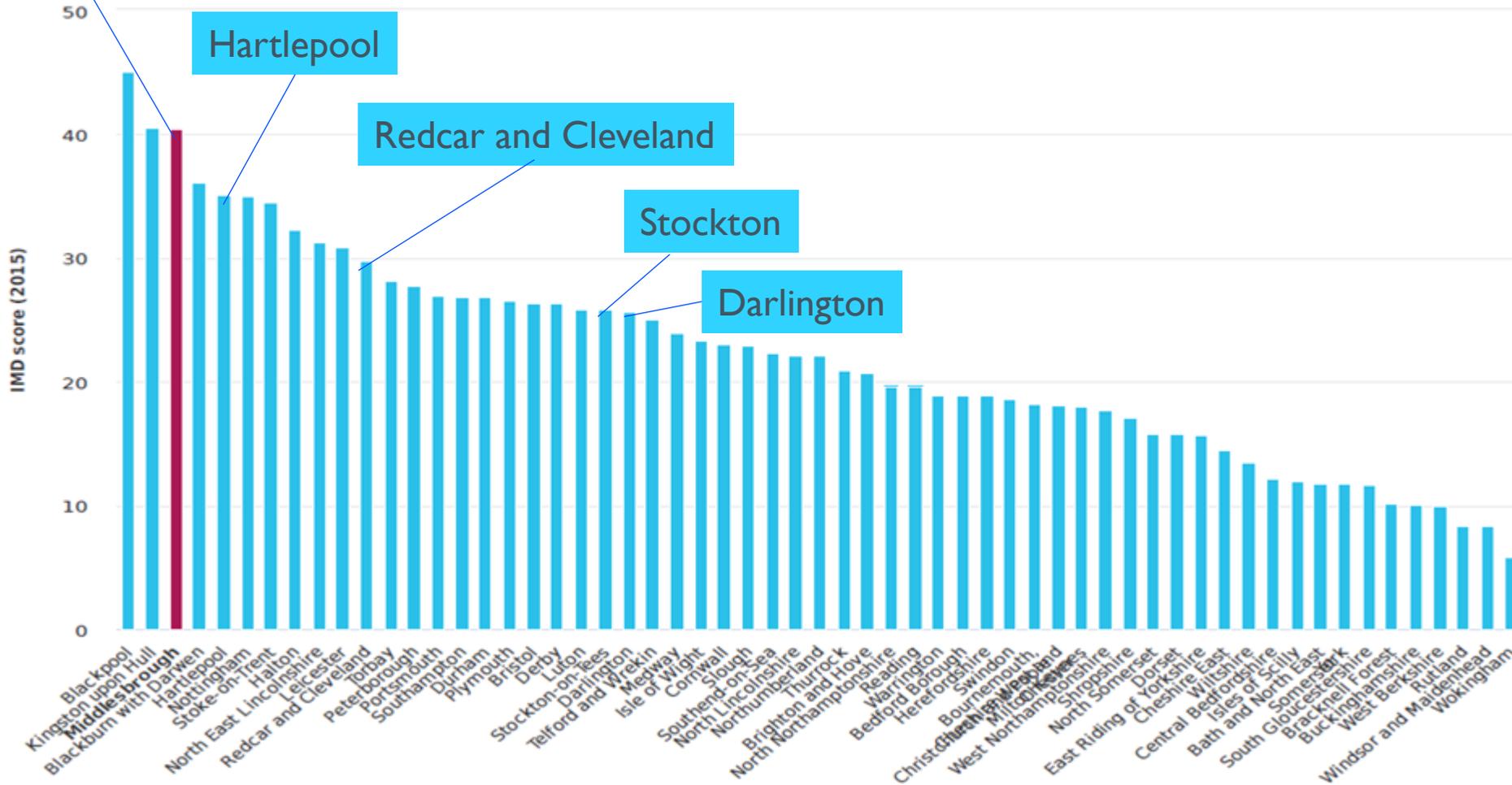
Result in poor health being experienced from a younger age, at a higher intensity for a greater proportion of life and ultimately in premature death



