NHS
**Health Education England**

# Population Health and Health Inequalities Hub

# Discovery Workshop - Report

**August 2022**

# Purpose

The purpose of this report is to summarise the findings from the Population Health and Health Inequalities Hub Discovery Workshop.

# Background

In April 2022 the Directorate of Education and Quality Senior Leadership Team (DEQ SLT) were asked to consider and support the opportunity to further plan for and establish a multi-professional, virtual hub for Population Health and Health Inequalities.

The vision for the Population Health and Health Inequalities (PHHI) Hub is to provide a virtual platform to support the education and training of health and care workforces and those in a position to influence the health of the public. The hub would become the go-to place for anyone working in the health and care sector to find resources, training offers and education opportunities that will help them in their role to deliver interventions that drive improvement in population health outcomes and tackle inequalities.

The Long Term Conditions and Prevention (LTCP) programme invited users of our education and training materials and system representatives to attend a virtual discovery workshop to explore end user views on what a good hub for these resources would look like and what type of PHHI education and training resources are needed for future development.

The facilitated virtual discovery workshop took place on 11 July 2022.

# Findings

## Quantitative Findings

Whilst the discovery questions produced qualitative responses, some quantitative data is available on the participants of the workshop.

The workshop was promoted by direct e-mails to a broad range of stakeholders.  Social media promotion was a back-up solution in the event of low interest.  It was not used as the interest to attend exceeded the capacity of the programme team to run the workshop effectively, and additional help was sought from a pool of colleagues. We had 306 registered to attend the discovery workshop.  The number of attendees on the day was around 150.
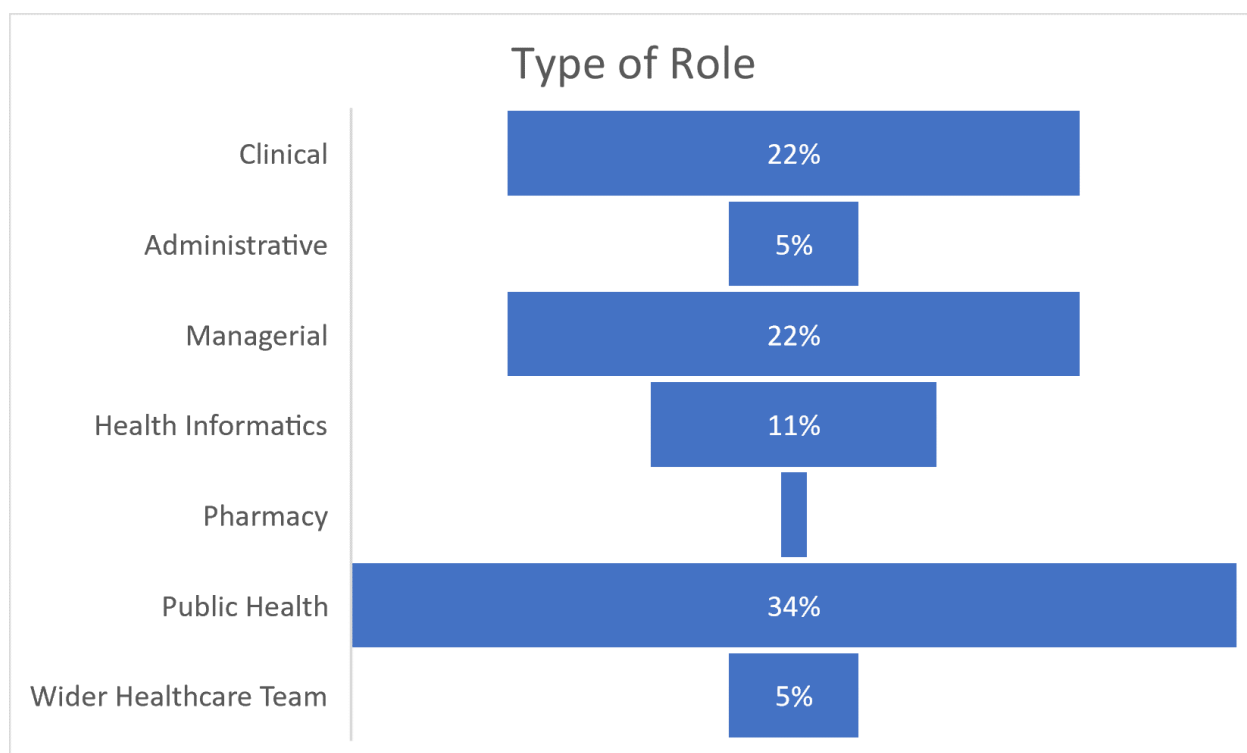
Participants were asked to participate in the survey using the Slido app, and the quantitative attendance data is based on their responses[1] and from transcripts of the breakout rooms.  The data shows a good geographical, professional, and organisational spread.

