Institute of Health Equity and Social Care (IHESC)

Strategy 2023-26

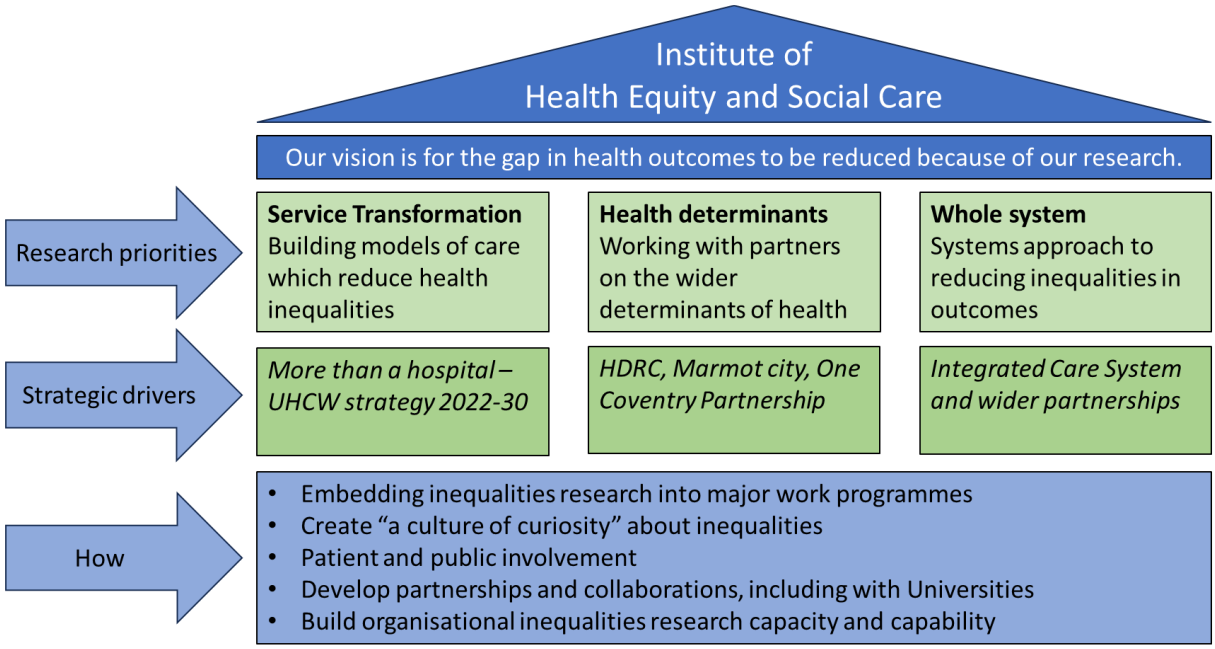
Vision

Our vision is for the gap in health outcomes to be reduced because of our research.

Aim

The Institute of Health Equity and Social Care will be a local, national and international leader in research into reducing inequalities in health and social care to improve population health outcomes

Strategy on a page



Background on the need for IHESC

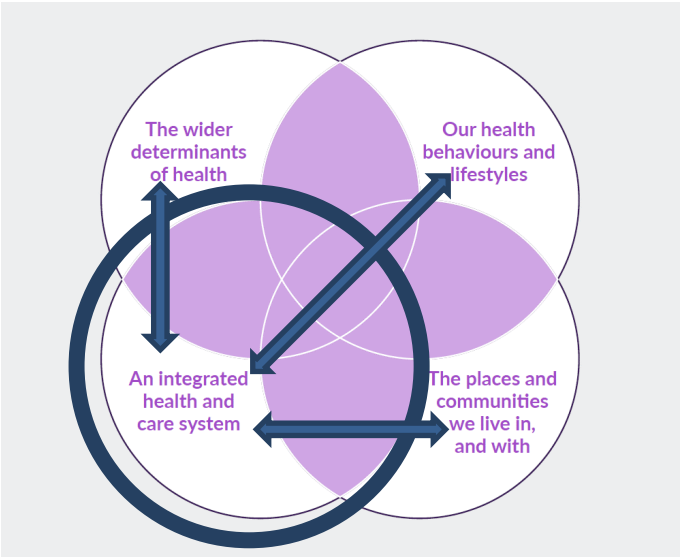
Health inequalities are unfair and avoidable differences in health between different groups in society. The Covid19 pandemic both highlighted and exacerbated existing health inequalities which impact on people's life expectancy and healthy life expectancy. In Coventry, men living in the most deprived areas live on average for 11 years less than those in the most affluent areas, for women this gap is 8 years (2018-20 data), with similar gaps seen across major UK cities.