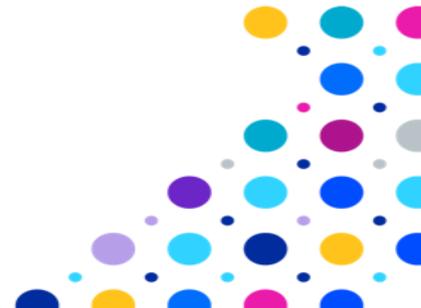
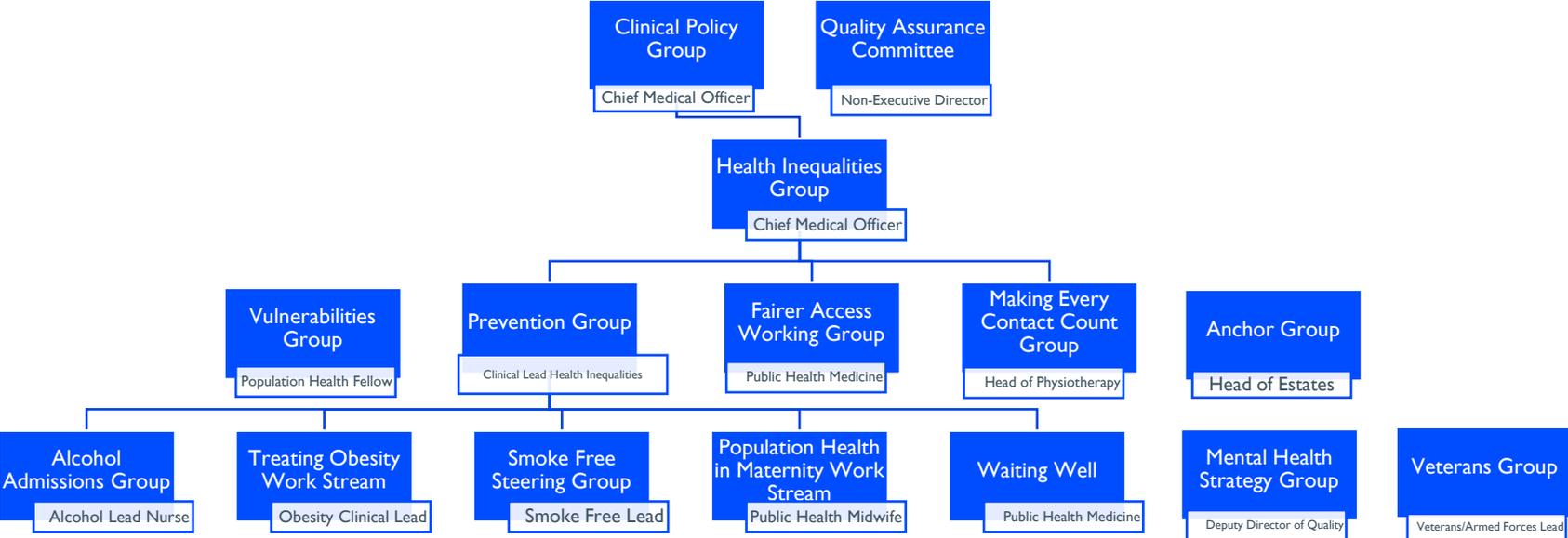
# Deprivation across our population (2019)



Middlesbrough

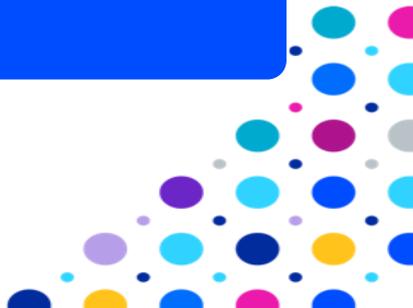


# Health Inequalities - South Tees Foundation Trust Governance Structure



## South Tees Health Inequalities Group - Workstreams

- 1) Understanding inequalities in our organisation
- 2) Addressing inequalities in access, experience and outcomes
- 3) Opportunities for preventative programmes
- 4) Identifying and addressing social determinants of health
- 5) Looking after the workforce/what are the inequalities in our workforce
- 6) Partnership working – to reducing health inequalities
- 7) Strengthening our role as an anchor institution



