

# enhance

## Programme Handbook



Developing our integrated healthcare teams  
Delivering modern healthcare

# Contents

**Orientation** [Page 3](#)

Domain 1  
**Person-centred  
practice**

[Page 15](#)

Domain 2  
**Complex  
multimorbidity**

[Page 28](#)

Domain 3  
**System  
working**

[Page 43](#)

Domain 4  
**Population  
health**

[Page 57](#)

Domain 5  
**Social justice and  
health equity**

[Page 69](#)

Domain 6  
**Environmental  
sustainability**

[Page 84](#)

**Evidencing learning** [Page 96](#)

**Cross-cutting themes** [Page 100](#)



# ► Orientation





# Welcome to enhance

Developing our integrated healthcare teams

Delivering modern healthcare

This programme handbook is intended as a user's guide to the enhance – Enhancing Generalist Skills - programme. The handbook outlines the background to the programme, its structure, expectations on participants, and guidance on the types of learning activities that may be usefully undertaken to meet the programme's outcomes. The handbook has been kept deliberately concise and high level so it will be relevant whatever your discipline, whichever 'flavour' of enhance you are participating in, and wherever you have reached in your professional development.

enhance is a programme in evolution and during the next 12 months there will be many exciting developments across the country as regional pilots blaze a trail for this new way of working, teaching, and learning. This programme handbook is necessarily therefore a living document and will change both in its content and future format. So always check for the most up-to-date version at [www.hee.nhs.uk/our-work/enhancing-generalist-skills](http://www.hee.nhs.uk/our-work/enhancing-generalist-skills)



# The importance of generalism

The healthcare workforce must continually adapt to meet the needs of the society that it serves, and the need for all healthcare professionals to develop a range of generalist skills has been identified as a key priority for reform.

Learning from the COVID-19 pandemic has reinforced how crucial these skills are in enabling clinicians of all disciplines to work effectively to better meet patient need and to improve the health and wellbeing of local populations. The enhance, or Enhancing Generalist Skills, programme, is the vehicle for delivering that vision.

Generalism has been defined in many ways, and in many contexts, but it is defined here as comprising holistic approaches to both the health and wellbeing of the individual, and also entire populations.

Generalist approaches to healthcare delivery augment and potentiate specialist capability, ensuring that all healthcare professionals are confident at managing complex care across multiple, intersecting and overlapping physical and mental health services throughout their careers. Current processes risk fragmented, duplicated, and disjointed care resulting in error, waste, inconvenience and potential patient safety implications. Generalist skills improve patient experience and quality of healthcare reducing the need for patients to move between multiple specialists. Clinicians with generalist capabilities are able to bridge organisational boundaries, are adept at participating in the collaborative leadership of multiprofessional teams, and can work effectively across community, primary and secondary healthcare settings to provide person-centred care for a broad range of health conditions in response to patient need and local service demands.



Generalist approaches also address the needs of the wider system so the enhance programme is also intentionally supportive of post-pandemic learning, reset and recovery and the need to supply emerging integrated care systems with the broader healthcare workforce they require. To work effectively in those systems, the 21st century clinician requires a deeper understanding of place-based, population health and the local communities they serve, not only to ensure patients have access to more streamlined, comprehensive care, but to play a part in addressing the wider determinants of health. They also have a fundamental obligation to work for social justice and the reduction of health inequalities, and through action, advocacy and allyship, ensuring that no one is disadvantaged or left behind.

Finally, as trusted professionals who make judgments about the deployment of considerable resources every working day, all those who work in health and care have a societal responsibility to take whatever action we can to promote sustainable practices and reduce the increasingly harmful impact of humans on the environment.



# The enhance programme

enhance has been conceived as a development programme to be interwoven throughout conventional education and training. It combines supervised project activity and work-based learning, supported by local teaching with access to online learning resources.

The domains and cross-cutting themes outlined in this handbook are not intended to be restrictive but describe the broad landscape of generalism. The precise journey taken by the individual healthcare professional through that landscape will depend on their own education and training programme, their scope of practice and the nature of the generalist offer being provided by their institution, training provider, system or region.

enhance is intentionally multiprofessional in scope as its aims are of shared and universal concern if the aspirations of the NHS Long Term Plan are to be realised. Furthermore, the programme is only deliverable through interprofessional learning and working within multiprofessional teams as the knowledge and skills required to deliver programme outcomes do not reside in a single profession, and a multiprofessional faculty will be required. All learning resources are therefore of relevance, and will be made accessible, and promoted to the widest clinical audience. Indeed, several trailblazer sites are already taking a deliberately multiprofessional approach in their local approaches to implementation.

enhance is designed as 'outcomes-based' allowing you to determine your own route and pace, designed so that you will be able to evidence your learning and development in a range of ways, including reflective accounts, supervisor reports and testimony.



Importantly, enhance is designed to be delivered flexibly, sensitive to local context and population needs. So, the outcomes for the programme have been written in a way that they may be met in a range of settings, from coastal communities to the inner city. enhance is also an inclusive curriculum where examples, resources and reading materials reflect the diversity of individuals, communities and populations served.

During 2021/22 various approaches to implementation are being piloted by regional 'trailblazers' who are also developing online learning material. The intention is that these pilot sites will inform a wider roll out in 2022/23 alongside a dedicated suite of resources on the NHS Learning Hub. You can find out more about the programme and its regional trailblazer sites on the enhance pages of the Health Education England website [www.hee.nhs.uk/our-work/enhancing-generalist-skills](http://www.hee.nhs.uk/our-work/enhancing-generalist-skills)







# Programme aim and outcomes

The enhance programme aims to support the next generation of clinicians to work effectively across health and care. They will provide personalised approaches to multimorbidity and complexity; advocate for social justice, seeking new ways to reduce health inequalities; be community and population-orientated in their approach, taking responsibility for resource stewardship creating sustainable processes and practice; and work and lead collaboratively, inclusively, and compassionately within multidisciplinary teams, organisations, and systems.

So having completed the programme - in whatever way you do - you will be able to:

**1**

Champion a person-centred approach to care that invites and supports personalisation, empowerment and shared decision making

**2**

Work effectively and flexibly within and across different disciplines, contexts, and systems to ensure high quality, coordinated care for individuals with multiple long-term conditions and/or complex needs; this will entail complex decision making while managing risk and uncertainty

**3**

Promote social justice ensuring that everyone has access to high quality healthcare; this means working with and/or within local communities to identify, recognise and respond to the needs and priorities of specific populations to reduce health inequalities

**4**

Access, critically appraise and champion innovations and digital health technologies to promote and transform sustainable improvements in practice; this means acting as a catalyst for change within, across and beyond healthcare systems

**5**

Advocate for the adoption of sustainable healthcare practices at an individual and system level; this includes recognising and promoting the importance of social, environmental, and economic resource stewardship

**6**

Communicate complex information in a range of ways, for a range of purposes, to diverse audiences; this includes individuals (patients, carers, other healthcare professionals), communities and agencies involved in health and social care

**7**

Lead collaboratively, inclusively, and compassionately, creating shared purpose that enables multiprofessional teams to deliver the best possible health outcomes for the individuals and populations they serve



# Programme domains

To help organise your learning, and to chunk up the programme and its accompanying resources into manageable building blocks, the enhance programme has been further broken down into six discrete domains.

Each domain has a small number of outcomes which drive the syllabic content i.e. the subject areas to be covered.

Domain outcomes are achieved through a range of learning activities which may be:

- ▶ delivered (e.g. eLearning, short courses)
- ▶ experienced (e.g. structured work activity and projects)
- ▶ evidenced against (e.g. recognising other formal or informal learning)

## The six domains of enhance are:

- ▶ Person-centred practice
- ▶ Complex multimorbidity
- ▶ Population health
- ▶ System working
- ▶ Social justice and health equity
- ▶ Environmental sustainability

You will note that the overarching programme outcomes (e.g. communication) may span several domains. This is deliberate and simply reflects the complexity of the real world.



# Generic Professional Capabilities

For doctors participating in enhance - typically those within the first five years of registration - generalism has a particular relationship with the 'generic professional capabilities' of the General Medical Council (GMC). The GMC requires that its generic professional capabilities are embedded in all medical curricula. These capabilities are then already 'core' to formal medical education and training and so have not been explicitly reiterated within the enhance programme; they are, however, woven through all aspects of the programme's educational framework. The emphasis of the enhance programme and domain outcomes is on what is distinct about this programme i.e. the added value that goes beyond that which the GMC has already defined.

## Cross-cutting themes

In addition to the areas covered by the six domains, the enhance programme has four cross-cutting themes. Although these are not explicitly expressed as intended programme or domain outcomes, they can be found throughout the programme and will require your attention.

### The four cross-cutting themes are:

- ▶ Wellbeing
- ▶ Digital
- ▶ Leadership
- ▶ Transformative reflection

Further details about the cross-cutting themes can be found in section 9 of this handbook.



# enhance programme handbook

The bulk of this handbook describes the six enhance domains in detail. Each of these sections is structured in the same way and for each domain covers:

- ▶ Purpose
- ▶ Why it is important
- ▶ Domain learning outcomes
- ▶ Subject areas
  - What this outcome means
  - Areas you may find helpful to explore
- ▶ Links with other domains
- ▶ Work-based activities
- ▶ Online learning opportunities
- ▶ Key resources

A section on recording and evidencing learning can be found in section 8 of this handbook. Recording what you have done, evidencing, and reflecting on your experience and how it relates to the domain outcomes is important. If it isn't written down it will be difficult in future, to prove that it happened. Various ways of facilitating this process are currently being explored alongside how to recognise, reward, and accredit participation in the enhance programme.



# How to use this handbook

Each of the six domains of enhance comes with a set of intended outcomes. These describe, in broad terms, the things that you should be able to do on successful completion of the programme, in whatever form of it you are participating.

Take a look at these outcomes and make sure you understand what they are about. A brief description of each has been added to help you alongside some suggestions about the subject areas that you may find helpful to explore.

