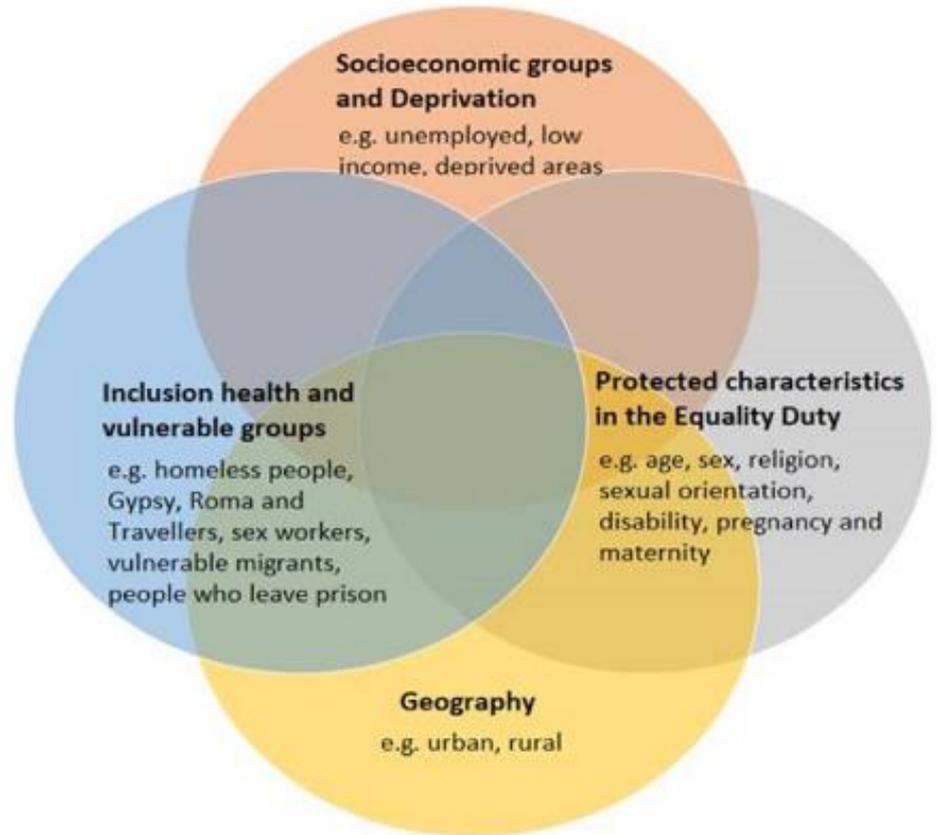# Completing a Health Equity Audit

A step-by-step guide

Dimensions of health inequalities

Health inequalities are 'unfair and avoidable differences in health across populations and between different groups within society' (The King's Fund 2020).

The unequal distribution of the social factors which affect our health – such as education, housing and employment – drives inequalities in physical and mental health, reduces people's ability to prevent sickness, or to get treatment when ill health occurs.