The NHS has an important role to play in reducing health inequalities and has identified 5 national health inequalities priorities: to restore NHS services inclusively following the Covid19 pandemic; to mitigate against digital exclusion; to ensure datasets are accurate and timely; to accelerate preventative programmes and to strengthen leadership and accountability. One of the 4 aims of the newly formed Integrated Care Systems is to tackle inequalities in outcomes, experience and access. Reducing health inequalities has never been higher on the agenda for the NHS.

While inequalities in health outcomes are well documented, there is much work to be done to understand how to reduce them. Coventry has a track record in working on the wider determinants of health through its Marmot City status. However much less work has been done on reducing inequalities in healthcare. UHCW NHS Trust has an ambitious Research and Development Strategy which includes establishing the new and novel Institute of Health Equity and Social Care (IHESC) to lead the way in research into reducing healthcare inequalities at a local, national and international level.

Our focus on inequalities in health and social care within the wider population health framework

Population health is dependent on many factors (depicted in the King's Fund model of population health). IHESC will lead on research into inequalities within the health and care system (access, experience and outcomes, shown as a circle superimposed on the Kings Fund model, below). IHESC will also lead on research where the health and care system links with the wider determinants of health such as health and digital literacy, fuel poverty or local community assets (shown by the arrows superimposed on the King's Fund model). In addition, IHESC will collaborate with partners (including academic institutions, local authorities and the third sector) on research into the impact that the wider determinants of health have on healthcare access, experience and outcomes.



Areas of focus for IHESC shown superimposed on the King's Fund model of population health. IHESC will focus research on the health and care system, and will work with partners on the wider determinants of health

The wider strategic context - setting the IHESC research agenda

Inequalities in health and social care are pervasive, they affect many groups within our population, they are amplified by the interconnections between multiple systems of discrimination or disadvantage (intersectionality) and can be present within any health or care service. IHESC will operate within the wider strategic context to embed research into reducing inequalities in health and social care as part of the wider system approach to improving outcomes. The three key contexts that we need to operate within are:

- Service Transformation
- Health Determinants
- Whole system

1. Service Transformation: "More than a Hospital" – UHCW Strategy 2022-30

UHCW's strategy "More than a Hospital" sets out the organisation's vision to be a "National and International Leader in Healthcare, Rooted in our Communities". This creates the strategic link between healthcare and population health and provides the platform for research into health and care inequalities. As part of the wider Integrated Care System UHCW has a leading role to play in the transformation of local health and care services to improve population health outcomes. This will be achieved through the development of new models of integrated care through the Coventry Care Collaborative. There are also opportunities to research health inequalities as part of any service reviews and developments, contributing to delivery of "More than a Hospital"

IHESC will embed research into all major integrated care transformation programmes, and other service developments, to build the evidence base on

effective ways to develop, deliver and flex services and reduce inequalities in health and care.

Examples of research priorities include:

- Improving Lives - Urgent and Emergency Care Programme
- Development of Clinical Diagnostics Centres
- Elective care restoration
- Outpatient transformation

2. Partnerships: The Wider Determinants of Health and Local Communities

2a. Coventry Health Determinants Research Collaboration (HDRC)
Coventry City Council, working with partners including UHCW, Coventry and Warwick Universities and the voluntary sector, was awarded £5m funding from the National Institute of Health Research (NIHR) to develop the infrastructure to support high-quality research into the wider determinants of health.

