WELCOME

Please introduce yourself in the chat bar

INSERT THE TOPIC FOR YOUR HEAT WORHSHOP HERE

Improve access
Improve user experience
Improve outcomes

We will be recording the workshop to help us identify learning & actions.
The recording will not be shared/published.

Welcome and Introduction

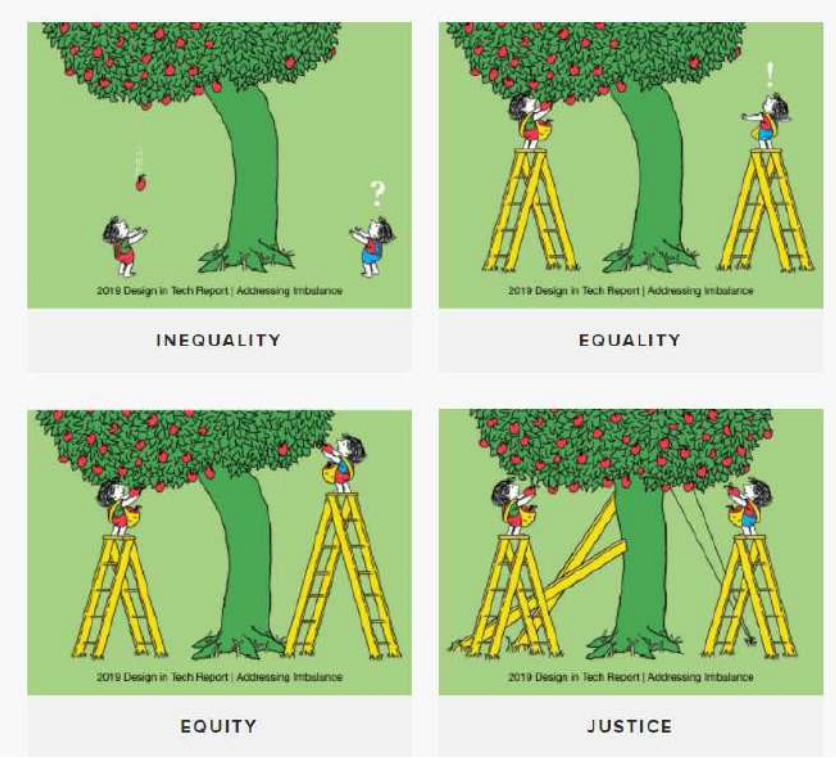
Scope of today's workshop:

- To have a structured conversation to share information and insights.
- To consider what actions to explore further and identify next steps.
- We will be using the Health Equity Assessment Tool (HEAT)
- Participants from across: INSERT THE NAMES OF PARTICIPATING ORGANISATIOSN HERE

The priority areas that we will focus on is based on the data gathered and will be:

During the workshop we'll hear from:

- INSERT SPEAKER/FACILITATOR NAMES & ORGANISATIONS



Agenda

INSERT YOUR AGENDA HERE

Introduction- HEAT: four stages

The HEAT tool is designed to be used at the start of work to help you consider its potential impacts/effects, but it can be used retrospectively.

There are **4 stages** but the tool can be used **flexibly**:

Done

- **Prepare -** agree the scope of work and assemble the information you require

Next

- **Assess -** examine the evidence and intelligence related to your work area or service
- **Refine and apply -** focus on the most impactful actions and make tangible changes to work plans/service specifications, informed by evidence where possible

Future

- **Review –** consider progress against targets and make tangible changes to work plans or service, informed by evidence

A. Prepare

Steps to take	Your response – remember to consider multiple dimensions of inequalities, including protected characteristics and socio-economic differences
A. Prepare – agree the scope of work and assemble the information you need	
1. Your programme of work What are the main aims of your work? How do you expect your work to reduce health inequalities?	The priority area that we will focus on will be **INSERT YOUR FOCUS HERE**

SLIDES 8 - 13 ARE SOME EXAMPLES OF DATA SHARED AS PART OF A HEAT WORKSHOP FOCUSED ON UPTAKE OF CANCER SCREENING BY PEOPLE LIVING WITH SEVERE MENTAL ILLNESS (SMI) IN DORSET

Severe Mental Illness (SMI)

Severe mental illness' (SMI) refers to people living with psychological problems including schizophrenia, bipolar affective disorder or other long-term psychotic illness and people receiving lithium therapy.