These inequalities are complex and rooted in society, but they can also be prevented. The dimensions of inequality also overlap, as illustrated in the graphic opposite.
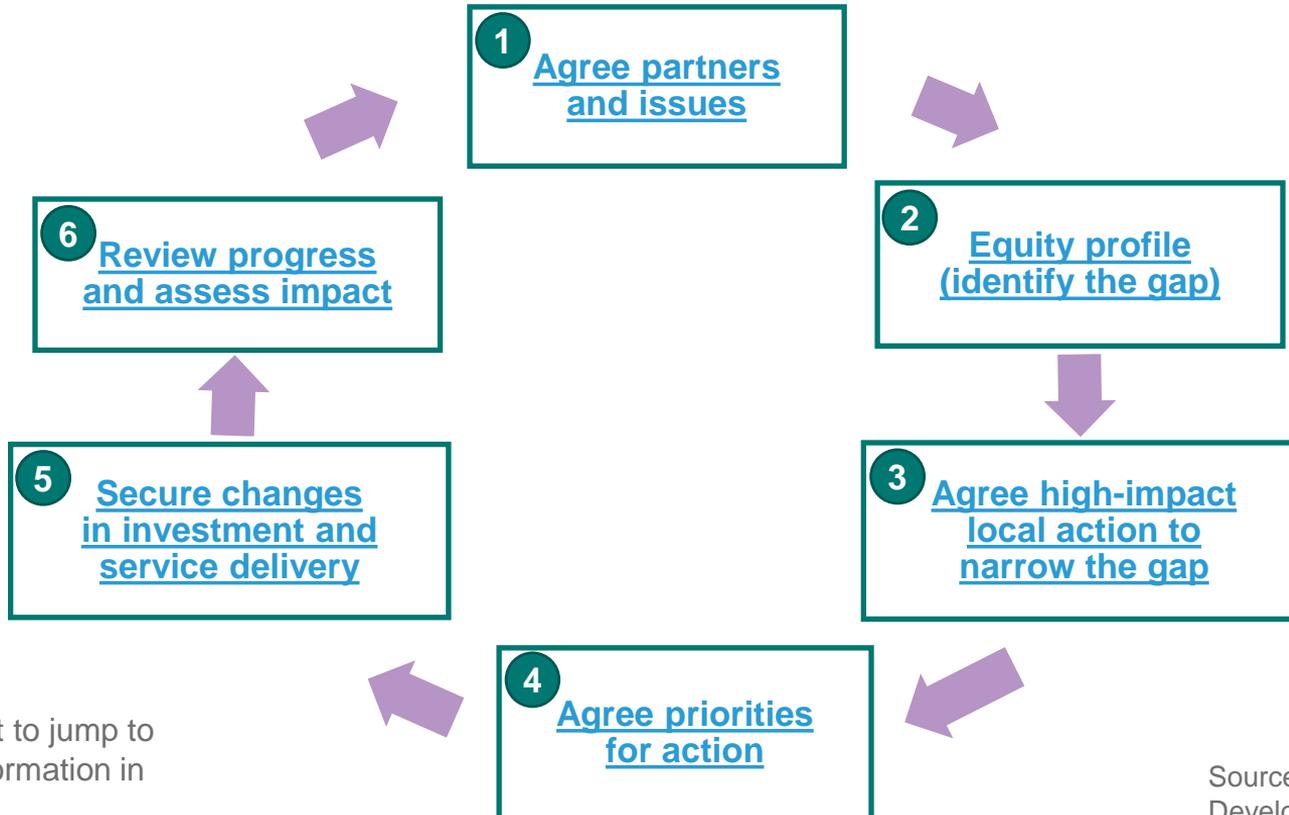

Socioeconomic groups and Deprivation
e.g. unemployed, low income, deprived areas

Inclusion health and vulnerable groups
e.g. homeless people, Gypsy, Roma and Travellers, sex workers, vulnerable migrants, people who leave prison

Protected characteristics in the Equality Duty
e.g. age, sex, religion, sexual orientation, disability, pregnancy and maternity

Geography
e.g. urban, rural

2

What is a Health Equity Audit?

Everyone should have a fair and just opportunity to be healthy. However, there are many factors that can prevent people from having a healthy life, such as the lack of a safe neighbourhood, poor educational opportunities, insufficient food to eat, difficulty in accessing services.

A health equity audit (HEA) is a process that examines how health determinants, access to relevant health services and related outcomes are distributed across the population, and identifies and address inequalities in order to ensure health resources are distributed in relation to the health needs of different groups (PHE 2021a, DH 2013).

Example: HEA PHE examined health inequity in the National Immunisation Programme. This analysis clearly demonstrated avoidable inequalities in vaccination within some population groups. Community, institutional and policy factors, as well as the health beliefs and knowledge of individuals and within families may lead to inequalities in vaccination (PHE 2021b).

The Health Equity Audit Cycle

1 **Agree partners and issues**

2 **Equity profile (identify the gap)**

6 **Review progress and assess impact**

3 **Agree high-impact local action to narrow the gap**

5 **Secure changes in investment and service delivery**

4 **Agree priorities for action**

Click on the text to jump to the relevant information in this slide deck.

Source: Health Development Agency, 2005

Stage 1: Agree partners and issues

- Determine key partners and engage with them at a strategic level to raise awareness of health inequality and the knowledge of current policy around health inequalities

- Set up a Task and Finish Group

- Define the role of the partners in the health inequality Task and Finish Group

- Define its scope and purpose. To enable actions to be timely, a narrowly defined scope is acceptable, so consider:
  - Target population
  - Inclusion and exclusion criteria
  - Aims of the service
  - Outcomes you will measure

Note: Increases in uptake alone may not indicate a reduction in health inequalities. It is possible for existing inequalities to be masked by an improving picture for overall uptake. You may need statistical support to analyse data. You may need information governance approval to access data. The HEAT and PHE Inequalities Strategy state that inequalities are likely to exist across a range of factors.

