

# Review of Health Equalities Framework and Data Intelligence

Kent Learning Disability Services
COP Event
Wednesday 15<sup>th</sup> June 2016





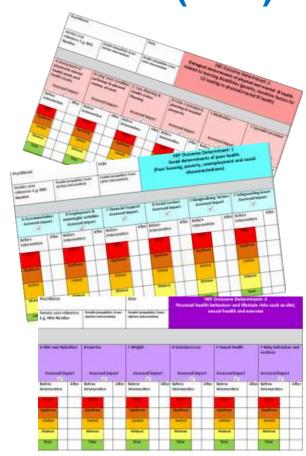
### What is the Health Equalities Framework? (HEF)





#### What is the Health Equalities Framework? (HEF)

- A series of 29 indicators across 5 areas
- An evidence based outcomes framework for people with learning disabilities
- Measures the impact of care and support in reducing the defined determinants of health inequalities
- Launched March 2013







### How does it work and how is it being used?



Following allocation the initial HEF is completed by the practitioner who completes the first visit, this practitioner is the lead practitioner.

The initial HEF to be completed without the need for any additional information.

The lead professional completes follow-up HEFs every 3-6 months until discharge.

If the client is open to other practitioners when the lead practitioner discharges they complete:-

- •- A follow up HEF and a
- Handover to the next practitioner (now the lead practitioner).

This continues until the last practitioner discharges and completes a final HEF. Following final client discharge; a summary letter to be sent to the GP with an overview of the HEF and explanation of the outcomes for the service-user.

Health Equality Framework (HEF) Flowchart 2016





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Practitioner				Date		HEF Outcome Determinant: 4 Personal health behaviour and lifestyle risks such as diet,							
Service user reference E.g. NHS Number			Health Inequalities Score (before intervention)		Health Inequalities Score (before intervention)		sexual health and exercise						
A Diet and I	Hydration	B Exercise		C Weight		D Substance	euse	E Sexual Hea	alth	F Risky behav	iour and		
Assessed impact		Assesse	Assessed impact		Assessed impact		Assessed impact		Assessed impact		Assessed impact		
v			7	✓	•	<b>✓</b>		· •	•	· ✓			
Before Intervention	n Afte	er Before Interventio	After n	Before Intervention	After	Before Intervention	After	Before Intervention	After	Before Intervention	After		
Major		Major		Major		Major		Major		Major			
Significant		Significant		Significant		Significant		Significant		Significant			
Limited		Limited		Limited		Limited		Limited		Limited			
Minimal		Minimal		Minimal		Minimal		Minimal		Minimal			
None		None		None		None		None		None			



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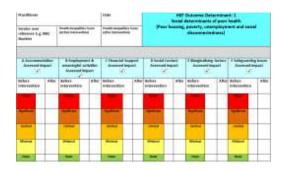
Determinant 4: Personal health behaviour and lifestyle risks such as d	liet, sexual health and exercise	
Health Inequality Indicators		
A. Diet and hydration	Impact Rating	Level
Major restrictions to healthy eating and drinking	Major	4
Significant restrictions to healthy eating and drinking	Significant	3
Limited restrictions to healthy eating and drinking	Limited	2
Minimal restrictions to healthy eating and drinking	Minimal	1
No restrictions to healthy eating and drinking	None	0
B. Exercise	Impact Rating	Level
Major restrictions related to exercise	Major	4
Significant restrictions related to exercise	Significant	3
Limited restrictions related to exercise	Limited	2
Minimal restrictions related to exercise	Minimal	1
No restrictions related to exercise	None	0
C. Weight	Impact Rating	Level
Major restrictions to maintaining appropriate weight	Major	4
Significant restrictions to maintaining appropriate weight	Significant	3
Limited restrictions to maintaining appropriate weight	Limited	2
Minimal restrictions to maintaining appropriate weight	Minimal	1
No restrictions to maintaining appropriate weight	None	0
D. Substance use	Impact Rating	Level
Dependence on drugs, alcohol, or other harmful substances	Major	4
Harmful use of drugs, alcohol, tobacco or other harmful substances	Significant	3
Hazardous use of drugs alcohol, tobacco or other harmful substances	Limited	2
Minimal misuse of alcohol or tobacco.	Minimal	1
No harmful pattern of substance abuse	None	0
E. Sexual health	Impact Rating	Level
Very high risk sexual behaviours. Sexual abuse or sexual offending	Major	4
Unsafe and risky sexual behaviours	Significant	3
Inappropriate sexual behaviours increasing vulnerability.	Limited	2
Safe sexual behaviours of a restricted nature	Minimal	1
Healthy sexual behaviours	None	0
F. Risky Behaviour and Routines	Impact Rating	Level
Major health implications related to presentation of severe behavioural disturbance.	Major	4
Behaviours / routines have significant impact on health status.	Significant	3
Limited impact of risky behaviours / routines on health.	Limited	2
Behavioural presentation has minimal impact on health status.	Minimal	1
No presentation of risky behaviours / routines.	None	0





