



# First steps - Working collaboratively with different improvement and equity capabilities

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Q is led by the Health Foundation  
and supported by partners across  
the UK and Ireland

# IMPROVEMENT

Provider collaboratives: improving equitably

## **Welcome and introduction**

Facilitated by chair: Dr Matthew Hill – Head of Insight, Evaluation and Research, Q community

## **Presentation one:**

Minara Chowdhury - Senior Director at the Institute for Healthcare Improvement

## **Presentation two:**

Ali Bolton - Fundraising Campaign Director for Wye Valley NHS Trust (previously Associate Director for Improvement of The Foundation Group)

Emma Rowan - Head of Service Improvement at South Warwickshire NHS Foundation Trust

Lindsey McLean - Urgent Care Programme Manager at Wye Valley NHS Trust

## **Interactive Q&A**

Facilitated by chair

## **Summary and close**

- Please note, this event is being recorded
- Please keep your camera on wherever possible
- If you lose connection, please re-join using the link in your joining instructions or email [Improvement@nhsproviders.org](mailto:Improvement@nhsproviders.org)
- Please ensure your microphone is muted during presentations to minimise background noise
- Please feel free to use the chat box for any questions or comments
- If you would like to ask a question audibly, please use the raise hand function during the Q&A section and we will bring you in
- Any unanswered questions will be taken away and answered after the event
- You will receive a link to an evaluation form at the end of the day, please take the time to complete it, we really do appreciate your feedback.

# Reflections

What are you hearing that relates to improvement?

What are you hearing that relates to collaborative working?

What are you hearing that relates to equity?

What actions or next steps might you take following this learning?



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- **Minara Chowdhury - Senior Director at the Institute for Healthcare Improvement**

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# Delivering the Equity agenda through Quality Improvement

Minara Chowdhury, Senior Director, Institute for Healthcare Improvement  
26<sup>th</sup> February 2024

**Inequities are variation**  
**Inequities are harm**

**Created by systems**



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**Good news:** Methods of quality science exist to improve systems and correct failures, errors, defects, and undesired variation

**However:** The application of quality sciences does not automatically remediate or resolve the inequity

**Why Not?**



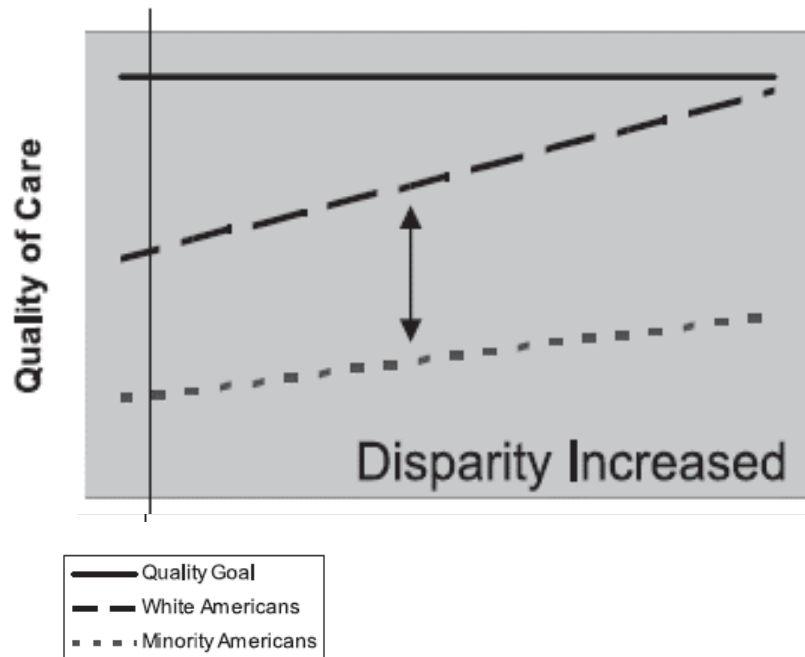


# Quality Improvement & Equity

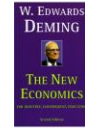
Our systems are perfectly designed to create inequities

The benefits of quality tend to accrue to the powerful before others

Improvement tools can reduce inequities, but not without deliberate aims



# Using Improvement Science to Improve and Strengthen Systems



## Appreciation for a System

In relation to the issue you have chosen to work on...