There were 138 active users on Slido representing all HEE regional footprints.

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[1] The number of participants on Slido is lower than the individuals on MS Webinar, but not everybody online participated in the survey and the numbers of respondents to each question varies so the qualitative figures do not correlate.

**Geographical Spread of Participants**

- East of England, 6%
- Midlands, 11%
- North East and Yorkshire, 13%
- South West, 13%
- North West, 16%
- London, 20%
- South East, 21%

The participants identified themselves as working in the following types of roles:

**Type of Role**

- Clinical 22%
- Administrative 5%
- Managerial 22%
- Health Informatics 11%
- Pharmacy
- Public Health 34%
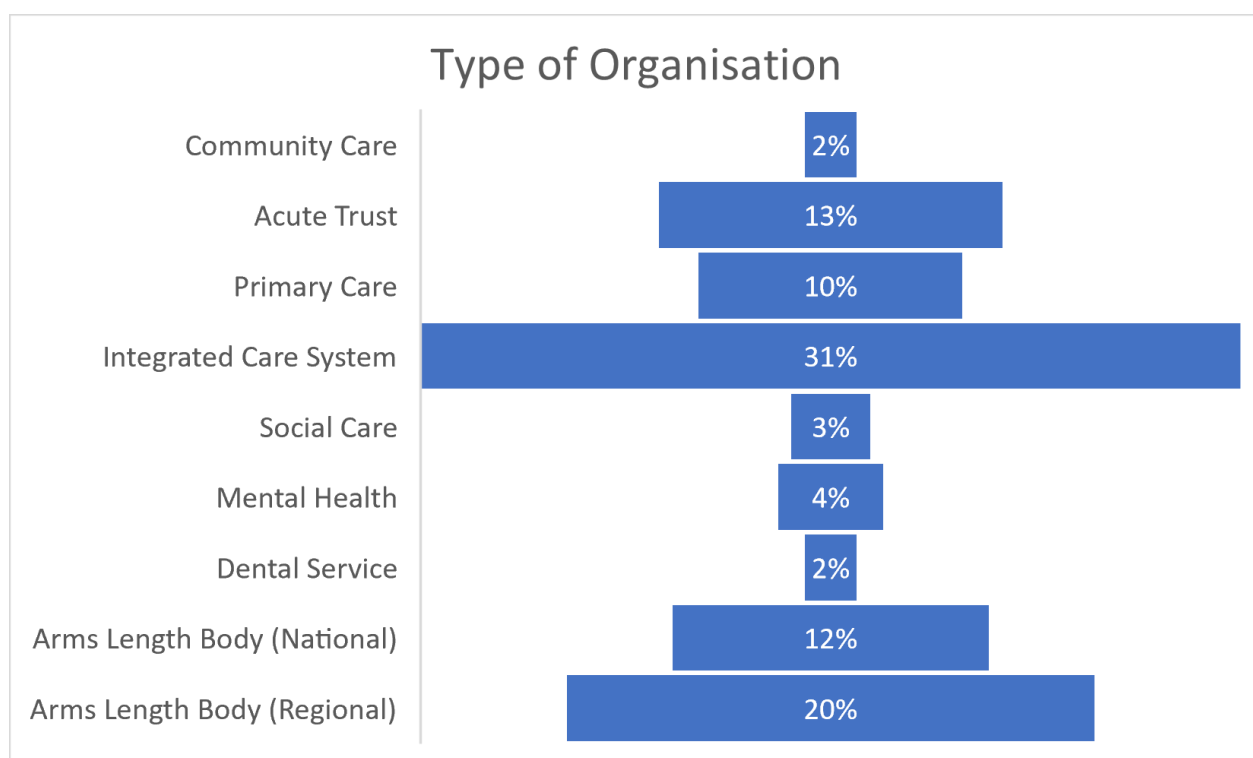- Wider Healthcare Team 5%