Data gathering process

- We've compiled data from:
  - DiiS
  - OHID/PHE
  - NHS

What do we know about people living with SMI in Dorset?

Context - Our population

- 8,211 people on the SMI register across BCP & Dorset
  - 6,885 are active
- 4,125 are female and 4,085 are male
- 8% of people with SMI are from ethnic minority backgrounds compared to 4% of the general population
- 15% of people with SMI live in areas of Dorset within the 20% most deprived LSOAs in England.
- Variation across Primary Care Networks

Source: Dorset Intelligence & Insights Service (DiiS)

Primary Care Network	Patients	%
Weymouth and Portland Primary Care Network	906	11.03%
Bournemouth East Collaborative Network	779	9.49%
Poole Central Network	651	7.93%
Shore Medical	614	7.48%
South Coast Medical	534	6.50%
Poole Bay and Bournemouth Primary Care Network	516	6.28%
North Bournemouth Primary Care Network	496	6.04%
Central Bournemouth Primary Care Network	489	5.96%
Poole North Primary Care Network	459	5.59%
Mid Dorset Primary Care Network	423	5.15%
Jurassic Coast Primary Care Network	411	5.01%
Christchurch Primary Care Network	410	4.99%
The Vale Primary Care Network	350	4.26%
Purbeck Primary Care Network	308	3.75%
Wimborne and Ferndown Primary Care Network	290	3.53%
Crane Valley Primary Care Network	199	2.42%
Blandford Primary Care Network	192	2.34%
Sherborne Area Network	184	2.24%
Total	**8,211**	**100.00%**

What do we know about the health & wellbeing of people living with SMI?

Our Dorset
Your Local NHS and Councils Working Together

NHS
Dorset Cancer Partnership

Nationally:

- People living with SMI die on average 15-20 years younger than the general population
- For people with SMI 2 out of every 3 deaths are from preventable disease
- In the period 2016-2018 cancers was the leading cause of premature death among people with SMI

Source: https://www.gov.uk/government/publications/severe-mental-illness-smi-physical-health-inequalities/severe-mental-illness-and-physical-health-inequalities-briefing

In BCP & Dorset:

- 36% smoke compared to 14% of the general population
- 60% are overweight or obese

Source: Dorset Intelligence & Insights Service (DiiS)

Compared to the general population, people aged under 75 who are in contact with mental health services in England have death rates that are:

5 times higher for liver disease

4.7 times higher for respiratory disease

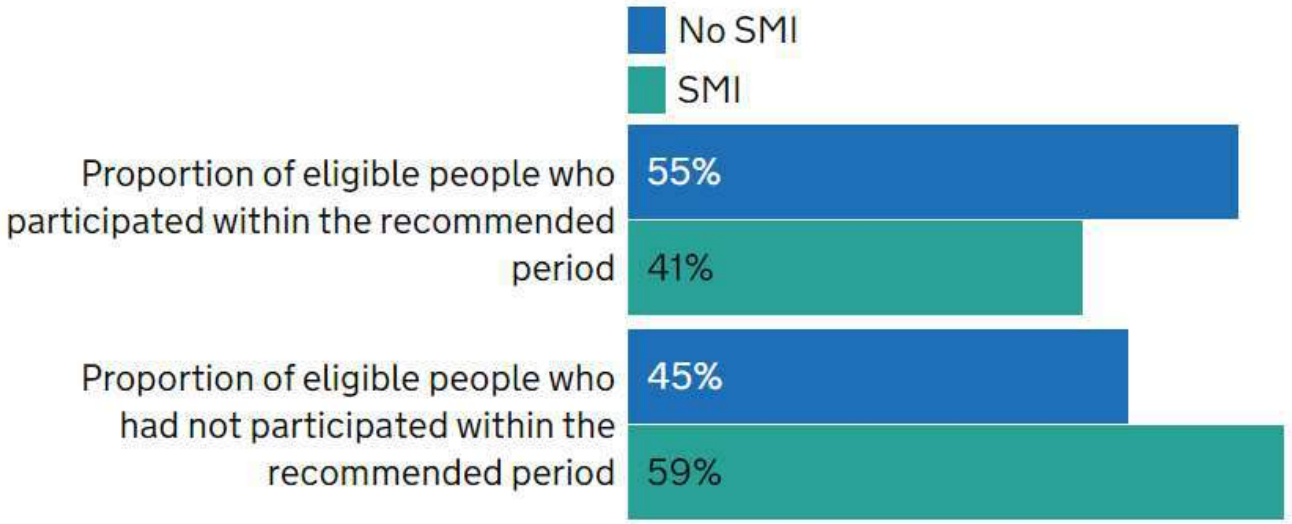
3.3 times higher for cardiovascular disease