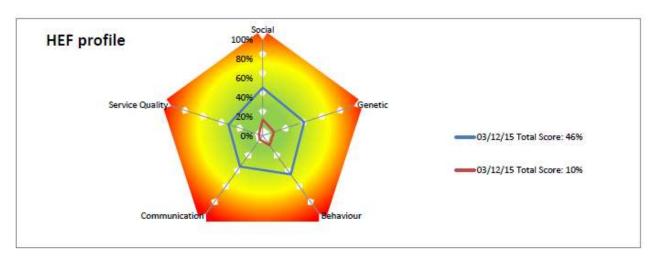
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#### How does it work?















### What does it do and What are the Benefits?

- Profile someone today
- Change the way they are supported tomorrow
- Offer a friendly way to feedback service user outcomes
- Meaningful data can be gathered in a cost effective manner
- Variation in service outcomes can be identified
- Analysis of performance data supports decision making about improvements to services
- Can inform commissioning of services
- Can inform public health strategy





### Data Intelligence Review





#### What is a Data Intelligence Review?

- In-depth analysis of current service demands
- Snapshot of staff skill, training and knowledge
- Range and breadth of interventions and activities provided by the service
- Reviews the framework for service delivery against expected outcomes
- Analysis service user feedback and suggestions
- Reviews commissioning expectations and outcomes
- Provide a platform for Learning Disability Service Standard Operating Policies





#### How is a data intelligence review undertaken?

- Designing of Tools, Groups and Governance
- Auditing e.g: Training Matrix, Baseline Health Profiles
- Working Groups Experts by experience groups
- Field work Research, Validation
- Governance Already established governance framework to oversee
- Reports to be produced in a number of formats





### What are the Benefits?

- Provide a benchmarks for Learning Disability Services
- Offer meaningful evidenced based service transformation profiles
- Map incoming service demands
- Offer a platform to support self referrals and non-referrers (i.e. GPs)
- Supports service value to stakeholders
- Strengthens decision making about improvements to services





# What are the aims of the project?

- Better understand the current and future needs of people with learning disabilities in Kent
- Validate the Health Equalities Framework by measuring it against other outcomes tools and systematically auditing against service user goals
- Plan and develop a class leading workforce by identifying core skill, future clinical objectives and a training platform to deliver a world class service





## What are the outcomes of the project?

- Help shape and transform future services by offering an understanding of what the current service needs are
- Support staff in identifying gaps in learning, skill and education
- Support to build a key transformation and intelligence network with Surrey and Sussex services
- Offer a greater understanding of the Health equalities Framework through validation and identifying any development needs





# How could this type of work benefit people that access your teams/services/trust?

How can the project outcomes be shared to inform leads and managers in other areas?





### Thank you for listening

**Any Questions?** 





#### Please contact me if you have any questions:

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