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Examples of job roles identified from the workshop transcripts and post-workshop survey were:

- GP Trainee
- IT Education, Training and Development Lead
- Senior Lecturer in Social Sciences
- Dietician
- Health Equity Design Lead
- Workforce Development Programme Manager
- Social Prescribing Link Worker
- Public Health Community Wellness Manager
- Orthotist Service Manager and AHP PH Lead
- Data Analyst Team Leader
- Health in All Policies Lead in a Local Authority
- Public Health Programme Manager
- Commissioner of public health services
- Lead Midwife

We also had senior leaders represented from the Office of Health Improvement and Disparities (OHID) at the Department of Health and Social Care, NHS England.

The breakdown of the types of organisations is found below.

## Type of Organisation

| Organisation | Percentage |
|---|---|
| Community Care | 2% |
| Acute Trust | 13% |
| Primary Care | 10% |
| Integrated Care System | 31% |
| Social Care | 3% |
| Mental Health | 4% |
| Dental Service | 2% |
| Arms Length Body (National) | 12% |
| Arms Length Body (Regional) | 20% |

## Qualitative Themes

All participants were asked to join one of sixteen facilitated breakout rooms. Discussion was structured around the model of SWOT (strengths, weaknesses, opportunities and threats) analysis. The programme team used the opportunity to broaden questions to cover not just

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views around the proposed hub, but education and training on population health and health inequalities in general.  The questions asked are found in Appendix I.

A decision was made to record the findings through a transcribe function of MS Teams.  Some data was also added to the chat function of the system by the participants.

Following the analysis of the rich and varied conversations, the findings have been grouped into two main sections – education and training on topics of population health and health inequalities and the proposal to develop a hub.

Some of the conversations covered topics not in the scope of the workshop, such as data analysis or service planning, design, and delivery issues.  This information has been either omitted from this report or has been mentioned briefly if a relevant link has been established. The findings represent themes where there was a majority of emerging opinions.


## Education, training, and associated resources

Workshop participants listed many existing resources that were perceived to be good quality or of use.  The overall conclusion from these discussions was that whilst the pandemic highlighted health inequalities and created a momentum to capitalise on, there is a large gap in co-produced universal and blended education and training offers. Future offers need to be suitable for the whole ICS as a system. Participants reported four main threats to realising the development of England-wide hub (1) political and economic threats, (2) the capacity of the workforce, (3) the capability of the workforce to learn and (4) there being no overall leadership for education and training in population health and prevention in England.

**Strengths:** Good quality range of evidence-based learning resources available from within our networks already.

*"Lots of useful resources available including Public Health Skills and Knowledge Framework which can be used by individuals for development but also can be used by employers to identify skills and gaps. Awareness of it needs to be improved though." Workshop Participant*

*"Everybody is keen to learn about population health and health inequalities." Workshop Participant*

**Weaknesses:** Healthcare rather than the whole system focus, lack of up to date blended and curated resources and approaches to training, restricted access outside NHS, low knowledge of existing resources, co-production not part of training development, no evidence of impact of education and training on patient outcomes, duplication of resources, commissioned training not sustained, training focussed on theory and lacking examples of practical application, issues with elearning for healthcare (elfh) platform access and functionality.