- Who are the **people** in your system?
- What is the **culture** like?
- What are the **structures**? How do you **organize** things?
- What are the **key processes**?

## Psychology of Change

- How do **people respond** to change? How can we encourage **constructive change** and **commitment to excellence**?
- How **ready** do you think **people** in your system are **for change**? Are some people more ready for change than others?
- How do you think **people feel about the issue** you are going to work on?

## Theory of Knowledge

- What is the **issue** you have chosen to work on?
- **Why do you think this is an issue**?
- What **theories do you have** about what will work/help you overcome this problem?
- What **predictions do you make** about **new ideas being accepted**?

## Understanding Variation

- What **data** do you have already?
- What is it telling you about the issue you have chosen to work on?
- How much **statistical variation** is there in the process?
- How much **variation exists in attitudes and behaviors**?

# CORE20 PLUS 5

## CORE20PLUS CONNECTORS

Connectors are those with influence in their community who can help engage local people with health services.

## CORE20PLUS INNOVATION

Projects to improve access to innovative health technologies and medicines are being run with local communities. This work aims to identify, address and minimise healthcare inequalities for Core20PLUS groups through schemes such as the Innovation for Healthcare Inequalities Programme (InHIP).



## CORE20PLUS COLLABORATIVE

The collaborative brings together strategic partners and experts working to reduce and prevent healthcare inequalities. Members are drawn from NHS England's key stakeholders, the wider NHS and strategic system partners including arms length bodies, think tanks, charities and academic partners.

NHS England architecture to support delivery of Core20PLUS5;  
NHS England's approach to reducing healthcare inequalities



## CORE20PLUS ACCELERATORS

Accelerator sites help to develop and share good healthcare inequalities improvement practice across integrated care systems (ICs).

Lancashire and South Cumbria ICS

Humber and North Yorkshire ICS

Nottingham and Nottinghamshire ICS

North Central London ICS

Mid and South Essex ICS

Surrey Heartlands ICS

Cornwall and Isles of Scilly ICS

## CORE20PLUS AMBASSADORS

The ambassadors are people working within the NHS who are committed to narrowing healthcare inequalities and ensuring equitable access, excellent experience, and optimal outcomes for all – particularly Core20PLUS populations who are more likely to experience healthcare inequalities.

Cornwall

Early **cancer diagnosis rates** across the GRT community in Cornwall

Humber and North  
Yorkshire

**Develop an assessment, planning and care coordinated model, for integrated neighbourhood teams**, supported by a practice culture that is teamwork oriented and person centered

Mid and South  
Essex

Increase **life expectancy for people with Severe Mental Illness (SMI)** in mid and south Essex

North Central  
London

To help improve **early diagnosis of lung cancer** by identifying key insights into the reasons for low uptake of the Targeted Lung Health Checks (TLHC) programme amongst deprived communities in Enfield

Surrey Heartlands

**Increase cancer screening uptake and coverage for those with learning disabilities (LD)**. Test within the cervical screening programme in the Guildford and Waverley place of Surrey Heartlands

Nottingham

**Proportion of people dying early due to CVD** in the most deprived areas of Nottingham and Nottinghamshire will be more similar to those in the least deprived areas

Lancashire and  
South Cumbria

**Improve access to cancer screening** and earlier care with the aim of achieving 75% of cancers identified at stage 1 and stage 2 in specified cancers by 31st October 2023.







# ETHNIC HEALTH INEQUALITIES IN THE UK



**BLACK WOMEN ARE 4x MORE LIKELY THAN WHITE**

women to **DIE** in **PREGNANCY** or childbirth in the UK.

Ref: <https://bit.ly/3ihDwcN>



**IN BRITAIN, SOUTH ASIANS HAVE A 40% HIGHER DEATH RATE**

from **CHD** than the general population.