Try to surface your own learning needs in relation to these outcomes. These will evolve over time but have a think about what's important to you right now. It can be difficult to be honest and objective when analysing our own development needs but your educational or project supervisor should be able to help you in this process. There are some useful tools to help with this process of 'formative assessment' and you can find a great many resources to support this process on the Educator Hub of eLearning for Healthcare.

When you've identified what you need (and want) to learn, choose your learning methods. Practical suggestions for work-based activities are provided for each domain alongside some online learning units and signposting to some key resources. Many more resources can be found on the dedicated enhance section of the NHS Learning Hub.

When you have tackled your chosen subject using an appropriate collection of methods, revisit the domain outcome. How confident do you now feel? What has changed for you? You will probably find that you now have more questions than answers. But that's OK. Learning is a continually iterative process as we build on our existing knowledge and skills and gradually become a different person capable of acting, behaving and thinking in completely new ways.

Finally, as you develop your own unique expertise across all the areas of enhance, this handbook should become redundant. It helps though to know where to start!



# ▶ Person-centred practice





# Purpose

This domain is about fostering an approach to your practice that invites and supports personalisation, empowerment and shared decision making. Person-centred practice, or personalised care is an approach that explicitly acknowledges that people want to be treated as a whole person by professionals they trust; involved in decisions about their health and care; be supported to actively manage their own health and wellbeing, and for their care to feel coordinated. This domain draws heavily, and deliberately, on the Curriculum of the Personalised Care Institute (2020).

## Why is this important?

Ensuring that people are involved in, and central to their care, is seen as a key to the provision of high quality health and care services. Person-centred practices improve the experiences people have of their care, facilitate access to the most appropriate services, encourage healthier lifestyles and result in the most appropriate support for an individual's wants and needs. Such practices are safer, more effective, and have the potential to reduce health inequalities while reducing impact on health and social care resources.







# Domain learning outcomes

On completing this domain of the enhance programme, you will be able to:

**1**

Interact with patients and carers in ways that acknowledge their unique circumstances, supporting people to recognise and draw on their own strengths and resources in order to live an independent and fulfilling life

**2**

Drawing on a range of communication strategies, enable people to make meaningful decisions about their health and wellbeing by understanding the outcomes that are important to them, exploring the risks, benefits and consequences of all available options and what these may mean in the context of their own lives

**3**

Work with an individual's family, carers, advocates and network of healthcare professionals to ensure that care is coordinated, across teams, organisations and systems

**4**

Treat each person you encounter in the course of your work - patients, their families, carers and colleagues - compassionately, and with dignity and respect

**5**

Appreciate the different forms of patient and public participation and take action to support the various ways in which people may be invited, or wish, to participate in their health and care

**1**

Interact with patients and carers in ways that acknowledge their unique circumstances, supporting people to recognise and draw on their own strengths and resources in order to live an independent and fulfilling life.

## What this means

This is about approaching your work from a position that recognises and values the strengths and resilience that people, families, carers and circles of support can have within themselves and the importance of social networks for individuals and carers in reducing feelings of psychological or social isolation. It is about being aware of the impact of social, economic, and environmental factors on health outcomes for individuals, carers and their circles of support, and working collaboratively to lessen these. This means looking beyond traditional healthcare providers or modes of delivery, in order to identify information, resources and sources of local support that can support personal wellbeing.

## Areas you may find helpful to explore

- ▶ Wider determinants of health and their impact on health inequalities
- ▶ Asset based approaches in healthcare
- ▶ Community-centred approaches to improving health and wellbeing

**2**

Drawing on a range of communication strategies, enable people to make meaningful decisions about their health and wellbeing by understanding the outcomes that are important to them, exploring the risks, benefits and consequences of all available options and what these may mean in the context of their own lives.

## What this means

This is about recognising every opportunity to have a conversation with a person and choosing to take that opportunity. It is about shifting the emphasis from ‘what’s the matter with you?’ to ‘what matters to you?’ Clinicians working in a person-centred way are skilful and flexible communicators, willing and able to adapt their approach to meet the needs of those they work with. Fundamentally, this is about giving people time and building the types of trusting relationships that enable shared decision making that is shaped by understanding the outcomes that are personally important.

## Areas you may find helpful to explore

- ▶ Rapport and relationship building skills with individuals and those important to them
- ▶ Health literacy - adapting approaches to meet people’s needs and/or preferences
- ▶ Consultation models and communication strategies that support person-centred practice (e.g. brief interventions, Making Every Contact Count, health coaching, behaviour change models, patient activation, motivational interviewing)
- ▶ Personalised care and support planning
- ▶ Shared decision making, supporting tools (e.g. Ask Three Questions) and ways of measuring
- ▶ Patient reported outcome measures (PROMS)
- ▶ Relevant legal frameworks and guidance i.e. those around capacity, consent, shared decision making and the sharing of information

**3**

Work with an individual's family, carers, advocates and network of healthcare professionals to ensure that care is coordinated, across teams, organisations and systems.

## What this means

Fundamentally, this is about the coordination of care pathways and services. This involves working in partnership with individuals and those that are important to them to ensure an integrated approach. Asking just one question 'what can I do to improve your care today?' may reveal small, practical acts that have a significant impact.

To do this well you will develop skills in multi-agency team-working, working in partnership with a wide range of providers in order to achieve joined up support systems. This may mean broadening your understanding of new roles, and ways of working, such as working with social prescribers, care co-ordinators and link workers. Ultimately, to work in partnership with individuals and their families is about being able to listen to what they feel is important to them to find a solution and care package that works.

## Areas you may find helpful to explore

- ▶ Integrated care and coordinated care pathways
- ▶ Roles supporting person-centred practice (e.g. link workers, care co-ordinators)
- ▶ Multi-agency teamworking skills e.g. negotiating, assessing priorities, managing complex and dynamic situations
- ▶ Personal and integrated budgets and the financial aspects of personalised care
- ▶ Social prescribing and the effective use of link workers
- ▶ How local services and community activities can be accessed and social and community networks effectively utilised and supported

**4**

Treat each person you encounter in the course of your work - patients, their families, carers and colleagues - compassionately, and with dignity and respect.

## What this means

This is about understanding and living NHS values. It is about being self-aware and recognising how your own values, beliefs, experiences, and preferred ways of being and interacting with those around you. It is also about recognising this in others and being mindful of their personal, religious and cultural ideas, concerns and expectations, without making assumptions. This requires active listening, being attentive to the health and wellbeing of colleagues and approaching all conversations with curiosity and humility.

## Areas you may find helpful to explore

- ▶ NHS Values
- ▶ Diverse beliefs and cultural perspectives on health and death
- ▶ Your own values, personality and background and how these influence interactions with those around you
- ▶ Active and generative listening
- ▶ Compassionate care
- ▶ Empathy, and why it matters
- ▶ Wellbeing of healthcare practitioners

**5**

Appreciate the different forms of patient and public participation and take action to support the various ways in which people may be invited, or wish, to participate in their health and care.

## What this means

This is about enacting the principles of co-production, whether working with individuals, their families or their wider communities. This means creating opportunities for participation and being responsive to people's wishes when it comes to active participation in their own health and care. This may also include opportunities to contribute to the design, delivery and evaluation of healthcare services.

Doing this well is about being an advocate for person-centred practice and an agent for change in relation to the culture of organisation that you work and the mindset of colleagues around you. This may also mean being able to appreciate when it is appropriate to 'break the rules' or to 'go the extra mile' whilst respecting and working within boundaries.

## Areas you may find helpful to explore

- ▶ Co-production
- ▶ Ladder of participation/engagement
- ▶ Involving patients and citizens in quality improvement of care and services
- ▶ Advocacy in health and social care
- ▶ Personal and professional boundaries



# Link(s) to other domain outcomes

This is one of six domains in the enhance programme and you will notice points of connection between them. This section highlights the domain outcomes that most closely connect to this domain.

## Complex multimorbidity

- ▶ Work collaboratively across disciplinary, team and organisational boundaries to ensure that the care and resources deployed achieve the best possible health outcomes and experience for the individual.
- ▶ Identify and mitigate the issues and risks - adopting a biopsychosocial approach - for a frail and/or vulnerable individual with complex needs living in a variety of settings.

## System working

- ▶ Work collaboratively in trusted partnership, across teams, organisations, systems and communities to co-produce health and care, appreciating the value of building strategic relationships through informal and formal modes of communication.
- ▶ Develop innovative approaches to achieving improved and equitable health outcomes for individuals and populations embracing new and emerging models of care.



## Population health

- ▶ Identify community assets and how these resources may be mobilised for population health improvement
- ▶ Engage in the co-creation of population health and wellbeing with colleagues and citizens using a range of modes of interaction sensitive to the needs and concerns of different groups

## Social justice and health equity

- ▶ Promote social justice in the communities you serve, appreciating the differences between advocacy, allyship and activism
- ▶ Contribute to the design and delivery of care pathways (including digitally-enabled) that reduce inequalities, promote inclusion and engage and protect the most vulnerable







# Work-based activities

Practical work-based activities to help you explore these subject areas:

- ▶ **Actively seek feedback** from patients, their carers, families and circles of support
- ▶ **Adopt a person-centred mindset** in all interactions with patients by asking 'what matters to you?'
- ▶ **Focus on person-centred practice** in case based discussions, and other types of work-based assessment, using 'what if' type questioning. This includes considering the factors that matter to the person you are caring for and considering the ways in which wider determinants of health may play out in their experiences of care.
- ▶ **Reflective accounts/learning logs**
- ▶ **Engage with lived experience** be it directly (e.g. through longitudinal patient experiences - following people through their care journeys, within and beyond healthcare settings, recognising points of connection and disjointedness in care) or indirectly (e.g. by accessing Patient Voices resources, blogs written by service users, data collected through patient services)
- ▶ **Explore and investigate your locality** to identify community based activities, resources and services that may be of value. i.e. resources to support an asset based approach to healthcare
- ▶ **Adopt a collaborative approach to quality improvement** that involves service users in all stages of the quality improvement process, including help define the questions that guide that project
- ▶ **Engage in professional discussion and dialogue**, whether in action learning sets, Balint groups, facilitated small groups, Schwartz rounds or multidisciplinary team meetings where a central question is to what extent and in what ways is/was our practice person-centred here? What else might we do?