*"I think there is a massive wealth of material, but I think it becomes increasingly difficult for systems to engage with when there is so much and it's hard to know where to go for the high-quality kind of training that systems need." Workshop Participant*

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*"All population health work is currently targeted at health and health professionals."* Workshop Participant

**Opportunities:** Community-based co-produced education and training offers across ICSs, education and training resources have in-built applicability, case studies and stories to bring theory to life, availability of blended learning packages including place-based learning, all learning includes population health and health inequality knowledge as standard, standardised learning on health inequalities for all with built-in localised elements; digital learning open to all and accessible through one click, more bite-sized education resources, training includes the expertise of those with lived experience.

*"You cannot learn about health inequalities through one module - it has to be lifelong learning."* Workshop Participant

**Threats:** No overall leadership of education and training across the whole system, forthcoming change of government strategy and policy, competing governmental and system priorities, workforce supply and demand, lack of long term commitment to funding and budget cuts, tired workforce unable to learn, no overall understanding of the public health workforce, population health and health inequalities education and training not part of mainstream education, population health and health inequalities not seen as part of culture in NHS and local authorities, online and free training does not have perceived value and lack of shared terminology across the ICS footprints, lack of a consistent and useful way to evaluate the impact and realisation of benefits in the investment of population health and health inequalities training and HEE merger with NHSE.

*"Acknowledgement that NHS and communities cannot solve health inequalities as they are created by governments and policies and taxation etc."* Workshop Participant

*"Funding for the same thing in different pockets spent on the same thing, but not on joint work."* Workshop Participant

## Communication and Networking

Whilst some participants knew about HEE resources, many workshop participants had not heard of HEE's population health education and training offer. HEE's Population Health Fellowship and OHID's All Our Health resources were the most cited examples of good learning opportunities. Producing resources in a terminology that is understood at all levels and across systems i.e., profession and sector agnostic was felt to be a key success factor in enabling a common understanding of what population health and health inequalities are. Participants in addition identified that continuous marketing of resources was key to ensuring education resources do not become low usage products.  To further illustrate this point, participants were critical of the facilitation team quoting the 2 million launches of HEE's Population Wellbeing Portal considering the size of the combined workforces across ICS's.

*"From what I understand from everyone today, the biggest issue is the lack of communication - no awareness of what is out there and how do we access it and how it is related to each programme."* Workshop Participant

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*"NHSE, HEE and NHS Digital merging - using that as an opportunity as talking to the same audiences and bringing together all this work."* Workshop Participant

The perception that HEE's education and training resources are not open access, remains an area for challenge.

**Strengths:** Collaboration and co-production are more prevalent, strong local networks are forming and there is more knowledge of available training than before.

*"The learning from the pandemic and the push of the Vaccination/Covid resources from HEE - everybody knew about it, and everybody did it."* Workshop Participant

*"ICS should try and start thinking about partnership as a way of adopting a population health approach."* Workshop Participant

**Weaknesses:** Lack of sustainable, co-ordinated, tailored and agile communication and promotion of the existing resources, lack of sharing evidence and illustrating impact aligned to outcomes, no post-training follow-up and forming of networks, the alienating language used in healthcare, no common agreed terminology for population health and health inequalities.

*"Communication to service users is not very good - needs to be targeted, consistent and not duplicated."* Workshop Participant

*"Health and public health language too complex to understand by those working in local communities/ICSs."* Workshop Participant

*"Often what I find when I'm looking at a document or a policy, there's so many different links taking you here. They're everywhere. You have to click on this rather than reading through the document from the top to bottom."* Workshop Participant

**Opportunities:** Spread the basic knowledge of public health, population health and health inequalities, establishment of learner networks, promotion of public health careers, sharing of good practice and continuous and consistent marketing of education and training resources.

*"Showcase more of what public health workforce does through some other topics than diet and smoking (public is bored of that), for example non-transmissible HIV."* Workshop Participant

*"Describing the differences and the similarities and the work between public health, population health and population health management is going to be really important because people don't completely understand this and if we could just nail that down and then describe what different people need to know about each subject area and how they can help each other, I think that would just be that golden thread."* Workshop Participant

**Threats:** No system leadership of population health and health inequalities and hence difficult to communicate, lack of shared terminology across the system and professional language barriers.