Ref: <https://bit.ly/3iifo9V>

**ACROSS THE COUNTRY, FEWER THAN**

**5% OF BLOOD DONORS** are from **BLACK AND MINORITY ETHNIC** communities.

Ref: <https://bit.ly/3ulg17r>



**24% OF ALL DEATHS IN ENGLAND & WALES, IN 2019,**

were caused by **CARDIOVASCULAR DISEASE** in Black and minority ethnic groups.

Ref: <https://bit.ly/3CYz22P>



**SOUTH ASIAN & BLACK PEOPLE ARE**

**2-4x MORE LIKELY TO DEVELOP**

Type 2 diabetes than white people.

Ref: <https://bit.ly/3ulDy88>



**BLACK AND MINORITY ETHNIC PEOPLE HAVE UP TO 2x**

the mortality risk from **COVID-19** than people from a **WHITE BRITISH BACKGROUND**.

Ref: <https://bit.ly/3EZS2Qd>

**ESTIMATES OF DISABILITY-FREE LIFE EXPECTANCY ARE**

**10 YEARS**

**LOWER FOR BANGLADESHI MEN** living in England compared to their White British counterparts.

Ref: <https://bit.ly/3urjmt>

**IN THE UK, AFRICAN-CARIBBEAN MEN ARE UP TO 3x**

more likely to **DEVELOP PROSTATE CANCER** than white men of the same age.

Ref: <https://bit.ly/39KwQEs>



**BLACK AFRICAN AND BLACK CARIBBEAN PEOPLE ARE OVER 8x**

more likely to be subjected to **COMMUNITY TREATMENT ORDERS** than White people.

Ref: <https://bit.ly/3zK5jL>



**CONSENT RATES FOR ORGAN DONATION ARE AT 42%**

for Black and minority ethnic communities and **71% FOR WHITE ELIGIBLE DONORS**.

Ref: <https://bit.ly/3ogH3fm>



# Babies , Children and Young People Collaborative



North Central London  
Integrated Care System

**38 Members**

Team 1: Integrated Working in Central Camden Team  
2: Camden Asthma project

NCL



North West London  
Integrated Care System

**57 Members**

Team 1: NW London Child Health Hubs  
Team 2: Virtual MDTs/Clinics  
Team 3: NW London Family Hubs

NWL



North East London  
Health & Care  
Partnership

**77 Members**

Team 1: CYP MDTs in PCNs  
Team 2: SEND NEL  
Team 3: Stratford Youth Zone

NEL

Pan-London MDT

**15 Members**



**322 BCYP  
Collaborative  
Members**



South West  
London  
Integrated  
Care System

**32 Members**

Team 1: Asthma  
Team 2: SEND  
Team 3: Family Hubs

SWL

South East  
London  
Integrated Care System

**50 Members**

Team 1: Bromley – Family Hub  
Team 2: Greenwich  
Team 3: Lewisham \_ MDT  
Team 4: Bexley

SEL



# Why Design for Equity in Quality Improvement?

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- There can be no quality without equity
- We could perpetuate inequities without being aware
  - QI looks at the system level: “Every system is perfectly designed to get the results it gets”
  - Our systems have been intentionally designed to replicate the inequities
  - We must intentionally design to disrupt or risk maintaining the status quo
- To address inequities, we need to make the implicit explicit



# Questions for Intentional Equity in Quality Improvement

≡ Framing/Orientation	≡ Project Design	Project Operations
<ul style="list-style-type: none"><li>• Who defines the system?<ul style="list-style-type: none"><li>• History of Inequities</li><li>• Power and Oppression</li></ul></li><li>• Who does this work serve?</li><li>• What biases do I bring? What biases do we have in the group?</li></ul>	<ul style="list-style-type: none"><li>• How do we define expertise?<ul style="list-style-type: none"><li>• What expertise do we value?</li><li>• What kind of knowledge and wisdom do we value?</li></ul></li><li>• Who defines the problem?</li><li>• Who sets the aims?</li></ul>	<ul style="list-style-type: none"><li>• What are the group norms for decision-making? For day-to-day work?</li><li>• Who describes and runs our tests?</li><li>• Who owns and accesses the improvement data? Who interprets it?</li></ul>

Focus is on making the implicit explicit, particularly regarding the systems we are working in and the things we may be bringing into the work.





