**Refining the Tackling Health Inequalities Toolkit:**

**Sharing the products, receiving feedback, making changes**

*This short document helps THIG members prepare for sharing the Tackling Health Inequalities Toolkit with colleagues and teams, seek views in a consistent way and record feedback.*

**Timescales**

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| **When** | **What** |
| Now until end of March 2021 | **Road test:** All THIG members to convene conversations with relevant colleagues, teams, or trusted critical friends to test the toolkit using the approach outlined in this document |
| March 12th  | **Report and recommend:** on progress, present the toolkit and outline next steps to PEG |
| End of March to beginning of April | **Refine:** Rapid process to fill any major gaps or needs identified through the road tests |
| April  | **Design:** toolkit and accompanying products designed into online, interactive resource  |
| May onwards | **Embed:** Ongoing process of championing the toolkit, sharing at all levels of our organisation, webinars, training sessions and ongoing refinement of the products.  |

**Preparing your road test**

All THIG members have committed to ‘road testing’ the toolkit with critical friends to seek feedback that can help refine the product. When preparing for your road test, consider:

* Holding a group conversation, but think about how many people you can reasonably / realistically hold a conversation with at once
* Including a range of perspectives, roles and levels of responsibility, ensuring that you reach people who may not have a solid understanding of health inequalities issues yet
* Convening your road test and collating feedback by the end of March
* Whether you want to present alone or invite another THIG member to co-present with you (from a different organisation)

**In advance**

Given the amount of juicy content within the toolkit, it’s a good idea to give your participants copies to explore in advance. Please reiterate that these are being shared entirely in draft format and in confidence (they are not for circulating more widely). There’s some email text you can use when sending the products out in advance at appendix I.

**Conducting your road test**

This is likely to be in an online format. You can use the accompanying PPT slides and there’s a proposed structure that you may wish to follow as appendix II. There are 4 questions that we want to consistently ask to structure our road tests:

1. Is it useful?
2. Does it help you understand what health inequalities are and for who?
3. Does it help you to understand how to put an inequality lens on your work and what does it prompt you to do?
4. Is there more information that you might like?

**Collating feedback**

* Remember, we aren’t seeking track changes or feedback in minute detail, just the things that will help improve the usefulness and usability of the toolkit.
* Collate the feedback from your road test and add to the THIG online pin board [**here**](https://padlet.com/hollydannhauser/fk6h1jxs7agc7evm).
* You’ll need to sign up to view and edit the board. You’ll find each question listed, just click to add a new comment and the initials of the group or team you spoke to so we can identify the feedback. It’s important to keep track of who we’ve spoken to and how many so we can include this in our reports to PEG – there’s space on the online board to note this down too.

**APPENDIX I**

Dear XXX,

We are looking forward to introducing the Leeds Tackling Health Inequalities Toolkit, which you have kindly agreed to help ‘road test’ and refine. To support this, please find attached:

* The Leeds Tackling Health Inequalities Toolkit – this is an interactive resource, currently in draft and once finalised will be designed up and moved to an online platform
* Tool 1, quantitative data pack – this is an interactive resource, currently in draft and once finalised will be moved to an online platform
* Tool 2, qualitative data pack – this is a work in progress report that documents a great deal of work in recent weeks, themes will be drawn out and it will be drafted into an interactive tool as above

If you have the opportunity in advance of the session, we’d really love you to explore these resources and consider the question: ***“Does this toolkit help you to understand how to put an inequality lens on your work and what does it prompt you to do?”***

We’ll be looking at the toolkit in more detail on Thursday and will be seeking your initial reactions as well as any feedback you have if you’ve had a chance to access the resources before the session.

Best wishes, XXX (on behalf of the Tackling Health Inequalities Group)

**Appendix II: proposed structure for road tests**

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| **Introduce yourself (PPT slide 2)*** Explain that you are leading the session on behalf of all THIG members
* Explain what THIG is: established by PEG in June 2020 to co-ordinate activity and increase focus on tackling health inequalities. Remit is on things within the gift of the health and care system. Seeks to address the enduring inequalities in Leeds – in line with our vision to be a city where the poorest improve their health the fastest – through targeting our efforts, sharing approaches, and increasing responsibility across the system
* And what THIG isn’t: not part of the city’s COVID response, not seeking a focus on wider determinants e.g. economy or housing at this time, not responsible for all action on health inequalities
* Outline why you are convening the conversation – to road test the Tackling Health Inequalities toolkit