*"Use of population health, population health management, public health, health improvement, health - they're used interchangeably, and actually public health and population health management aren't the same thing." Workshop Participant*

## Capability

Workshop participants were keen to point out high level capability issues that either impact or may continue to impact on learning in population health and health inequalities:

- Capability of health professionals is geared towards technical skills
- Population Health and Health Inequalities topic covers a broad and complex area
- Population Health and Health Inequalities learning is not embedded in curricula
- Difficult to measure competence and confidence of the knowledge in this area as not included in competency frameworks for professions
- Lack of skills in population health level data analysis
- The role of different professions in population health is not understood
- Not all workforces are digitally enabled
- Lack of knowledge and skills to treat patients holistically
- Lack of skills on how to treat patients with multiple conditions

*"Health inequalities really should run through every everything you know, every bit of work, certainly from a public health perspective, everything should be sort of looked at through an inequalities lens from commissioning to operational/practical level." Workshop Participant*

## Innovation

One of the questions asked was around improving HEE's current offer of education and training in population health and health inequalities.

The overall ask was for bitesize learning available through mobile devices, blended learning opportunities and learning that is less theoretical and has a practical application weaved throughout. There was overwhelming support for an ask to remove barriers to population health and health inequalities learning whether they are organisational, technical, or professional.

The following are suggested innovations made by workshop participants:

- Short accessible training with real application is needed and something that could be accessible on the phone
- Interactive tools rather than lectures
- Offer of training across regional boundaries to match supply and demand
- Blended learning is required so not everything is digital as it's dangerous to health to be online all the time and it lends itself to meeting other people

- Telling stories of public health projects
- Short lunchtime bite-size training online works, clinicians can get out at that time
- Embed Public Health Registrars into organisations on a rotation like doctors and showcase their projects
- Fortnightly hour-long huddles for likeminded networking groups around topics
- HEE could link elfh learning to Local Authorities and with their training platforms (similar to being available on ESR or Trust learning platforms)
- Development of training pathways rather than standalone training
- Supporting population health by exposing people to social prescribing decision making through simulation training
- Meeting service users and talking to them should be included in all training
- Show learners what deprivation is (hologram training for medical students) so that they get incentivised to learn about health inequalities and population health
- There should be a couple of slides on health inequalities that could be embedded in all other training resources
- Invite the general public to attend training courses with health professionals
- Standardised e-learning package in health inequalities mandated for all
- Collaborate with the BBC and Open University to work on a mini-series on Health Inequalities
- Remove obstacles for logging onto elfh and market current learning the way it was done for COVID
- Creation of a phone app that can be used throughout the day
- Making the training more practically based rather than theoretical may be very helpful. Often courses are theoretical, and application becomes an issue.
- Make PH more accessible to all through a variety of routes e.g. an "A level in PH". Do less on fat and fags and more around the real social determinants e.g. poverty. Focus more on gambling, mental health, ACEs.


## Public Health Workforce

As 34% of the workshop participants identified themselves as working in public health roles, several responses were related to their sphere of interest with the following emerging themes:

- Shortage of public health specialists and practitioners
- Lack of diversity in public health workforce
- Shortage of public health placements
- No clear pathway in public health careers

These themes are long standing issues and cannot be solved by HEE alone. The acuteness of some, if not all of these, have been exacerbated by the pandemic and public health reforms.


## Population Health and Health Inequalities Hub

The questions around the hub were more targeted, detailed, and exploratory and as a result opposing views have emerged.

Workshop participants had mixed views on whether the hub is necessary. Several examples of either existing local hubs or work in progress to create ICS-level hubs in population health

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training were mentioned.  There was a strong feeling of the risk of duplication and a recommendation to explore existing solutions before building a new hub.  Where the response for the hub was positive, a clear message was to have sustainability built into design, functionality, and ongoing maintenance and support.