2 times higher for cancer

What do we know about participation in screening programmes by people living with SMI?

Nationally:

For those registered at their current GP for at least 2.5 years, 41% of eligible people with SMI participated in **bowel screening** within the recommended time period, compared to 55% of people without SMI

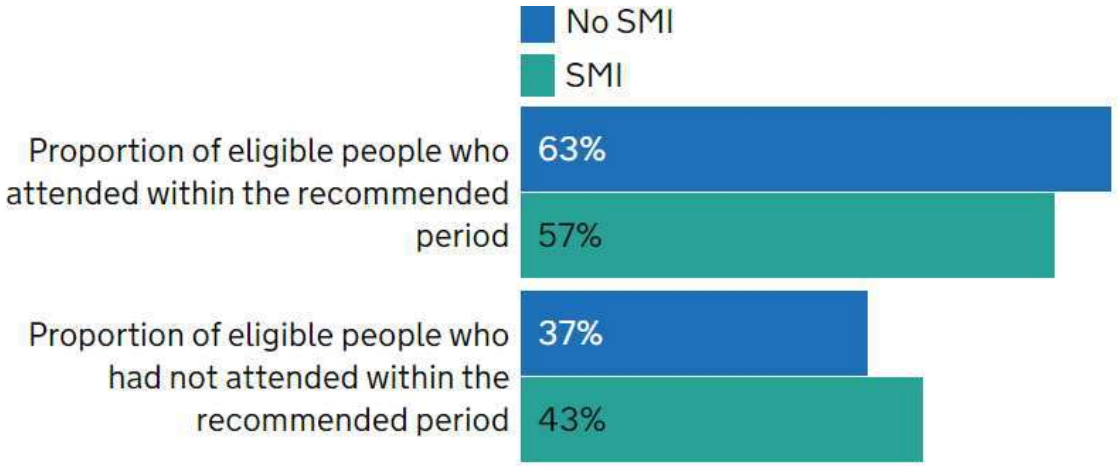


Source: THIN, Active patients in England; data extracted September 2019.

What do we know about participation in screening programmes by people living with SMI?

Nationally

Among eligible people who had been registered at their current GP for at least 3.5 years, 56.5% of the cohort with SMI had participated in **breast screening** within the recommended time period, compared to 63% of people without

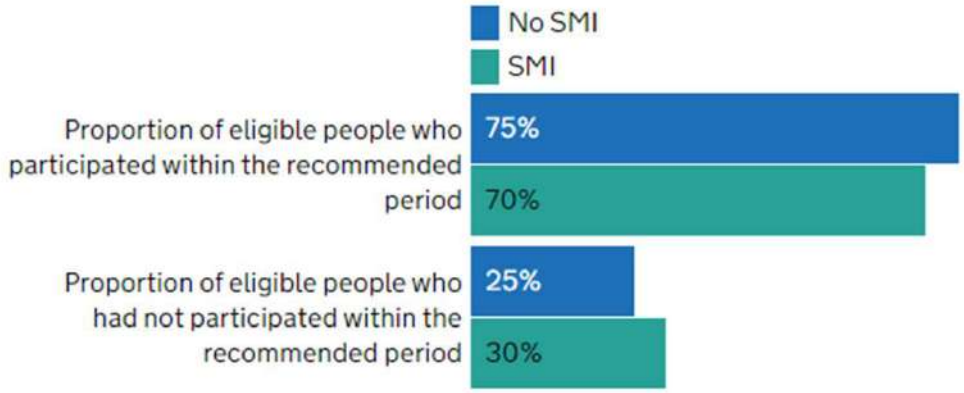


Source: The Health Improvement Network (THIN), Active patients in England; data extracted September 2019

What do we know about participation in screening programmes by people living with SMI?

