THE HEALTH EQUALITIES FRAMEWORK

Determining Outcomes: an introduction for family carers
The Health Equalities Framework (HEF) provides a way to agree and measure outcomes for people with learning disabilities.

Importantly, the tool can be used by family carers in partnership with services:
- to agree priorities
- to monitor outcomes for their relatives
- particularly for people who may lack capacity to do this for themselves.
We believe the HEF will help show what difference support from services is making to the health and wellbeing of people with learning disabilities.

It will help us to make decisions about when and where we need to focus care and support.
WHERE DID THE HEF ORIGINATE?

- The HEF was initially developed by the UK Learning Disability Nurse Consultant Network in response to a request from the Department of Health, following the investigation into abuse at Winterbourne View Private Hospital.

- Since then it has been tested by:
  - Learning disability nurses
  - Multi-disciplinary teams
  - Family carers
  - People who have learning disabilities
  - Commissioners
Health inequalities are the things affecting our lives that mean we have poorer health and well-being than other people.

The HEF focuses on the impact of care or intervention to prevent or reduce health inequalities.

We know people who have learning disabilities have poorer health related to 5 key determinants of health inequalities.
5 DETERMINANTS OF HEALTH INEQUALITIES

- Social
- Genetic and biological
- Behavioural
- Communication and health literacy
- Service access/quality

(Emerson and Baines 2010)
WHO CAN USE THE HEF?

- The HEF can be used by:
  - people who have learning disabilities themselves
  - family carers
  - professionals
  - paid carers
  - services
  - people who decide which services are needed and commission or buy services

- The HEF offers a common ‘language’ and understanding for everyone involved
Under each determinant of health inequalities there are indicators. For example, under ‘personal health behaviour and lifestyle’ the HEF lists:

- Diet
- Exercise
- Weight
- Substance use
- Sexual health
- Challenging behaviour

In turn, each of these indicators describe the impact of different situations on the individual.

Here is an example:
<table>
<thead>
<tr>
<th>Impact Level &amp; Indicator Statement</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Major restrictions to healthy eating and drinking</td>
<td>This level applies where the person has known swallowing difficulties but does not have consistency of food modified. Takes little or no food or fluid without considerable encouragement which is not readily available. Eats hazardous (otherwise inedible) items with no restrictions. Takes foods hazardous to known health status e.g. high sugar foods if diabetic or foods contraindicated by medication with no support to modify. Or there are serious safeguarding concerns.</td>
</tr>
<tr>
<td>3 Significant restrictions to healthy eating and drinking</td>
<td>This level applies where food consistency is not wholly safe. Drinks excessively or alternately very little. Has a complete omission of one or more essential components (e.g. fruit, veg or dairy products) OR an extreme excess of an unhealthy constituent of food (e.g. salt or saturated fat etc.) OR wholly inadequate calorific intake. With little support to modify. Amount of food taken is a significant concern.</td>
</tr>
<tr>
<td>2 Limited restrictions to healthy eating and drinking</td>
<td>This level applies where the person takes a mix of grain based foods, milk, meat, veg and fruit though widely discrepant from normal recommended daily amounts – some support to address these issues and support healthy intake. If food consistency is an issue there may be occasional lapses of stringency in support.</td>
</tr>
<tr>
<td>1 Minimal restrictions to healthy eating and drinking</td>
<td>This level applies where the person takes adequate food and fluid of safe and appropriate consistency. There may be relative excesses or limitations of some key areas of nutritional intake. Meals may lack variety or have modestly excessive salt content. Support is available to address known issues.</td>
</tr>
<tr>
<td>0 No restrictions to healthy eating and drinking</td>
<td>This level applies where the person takes a healthy balanced diet consistent with their needs and prepared in a manner which can be taken without risk. They take 6-8 glasses of water (or other fluids) per day and carers are well informed and provide support regarding public health recommendations on healthy eating.</td>
</tr>
</tbody>
</table>
An initial score is given against each of the indicators.

Looked at together, all these would show a health inequalities profile for the person.

A plan would be made for action on the areas that were of most concern.
HOW DOES THE HEF WORK?

- Some actions would take longer than others to have an effect, so it might be a few months before it would be sensible to check the scores again.

- If the actions have worked, there should be an improvement in the scores.

- Sometimes the score on some indicators might have improved, but others might have got worse.
There might be good reasons for this and it is important to understand *why* changes have happened.

It is also important to know the individual in order to know whether this represents an improvement overall!

Using the HEF helps you to ask the questions.
HOW CAN FAMILY CARERS USE THE HEF - FOR AN INDIVIDUAL?

- One of the benefits of the HEF is that it gives the person themselves and everyone who knows and cares about them a tool they can use together.

- It can support an individual’s person centred plan, health action plan, care plans and other information like the hospital passport.

- You can use the whole HEF tool or just the parts of it that seem most important for your relative.
HOW CAN FAMILY CARERS USE THE HEF - FOR AN INDIVIDUAL?

- You and your relative can look at the HEF tool together and talk about the indicators and descriptions

- You can talk about each area with health and social care staff

- You might have slightly different ideas or things you have noticed
HOW CAN FAMILY CARERS USE THE HEF - FOR AN INDIVIDUAL?

- You might have different ideas about the most important things to change.
- Using the HEF can help you to have these discussions and come to shared agreements about priorities and action.
- It helps you to check what difference the actions have made.
You can use the HEF if the staff, or delivery or content of a service, changes to check if the changes are having a positive or negative impact on your relative.

The results of a number of individual HEF scores can be looked at together.

This can show whether lots of people have problems with the same issues.
For example, it might show that lots of people using a particular service are not having a very healthy diet.

Or you could look at the scores for people living in your area and that might show, for example, that lots of people have poor housing that is affecting their health.
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The full HEF Framework is available at: www.ndti.org.uk/publications/other-publications/the-health-equality-framework-and-commissioning-guide1

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