“One stop shop for where you can find information and all we need to know.” Workshop Participant

“Don’t boil the ocean! Make it achievable, avoid duplicating effort, keep it simple, focus on a 'go to' site and support this being a repository for education, training, and resources for the workforces…do it in a phased approach and make it sustainable - who will keep it updated for example?” Workshop Participant

“Instead of a new hub, work with existing resource providers to ensure that it's easily accessible.” Workshop Participant

“Thinking that new solutions are needed for new problems whereas old solutions may work for new problems.” Workshop Participant

Several participants suggested that better and consistent communication of the existing resources may be sufficient to raise awareness.  Those in favour of the hub had high expectations for it bringing together service, data and education resources for all workforces and organisations.  This is expanded upon further below.

A message was to clearly define the audience and the purpose of the hub if a decision is made for it to be developed as it was not clear to people from the programme’s presentation during the workshop.

“If you aim to create everything for everybody, you will end up with nothing for nobody.” Workshop Participant

“The purpose of the hub needs to be clearly articulated to the intended and defined audience – functionality will follow.” Workshop Participant

“Hub needs to be concentrating on the training as there are so many other resources around in other places.” Workshop Participant

Our stakeholders expressed their views on the principles of the hub:

- It needs to be co-produced with stakeholders.
- It needs to be produced with IT, communication, and content experts as part of the project team.
- Evaluation leading to continuous improvement should be built in at the design phase.
- The hub must be accessible to all workforces and to cater for all learning styles. This directly contradicts the need to clearly define the hub’s audience outlined previously.
- It must have neutral branding.

Whilst there is a clear message to simplify and for open access to resources housed in a hub, the ask for content is complex and may be difficult to achieve the competing asks of simplicity and volume. An overview of participant's feedback on the structural set-up of the hub includes:

- Content requested is multi-faceted and large in volume – some of this would outside the current remit of HEE. Content participants would like to see included covers careers information, a place to find population level data, referral pathways, latest evidence on public and population health topics, implementation guidance, shared space for learning and communication and even guidance on pedagogy and for service users.
- Signposting but with a continuous refresh
- Strong preference for topic-based content versus professionally based content
- Linked with service planning and delivery
- Varied resources
- Needs to cater for all learning needs
- Needs to be linked to outcomes
- Simple in structure
- Needs to include a local element

<span style="color:#c0267e">"Having bespoke solutions perpetuates inequalities." Workshop Participant</span>

<span style="color:#c0267e">"Hub needs to be more than just a list of training resources." Workshop Participant</span>

The views on the technical solutions for the hub were equally multi-faceted:

- Functionality for collaboration
- Functionality for users to add content such as share good practice
- Kitemarking for quality function
- Moderated chat function
- In-built search function
- High on the list when using web-based search
- Agile support service provided through the hub
- Easy to navigate
- Alignment with NHS Futures
- Understandable to all
- Open to all with no logins
- All available education and training linked to the hub.

<span style="color:#c0267e">"Hub needs to be more accessible and intuitive than the current portal." Workshop Participant</span>

<span style="color:#c0267e">"Hub needs to give options for people to access learning at the time suitable for them." Workshop Participant</span>