Nationally:

Among eligible people who had been registered at their current GP for at least 3.5 years (and aged 25 to 49) or 5.5 years (and aged 50 to 64), 70% of the cohort with SMI had participated in **cervical screening** within the recommended time period, compared to 75% of people without SMI



Source: The Health Improvement Network (THIN), Active patients in England; data extracted September 2019

Breakout rooms:

Q1 What do you think are the key drivers for inequality in cancer screening for people living with severe mental illness?

INSERT THE FOCUS OF EACH BREAK OUT GROUP & WHO WILL FACILITATE IT e.g.

- Breakout group 1:
  - Focus: Smoking & early pregnancy
  - Facilitator: Rupert Lloyd

Comfort Break

Feedback from breakout rooms

C Refine and apply initial ideas

C. Refine and apply – make changes to your work plans that will have the greatest impact	
1. Potential effects In light of the above, how is your work likely to affect health inequalities? (positively or negatively) Could your work widen inequalities by: • requiring self-directed action which is more likely to be done by affluent groups? • not tackling the wider and full spectrum of causes? • not being designed with communities themselves? • relying on professional-led interventions? • not tackling the root causes of health inequalities?	

C - Refine and apply initial ideas

2. Action plan What specific actions can your work programme or project take to maximise the potential for positive impacts and/or to mitigate the negative impacts on health inequalities? • How can you act on the specific causes of inequalities identified above? • Could you consider targeting action on populations who face the biggest inequalities? • Could you design the work with communities who face the biggest health inequalities to maximise the chance of it working for them? • Could you seek to increase people's control over their health and lives (if appropriate)? • Could you use civic, service and community-centred interventions to tackle the problem – to maximise the chance of reaching large populations at scale? • Who else can help?	

D Review

A. Review – identify lessons learned and drive continuous improvement	
Date completed (should be 6-12 months after initial completion):	
Contact person (name, directorate, email, phone)	
1. Lessons learned Have you achieved the actions you set? How has your work: a) supported reductions in health inequalities associated with physical and mental health? b) promoted equality, diversity and inclusion across communities and groups that share protected characteristics? What will you do differently to drive improvements in your programme? What actions and changes can you identify?	Don't focus on easier to reach communities- target/ time driven to achieve. Take more time to reach 'gap' areas (i.e. disadvantaged groups) and build into project timelines. Promote an equity tool with others in your service/locality

Breakout rooms:

Q2 What actions can we take to address the drivers of inequalities in cancer screening for people living with severe mental illness?
Q3 How would we know if we're making a difference?

- Breakout 1 – Bowel Screening
  Rupert Lloyd & Martin White

- Breakout 2 – Breast Screening
  Paul Iggulden & Ruth Webster

- Breakout 3 – Cervical Screening
  Heidi Croucher & Vikki Andrews

Comfort Break

Feedback from breakout rooms

Blindspots

- Please use the chat function to raise any further ideas or areas that you feel should also be considered

Next steps

Thank you

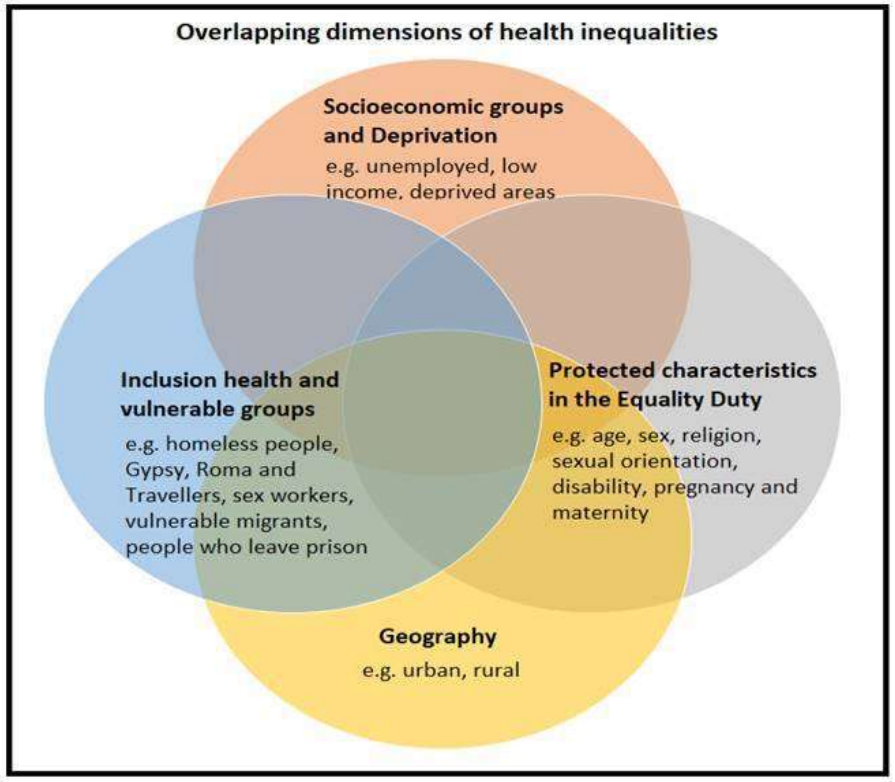
We welcome your feedback on what you think went well today & what we could do better.