# Understanding Health Inequalities



https://app.powerbi.com/groups/me/reports/37119aa9-3a18-4c2c-9a23-ca52beffe579/ReportSection6cd4cee29e1295e541ac?experience=power-bi

Equality\_dash

Pages: Summary\_JMD

We updated the look of reports Take a tour, and we'll show you how to get around. [Start tour](#)

### DNA/WNB rates by clinic

a-OP Clinic   
  b-Telephone   
  d-On ward   
 19/20   
 **22/23**   
 23/24

Clinic	Seen	DNA/WNB	Rate
NRM NUF NURSE M DAILY BLOOD	1168	602	34.0%
NRM CNF LANJ M GENERAL PAEDS	248	94	27.5%
NRM NUF NUR N TB PAEDS	212	171	41.3%
NRM CNX JOSS M COMM			
NRM NSF NURSE M DIAB			
NRM CNF LALM R NEON			
ADH CNF ABEF M ADHOC			
NRM CNF THWR M TUEP			
NRM NUF NURSE M NUR			
NRM CNF DOUS M COMI			
NRM CNF PRAL M GENEF			
NRM CNF BURM M DIABI			
NRM CNF WILLJ M PAED			
NRM NUF NURSE R ASTH			
NRM CNF WILLJ R TUEP F			
NRM CNF WYLJ M CARDI			
NRM CNF PRAL M CARDI			
NRM CNF RAZD M GENE			
ADH NUF NUR N TB PAEF			
NRM CNF SAIG M GEN P/			
NRM CNF HEGB M PDU			
NRM CNF TUBB M WESA			
<b>Total</b>			

**Hospital**  
 a-JCUH     b-FHN     d-Hart     e-NTH     f-Other

**Collab**  
 Wom&Ch

**IMDq**  
 01     02     03     04     05     99

**Ethnicity**  
 a-White     b-Southern Asian     c-Mixed     d-Other     e-N/k

**Specialty**  
 100 General S     101 Urology     107 Vascular S     108 Spinal S     110 Orthopaedics     120 ENT     130 Ophthalmolo...

**Age band**  
 00-04     05-11     12-17     18-29

**Specialty**  
 Clin Sup     CT&V     DDUGS     F&Com     HNO     JCCI

**IMDq**  
 01     02     03     04     05     99

**Age band**  
 00-04     05-11     12-17     18-29     30-49     50-59     60-69     70+

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 a-White     b-Southern Asian     c-Mixed     d-Other     e-N/k

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Equality\_dash

Pages: Summary\_JMD

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### DNA/WNB rates by postcode

a-OP Clinic   
  b-Telephone   
  c-Pre-Assess Cli...   
 19/20   
 **22/23**   
 23/24

**Hospital**  
 a-JCUH     b-FHN     c-DMH     d-Hart     e-NTH     f-Other

**Collab**  
 Clin Sup     CT&V     DDUGS     F&Com     HNO     JCCI

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# Understanding inequalities in our organisation

- Health Inequalities dashboard has been developed - Focus on patients who DNA/WNB for their outpatient appointment.
- **Analysis shows there is a clear and significant social gradient in access to all Trust outpatient services.**
- The most deprived populations are twice as likely to be unable to attend as the least deprived (16% and 8%)

## **There is inequity of access to Trust services between white and non-white populations**

- DNA/WNB rate for all non-white persons is 15% compared with 12% for white
- For Southern Asian people (our main non-white group), there is a less marked social gradient with high rates across all quintiles (this means ethnicity impacts on access to services in even the most affluent groups)

## **There are marked differences in attendance between age groups which affects all specialties**

- Children under 4 are least likely to be brought to appointments
- Older people over 60 are significantly more likely to attend than other age groups
- The rate of 'was not brought' is 23% in the most socially disadvantaged children
- *Working group set up to further expand the dashboard – this will include additional indicators required by NHSE and will include key clinical areas set out core20plus5 as well as the collation of data by inclusion groups*
- *Plan to roll this out to collaboratives*