<span style="color:#c0267e">"AI enabling filtering system for multiple resources to find what you want and making it tailored for your individual learning needs." Workshop Participant</span>
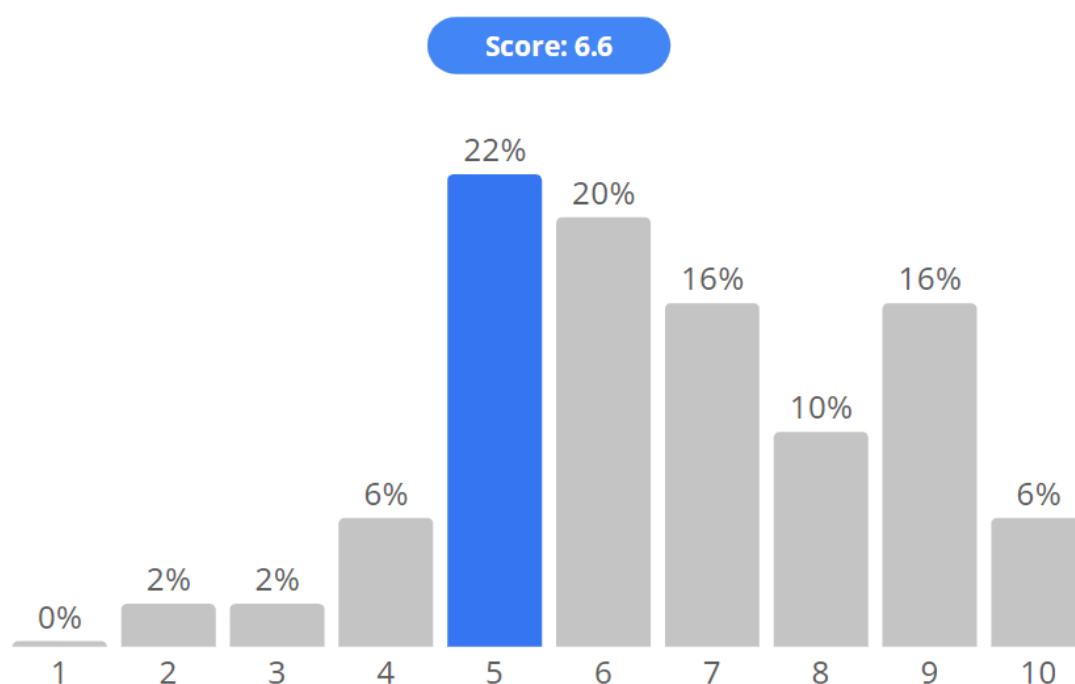
Whilst there was an ask for a lot of content and functionality, there was an ask for simplicity.

## "Hub does not need to have all the functionality people are not going to use - simplicity of access is more important." Workshop Participant

Participants were invited to comment on their confidence levels that a hub will achieve its objective in building capacity and capability in Population Health and Health Inequalities. There were 50 responses to this question and of those, 68% indicated they were confident in that it would achieve this objective.

**On the scale of 1-10, how confident are you that a hub can increase access to capacity and capability building in Population Health and Health Inequalities?**  0 5 0



Score: 6.6

| Scale | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| % | 0% | 2% | 2% | 6% | 22% | 20% | 16% | 10% | 16% | 6% |

### Post-workshop Feedback (Appendix II)

An online post-workshop feedback form was sent to all participants, but the response rate was low with 15 returns. All respondents felt that they valued the opportunity to influence the discussion and were satisfied with the workshop with no responses lower than '5' on the scale of '1-10'. We even received some top scores. Some low scores were from individuals who had technical problems.

There was an offer from several participants to collaborate with HEE in the future development of the hub concept.

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# Conclusions

## Summary

It was evident, from the number of workshop registrants and the passion of the conversations on 11 July 2022, that there is a lot of interest in training around population health and health inequalities.  People recognised that this is a complex subject area which is still not embedded in the culture of education, service planning, development, and delivery.

The workshop identified that there is investment in development of population health and health inequalities education and training in some Integrated Care Systems (ICSs), but there was a perception amongst workshop participants that it is not yet co-ordinated and leadership for workforce development in ICSs needs time to mature.

Each ICS is required, by 2025 to implement a population health platform with care coordination functionality that uses joined up data to support planning, proactive population health management and precision public health[2], and we have heard that some are building functionality into these platforms to support local workforce development.

## Conclusions

There was no consensus as to whether the hub is needed and what it should contain and quite often it extended beyond the remit of education and training. However, a poll taken during the workshop indicated that 68% of respondents thought that a hub could increase access to build workforce capacity and capability in relation to population health and health inequalities.

Some people commented on the number of hubs already in existence or in development and on local authorities having their own education and training platforms.

The message about the lack of constant and consistent communication about the existing available resources across all workforces was clear.

Health inequalities is a complex societal issue, but one that is understood by all when explained.  It is an emotive subject and close to all who attended the workshop and beyond. This is what the participants felt when asked to describe in one word what population health and health inequalities means to them.