Please post in the chat or email Rupert.Lloyd@dorsetcouncil.gov.uk

Reference slides

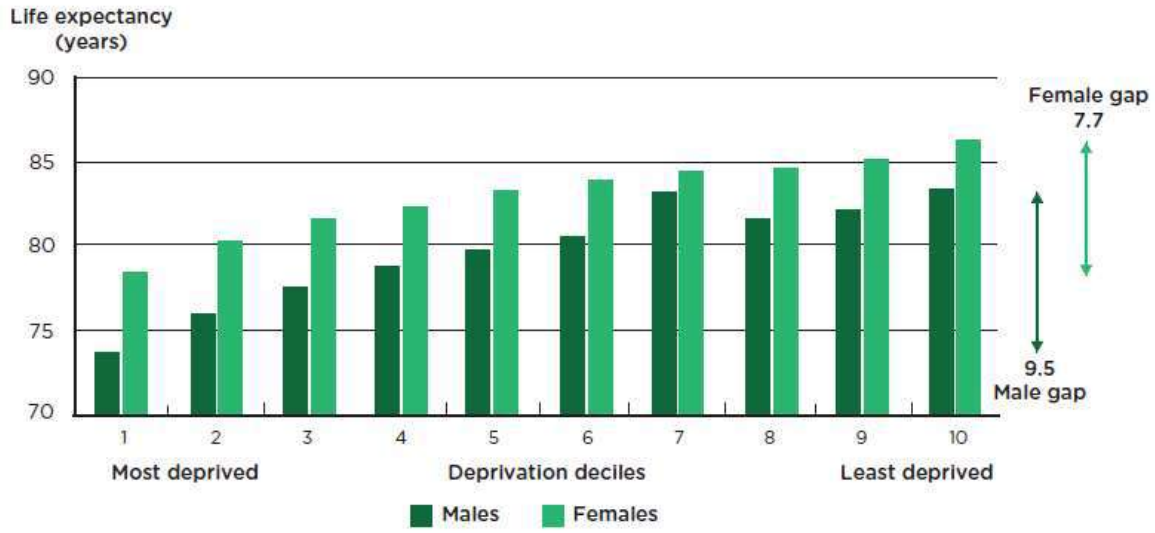
Five Key concepts and language for understanding health inequalities