# Addressing Inequalities in access, experience and outcomes

## DNA/WNB Pilot

- DNA/WNB Pilot focusing on paediatrics, maternity and LD patients from decile one across selected clinics
- Contact patients via telephone 2 weeks prior to their appointment to confirm awareness of appointment/identify barriers to attending.
- Support offered to attend includes (hospital transport, travel costs, translator, rearrange date, location or type of appointment)

## Qualitative Maternity

- Exploring experiences, perceptions impacting ethnic minority pregnant women in relation to access, experience and outcomes of their maternity care
- Collaboration Teesside Uni, maternity voices partnership, maternity dept
- Interviews/focus groups to gather insights into barriers, challenges to not seeking antenatal care

## Travel Reimbursement Scheme

- Poster developed for trust reception areas - raising awareness of the travel reimbursement scheme for patients
- Link travel reimbursement scheme on hospital website
- Information of the travel reimbursement scheme to be provided by GPs on referral
- Looking to work local travel company to obtain travel passes to address the need for those that require money to travel upfront



# Prevention workstream – Trust role in preventing ill health

## Tobacco Dependency Service

- Aim – all people admitted to hospital who smoke will be offered NHS funded TTS.
- Since Sep 22 -1613 inpatients reviewed, 1545 (95.79%) were smokers, with 558 (36%) accepting support and 241 (15.6%) referred to community SSS
- Introduced mandatory smoking field in EPR for in patients – triggers automatic referral to TDS, now live on 15 wards
- Vaping policy in development for staff and patients on site
- All staff now on permanent contracts to ensure sustainability of service
- Smoking at time of delivery rate in South Tees is higher than England, however since introduction of TDS in Maternity significant decrease from 12.4% in March 22 to 10.7% Dec 23
- During 2023 – 413 referrals with 153 women engaging. Since Jan 23 - 45 babies born into smokefree home, -
- Successful incentive scheme in place, offering successful quitters max £380 Love to Shop vouchers across the course of the pregnancy
- Successful bid to NENC – offer vapes to women and partners as aid to quit increase quit rates

## Alcohol Care Team

- Aim – provide specialist alcohol care for patients with alcohol dependence – demonstrate admission avoidance, reduce length of stay, improve management of withdrawal, increased trust wide expertise and training, early identification of risky levels provide IBA
- In first year, ACT – 694 referrals from ED and 614 referrals from in patient most are dependant drinkers (however, this is only a fraction of those attending with alcohol related issues)
- Once AUDIT C is fully implemented across Trust to identify those drinking at risky levels – referrals will dramatically increase
- Team working with IT re mandatory alcohol field AUDIT C questions to trigger referral to ACT
- 7 day service 08:00- 20:40
- ACT funded until 24/25 via ICB – Risk to system if team is not mainstream funded beyond 2025
- Next steps – service review/develop new model/vision for ACT



# Prevention workstream – Trusts role in preventing ill health

## Public Health in Maternity

- **Healthy Weight** clinic JCUH/ Friarage all pregnant women - BMI over 40. Healthy lifestyle/diet advice given to keep weight between 5-7kg
- Dedicated **vaccination** nurse JCUH/work with PHST to increase education/uptake of vaccines in pregnancy (total vaccines given during 2023 Flu – 898, Pertussis 2271)
- **Mental Health** – Successful bid secured funding for Maternal Mental Health service. WTE midwife & PT Psychologist in post
- **Contraception** embedded in postnatal care – Midwives/maternity nurses trained to fit postnatal implants. Doctors trained to fit coils post birth – robust follow up service in place with sexual Health (Total numbers fitted since May 2023, Coils 56, Implants 82)
- **Cervical Screening** drop-in clinic held at Friarage for staff/public – through advertising on Trust social media – 32 people drop in for first time/overdue screening. Many unable to get app at GP
- **Poverty proofing** work underway - booking pathway, this will involve **Health Literacy**