- ▶ **Shadow/work alongside** members of the wider healthcare team in order to be better versed on the contributions they make to the delivery of personalised care e.g. health coaches, care co-ordinators
- ▶ **Engage in self-assessment activities** to identify what you are doing well and what would make your practice even more person-centred e.g. using multisource feedback or patient satisfaction questionnaires

## Online learning opportunities

[Personalised Care](#). The Personalised Care Institute is a virtual collaboration of more than forty partners from across health and care, working together to develop, assure and deliver high quality personalised care training and development. A suite of free online resources and materials is available to all health and care professionals from all backgrounds including core skills for personalised care, care and support planning and shared decision making.

Two introductory modules from the Institute of Healthcare Improvement Open School provide an overview of the subject.

- ▶ [Introduction to Patient-Centered Care](#)
- ▶ [Key Dimensions of Patient- and Family-Centered Care](#)

Three online learning programmes from eLearning for Healthcare support one-to-one person-centred interactions:

- ▶ [Helping patients make informed decisions](#)
- ▶ [Social prescribing](#)
- ▶ [Making every contact count](#)



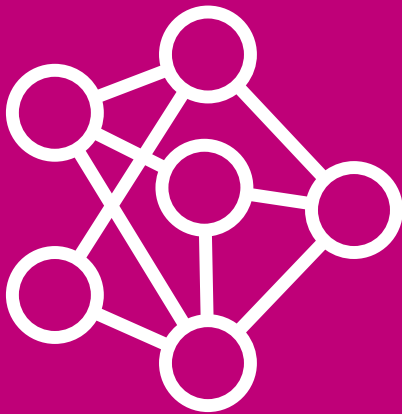
# Key resources

In considering the above, you may find these resources useful; there are many more to be found in the enhance area of the NHS Learning Hub:

- ▶ [Person-centred care made simple](#) A pithy guide from the Health Foundation (2014) to what it means to be person-centred. A great place to start.
- ▶ [Personalised Care Curriculum](#) The Personalised Care Institute has set out the knowledge, skills and behaviours required to deliver personalised care in a comprehensive curriculum (2020). Training providers can apply for their programmes to be accredited against a set of standards.
- ▶ National Voices: [A Narrative for Person-Centred Coordinated Care](#) National Voices is the leading coalition of health and social care charities in England with more than 180 members covering a diverse range of health conditions and communities. Hear the voice of patients, service users, carers, their families and the voluntary organisations that work for them.
- ▶ [Coproductio](#)n. A range of resources from Think Local Act Personal including podcasts, guides and videos.
- ▶ [Compassionate care: not easy, not free, not only nurses](#) The title of this paper from BMJ Quality and Safety says it all.
- ▶ [Caring to change](#) It's not all about interpersonal relationships. This paper from the King's Fund (2017) explains how compassionate leadership can stimulate innovation in health care.
- ▶ [Leadership for Personalised Care: Core Framework](#) A framework from the NHS Leadership Academy (2020) to help leaders in local places understand the qualities and behaviours they need to develop and encourage in themselves and others to achieve a system-wide shift toward personalised care.
- ▶ [Six Habits of Highly Empathic People](#) In this article and accompanying video seminar, Roman Krznaric summarises the importance of developing an ability to step into the shoes of another person; aiming to understand their feelings and perspectives, and to use that understanding to guide our actions.



# ► Complex multimorbidity





# Purpose

This domain is about working collaboratively in ways that are safe, effective and provide a positive experience for patients with complex comorbidity.

## Why is this important?

Driven predominantly by age, the number of people living with two or more medical conditions - currently around three million in England - is steadily increasing. But multimorbidity is not restricted to older citizens; it can occur at any stage of life, and there are strong associations between multimorbidity and socioeconomic disadvantage. This inexorable trend presents significant challenges to healthcare where greater specialisation, although it has improved our ability to treat single diseases, disadvantages an increasingly large proportion of the population. Treating each disease in a patient as if it exists in isolation complicates, confounds and duplicates interactions across the healthcare system and ultimately leads to poorer outcomes.



# Domain learning outcomes

On completing this domain of the enhance programme, you will be able to:

**1**

Co-create management plans with patients with multiple long-term conditions, taking a critical approach to the application of multiple clinical protocols while balancing risk and benefit

**2**

Routinely take action to reduce harm from over-investigation, multiple intervention, and polypharmacy

**3**

Identify common disease clusters, predicting the issues that may arise and manage accordingly

**4**

Work collaboratively across disciplinary, team and organisational boundaries to ensure that the care and resources deployed achieve the best possible health outcomes and experience for the individual

**5**

Identify and mitigate the issues and risks - adopting a biopsychosocial approach - for a frail and/or vulnerable individual with complex needs living in a variety of settings

**1**

Co-create management plans with patients with multiple long-term conditions; taking a critical approach to the application of multiple clinical protocols while balancing risk and benefit.

## What this means

This is about being comfortable working in conditions of complexity and uncertainty, developing shared approaches to problem-framing and decision making with patients, carers and co-workers.

To do this well, you need to be able to collate, appraise and summarise complex data and information. This includes an ability and willingness to work with risk in positive ways, recognise the limitations and challenges of applying protocol-driven means of decision-making when working with people with complex diagnoses or needs. Fundamentally, it is about person-centred and inclusive practice, enabling and supporting people with multiple long-term conditions to live their lives well.

## Areas you may find helpful to explore

- ▶ Tiered approaches to care, from self-care to personalised care planning to proactive case management
- ▶ Shared decision making (see Person-centred practice)
- ▶ Tools and approaches for the assessment and communication of risk, using appropriate technologies and informatics
- ▶ Limitations and challenges of applying protocol-driven decision-making when managing complex needs
- ▶ Approaches to clinical management in patients with mental health issues
- ▶ Ethical considerations - including autonomy, beneficence, non-maleficence, distributive justice
- ▶ Strategies to avoid admission, readmission and to reduce length of stay
- ▶ Advance care planning

**2**

Routinely take action to reduce harm from over-investigation, multiple intervention, and polypharmacy.

## What this means

This is about adopting a questioning stance to practice and taking a holistic view when working with people with complex needs. It is about recognising the unintended consequences of the multiple, and potentially competing, decisions made about the clinical management of those with complex comorbidities, anticipating where harm may arise and taking action to address. It is about being truly person-centred in your approach, so you have a clear sense of the priorities of those you work with, when it comes to decisions that impact on the quality of their lives. Ultimately, it is about asking how you can work well with others to join up care, to reduce care related harm and improve patient outcomes.

## Areas you may find helpful to explore

- ▶ Tools and approaches that foster safe and timely sharing of information within and across clinical systems
- ▶ Effective handover
- ▶ Medicines optimisation
- ▶ Factors influencing compliance and concordance
- ▶ Evidence-based deprescribing tools
- ▶ Reducing unnecessary investigation and intervention
- ▶ Human factors, their contribution to error and techniques to reduce risk
- ▶ Speaking up and asking questions when something isn't right

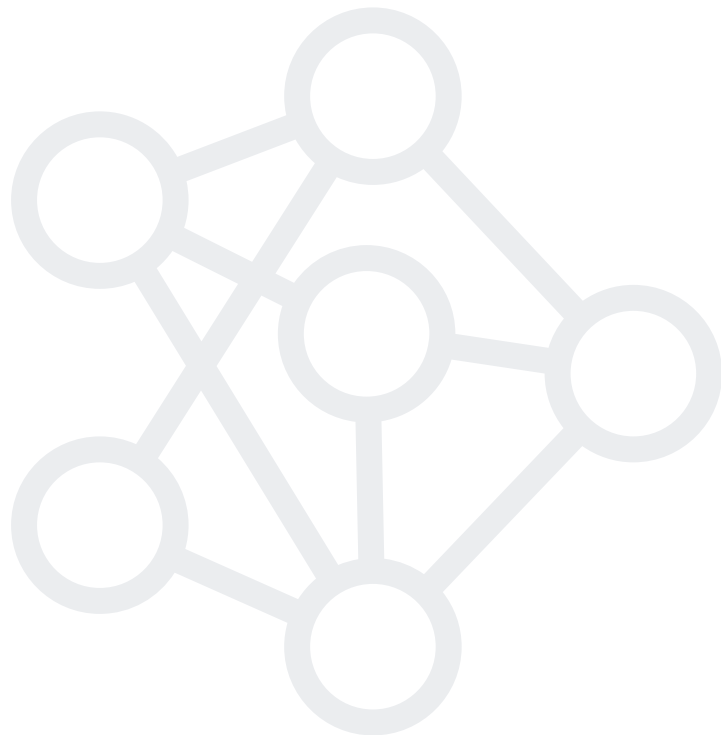


**3**

Identify common disease clusters, predicting the issues that may arise and manage accordingly.

### What this means

Multimorbidity can be viewed as a series of ‘largely predictable clusters of disease in the same person<sup>2</sup>’ either because individuals are, by chance, affected by a number of most commonly occurring long term conditions, or because there are certain underlying genetic, behavioural, or environmental factors that predispose them to a group of conditions. Having the ability to both predict and manage these patterns of disease in a single patient becomes increasingly important, particularly in the light of an aging population. This requires working with complex sources of evidence, utilising decision support tools and close working with individuals with specialist skills and knowledge.



<sup>2</sup>Whitty C J M, MacEwen C, Goddard A et al. *Rising to the challenge of multimorbidity* *BMJ* 2020; 368 :16964



## Areas you may find helpful to explore

- ▶ Long term conditions, chronic and non-communicable diseases and their epidemiology
- ▶ Socio-economic consequences and associations of multimorbidity
- ▶ Routine management of the most common long-term conditions
  - Coronary heart disease
  - Diabetes
  - Chronic obstructive pulmonary disease
  - Heart failure
  - Cerebrovascular accidents and transient ischaemic attacks
  - Atrial fibrillation
  - Chronic kidney disease
  - Hypothyroidism
  - Epilepsy
  - Depression
  - Anxiety
  - Dementia
  - Common cancers (e.g. breast, prostate, colon)
  - Chronic pain
- ▶ Common interactions between common long term conditions and commonly used medication
- ▶ Decision-making aids, reference material and other forms of computer-based support
- ▶ Recognition of limits to own knowledge and when to seek advice or look things up
- ▶ How to effectively draw on the expertise and support in the wider healthcare team (e.g. specialist nurses, clinical pharmacists)

**4**

Work collaboratively across disciplinary, team and organisational boundaries to ensure that the care and resources deployed achieve the best possible health outcomes and experience for the individual.