1) The Four Dimensions of Health Inequality



2) Social Gradient in Health

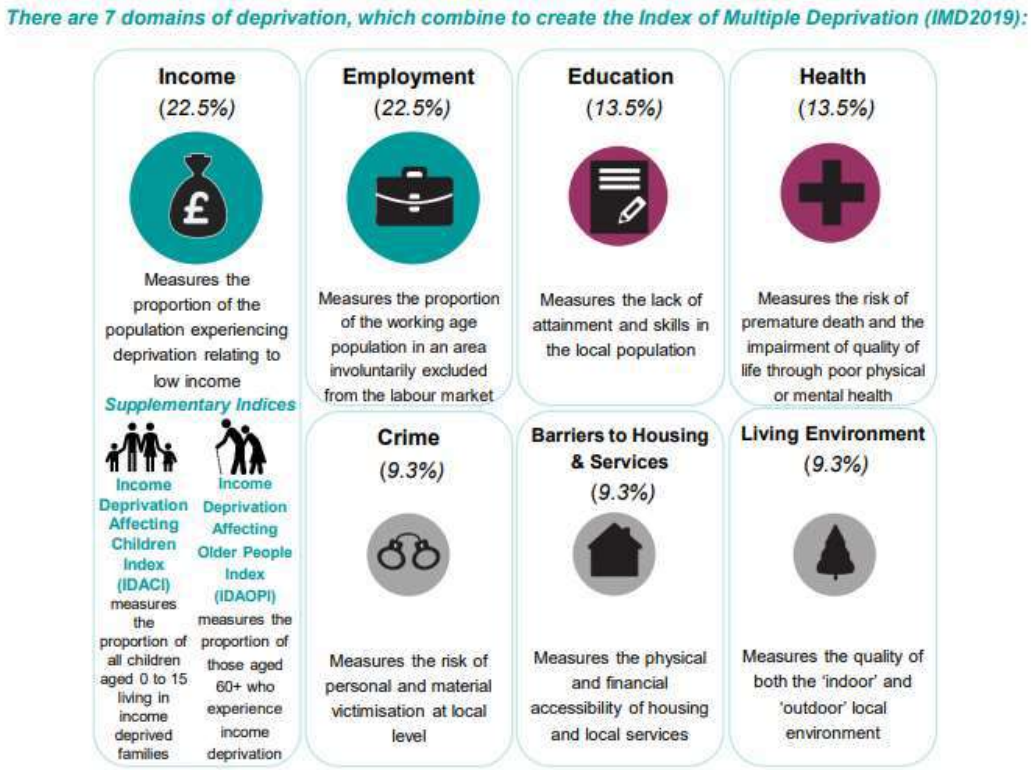
Life expectancy at birth by area deprivation deciles and sex, England, 2016-18



Source: ONS, 2020 (23)

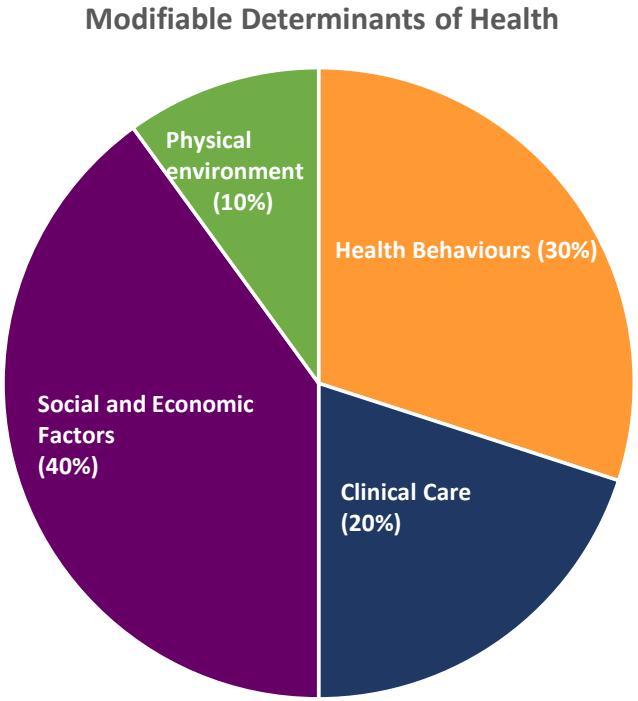
https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on
p.16

2) Social Gradient and the Indices of Multiple Deprivation



English indices of deprivation 2019 - GOV.UK (www.gov.uk)