**Introduce the toolkit (PPT slide 3)*** THIG identified a short term goal of the health and care system having a standardised approach to tackling health inequalities. This means being unified without being uniform
* To help, we’ve created a draft tackling health inequalities toolkit
* Outline what the toolkit is, why it’s been produced, and who for
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| **Present the draft toolkit (close the PPT slides and open the draft toolkit)*** Start by explaining that everything in the document is still in draft or a work in progress
* Go straight to page 3, the landing page, emphasising that we have long had an ambition to be a city where people who are the poorest improve their health and fastest. This toolkit helps us all bring health inequalities into the mainstream of all our work
* Using the landing page, explain that the toolkit has 2 main components
1. Conditions for change – this is **HOW** we work, qualities that we seek across our partnership that are consistent over time. Giving us the shift in environment and culture that will help
2. Priorities for action – this is **WHAT** we will do, individually and collectively to make a difference
* Explain that that the landing page is fully interactive and that there are plenty of information and resources available within. Demonstrate this by clicking on ‘understanding’ from the landing page and showing the contents of this section e.g. the expected conditions, the questions in the grey boxes that help challenge ourselves, tools to click through to, etc.
* Return to the landing page and click on the priorities for action hexagon in the centre of the right cluster. This shows all the actions in one place, which we’d like the conversation to focus on next.
* Emphasise that these actions are about unifying our efforts to make a bigger impact, rather than being uninform across everything we do. They do not supersede national requirements (which are contained elsewhere in the toolkit), but are things we’ve identified will help us go further and faster.
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| **Explaining the priorities for action (use toolkit)*** Emphasise that:
* lots of good activity is already happening and this does not seek to derail or divert that
* national requirements and guidance will continue to be relevant and guide activity
* similarly avoided repeating things that are already in other strategies
* these actions are things that are universally applicable / systemic… if we all do something, towards the same goals, we have a much better chance of making a fairer, more equal Leeds, where people who are the poorest improve their health the fastest

Introduce each of the 4 priority areas for action explaining where they’ve come from and why they are importantCommunity-led* This theme was identified to recognise the growing evidence that the communities can have both on demand for ‘statutory’ services and in tackling health inequalities
* Third sector and LCC have had a focus on this for year, health are starting to see the benefits
* Allows a basis for funding to be targeted to the groups and areas that most need them
* And creating the conditions for communities to make their own decisions about how resources are deployed locally builds community cohesion and trust
* We believe that all partners working together across our place can have a role in this.

Personalised, proactive and preventative care* This theme is key to helping us to deliver the ‘left-shift’ in investment that we have all committed to.
* We can all support our teams to deliver personalised care based on ‘what matters to me’ and coaching-type approaches to any interactions with people.
* Consider prioritising prevention in any pathway of care whether that be delivering brief interventions / signposting or moving investment ‘up-stream’ to invest in maintaining wellbeing
* Use population data to reach out to people most at risk of developing ill-health and work with them to support them to maintain and improve wellbeing

Access and Accessible health and care services* Theme is fundamental to breaking down the barriers that prevent people accessing services
* Regularly comes out strongly through engagement with people and communities, especially groups at risk of experiencing health inequalities. Widens gap when it goes wrong.
* Work ongoing and examples of great practice but would a systematic approach help us make more progress? For example greater progress on integration and outreach into communities
* Pandemic has brought forward a greater need to ensure digital inclusion

Organisational structures and social value* Are our organisations set up to prioritise reducing health inequalities?
* How do partners enable a central focus on proportionate universalism and equity?
* What is our role as employers – Anchors and Community Anchors – how can we model behaviours with our staff?
* And do we take social value into account in our actions?
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| **Workshop questions (go back to the PPT slides, slide 4) – facilitated discussion*** Hopefully some will explored the toolkit in advance and considered how it might be useful.
* Group discussion based on the following questions:
	+ Is it useful?
	+ Does it help you understand what health inequalities are and for who?
	+ Does it help you to understand how to put an inequality lens on your work and what does it prompt you to do?
	+ Is there more information that you might like?
* So you can see everyone whilst the discussion is happening, you might want to close the PPT and copy and paste these questions into the chat function of your virtual meeting room
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| **Conclusion (PPT slide 5)*** Thank the group for participating
* Invite final comments or suggestions
* Outline next steps e.g. feedback will be used to refine, design process to develop an online accessible resource (including some of the content being turned into video, infographics, etc), ongoing embedding and disseminating to have the most impact e.g. through webinars
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