Healthier Together

Improving health and care in Bristol, North Somerset and South Gloucestershire

BNSSG Health Equality Partnerships Programme (HEPP), 2020-2021

Executive Summary

In 2020 BNSSG Healthier Together received £65k from the (hyperlink>) NHS England and NHS Improvement (NHSE) Health Equality Partnerships Programme (HEPP) along with 40 other Integrated Care Systems (ICS) across the UK.

The initial aims of the BNSSG HEPP were to:

a) Agree a way of working with BNSSG population groups with poorer access to services and poorer health outcomes, in order to design services that address their needs.
b) Build trust with people who are being poorly served by the health and care services

To achieve these aims (hyperlink>) The Care Forum was commissioned to lead the work. Between January-December 2021, including during the second Covid-19 pandemic lockdown. The Care Forum engaged with 11 community groups, conducted podcasts with 5 of these groups, and in collaboration with those groups surveyed 212 individuals.

The groups were targeted based on their links with communities and members who experience poorer access to services and poorer health outcomes, including people from ethnic minority groups, LGBTQ+ people, people with disabilities or long-term health conditions, and those who experience poverty or socio-economic deprivation.

The BNSSG HEPP, and more recent projects like the (hyperlink>) Reducing Health Inequalities grants programme, can be seen as **phase one** of achieving the two aims of the HEPP in the BNSSG ICS.

1.1 Key findings

Key findings from podcasts with community groups and the survey with individuals, included:

1.1. **42% of survey respondents have been asked to help improve health services in the past. However, there was a lack of consistent CCG contact with the community groups.** Feedback on the outcome of previous community engagement activities was also lacking and highlighted as important for future ICS engagement work.

1.2. **People who experience poorer access to services and poorer health outcomes are both willing and able to engage to help design services that address their needs.** In some instances, individuals may need support or training so they can better contribute.

1.3. **Peoples' motivation to engage** is driven by:
- Wanting to **make a difference** and see positive change in services
- Wanting to have their **voices heard** and representing others
- Individual **financial compensation** was seen as important for around 40% of the individuals surveyed.

1.4. **Inclusion/exclusion & accessibility** in both engagement activities and service delivery is of huge importance. In particular:
- **Verbal communication is especially important** for people experiencing language barriers, digital exclusion, or who are unable to read or write.
- **Improved health and care staff understanding of the needs and lived experiences** of these population groups. For example, the experiences of

different ethnic minority communities, understanding of LGBTQ+ issues, and more trauma informed practice and social models of care were highlighted.
    - **Engaging people in settings that are accessible and convenient for them.**

1.5. **Easy access to information** was highlighted by community groups and individuals as vital, ideally in one place. The information should include:
    - Services available to people
    - How services are planned and by whom
    - How services are funded

1.6. **Community groups build trust and have an important intermediary role between their members and the health system,** and there should be regular contact between the ICS and community groups. Community groups add value by:
    - Improving communication
    - Encouraging involvement of members
    - Drawing out positive feedback (as well as negative or constructive feedback)
    - Advising services and the system on inclusion and accessibility

1.7. **Financial compensation for community groups** was thought to be an important incentive for involvement, but not the primary motivator and the amount is affected by the size and context in which the organisation or group is working.

1.8. **Be specific about the purpose** of any engagement or feedback activities and try to target people with experience of the issues being addressed. Although ongoing dialogue with community groups was highlighted as important (see 1.6).

1.1 Next steps and recommendations

For phase 2 of the HEPP work the CCG will do the following:

- Share key findings from this report with, the individuals and community groups involved with the HEPP, ICS executives and staff, relevant boards etc.
- Share current engagement and funding opportunities with the community groups involved in the HEPP and look at how to make this more consistent.
- Share and embed the use of Top Tips for Co-designing health services and tools from the HEPP Leadership Learning sets with CCG and ICS staff.
- Feed HEPP learnings into strategy development nationally and locally around working with people and communities and encourage further investment. For example, the BNSSG Integrated Care Board People and Communities Strategy and Action Plan which is being developed in 2022.
- Work with The Care Forum and other VCSE organisations to ensure the findings from the HEPP and wider recommendations around working with people with poorer access to services and poorer health outcomes inform ICS development. Example recommendations include: developing system principles around working with these communities, creating an Equality, Diversity, Inclusion and Belonging (EDIB) network and resources webpage, system wide inclusion and belonging training and trauma informed practice, further develop systems to communicate services on offer like (hyperlink>) Wellaware.