## What this means

The ability to work collaboratively, whether with patients, carers or co-workers is at the heart of this domain and what it means to be a generalist. This is about asking how can we work better together? How can we reconfigure the ways we coordinate, organise and deliver care so that we share information and engage in shared- decision making? How do we balance shared responsibility with personal accountability? Ultimately, this is about recognising, valuing and mobilising the resources available to support people with complex comorbidities, within and beyond healthcare systems.

## Areas you may find helpful to explore

- ▶ Expertise of colleagues within the wider multidisciplinary team including those working in social care
- ▶ Management of complex care pathways, including emergence of new roles and ways of working e.g. care co-ordinators, social prescribers, health coaches
- ▶ Community centred approaches to health and wellbeing.
- ▶ Integrated services and their development
- ▶ Effective delegation and sharing of responsibility
- ▶ Alternatives to face-to-face contact (e.g. SMS, video conferencing)

**5**

Identify and mitigate the issues and risks - adopting a biopsychosocial approach - for a frail and/or vulnerable individual with complex needs living in a variety of settings.

## What this means

This is about adopting a holistic, comprehensive, evidence based and individualised approach every time you encounter a person who is frail and /or vulnerable. It is about parity of esteem for physical and mental health care. This will include being aware of relevant legal and ethical frameworks and acting accordingly e.g. with regards to capacity judgements or safeguarding measures.

Working in this way is about being able to look beyond the person in front of you, appreciating the impact on others, be it their family, carers or the wider health and care team. It is about being sensitive and responsive to the different living environments people with complex needs may occupy and being flexible in the ways you work with others to plan care, including advanced care planning and end of life care where appropriate. Fundamentally, this is about embodying the principles of personalised care and enabling people with complex co-morbidities to live as good and healthy a life as is possible.

## Areas you may find helpful to explore

- ▶ Biopsychosocial approaches
- ▶ Personalised care and advanced care planning
- ▶ Approaches to the management of end of life
- ▶ Objective measures of frailty (e.g. scores and indices)
- ▶ Legal and ethical frameworks when working with frail and/or vulnerable people including safeguarding
- ▶ Support available for people and those who care for them



# Link(s) with other domains

This is one of six domains in the enhance programme and you will notice points of connection between them. This section highlights the domain outcomes that most closely connect to this domain.

## Person-centred care

- ▶ Interact with patients and carers in ways that acknowledge their unique circumstances, supporting people to recognise and draw on their own strengths and resources in order to live an independent and fulfilling life
- ▶ Drawing on a range of communication strategies, enable people to make meaningful decisions about their health and wellbeing by understanding the outcomes that are important to them, exploring the risks, benefits and consequences of all available options and what these may mean in the context of their own lives
- ▶ Work with an individual's family, carers, advocates and network of healthcare professionals to ensure that care is coordinated, across teams, organisations and systems
- ▶ Treat each person you encounter in the course of your work - patients, their families, carers and colleagues - compassionately, and with dignity and respect





## System-working

- ▶ Identify the organisational units of health and care, their inter-relationship, and funding, and how their activities - together with those of local authorities, community groups and the third sector - may be aligned for greatest health benefit
- ▶ Work collaboratively in trusted partnership, across teams, organisations, systems and communities to co-produce health and care, appreciating the value of building strategic relationships through informal and formal modes of communication
- ▶ Develop innovative approaches to achieving improved and equitable health outcomes for individuals and populations embracing new and emerging models of care

## Social justice and health equity

- ▶ Critically appraise the relationship between social determinants of health and health inequalities
- ▶ Contribute to the design and delivery of care pathways (including digitally-enabled) that reduce inequalities, promote inclusion and engage and protect the most vulnerable

## Environmental sustainability

- ▶ Deliver care in ways that minimises waste and reduce harmful environmental impact, while maximising positive health outcomes for individuals and populations



# Work-based activities

Practical work-based activities to help you explore these subject areas:

- ▶ **Actively seek feedback and suggestions** from patients, their carers and families about what is working more and less well for them
- ▶ **Focus on person-centred practice** in case based discussions or other types of work-based assessment where there is an explicit focus on delivery of care. This might include considering the factors that matter to the person you are caring for and/or considering the value of prescribing and/or de-prescribing particular medications and/or exploring the rationale for ordering /not ordering particular investigations.
- ▶ **Reflective accounts/learning logs** that deliberately engage with the complexities and uncertainties of supporting people with complex multimorbidities to live well
- ▶ **Engage with lived experience** for example through longitudinal case studies that follow people through their care journeys, within and beyond healthcare settings, recognising points of connection and disjointedness in care
- ▶ **Explore the different learning environments** that frail and/or vulnerable people may live or spend considerable time in and identify the ways in which this impacts on their care e.g. home visits, visits to nursing homes, care homes, supported living environments, day centres, refuges or hostels
- ▶ **Seek out placements** with colleagues that have particular experience and expertise in working with people who are frail or vulnerable and have complex needs e.g. in learning disability teams, care of the elderly teams, community based services for children and young people or services for the homeless
- ▶ **Adopt a collaborative approach to quality improvement** that involves service users in all stages of the quality improvement process, including help define the questions that guide that project



- ▶ **Engage in professional discussion and dialogue**, whether in action learning sets, Balint groups, facilitated small groups, Schwartz rounds or multidisciplinary team meetings where a central question is to what extent and in what ways is/was our practice meeting the needs of people with complex multimorbidity? How might we better co-ordinate our practices to meet needs? What harms might we be causing by working in this way?
- ▶ **Shadow/work alongside** members of the wider healthcare team in order to be better versed on the contributions they make to the management of people with complex multimorbidity
- ▶ **Undertake a project** in an integrated care setting or one that involves you spanning health and social care boundaries
- ▶ **Collate examples** of different screening tools, decision making aids or guidelines (e.g. for deprescribing, frailty measures etc). Consider their fitness for purpose and utility when working with people with complex multimorbidity?
- ▶ **Undertake a quality improvement project** with an explicit focus on issues around polypharmacy /multiple investigations /interventions /joined up working for people with complex needs

# Online learning opportunities

[Managing Multimorbidity in Primary Care](#)





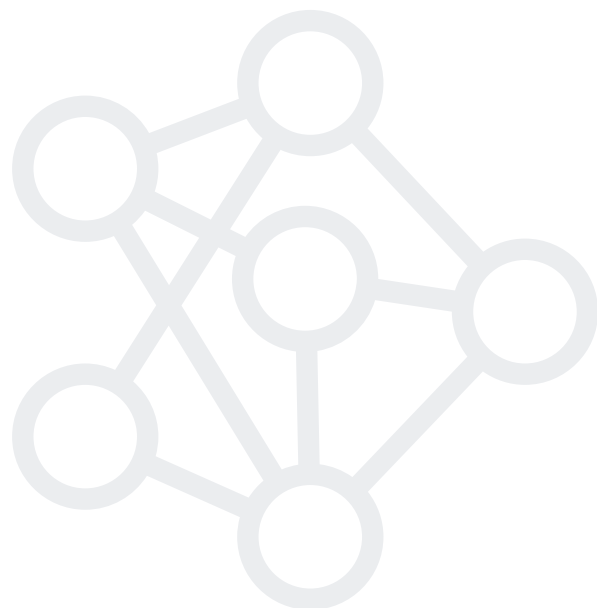
# Key resources

In considering the above, you may find these resources useful; there are many more to be found in the enhance area of the NHS Learning Hub:

- ▶ [NIHR Evidence - Multiple long-term conditions \(multimorbidity\): making sense of the evidence - Informative and accessible health and care research](#) Briefing by NIHR on multimorbidity, the current evidence and future priorities, published in 2021
- ▶ [Multimorbidity: what it is and how to deal with it](#) Expert academic introductory lecture to multimorbidity by Professor Rafael Perera Salazar, University of Oxford. Public lecture delivered in 2019.
- ▶ [Overview | Multimorbidity: clinical assessment and management | Guidance](#) NICE guidance on managing key issues associated with multimorbidity, including polypharmacy, reducing treatment burden and unplanned care and frailty assessment
- ▶ [Evidence supporting the best clinical management of patients with multimorbidity and polypharmacy: a systematic guideline review and expert consensus](#) 2018 review from the Journal of Internal Medicine
- ▶ [Multimorbidity and Long Term Conditions](#) A useful summary paper from the Kings Fund from 2013 on the demography of long term conditions and the challenge of multimorbidity
- ▶ [Enhancing the Quality of Life for People Living with long term conditions](#) A handy infographic from NHS England summarising a wealth of data on long term conditions
- ▶ [Rising to the challenge of multimorbidity](#) A thought piece from England's Chief Medical Officer and colleagues '...moving from thinking about multimorbidity as a random assortment of individual conditions to recognising it as a series of largely predictable clusters of disease in the same person'



- ▶ [NICE Guidance on Medicines Optimisation](#) Guidance (2015) from NICE on the safe and effective use of medicines to enable the best possible outcomes. Includes recommendations in 8 domains.
- ▶ [Choosing Wisely](#) An initiative of the American Board of Internal Medicine advancing a global dialogue around avoiding unnecessary medical tests and treatments. A range of helpful resources are provided. See also [Choosing Wisely UK](#).
- ▶ [Skills for Health Frailty Framework](#) A comprehensive framework from Skills for Health (2018) describing 14 capabilities in 4 domains: understanding, identifying and assessing frailty; person-centred collaborative working; managing frailty, and underpinning principles
- ▶ [Comprehensive Geriatric Assessment Toolkit for Primary Care Practitioners](#) A useful guide from the British Geriatric Society (2015) on how to carry out a comprehensive geriatric assessment
- ▶ [Living with multiple health problems - Overview](#) Unique insights on patient experiences of living with multiple health conditions. High quality visual learning materials from not-for-profit Healthtalk and the University of Oxford's Health Experiences Research Group





# ▶ System working





# Purpose

This domain is about working beyond traditional team and organisational boundaries in integrated, collaborative and innovative ways to improve health and wellbeing of the populations you serve.