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Focus is on intentionally disrupting power dynamics present in QI Projects that run the risk of perpetuating inequities.



# Example: Guiding Principles for Improving Black Maternal Health Through Community Collaboration

1 Affirm a Commitment to Health Equity

2 Approach the Work with Humility

3 Commit to Co-Design with People with Lived Experience

4 Build Awareness of Historical Context and Willingness to Acknowledge and Address Institutional Racism

5 Navigate Various Stakeholder Relationships

6 Build Quality Improvement Capability

7 Provide Dedicated Project Management Support

8 Foster Shared Leadership



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DESIGN

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OPERATIONS

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# Some Questions.....

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- How do we know when is the right time in the process to discuss sustainability?
- How do we scale equity based interventions – when every scenario is different , every community is different ?
- What is the role for board members/senior leaders in ensuring that those lessons are applied at a strategic level so the organisation holds on to the gains and continues to benefit from them?



# 3's Sustainability , Scale and Strategy

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- **Sustainability** - Have we tested sufficiently to ensure that the process is reliable? Has the new way of working become standard practice ? Is there acceptable in the community for this new process / system?
- **Scale** - Deciding how and when to scale is important. Defining what the scalable unit is not always simple as communities are different
- **Strategy** – Setting the strategic direction so that the changes become the new norm and ensuring challenges are addressed



# Overall Lessons

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- **Time** - Equity interventions are multi-dimension and are complex – they take time to design, develop and implement
- **Target Audience** - There needs to be a clear understanding of which community we are addressing the needs for and how
- **Addressing inequalities leads to inequities** - Considering the difference between health inequalities versus equity and whether you have considered the equity implications of the intervention
- **Cultural Awareness** - Have you considered the specific needs of your patients / communities – communication, cultural awareness







**Thank You**

## **Presentation two:**

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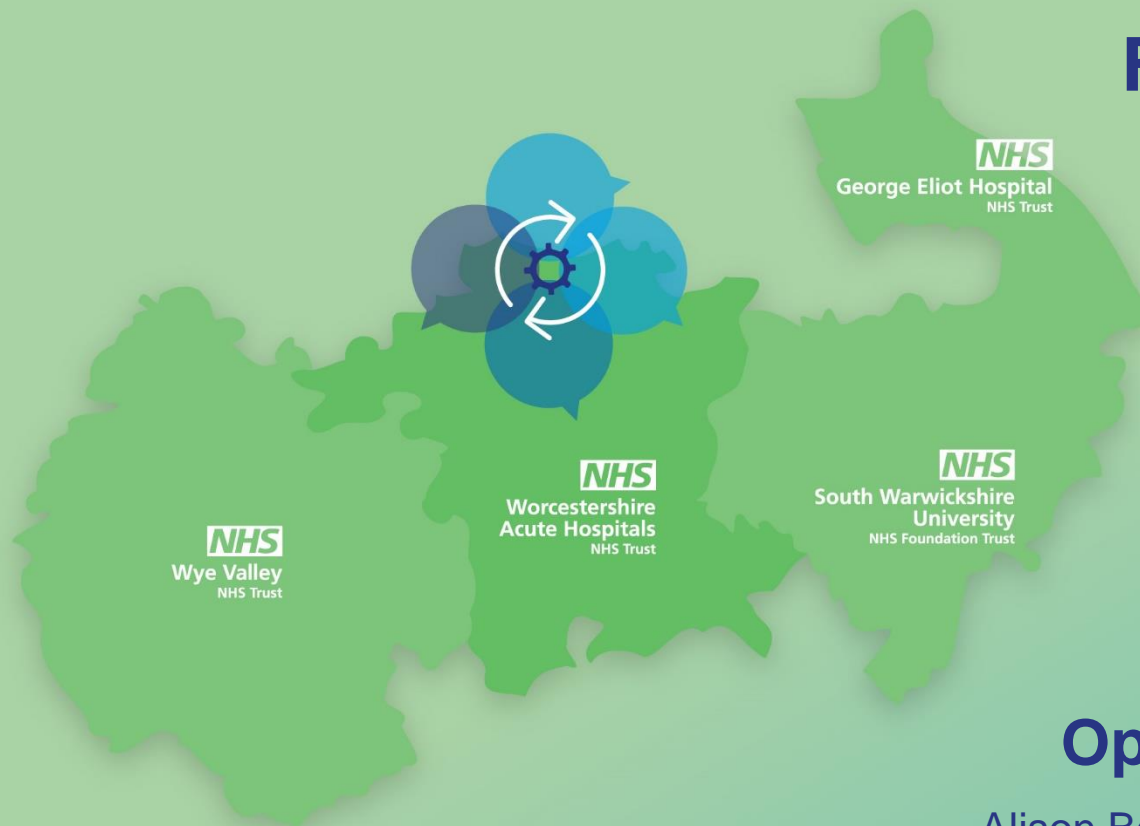