IHESC will work with the HDRC on research into healthcare inequalities and the links to the wider determinants of health.

2b. Coventry as a Marmot City
Following the publication of the Marmot Review, Coventry became a Marmot City in 2013. The Marmot Partnership is continuing this work with a renewed focus on families with young children, work and poverty, healthy places and communities, and equality, diversity and inclusion.

IHESC will work with The Marmot Partnership on the links between healthcare and wider determinants of health to reduce health inequalities.

2c One Coventry Approach, Plan and Partnership
The One Coventry approach describes the way that partners in Coventry work together with local communities to improve the city and improve people's lives. The Plan is focused on the needs and aspirations of the people of Coventry including improving outcomes and tackling inequalities.

IHESC will work within the One Coventry approach with local communities on research that is relevant to their needs and goals.

Examples of research priorities include:

- Digital health
- Applying population health management
- Musculoskeletal pathways
- Place-based approach to health improvement working with communities

3. Whole system: Integrated Care System and wider partnerships

One of the 4 aims of C&W Integrated Care Board is to tackle inequalities in access, experience and outcomes. The first priority of the C&W Integrated Care Partnership is to prioritise prevention and improve future health outcomes through tackling health inequalities. The C&W Integrated Care System has adopted the NHSE Core20+5 health inequalities framework through its Health Inequalities Strategy and is using this to set priorities for health inequalities investment.

IHESC will lead and embed research into effective ways to reduce healthcare inequalities across the wider health and care system. We will explore and develop opportunities in wider local and national systems e.g., West Midlands Combined Authority, CQC etc.

Examples of research priorities include:

- Improving outcomes for newly arrived and transient communities
- Improving maternal health outcomes
- Reducing inequalities in late diagnosis through screening and health seeking behaviours

What we are going to do and how we are going to deliver it?

1. IHESC will shape the research agenda and drive the delivery of world class transformational research into reducing inequalities in health and social care outcomes.

How: by embedding research into reducing inequalities within our major service transformation programmes, service reviews and developments, wider partnership and system work programmes, so that research is relevant to and drives how we deliver services.

2. Create a “culture of curiosity” about health inequalities so that anyone carrying out research considers health inequalities and how to reduce these.

How: all research programmes at UHCW will consider health inequalities as part of their development so that it becomes the norm. This includes embedding inequalities within the research programmes of the other UHCW research institutes.

3. Ensure that our patients and local communities are involved as significant partners throughout the whole process

How: Engage with our patients and local communities, particularly those who experience health and social care inequalities, to co-create, shape and deliver our research priorities using appropriate methodologies. We will work with our local

authority, voluntary and community sector partners to reach groups that have previously been under-represented in research.

4. Develop multidisciplinary and multiorganisational collaborations and partnerships.

How: work with our current partners and develop new relationships, including

- Local academic institutions
- UHCW Digital and Data Driven Research Unit (DDDRU)
- Coventry Health Determinants Research Collaboration (HDRC)
- Coventry Marmot partnership
- Coventry and Warwickshire Integrated Care System
- Centre for Care Excellence
- Voluntary and community sectors
- National and international collaborators
- Commercial sector

5. Develop capacity and capability to carry out health inequalities research

How: through the generation of research income, publishing our work and presenting at national and international conferences, supporting development of research skills within our staff and the development of research careers.

Measures of success

IHESC will contribute to delivery of UHCW's R&D Strategy, and the key metrics identified within which include:

- Establishment and launch of IHESC
- Grant applications submitted
- Projects successfully funded / research income
- Collaborations established
- Staff / student inequalities projects delivered
- Conference presentations
- High impact publications
- Research workforce (PI/CI, PhD students, post-doctoral and senior fellowships, Honorary Professors, clinical academics)

These measures will be developed / defined further over the period 2022-26, in line with the R&D Strategy.