## Why is this important?

Society's health and social care needs are changing and as a consequence, traditional ways of configuring services too often lead to disjointed and inefficient care, deepening health inequalities. It is widely recognised that if we are to make significant inroads into improving population health outcomes, we will need to tackle the wider determinants of health and adjust our focus to keeping people well, rather than simply treating illness.

All this requires a deep understanding of how health and care systems fit together, the ability to work across team and organisational boundaries and the willingness to lead change and improvement - including the development of new and innovative models of service delivery - in collaboration with patients and colleagues. Systems working requires a different skill set, one that moves beyond a focus on individual engagement to one that involves collective and collaborative action.



# Domain learning outcomes

On completing this domain of the enhance programme, you will be able to:

**1**

Identify the organisational units of health and care, their inter-relationship, and funding, and how their activities - together with those of local authorities, community groups and the third sector - may be aligned for greatest health benefit

**2**

Work collaboratively in trusted partnership, across teams, organisations, systems and communities to co-produce health and care, appreciating the value of building strategic relationships through informal and formal modes of communication

**3**

Develop innovative approaches to achieving improved and equitable health outcomes for individuals and populations embracing new and emerging models of care

**4**

Challenge, support and influence others in a system to make a difference, while taking responsibility to lead that which is within your control

**5**

Engage diverse audiences - through for instance, story-telling, public narrative and social media - to drive improved population health outcomes

**1**

Identify the organisational units of health and care, their inter-relationship, and funding, and how their activities - together with those of local authorities, community groups and the third sector - may be aligned for greatest health benefit.

## What this means

This is about recognising the ways in which the design of health and social care systems can both act as enabler and barrier to joined up care. This means appreciating the NHS as a complex system, influenced by a range of legislative frameworks, and constantly changing in response to local and national policy and needs.

To work well in this complex system, you need to appreciate the importance of inter-agency working, whether it be with other public sector agencies (such as police, fire, housing), third sector organisations, or local authorities. Part of this is being a reflective practitioner, mindful of power differences and dynamics (professional, organisational, positional) and able to recognise your own power, voice and influence and how it can be mobilised for positive effect.

## Areas you may find helpful to explore

- ▶ NHS and social care structures, funding flows, accountability and policy drivers
- ▶ Whole system working and Integrated Care Systems
- ▶ Legal frameworks underpinning NHS services e.g. those that influence access for marginalised groups (e.g. asylum, immigration)
- ▶ Strategies for working well with public sector and third sector organisations (including local protocols and processes underpinning engagement)
- ▶ Characteristics of complex systems, their behaviour and strategies to influence
- ▶ Personal agency - recognising your own power, voice and influence

**2**

Work collaboratively in trusted partnership, across teams, organisations, systems and communities to co-produce health and care, appreciating the value of building strategic relationships through informal and formal modes of communication.

## What this means

This is about appreciating the behaviours of complex systems and how to influence (and improve outcomes) through the use of both formal and informal networks. Part of this is recognising the inherent risks of loosely connected systems and the importance of ensuring that it is clear where responsibility for the next step lies.

Fundamentally, this outcome is about finding ways to harness community assets, work collaboratively and champion the co-production of healthcare services. For this to work well, you will need to lead collaboratively, compassionately and inclusively, creating safe spaces where all voices are heard and valued. This will be about actively seeking out diverse views and opinions (putting yourself in other people's shoes) and developing your abilities to facilitate discussion with people who use health and care services, their carers and their communities to ensure they are equal partners in the design, development and evaluation of services.

## Areas you may find helpful to explore

- ▶ Building trust and positive working relationships
- ▶ Facilitation skills that foster safe and inclusive participation
- ▶ Importance of networks, both formal and informal, to improve outcomes
- ▶ Systems leadership
- ▶ Co-production strategies for service design, quality improvement and evaluation

**3**

Develop innovative approaches to achieving improved and equitable health outcomes for individuals and populations embracing new and emerging models of care.

## What this means

This is about re-thinking the ways we currently organise health and care services to ensure more equitable access and improved healthcare outcomes for all those we serve. Achieving this means taking time to learn from past approaches and building on current strengths. Working this way is about creatively generating a range of potential approaches without prior judgement. It is about, actively seeking and valuing a wide and diverse range of perspectives.

To do all of this well, you will work to develop skills and approaches to change management. You will develop your digital literacy (and/or actively seek out others with these skills) so you are able to contribute to the design of accessible and inclusive digitally supported care pathways.

## Areas you may find helpful to explore

- ▶ The factors that influence successful health service innovation
- ▶ Change management skills and approaches
- ▶ Digital approaches to health and care delivery



**4**

Challenge, support and influence others in a system to make a difference, while taking responsibility to lead that which is within your control.

## What this means

This is about being an astute system leader, who recognises the importance of personal and political capital in maintaining relationships and achievement of longer term goals (knowing how hard to push and when to hold back). This means being willing and confident to speak out, modelling courage and vulnerability. It also means being able to take the lead whilst resisting the temptation to (try) to do everything yourself.

## Areas you may find helpful to explore

- ▶ Creating, developing and sustaining shared purpose
- ▶ Emotional intelligence, including being aware of and living your own values
- ▶ Your spheres of influence and control
- ▶ Influencing and negotiating skills
- ▶ Sources of power (hard and soft), how to mobilise these

**5**

Engage diverse audiences - through for instance, story-telling, public narrative and social media - to drive improved population health outcomes.

## What this means

This is about extending your verbal, aural, visual and written communication skills. This includes deploying a range of communication strategies to reach and engage marginalised groups, actively and attentively listening to the voice of lived experience. Part of this is about understanding the nature and potential impact of social movements on health and wellbeing and how you can work effectively with communication professionals to ensure clear and impactful communication.

Doing this well means developing your ability to both elicit and use story-telling, to create a compelling public narrative, be it to engage, to inform, influence or persuade. It is about thinking creatively about the needs of different audiences and the ways in which you can employ a range of media (including social) to promote better population health outcomes and/or large scale behaviour change.

## Areas you may find helpful to explore

- ▶ enhanced communication skills e.g. active listening
- ▶ Working with others to ensure inclusive communication strategies
- ▶ Use of storytelling and narrative in health and social care
- ▶ Use of social and other media to effect social change



# Link(s) to other domain outcomes

This is one of six domains in the enhance programme and you will notice points of connection between them. This section highlights the domain outcomes that most closely connect to this domain.

## Person-centred care

- ▶ Work with an individual's family, carers, advocates and network of healthcare professionals to ensure that care is coordinated, across teams, organisations and systems
- ▶ Appreciate the different forms of patient and public participation and take action to support the various ways in which people may be invited, or wish, to participate in their health and care

## Complex multimorbidity

- ▶ Work collaboratively across disciplinary, team and organisational boundaries to ensure that the care and resources deployed achieve the best possible health outcomes and experience for the individual

## Population health

- ▶ Develop care and prevention pathways sensitive to local needs, drawing on the best available population-level data and research evidence
- ▶ Identify community assets and how these resources may be mobilised for population health improvement
- ▶ Engage in the co-creation of population health and wellbeing with colleagues and citizens using a range of modes of interaction sensitive to the needs and concerns of different groups



## Social Justice and Health Equity

- ▶ Value diversity in teams and organisations, adopting and advocating for inclusive practices
- ▶ Contribute to the design and delivery of care pathways (including digitally-enabled) that reduce inequalities, promote inclusion and engage and protect the most vulnerable

## Environmental sustainability

- ▶ Advocate at a team, organisational and system level for environmentally sustainable practice, process and policy



# Work-based activities

Practical work-based activities to help you explore these subject areas:

- ▶ Take part in **multi-disciplinary and multi-agency work** e.g. multi-agency case discussion meetings (e.g. Care Programme Approach or Safeguarding meetings) observing both the function of such meetings and the dynamics at work, attending and engaging with Schwartz rounds and Balint groups where available
- ▶ **Seek out experiences and attachments beyond health** (e.g. third sector, street outreach team, wellbeing hubs) either through project-based attachments, mediated visits or voluntary work or linking in with local events and workshops
- ▶ **Engage with lived experience** be it directly (e.g. longitudinal patient experiences - following people through their care journeys, within and beyond healthcare settings, recognising points of connection and disjointedness in care) or indirectly (e.g. Patient Voices resources, blogs written by service users, data collected through patient services)
- ▶ **Shadow and/or work with senior leaders**, including those responsible for commissioning, designing and reconfiguring health and social care services
- ▶ **Adopt an asset based mindset** and investigate what resources are available locally to support wellbeing and to protect against ill health
- ▶ **Take the lead**, be it undertaking a quality improvement project, chairing meetings
- ▶ **Develop your facilitation skills** e.g. becoming involved in small group teaching, becoming part of an action learning set
- ▶ **Be reflective and reflexive in your practice**, seeking the views of others (e.g. through multisource feedback) and utilising self-assessment (e.g. through Healthcare Leadership Model)



# Online learning opportunities

- ▶ [Understanding Systems Thinking in Healthcare](#)  
An open online course from Coventry University providing an overview of systems thinking and the research and theory behind it applied to the design and improvement of health and care systems
- ▶ [Leadership in systems](#)  
A 'bitesize' introduction to systems in healthcare from the NHS Leadership Academy. Part of a suite of free online resources for health and care leaders at all levels.
- ▶ [Teams and group dynamics](#)  
Discover the factors at work that impact the healthy functioning of a team in this bitesize introduction from the NHS Leadership Academy





# Key resources

In considering the above, you may find these resources useful; there are many more to be found in the enhance area of the NHS Learning Hub:

- ▶ [Integrated Care Systems explained](#) This succinct 'explainer' from the Kings Fund describes this fundamental shift in the way health and care is being organised in England. Integrated care systems are joining up hospital and community-based services, physical and mental health, and health and social care and will be the basic unit of organisation for the NHS in future.
- ▶ [Resources for integrated care](#) A collection of key resources to support integrated care systems from NHS England and NHS Improvement
- ▶ [Working in systems](#) Although some years old now, this guide from NHS England (2005) for those seeking to lead improvement in a healthcare setting provides an excellent introduction to what it means to work in a system
- ▶ [Civility saves lives](#) A self-funded, collaborative project with a mission to promote positive behaviours and share the evidence base around the importance of respect, professional courtesy and valuing each other
- ▶ [A Co-Production model](#) Co-production engages groups of people at the earliest stages of service design, development and evaluation and is fundamental to person-centred care. This practical model and associated resources from the Coalition for Collaborative Care (2018) outlines how you can actually make this a reality.
- ▶ [Think Local Act Personal](#) Think Local Act Personal is a national partnership of more than 50 organisations committed to transforming health and care through personalisation and community-based support. TLAP produce a range of useful resources such as this video on the [ladder of co-production](#).



