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Towards Equity in Health

18 September 2024

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Opening session

Professor the Lord Ara Darzi, Co-Director, Institute of Global Health Innovation

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Keynote speaker

Michael Marmot, Professor of Epidemiology and Public Health at University College London, followed by questions

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Panel discussion

- Fixing the Digital Divide – Helen Milner, CEO the Good Things Foundation
- Perspective on digital and health equity – Brad Gudger, Founder of Alike and Vice Chair of National Academy for Social Prescribing
- Digital's potential for Improving Health Equity and Outcomes – Dr Saira Ghafur, IGHI

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Breakouts: Health Equity for different populations

1. Health equity for older people – Dr Adrian Hayter, GP and former National Clinical Director for Older People – Breakout room 122
2. Health equity for the Roma community and other minority ethnic groups – Rebecca Cave, Strategy Programme Manager and Trust Innovation Lead, Royal Cornwall Hospitals NHS Trust; and Gareth Walsh Public Health Practitioner, Cornwall Council –This plenary lecture theatre
3. Health Equity and the population of North West London – Dr Bob Klaber, Consultant General Paediatrician & Director of Strategy, Research & Innovation at Imperial College Healthcare NHS Trust; and Jodie Chan, Patient and Public Involvement and Engagement Officer, IGHI Breakout room 120

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Feedback: Health Equity for different populations

1 Health equity for older people	2 Health equity for the Roma community and other minority ethnic groups	3 Health Equity and the population of North West London
• More holistic joint collaboration between primary care and community organizations and learning from international evidence. • More specific funding with a focus on preventive medicine.	•Don't jump to solutions, instead consult with stakeholders who routinely engage communities such as Gypsy, Roma and Travellers (GRT) and then develop a tailored plan of action for outreach. •Don't generalise one community – but respect the differences in culture, literacy, healthcare access, within each individual GRT site and tailor a tactful approach.	•We need to work together in equitable and sustainable local partnerships to identify opportunities for improving equity, ensuring that the patient voice is at the centre of what we do. •Working together with community organisations requires time to build long-term relationships, learning from best practice in other sectors and involving the public from the start. Practical methods include using plain language and involving trusted community members.

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Opening of afternoon sessions

Elizabeth J. Padmore, Chair, British Red Cross

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Keynote speaker

Professor Bola Owolabi, Director, National Healthcare Inequalities Improvement Programme, NHS England

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Breakouts: Health Equity in practice

4. Health equity services in Cardiff for marginalised groups – Dr Ayla Cosh, Clinical Director, Cardiff and Vale Health Inclusion Service – Breakout room 122
5. Health Equity as a Marmot Trust – Laura Austin-Croft, Director for Population Health and Consultant in Public Health at the East London NHS Foundation Trust (ELFT); Dawn Hutcheon, People Participation, ELFT; Aurora Todisco, Lived Experience Consultant –This plenary lecture theatre
6. Health equity for high-intensity users – Victoria Corbishley, Senior Director of Health and Local Crisis Response at British Red Cross – Breakout room 120

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Feedback: Health Equity in practice

4 Health equity services in Cardiff for marginalised groups	5 Health Equity as a Marmot Trust	6 Health equity for high-intensity users
•There should be consistent presentation of the data on the impact of inequities on marginalized groups to galvanize support and funding for changes that reflect their needs. Partnership across stakeholders and the health system should be a key focus to ensure interventions are sustainable. •There should be prioritization of health needs assessments, free of common barriers (language, stigma, homelessness etc) and provision of a tailored holistic response that meets these needs or directs them appropriately across both health and non-health sector	•Need to ask service users what's important to them •Regularly review health data and allocate staff where care needed most at that time •Provide financial advice and support in healthcare settings to remove stigma and improve trust	•The British Red Cross's High Intensity Users (HIUs) in the UK programme led to reductions in A&E attendance, hospital admissions and ambulance conveyances •At the heart of the approach was data led patient identification and programme delivery, paired with person-focused persistent, yet compassionate, methods of connecting and listening to the HIUs, followed by coordinating care and increasing access to services.

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Leadership Reflections

- **Professor Geeta Nargund,** Vice Chair, British Red Cross; Lead Consultant in Reproductive Medicine, St George's Hospital NHS Trust
  'Leadership reflections on health inequalities including the British Red Cross, maternity and gender'
- **Professor Kevin Fong**, Public Engagement and Innovation, Department of Science, Technology, Education and Public Policy (STEaPP), University College London

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Closing session
Recommendations for the government based on discussion

Lisa Hollins, British Red Cross;
Peter Howitt, IGHI

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