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# **IMPROVEMENT**

**Provider collaboratives: improving equitably**

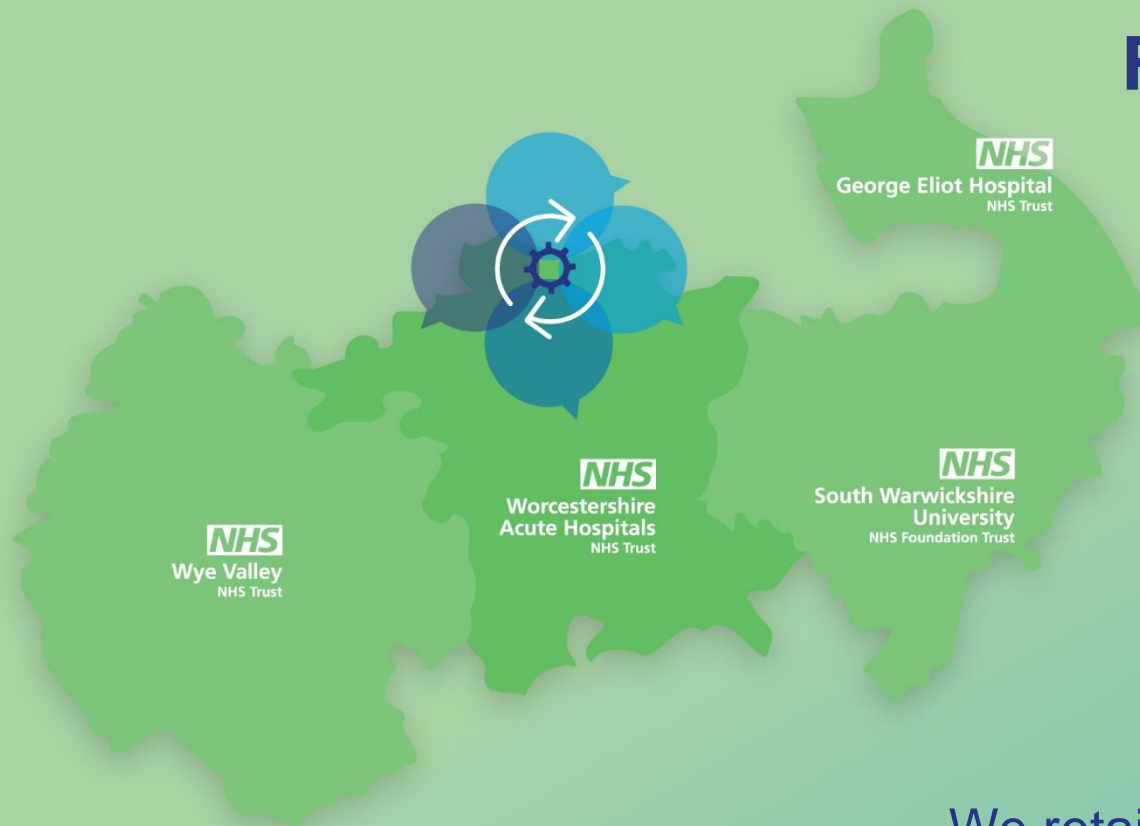
# Foundation Group



## Open-Door Collaboration

Alison Bolton, Associate Dir. of Improvement  
Emma Rowan, Head of Service Improvement  
Lindsey Mclean, Programme Lead, Urgent Care