- ▶ [Head, hands and heart: asset-based approaches in health care](#)  
Asset-based approaches ask the question ‘what makes us healthy?’ rather than ‘what makes us ill?’ They aim to support good health and wellbeing, protect against poor health and foster communities and networks that sustain health. This summary of the evidence from The Health Foundation (2015) for this way of working is interspersed with a number of practical case studies.
- ▶ [The Art of Change Making](#) This wide-ranging resource from The Leadership Centre (2015) is available both as a book and as a free pdf download. It outlines a huge number of practical approaches, models and tools to support you in bringing about meaningful change in the public sector.
- ▶ [System leadership behaviours framework](#) This framework describes the kind of leadership required by health and care systems, acknowledging their scale, diversity and complexity and the importance of collaboration and co-creation. The behaviours within the framework are brought to life by a set of tools and resources and include a set of cards that can be used to promote debate and discussion. NHS Leadership Academy (2019).
- ▶ [Tell me a story - a conceptual exploration of storytelling in healthcare education](#) Patients and service users are a rich source of healthcare-related stories that can profoundly affect, change and benefit clinical practice. This comprehensive paper explores the principles of storytelling, evaluates its use in education, acknowledges the role of storytelling in healthcare delivery and identifies some of the skills required and benefits derived.
- ▶ [Patient Voices – Insight through first-person stories](#) Patient Voices have been supporting people to tell their stories of health and care since 2003 and have amassed an impressive online catalogue illustrating the value of digital and first person story telling. Resources can be used to illustrate patient, carer and NHS staff experiences of care within and across systems.
- ▶ [Success and limiting factors in health service innovation: a theory-generating mixed methods evaluation of UK projects](#) This research based paper analyses the experiences of teams involved in healthcare innovation projects in order to identify the strategies that lead to successful and sustained innovations





# ► Population health





# Purpose

This domain is about working in a wider social partnership to improve the physical, mental, and social wellbeing of whole populations, optimally using resources to take action to reduce the occurrence of ill-health, addressing the wider determinants of health and reducing health inequalities.

*Note: Health Education England have helpfully devised a multiprofessional curriculum for population health which is completely aligned with the outcomes of the enhance programme. See below for details of this curriculum and a wealth of collated and aligned resources.*

# Why is this important?

Only 20% of a person's health outcomes are directly attributable to their ability to access good quality health care. Taking a population health approach that focuses on the wider determinants of health may help prevent people from becoming unwell in the first place. It can also better tailor care and support to the needs of individuals, help design more joined up and sustainable health and care services and makes better use of public resources.



# Domain learning outcomes

On completing this domain of the enhance programme, you will be able to:

**1**

Identify and effectively communicate the priority health needs of a local population using available data and evidence

**2**

Generate potential strategies for addressing population-level determinants of health ensuring the equitable, sustainable and transparent use of the available resources

**3**

Develop care and prevention pathways sensitive to local needs, drawing on the best available population-level data and research evidence

**4**

Identify community assets and how these resources may be mobilised for population health improvement

**5**

Engage in the co-creation of population health and wellbeing with colleagues and citizens using a range of modes of interaction sensitive to the needs and concerns of different groups

**1**

Identify and effectively communicate the priority health needs of a local population using available data and evidence.

## What this means

This is about developing the ability to identify the relevant population health characteristics of the communities and populations you serve e.g. cultural, socio-economic, occupational, environmental and epidemiological. This means accessing, analysing and utilising relevant population health data in order to appreciate how these characteristics create and/or sustain health inequalities. Fundamentally, this is about appreciating what is meant by health inequalities and why it is imperative to tackle them.

## Areas you may find helpful to explore

- ▶ The ways population health is relevant to your day-to-day clinical role(s)
- ▶ Health inequalities, how to identify, prevent and address these
- ▶ Routine sources of population health data (how to access and utilise)
- ▶ Population health status and needs assessments
- ▶ Wider determinants of health and their impact on access, uptake and outcomes
- ▶ Characteristics of individuals and populations felt to be 'at risk'

**2**

Generate potential strategies for addressing population-level determinants of health ensuring the equitable, sustainable and transparent use of the available resources.

## What this means

This is about appreciating the ethical dimensions of resource distribution in health and social care and how decisions about allocation can both sustain and reduce health inequalities. This includes recognising the importance of resource stewardship and how it supports efficient, effective and evidence based approaches to the design and delivery of healthcare services.

## Areas you may find helpful to explore

- ▶ Health economics
- ▶ Value-based healthcare e.g. personal, technical, allocative and social value
- ▶ Improving healthcare outcomes through monitoring, evaluation and audit
- ▶ Resource stewardship
- ▶ Strategies for sustainable population-level change

**3**

Develop care and prevention pathways sensitive to local needs, drawing on the best available population-level data and research evidence.

## What this means

This is about adopting a public health 'mindset' and a needs-based approach to the design and delivery of healthcare services. This will be about purposefully working with population health data and research evidence, to design services that are aligned to local population needs. This may also include co-production (during design, development and evaluation stages) with a wide range of stakeholders, including those who use health and care services, their carers, community and faith leaders.

## Areas you may find helpful to explore

Sources of available population health data and how they may be used to design services to meet population needs

- ▶ Co-production of services
- ▶ Integrated healthcare systems
- ▶ Health protection, prevention and promotion interventions

**4**

Identify community assets and how these resources may be mobilised for population health improvement.

## What this means

In order to adopt an assets-based approach, a mindset shift is required - one that moves from 'what makes people ill' to 'what makes people healthy? This means seeking opportunities to work with, and within, local communities, in order to identify and mobilise local resources or 'assets'. Community-centred approaches are multi-fold and are about promoting equity and increasing people's control over their health and lives. To work well in this way, you will be able to meaningfully engage in co-production activities, embrace person-centred practices and expand your awareness of strategies that foster healthier behaviours.

## Areas you may find helpful to explore

- ▶ Community-centred approaches to health and wellbeing
- ▶ Asset based approaches in healthcare
- ▶ Strategies and interventions to encourage healthier behaviours

**5**

Engage in the co-creation of population health and wellbeing with colleagues and citizens using a range of modes of interaction sensitive to the needs and concerns of different groups.

## What this means

To work in this way, you need to be agile in the ways you work with others, actively seeking diverse views, ideas and opinions when contributing to the design and development of services and interventions. This is about developing your skills in creating safe and inclusive spaces, in communicating effectively with diverse audiences and ensuring you are actively listening and valuing difference. Fundamentally it is about appreciating different approaches to co-production and choosing those which are best fit for circumstances and purposes.

## Areas you may find helpful to explore

- ▶ Collaboration approaches (including inter-sector)
- ▶ Co-production strategies
- ▶ Inclusive facilitation strategies





# Link(s) to other domain outcomes

This is one of six domains in the enhance programme and you will notice points of connection between them. This section highlights the domain outcomes that most closely connect to this domain.

## Person-centred care

- ▶ Appreciate the different forms of patient and public participation and take action to support the various ways in which people may be invited, or wish, to participate in their health and care

## Complex multimorbidity

- ▶ Identify and mitigate the issues and risks - adopting a biopsychosocial approach - for a frail and/or vulnerable individual with complex needs living in a variety of settings

## System-working

- ▶ Identify the organisational units of health and care, their inter-relationship, and funding, and how their activities - together with those of local authorities, community groups and the third sector - may be aligned for greatest health benefit
- ▶ Work collaboratively in trusted partnership, across teams, organisations, systems and communities to co-produce health and care, appreciating the value of building strategic relationships through informal and formal modes of communication
- ▶ Develop innovative approaches to achieving improved and equitable health outcomes for individuals and populations embracing new and emerging models of care



- ▶ Challenge, support and influence others in a system to make a difference, while taking responsibility to lead that which is within your control

## Social justice and health equity

- ▶ Promote social justice in the communities you serve, appreciating the differences between advocacy, allyship and activism
- ▶ Critically appraise the relationship between social determinants of health and health inequalities
- ▶ Contribute to the design and delivery of care pathways (including digitally-enabled) that reduce inequalities, promote inclusion and engage and protect the most vulnerable

## Environmental sustainability

- ▶ Deliver care in ways that minimises waste and reduce harmful environmental impact, while maximising positive health outcomes for individuals and populations
- ▶ Locate, create and critically apply data and evidence from a range of sources to inform approaches to environmental sustainability and planetary health





# Work-based activities

Practical work-based activities to help you explore these subject areas:

- ▶ **Seek out experiences** in settings beyond the provision of healthcare either through project-based attachments, mediated visits or voluntary work or linking in with local events and workshops.
- ▶ **Shadow /work with** public health professionals and/or those responsible for commissioning, designing and reconfiguring health and social care services
- ▶ **Adopt an asset based mindset** and investigating what resources are available locally to support wellbeing and to protect against ill health
- ▶ **Rehearse co-production approaches** e.g. ensuring meaningful engagement with service users at all stages of a quality improvement cycle
- ▶ **Model** a population-based intervention using real time data

