

PARTNERS' PRIORITY PROGRAMME

HEALTH INEQUALITIES ASSESSMENT REPORT

NIHR CLAHRC NWC Health Inequalities Assessment Toolkit (HIAT) version 3

1. Name of your project

STEP Service Evaluation – the service aims to reduce avoidable A&E attendances

2. Theme of your project

Improving public health and reducing health inequalities

3. Who was involved in the assessment (include relevant members of the public)? If you did not involve the public, please say why not.

2 Public Advisors:

Public advisers have stated that people will not necessarily state their real reasons for A&E until they feel that they will be heard without judgement, A&E staff simply deal with the presenting medical issue and are not concerned with any underlying issues (e.g. financial worries, relationship breakdown) which may be the reason why someone has substance or alcohol misuse issues.

This service aims to provide service users with a care co-ordinator which is meant to establish trust into the relationship between the service provider and service user and in turn it is hoped that service users will feel that they can disclose the reasons for their current use of A&E.

2 Research interns

Steering group - Public Health Development Manager and the Head of Commissioning for Mental Health and Learning Disabilities

4. Please summarize the results of your assessment under the section headings. For each stage, highlight the changes to your activity as a result of the assessment. If you did not make any changes, please give your reasons why.

The STEP service has only been running for a couple of month so intelligence regarding the health inequalities being experienced by the cohort are not fully known. One of the aims of the evaluation is to better understand the health inequalities experienced by this cohort in order to inform service provision and disseminate findings on health inequalities to partners. So far the cohort data states that almost 64% of service users live in the 10% most deprived LSOAs in England, and only 16% have stated that they have no disability (physical or mental). This along with the population health data

goes towards demonstrating the poorer health outcomes (and health inequalities) experienced by residents and cohort members alike.

<p>What are the health inequalities that influence(d) or create(d) the problem being addressed by your project?</p>	<p>Residents in 'C' face worse health outcomes than the national average, residents have a shorter life expectancy and almost 2 out of 3 residents experience a healthy life expectancy that is significantly lower than the national average. The number of people with one or more long term condition i.e. heart failure, asthma and mental ill-health is growing (all higher than the national average).</p> <p>'A' CCG is 4th highest out of 207 CCGs in terms of emergency admissions and 'B' CCG is 32nd (Local Health, 2011/12 – 2015/16).</p> <p>The STEP service is targeted at reducing 'avoidable' A&E attendances, and as such it will be working with a diverse cohort; the majority face multiple health needs as well as socio-economic deprivation (please see above). Some of the inequalities relate to the wider determinants of health including socioeconomic issues which are having a negative impact on the cohort's ability to access the health and social care they need. Some members of the cohort are already known to other services while others appear to be accessing A&E to meet their health needs.</p>
<p>How will your proposed work tackle the socio-economic causes of the inequalities in health you have identified as relevant?</p>	<p>Hospital data identifies people who frequently attend A&E for avoidable reasons and shares the information with the service provider. The service provider then contacts the identified patients to offer the support of this service.</p> <p>The offer centres on the role of a care co-ordinator who will be responsible for assessing clients' health and social needs and co-producing a plan of care. Depending on each client's needs the plan of care will aim to address the immediate health needs as well as the wider social inequalities such as unemployment, social isolation and educational needs etc..</p> <p>It is acknowledged that there is a local knowledge deficit regarding the reasons for why the cohort members are frequently attending A&E. Local intelligence suggests that the clients have a range of complex needs but it is not known if there are common inequalities amongst the cohort. This evaluation includes a qualitative element which will seek feedback from service users as to the reasons why they have been attending A&E as well as the efficacy of the STEP service in helping them to reduce their A&E attendances. The findings will inform the wider health system of how to help to mitigate these health inequalities.</p>

HOW WILL YOU MAKE SURE THAT YOUR EVALUATION AND MONITORING SHOWS THE EFFECT OF YOUR ACTIVITY on health inequalities and their causes?

The service provider will be collecting a range of baseline data on demographic, social and health information, some of which will be regularly updated over the course of the service intervention.

The qualitative element of the evaluation will comprise of semi-structured interviews with service users identified through purposive sampling to ensure that as broad a range as possible is captured for the process evaluation. The sampling will help to cover different demographic groups as well as people who have reduced their A&E attendance and those who haven't. This kind of sampling will help us to better understand the reasons for success and lack of.

There will be a range of data sources including the hospital, service providers and service users themselves.

The data so far shows that clients are more likely to reside in deprived areas and to have a disability or long term condition of some kind. It is hoped that as the service progresses more data will be captured which in turn will help to increase our understanding of the specific health inequalities that are common to this cohort (if there are any).

What wider effect might your activity have on health inequalities and their causes and how can this be delivered?

The service intervention aims to increase social capital and resilience in the clients and their wider social network (where appropriate), with the intention of each client exiting the service better equipped to deal with their health and social care needs.

The qualitative (process evaluation) will seek to gain a better understanding as to why the cohort has been accessing A&E in the first place which will in turn provide more intelligence on the inequalities the cohort has been facing.