# Foundation Group



We share a CEO  
We share a Chairman  
We retain our organisational identity  
Whilst learning and sharing across the Group

# Open-Door Education

Education Increases Equality



**NHS**  
Wye Valley  
NHS Trust

**NHS**  
Worcestershire  
Acute Hospitals  
NHS Trust

**NHS**  
George Eliot Hospital  
NHS Trust

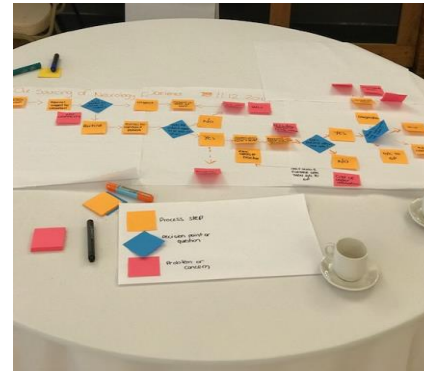
**NHS**  
South Warwickshire  
University  
NHS Foundation Trust

# Improving together effectively when capabilities & resources differ.

Delivering our improvement approach across the ICS:  
Acute Hospitals, Community Services, MH Services,  
General Practice, Social Care etc.

Nursing and residential homes, Age Care UK, Services  
for Independent Living, Fire Service, Powys Health  
Board, Healthwatch etc.

As one of the biggest players in the health and care  
system, we have the capacity and capability to share  
our educational resources in this way, enabling smaller  
organisations to learn the language of improvement.



# Improving together effectively

## An example...

Community Partnership: Chaired by Healthwatch, attended by voluntary and third sector organisation, alongside statutory organisations (NHS, LA, GP Fed etc).

An offer to provide improvement education received varied responses...we decided to PDSA the offer and the training to gauge levels of interest.

We had 18 people opt in to the education, I delivered a bespoke session based on the QSIR approach, which was incredibly well received and appreciated, with some colleagues going on to QSIR Virtual/Practitioner.



# Open-Door Event

Sharing Increases Equality



**NHS**  
Wye Valley  
NHS Trust

**NHS**  
Worcestershire  
Acute Hospitals  
NHS Trust

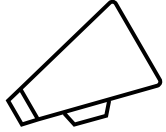
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George Eliot Hospital  
NHS Trust

**NHS**  
South Warwickshire  
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# Open to Improve: Improvement Week 2023

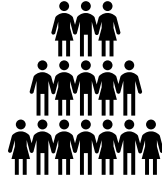
## Improvement network development



5 days

19 topics

60+ speakers



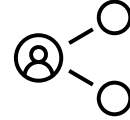
Open access

Drop-in



Training offered

Embed training



Share examples

Connections  
made



Space to think

Culture building

Safe to fail



# Open to Improve: Improvement Week 2024

## Evolving the networks

Speakers include:

Prof Helen Bevan

Making Data Count

Sonia Sparkles

Brendon Young

Dr Emily Rowe

Russell Earnshaw

Plus

Managing Directors

Clinical Lead Emergency Medicine

Improvement Project Leads



# Open-Door... So what?

Relationships Increase Equality



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Acute Hospitals  
NHS Trust

**NHS**  
George Eliot Hospital  
NHS Trust

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South Warwickshire  
University  
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## What is a Community of Practice?

A group of people with a common interest

A group of people with a common goal of improving

A group of people who share experiences



Domain • Community • Practice

# #BetterTogether



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Wye Valley  
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# Open the Door...and see where it may take you...



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Wye Valley  
NHS Trust

**NHS**  
Worcestershire  
Acute Hospitals  
NHS Trust

**NHS**  
George Eliot Hospital  
NHS Trust

**NHS**  
South Warwickshire  
University  
NHS Foundation Trust



**Thank you so much for listening.**

## Tell us what you think



Scan here to access our  
evaluation or use the link in  
the chat

## Book now/save the date:

**Thursday 28 March | 2.30pm – 4.00pm**

Connecting strategic decisions to collaborative and equitable improvement work in practice







Thank you for attending

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