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[2] CP 573 – Joining up care for people, places and populations – The government's proposals for health and care integration (publishing.service.gov.uk)

In further developing this work, HEE needs to carefully consider the finite impact education and training levers can achieve and continue to work in collaboration with the service and the system to maximise impact as one participant reflected:

"Recognise that education and training is not going to sort out all problems."
Workshop Participant

# Appendix I – Workshop Questions

## Session 1: What is going well and what have we learnt?  Strengths (internal / current state)

The aim of this section is to find out what we are good at, where our expertise and best resources are, and what we have overcome to get there. Facilitators can use these questions to prompt sharing and debate in your session. Allow all perspectives to be shared and valued.

What do all areas of the health and care system in England do best in Population Health and Health Inequalities education and training?
- What current education and training resources and approaches support Population Health and Health Inequalities?
- Who offers them / where is the expertise?
- How do you access them, practically and from a funding perspective?
- Why are they the best?
- What is the greatest achievement to date in Population Health and Health Inequalities education and training? (And why?)
- Any other considerations about what makes all the current Population Health and Health Inequalities education and training offer a strong one?

## Session 2: Even Better if...  Weaknesses (internal/ current state)

- Do you feel confident in your skills and abilities to perform your duties from the perspective of population health needs and your role in reducing health inequalities? What knowledge, talents and skills are we lacking?
- What can we improve on our existing PH&HI education and training (prompts: *time / quality / cost / location/ accessibility / scope*)?
- What do other people say that HEE and the NHS do not do well?

## Session 2: What is needed to achieve our aims? Opportunities (external/future state)

- Imagine the future – what difference would a good PH&HI offer for education and training have to your role?

- What are the unmet needs of our stakeholders?

- How can we turn known health and social care in PH&HI education and training strengths into further opportunities (adoption and spread)?

- Are you aware of any similar initiatives such as the hub idea, which may duplicate the approach we are taking? What do you like about their offer?

- What would make it easier to find information on PH&HI education and training and what benefits would this bring to you and the role you play?

- The opportunity to expand the scope - in your day-day setting, who/which workforces/professions benefit from access to population health and health inequalities training?

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- How could a hub increase your satisfaction in the availability of and access to population health and health inequalities training?

- What functionality is a must have for the hub? (Prompts: search functionality /multi-lingual support/data capture/ forms/blogs/newsletters/event calendar/a feed for frequently updated content/social interaction/access requirements/ networks / peer support)

- How could we meet future (unknown) needs and opportunities? (Prompt: Technology Enhanced Learning (TEL)/Simulation/ Digital/ new partnerships)

## Session 4: What may get in the way? What should HEE know? Threats (external / future state)

- What obstacles do we face in improving access to population health and health inequalities training?
- Could any of our weaknesses prevent us from meeting our objectives? If so, what?
- Who and or / what may cause us problems in the future (Prompts: Political, economic, social, technological, legal, environmental)
- Are we competing with anyone in this ambition?
- Are there any regulations, policies or legislations that may threaten our objectives and ambitions?

# Appendix II – Post-workshop Feedback Questions

- What is your job title?

- What type of organisation do you work for?

  - *Community care*
  - *Acute trust*
  - *Primary care*
  - *Integrated Care System*
  - *Social care*
  - *Mental health*
  - *Prison healthcare*
  - *Ambulance service*
  - *Dental service*
  - *Arm's Length Body National*
  - *Arm's Length Body Regional*
  - *Other*
  - *If other, please specify*

- On the scale of 1 to 10, how did you value the opportunity to influence the creation of the Population Health and Health Inequalities Hub?

- On the scale of 1 to 10, how satisfied are you with the workshop?

- On the scale of 1 to 10, how well was the workshop structured?

- Did you feel able to usefully contribute?

- If you answered 'no' to the previous question, could you please give us the reasons?

- In your opinion, did the workshop meet its objective of gathering end user views on the current and future state of population health and health inequalities training?

- If you have answered 'no', please expand on your views.

- Would you be interested in joining up to three virtual task and finish group meetings to build on the emerging themes?  We will send you an opportunity to join these groups once we have analysed the outcome of this workshop.  If you are interested, please include your name and e-mail address below.

- Would you like to join a face-to-face session to design the hub in September?  If so, please include your name and your e-mail address below.

- Having had time to reflect on the content of the workshop, is there anything else you would like to add?