ACTION:
Go to
Health Equity
Assessment Tool (HEAT)
and complete
question 1
on page 5

Stage 2: Equity profile (identify the gap)

- Compare the expected demographics of the priority population with the demographics of people using the service
- Understand your priority population: identify key sources of data and evidence (e.g. UKHSA Fingertips tool, NHS RightCare, SHAPE Tool, NHS Digital, integrated household survey, national census, local JSNAs and performance reports)
- Assess the dimensions of health inequalities in the local area and the data quality, e.g. how good is your ethnicity data?
- Examine the service pathway, considering:

1) Access
- How is the service promoted and accessed?
- How are patients identified and invited? Are text messages sent? What about individuals without mobile telephone numbers? Are letters sent?
- What about individuals with no registered address, or those in residential institutions?
- How accessible is the information provided?
- What type of service is offered? Face-to-face or remote?
- What is the location of the service and is it accessible?
- Analyse the service data to understand if there are variations in how people access and outcomes of the service
- Where are the gaps? Which groups are getting poorer uptake and outcomes? What does the evidence tell you about this?

Stage 2: Equity profile (identify the gap)

2) Outcomes
- Consider not only outcomes such as coverage or timeliness of appointments in the population audited, but also overall health outcomes. For example, outcomes might include incidence, morbidity, and survival, if applicable. However, it is important to obtain population level data which might be for a larger geographical footprint because data at smaller area level can show skewed findings.
- In smaller cohorts, small changes in numbers can result in large changes in percentages.

Also consider:
- any regional variations and factors that may impact on these differences
- patient experience and how that impacts on future attendance
- individuals who have not attended their appointment

Consider the important sources of data you need to identify health inequalities in your work.

Can data be shared, or are legal and ethical approvals required before data sharing?

ACTION:
Go to
Health Equity
Assessment Tool (HEAT)
and complete
questions 2, 3 and 4
on pages 5 to 7

Stage 3: Agree high-impact local action to narrow the gap

The overarching goal of the Health Equity Audit is to address inequalities. To make a difference, areas identified for priority action must feed into continuous improvement plans.

- Identify appropriate actions that help reduce health inequalities based on the information gathered at Stage 2
- Examine opportunities in existing or new contracts to address inequality
- Engage with all partners to develop a joint action
- Develop a plan to engage with target groups and to understand the causes and coproduce solutions to address inequalities through local community links

Stage 4: Agree priorities for action

Northamptonshire
Health and Care Partnership

- Identify the action that has the highest impact interventions and the particular areas of greatest local need based on the list of potential actions identified at Stage 3

- Reach agreement of priorities among all partners

- Identify who will take actions

- Inform other local partners of local priorities

- Ensure that actions will address inequalities across the social gradient

ACTION:
Go to
Health Equity Assessment Tool (HEAT) and complete questions 5 and 6 on pages 7 to 8

Stage 5: Secure changes in investment and service delivery

- Move resources or change service delivery to address health inequalities

- Re-design local commissioning processes to achieve change

- Influence other partners so they address health inequalities through their services

Stage 6: Review progress and assess impact

- Use programme boards as a tool for sharing learning, agreeing and monitoring action plans

- Develop measures to check that the action taken is having the desired impact, consider local indicators and regional indicators

- Set up a plan for ongoing evaluation process, with progress on narrowing health inequalities kept under review

- Have a regular progress and impact assessment to ensure that the action taken is having the desired effect

- Evaluate the changes your action have made are sufficient to reduce local health inequalities

ACTION:
Go to
Health Equity
Assessment Tool (HEAT)
and complete
question 7
on page 8

Resources

1. Public Health England (2021a) Health Equity Assessment Tool (HEAT)

2. Public Health England (2021b) National Immunisation Programme: health equity audit

3. Health equity audit guide for screening providers and commissioners

4. NHS Health Check Programme: Health Equity Audit Guidance

5. Department of Health: Health Equity Audit