# Online learning opportunities

- ▶ [Population Health Management - eLearning for healthcare](#)  
A learning programme developed to support health and care professionals in using data to improve population health and wellbeing
- ▶ [Population Health: Fundamentals of Population Health Management](#)  
A MOOC from the University of Leiden covering the leading frameworks of Population Health Management including issues associated with evaluation and implementation
- ▶ [Oxford Value and Stewardship Programme - OVSP](#)  
A learning programme designed to help individuals and teams develop the skills they need to develop value-based health and social care and how to create a culture that is both collaborative and a culture of stewardship



# Key resources

In considering the above, you may find these resources useful; there are many more to be found in the enhance area of the NHS Learning Hub:

- ▶ [HEE Population Health online learning resources](#) Directory of online population health resources mapped to the core population health curriculum and learning objectives for health and care workers. The directory includes examples and case studies of population health learning initiatives
- ▶ [Population Wellbeing Portal - eLearning for healthcare](#) Education, training and professional development resources, to help deliver improvements in public health and prevention. Providing a central location for numerous eLearning resources, reading material, guidance, toolkits and videos, factsheets and many more resources relating to population health.
- ▶ [UKPHR Registration Standards 2018](#) The standards defined for entry onto the UK Public Health Register
- ▶ [Public Health Skills and Knowledge Framework: August 2019 Update](#) A national framework that describes the functions and activities carried out by people working to protect and promote the public's health across the UK
- ▶ [Primary care home: population health management](#) A practical guide to support a population health approach from the National Association for Primary Care



# ► Social justice and health equity





# Purpose

This domain focuses on the clinician's role in promoting a fair and just society and reducing health inequalities. See below for details of this curriculum and a wealth of collated and aligned resources.

## Why is this important?

"If medicine is to fulfil her great task" wrote Rudolf Virchow - one of the founding fathers of modern pathology - "then she must enter the political and social life." What Virchow had realised was that beneath the health problems caused by deprivation he observed in the 1840s lay a deeper set of social injustices. Injustices that continue to play out today as highlighted by the differential impact of the Covid-19 pandemic on disadvantaged communities. Clinicians, of all disciplines, are highly trusted members of society and if they are to be truly effective at improving the health and wellbeing of the society they serve, they need to learn to use their public voices for public education, health care reform, and social justice.



# Domain learning outcomes

On completing this domain of the enhance programme, you will be able to:

**1**

Promote social justice in the communities you serve, appreciating the differences between advocacy, allyship and activism

**2**

Critically appraise the relationship between social determinants of health and health inequalities

**3**

Consider how your decisions and actions, and those of others around you, affect people with protected characteristics (Equality Act 2010) taking action to address workplace discrimination, harassment and victimisation

**4**

Value diversity in teams and organisations, adopting and advocating for inclusive practices

**5**

Contribute to the design and delivery of care pathways (including digitally-enabled) that reduce inequalities, promote inclusion and engage and protect the most vulnerable

**1**

Promote social justice in the communities you serve, appreciating the differences between advocacy, allyship and activism.

## What this means

Social justice is about fairness as it manifests in society and the belief that everyone deserves equal rights and opportunities, including the right to good health. Discrimination and social justice are incompatible, so this is about being an ally and/or advocate for those who are excluded or marginalised. Fundamentally, this means living the values of the NHS Constitution in every interaction, using your power and privilege for positive social change.

## Areas you may find helpful to explore

- ▶ What is meant by social justice and its relation to healthcare
- ▶ What it means to be an ally (and how not to be a bystander)
- ▶ How to advocate effectively
- ▶ Activism and how to effect positive social change
- ▶ What is meant by inclusive healthcare practices and how to adopt them
- ▶ Power and privilege



**2**

Critically appraise the relationship between social determinants of health and health inequalities.

## What this means

This is about recognising health inequalities as avoidable, unfair and systematic differences between different groups of people. There are multiple characteristics that shape peoples' lives, such as age, ethnicity, gender, sexuality and socio-economic position and no one characteristic exists in isolation from another. Being able to critically appraise the relationships between social determinants of health and health inequalities means also recognising that inequalities are rooted in systems of social power, such as health, education and legal systems. Recognising all of this means looking at health inequalities through a lens of intersectionality rather than a single axis of inequality which may lead to simplistic approaches or policies.

## Areas you may find helpful to explore

- ▶ The social determinants of health and their contribution to health outcomes
- ▶ Approaches to measuring health inequality (e.g. Slope Index of Inequality)
- ▶ Strategies to address social determinants and reduce health inequalities
- ▶ Health inequalities experienced by marginalised groups
- ▶ How health inequalities are exacerbated by issues of intersectionality
- ▶ Structural factors in health systems and wider society that perpetuate or exacerbate inequities

**3**

Consider how your decisions and actions, and those of others around you, affect people with protected characteristics (Equality Act 2010) taking action to address workplace discrimination, harassment and victimisation.

## What this means

This is about being able to work effectively, respectfully and safely in relationships of difference. It is about recognising that the Equality Act (2010) protects both the people who receive care and those who provide it, from being treated unfairly because of any of the identified protected characteristics. This requires a developed sense of self-awareness (around your own biases, conscious or otherwise), and a willingness to acknowledge and utilise your personal sources of power and privilege to act in situations where you recognise the potential for discrimination, harassment or victimisation.

## Areas you may find helpful to explore

Sources of available population health data and how they may be used to design services to meet population needs

- ▶ Protected characteristics under the Equality Act (2010) and personal and organisational responsibilities
- ▶ Equality, diversity and inclusion in the healthcare workforce
- ▶ Discrimination, harassment and victimisation
- ▶ Symbolic violence and microaggressions, their impact and how to respond
- ▶ Conscious and unconscious bias; recognising and taking action to address
- ▶ How to create safe spaces for necessary dialogue around inequalities and discrimination



## 4

Value diversity in teams and organisations, adopting and advocating for inclusive practices.

### What this means

'Inclusive practice is based on a belief that the health professional has the capacity to work effectively and safely in relationships of difference'<sup>3</sup>. This is about ensuring that all individuals are included in all aspects of life and are not discriminated against because of their differences to you. To work well in this way is to avoid assumptions, to approach difference with curiosity and openness. This is about seeking and amplifying the voices of marginalised groups. This approach is equally relevant to the ways you work with your co-workers as it is with patients, their families and their communities. Fundamentally, this is about recognising and valuing the lived experiences of others and how a plurality of perspectives adds value to the work of healthcare professionals.

### Areas you may find helpful to explore

- ▶ Inclusive healthcare practices
- ▶ Types of diversity its value in the workplace
- ▶ Plurality of perspectives and lived experience
- ▶ Cultural competence in healthcare
- ▶ Trauma informed practice

<sup>3</sup>Richardson F (2015) *Introduction to inclusive practice* In: Davis J, Birks M and Chapman Y (ed) *Inclusive Practice for Health Professionals* p3 Oxford University Press; Oxford.

**5**

Contribute to the design and delivery of care pathways (including digitally-enabled) that reduce inequalities, promote inclusion and engage and protect the most vulnerable.

## What this means

This is about appreciating the ways it is possible to purposefully design healthcare systems in order to reduce health inequalities and take action on wider determinants of health, for example through integrated healthcare systems. It is about recognising a need to embrace population health principles in order to resource and deliver services at a scale and intensity proportional to degree of need. It is also about thinking creatively about the practical ways it is possible to adjust the ways care is provided to meet the needs of individuals and /or populations, considering issues such as health literacy, digital access and digital literacy. To do this well, you will identify (and deploy where possible) a range of strategies to engage people in the coproduction and codesign of care, valuing their expertise through experience.

## Areas you may find helpful to explore

- ▶ Inclusive integrated care pathways
- ▶ Strategies to engage people in coproduction and codesign, drawing on their lived experience
- ▶ Health equity and quality improvement
- ▶ Digital transformation of services that acknowledges differences in digital literacy and access
- ▶ The extent to which clinical systems (e.g. risk scores, clinical pathways, decision support tools) take social determinants into account
- ▶ Proportionate universalism - the resourcing and delivering of services at a scale and intensity proportionate to the degree of need
- ▶ WHO Sustainable Development Goals



# Link(s) to other domain outcomes

This is one of six domains in the enhance programme and you will notice points of connection between them. This section highlights the domain outcomes that most closely connect to this domain.

## Person-centred care

- ▶ Interact with patients and carers in ways that acknowledge their unique circumstances, supporting people to recognise and draw on their own strengths and resources in order to live an independent and fulfilling life
- ▶ Drawing on a range of communication strategies, enable people to make meaningful decisions about their health and wellbeing by understanding the outcomes that are important to them, exploring the risks, benefits and consequences of all available options and what these may mean in the context of their own lives
- ▶ Treat each person you encounter in the course of your work - patients, their families, carers and colleagues - compassionately, and with dignity and respect
- ▶ Appreciate the different forms of patient and public participation and take action to support the various ways in which people may be invited, or wish, to participate in their health and care

## Complex multimorbidity

- ▶ Identify and mitigate the issues and risks - adopting a biopsychosocial approach - for a frail and/or vulnerable individual with complex needs living in a variety of settings



## System-working

- ▶ Develop innovative approaches to achieving improved and equitable health outcomes for individuals and populations embracing new and emerging models of care
- ▶ Challenge, support and influence others in a system to make a difference, while taking responsibility to lead that which is within your control
- ▶ Engage diverse audiences - through for instance, story-telling, public narrative and social media - to drive improved population health outcomes

## Population health

- ▶ Generate potential strategies for addressing population-level determinants of health ensuring the equitable, sustainable and transparent use of the available resources
- ▶ Develop care and prevention pathways sensitive to local needs, drawing on the best available population-level data and research evidence
- ▶ Engage in the co-creation of population health and wellbeing with colleagues and citizens using a range of modes of interaction sensitive to the needs and concerns of different groups

## Environmental sustainability

- ▶ Communicate impactfully, to a wide-range of audiences, the interdependence of human health (and health equalities) and global and local ecological systems
- ▶ Advocate at a team, organisational and system level for environmentally sustainable practice, process and policy



# Work-based activities

Practical work-based activities to help you explore these subject areas:

- ▶ **Identify and integrate pertinent social determinants of health** into quality improvement projects
- ▶ **Undertake projects** to mitigate health inequalities
- ▶ **Make resources (patient and/or staff and/or learner) more inclusive** and representative of the communities they serve e.g. inclusive pronouns, images of people (including staff) with disabilities
- ▶ Become involved in projects to **'decolonise the curriculum'** including resources used for training, for simulation, for practical examinations etc
- ▶ **Be an ally**, raise awareness and role model working well in relationships of difference
- ▶ Undertake **longitudinal and/or life course case studies** to engage with the lived experience of individuals who are marginalised and face discrimination
- ▶ Seek out **experiences and attachments** with third sector groups working with marginalised groups, e.g. through project-based attachments, mediated visits or voluntary work
- ▶ **Be curious** about the experiences of others around you – avoid making assumptions by asking questions and seeking guidance from others about inclusive practice (including with co-workers)
- ▶ **Be a buddy or co-mentor** for colleagues working in the UK /NHS for the first time, helping them make sense of ways of working and to inform your own practice
- ▶ **Be reflective and reflexive** in your practice by considering how your protected characteristics, life experiences and opportunities shape how you view the world and others around you. Take time to review situations where you have been a bystander and consider how you might change your behaviours in response to witnessing micro-aggressions, incivility and other forms of discrimination.