3) Clinical Care Contribution to Health

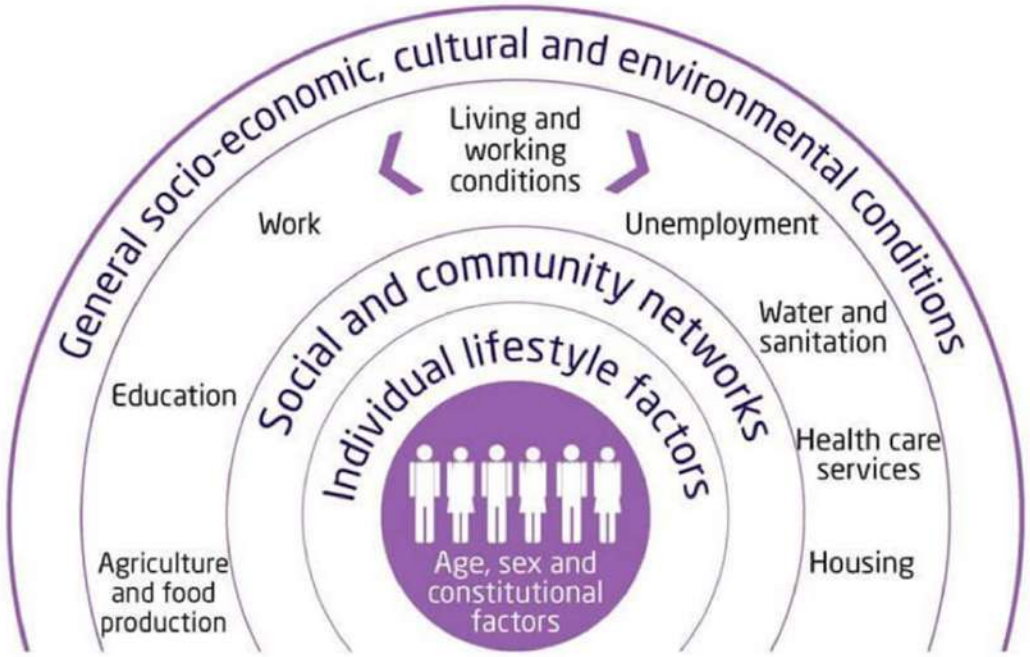


Source: Hood et al (2015)

•Hood et al 2015 County Health Rankings: Relationships Between Determinant Factors and Health Outcomes – ScienceDirect

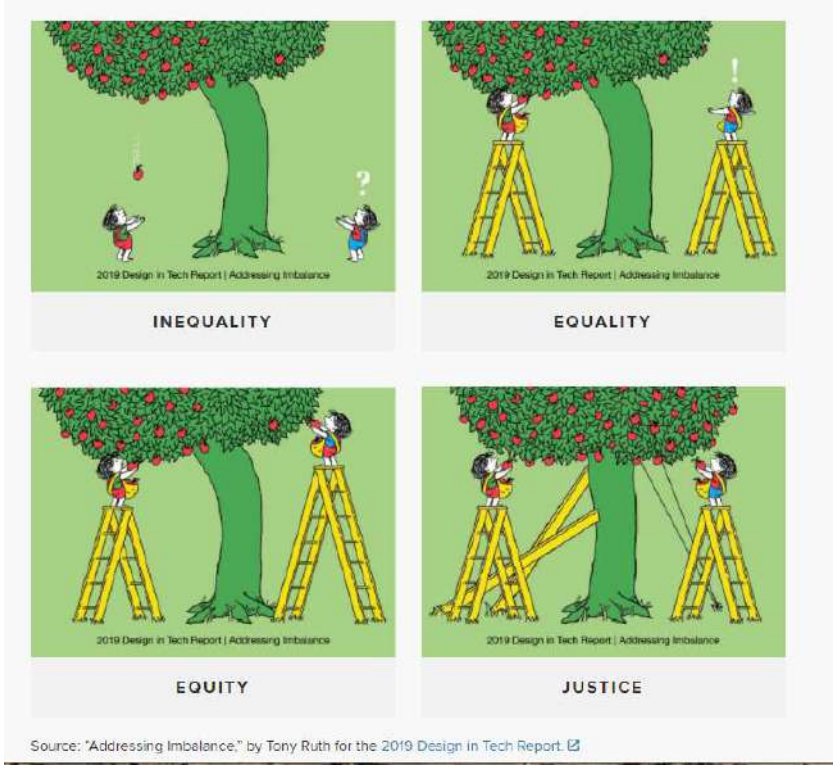
•Quoted by Andi Orlowski, NHS Health Economics Unit on 28.04.21

4) The Determinants of Health



Source: Kings Fund after Dahlgren and Whitehead (1993)

5) Inequality, Equality, Equity and Justice



https://onlinepublichealth.gwu.edu/resources/equity-vs-equality/