## Obesity

- Work is underway to carry out healthy weight mapping exercise includes promoting healthy workplaces – offer for staff, providing weight management programmes, physical environment, access to green spaces, enabling active travel and public transport, preventing obesity in children and families
- Exploring Active Hospital Approach – set up a working group with Trust staff and external partners to support an approach – Tees Valley Sport, You've got this, ICS Obesity lead, Clinicians, HR
- NENC ICS Obesity Lead – Clinical Lead Healthy Weight/Treating Obesity – STFT Consultant
- STFT Tier 3 Specialist Weight Management service for 1500 patients per year, Children with excess weight service in paediatrics and tier 4 bariatric surgery service
- STFT Successful NHSE Wygovy pilot



# Work with Inclusion Groups - High Intensity User Key Worker



## High Intensity Use

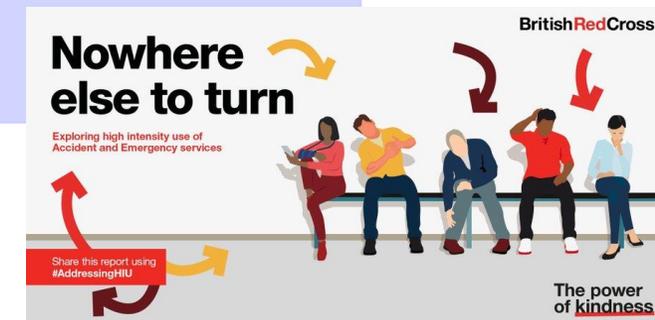
- NHSE – use of healthcare more than, or differently than expected
- Present to ED five or more times within a year
- HIU significant impact across non elective care pathway
- Ambulance arrivals at ED,
- Visits to ED
- Emergency admissions,
- Inpatient bed days
- Estimated annual £2.5 billion cost

## Who are our High Intensity Users? (Nov 22 – 2023)

- 1,446 individuals
- 11,330 attendances
- 5-66 attendances
- Clear link with HI – 55% of individuals in the 10% most deprived IMD deciles
- Two peaks age 20-29 and >70yrs
- Poor physical & mental health
- Substance misuse
- Involvement with criminal justice system
- ACEs
- Female 50.9%, Male 49.1%
- 89.5% White British

## STFT HIU Service

- Dedicate keyworker (changing futures)
- Analyse local data to identify target group – top 50 attenders
- Non-medical approach focus on social, practical and emotional support
- Potential impact
- Over 100 HIU programmes across England
- 58% reduction in ED attendance
- 67% reduction in non-elective admissions
- 71% reduction in ambulance conveyances
- £432,000 system savings



# Work with Inclusion Groups -High Intensity User Key Worker



## Hospital Navigator Project

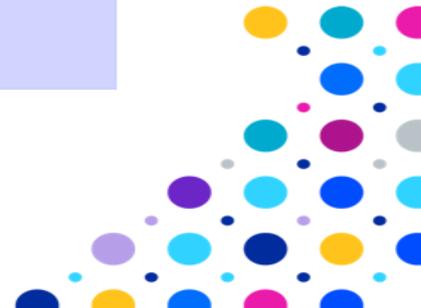
- Violence is a major cause of ill health and poor wellbeing, - strongly related to inequalities
- CURV – commissioned STFT to develop hospital youth intervention programme to support/divert YP involved in crime
- Aim to support patients admitted with violent related injuries by addressing changeable risk factors
- Using mentoring, counselling, onward referral to community services, to help reduce violent re-injury, death, arrest etc.

## Serious Violence Reduction Navigators

- 2 WTE navigator posts
- Work across Children/Adult ED - aligned with ACT
- Focus YP aged 10 – 25 presenting at A&E/admitted with injuries that are result of violence
- On call between 7am – 10pm provide reactive post incident support

## Next Steps...

- New vulnerabilities group established in the Trust
- Aim to co-ordinate/implement the 3 navigator workstreams HIU, Violence & ACT
- Development of ED Dashboard look at what metrics to incorporate into one dashboard to support the workstream



# Addressing wider determinants- Making Every Contact Count

MAKING  
EVERY  
CONTACT  
COUNT

Established MECC Working Group/ Developed Trust wide Communications plan

Trained over 200 staff across the organisation in MECC so they can now support patients around wider determinants of health

Collation of MECC case studies/examples of good practice/evaluate MECC

Developed trust wide MECC resources in patient facing areas  
STFT MECC regional training film - smoking maternity

MECC is now part of the trust induction process, Health & Wellbeing Board for staff

Official Launch 14<sup>th</sup> Jan 2024 – Collaboration between Trust, SERCO, PH – visited 49 areas, including outpatients, wards, reached most MDT teams nurses, HCA, porters, domestic staff, medics, AHPs, pharmacy, senior managers, chaplaincy and visitors passing through atrium

Safety and Quality First 



What opportunity do you have to Make Every Contact Count today?  
**The smallest change can make the biggest difference**  
[www.meccgateway.co.uk/nenc](http://www.meccgateway.co.uk/nenc)





**DENNIS HAS AN ANAESTHETIC!**

**BEANO!**

**THE A-TEAM!**

**BLAM!**

Healthy diets include five portions of fresh vegetables and fruits every day.

Everyone likes a treat but try to eat fewer foods which are high in fat and sugar like crisps, sweets and sugary drinks (including juice).

Try to swap some treats for healthy snacks and water.

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Everyone likes a treat but try to eat fewer foods which are high in fat and sugar like crisps, sweets and sugary drinks (including juice).

Try to swap some treats for healthy snacks and water.

Use the timer on your phone or put a clock in your bathroom to make sure you clean them for long enough.

Remember to see your dentist regularly so they can check all your hand work!

Do star jumps, dance to music, play outside with friends... or walk to school. It doesn't matter what you do as long as you are active every day for at least an hour.

Moving around so much as possible can help you maintain a healthy weight, give you more energy and lift your mood.

Check with your hospital if they are taking part in the Beano Challenge. Unfortunately, the RCOA won't be able to post stickers out to you. All your own hospital can't be responsible for the stickers and other materials. We hope all Beano has fun!

[rcoa.ac.uk/childrensinfo](http://rcoa.ac.uk/childrensinfo)



**South Tees Hospitals NHS Foundation Trust**

**MAKING EVERY CONTACT COUNT**

What opportunity do you have to Make Every Contact Count today?

Stopping smoking	Keeping active	Eating healthy
Looking after mental health	Domestic Violence	Finances
Carers	Social Isolation	Affordable Warmth

**MECC showcase**  
<https://f.io/qckcgHZV>



The smallest changes can make the biggest difference

[www.meccgateway.co.uk/nenc](http://www.meccgateway.co.uk/nenc)

**Safety and Quality Fir**

What opportunity do you have to Make Every Contact Count today?

ASK - Take notice and engage

ASSIST - Provide health information

ACT - Signpost to a local service

[www.meccgateway.co.uk/nenc](http://www.meccgateway.co.uk/nenc)

# NHS as an Anchor Institution-progress to date...



Executive Anchor leads identified across Trust; Anchor group chair agreed (Head of Estates)

ICS Health Anchor mapping questionnaire completed

Responses mapped against 4 pillars

Widening access to good employment, apprenticeships

Using buildings and estates to support local health & communities

Contracting for local benefit & social value

Leadership & partnership working

Mapping - identified areas of good practice and gaps requiring further development.

Widening access to employment – STFT runs successful prospect programme led to 82% success rate of participants gaining employment within 6 months, they also offer social mobility schemes for YP from disadvantaged backgrounds as well as a range of outreach activities into disadvantaged communities.

Green Plan - waste, clean air through provision of electric vehicle charging points, DR bike, staff shuttle bus across sites

Procurement – recent activity looked at food suppliers – highlighted vast majority of food is sourced locally in NE

## Next Steps

Identify gaps and priorities for action/collaboration

Deliver collaborative projects through shared resources and a common approach

Align with NENC ICS priorities

Develop Tees Valley anchor network, complete baseline assessments across all anchor institutions, develop set of metrics.