# Online learning opportunities

- ▶ [WHO Sustainable Development Goals](#)  
The United Nations Sustainable Development Goals set out a vision for a world free from poverty, hunger and disease and describe a number of targets that all UN member states have agreed to work towards achieving by the year 2030
- ▶ [Improving Health Equity](#)  
This free module by Institute for Healthcare Improvement explores health disparities: what they are, why they occur, and ways to reduce them
- ▶ [Beginning a dialogue that values difference and fosters inclusion](#)  
Covering prejudice, bias and creating safe spaces for dialogue. Bitesize learning from the NHS Leadership Academy
- ▶ [Building inclusion through understanding](#)  
The importance of understanding your personal privilege. Bitesize learning from the NHS Leadership Academy
- ▶ [How can intersectionality further understanding on health inequalities?](#)  
Intersectionality and health explored in this succinct animation from the University of Sheffield
- ▶ [NHSE Core20PLUS5](#)  
An approach to reducing healthcare inequalities





# Key resources

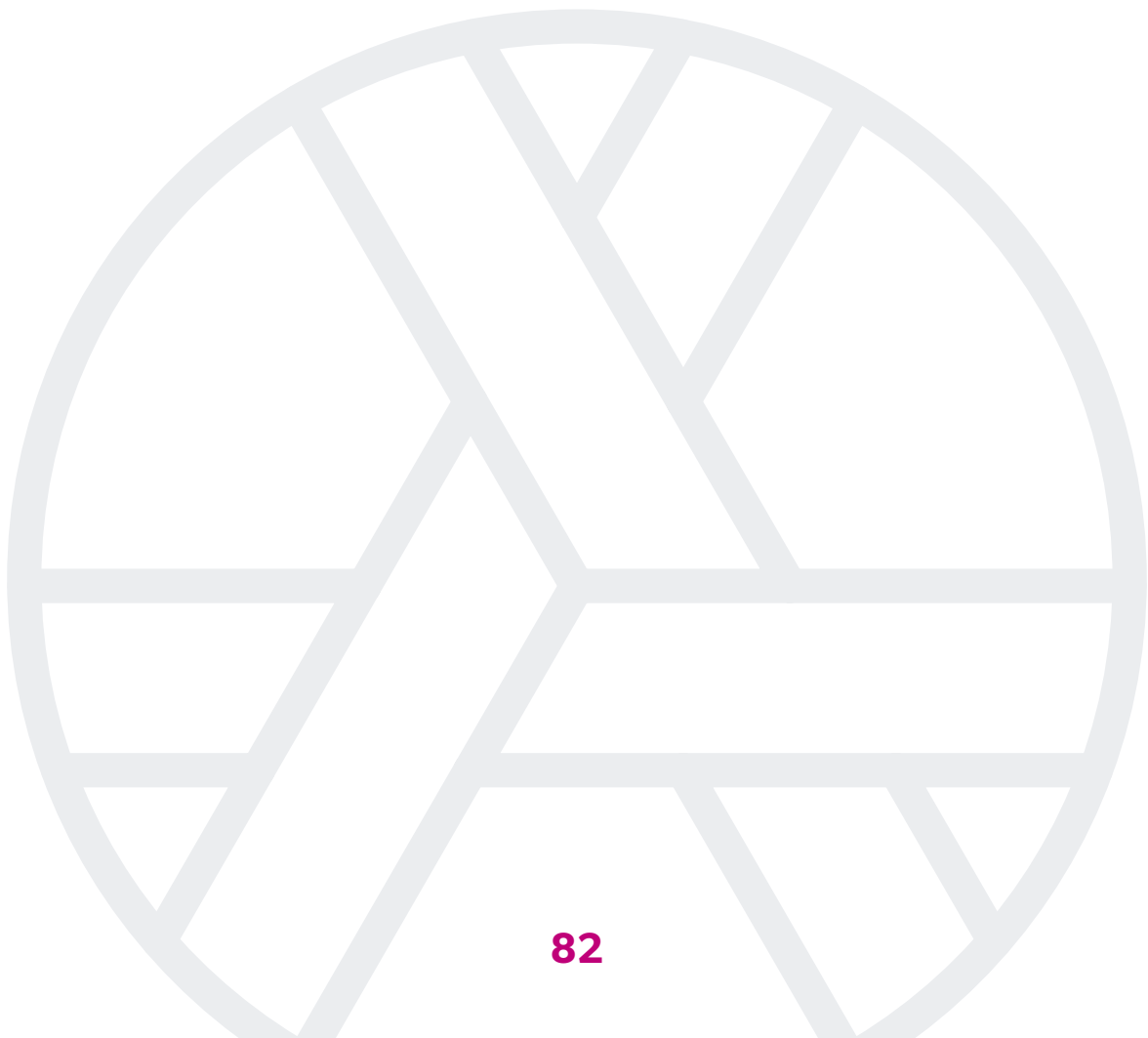
In considering the above, you may find these resources useful; there are many more to be found in the enhance area of the NHS Learning Hub:

- ▶ [Fair Society Healthy Lives](#) In this ground-breaking report Michael Marmot (2010) identifies six areas which, if we chose to address them would have a high impact on health inequalities. However, [The Marmot Review 10-years On](#) showed that, in England, health is getting worse for people living in more deprived districts and regions, health inequalities are increasing and, for the population as a whole, health is declining. Inequalities in social and economic conditions before the pandemic contributed to the high and unequal death toll from COVID-19 leading to a further call from Marmot to [Build Back Fairer](#).
- ▶ [World Health Organisation Social Determinants of Health](#) In this useful collection, WHO defines the social determinants of health and provides a range of useful policy documents, reports and background reading
- ▶ [Health inequalities](#) This 'explainer' from the King's Fund provides an overview of how health inequalities are experienced in England's population
- ▶ [Beyond the Snowy White Peaks](#) Attempts in recent years to increase equality, diversity and inclusion in upper echelons of NHS has been exceedingly slow and systemic problems persist and are clearly visible in [NHS Workforce Race Equality Standard](#)
- ▶ [Equality, diversity and inclusion](#) Resources for building, supporting and maintaining an inclusive and diverse service with materials sourced from relevant user-led advocacy groups
- ▶ [Why Is Psychological Safety So Important in Health Care?](#) In this short video, Amy Edmondson, Professor of Leadership and Management at Harvard Business School, describes four specific outcomes associated with a psychologically safe work environment
- ▶ [The danger of a single story](#) Our lives, cultures and identities are composed of many overlapping stories. Novelist Chimamanda Ngozi Adichie warns that if we hear only a single story about another person or country, we risk a critical misunderstanding.



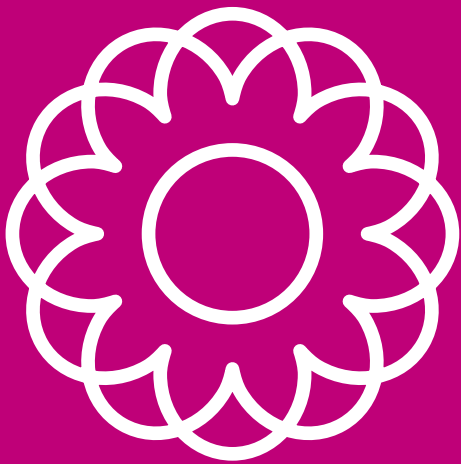
A selection of online resources urging doctors to speak out on issues of social justice:

- ▶ [Is it time to abandon the requirement that physicians separate their personal and professional personas?](#)
- ▶ [Why doctors should care about social justice](#)
- ▶ [Physicians as Advocates for Social Change](#)
- ▶ [Doctors can't treat COVID-19 effectively without recognizing the social justice aspects of health](#)





# ► Environmental sustainability





# Purpose

This domain is about taking responsibility for the adoption and promotion of sustainable healthcare practices at an individual and system level, recognising the interdependence of planetary and human health, and being an advocate for action on key environmental issues. The areas for exploration and activities draw on the educational outcomes and resources provided by the Centre for Sustainable Healthcare and identified in a recent consensus statement from the Association of Medical Education in Europe (AMEE).

## Why is this important?

'Humanity faces an ecological crisis that threatens the ecosystems on which we rely'<sup>4</sup>. We have been expending resources at a far greater rate than they can be replaced, and the world's population is expected to continue to increase to around 10 billion by 2050. The planet is warming rapidly with even minor rises expected to result in increased risks to health, food security, water supply, human security and livelihoods. Health systems are responsible for about 4.4% of the world's greenhouse gas emissions and for a broader environmental impact of between 1-5% both of which actively generate ill health. All health professionals therefore have a moral obligation to take action to reduce the environmental impact of the health and care they provide.

<sup>4</sup>AMEE (2021) Consensus Statement: Planetary health and education for sustainable healthcare. *Med Teach* 43:3; 272-286



# Domain learning outcomes

On completing this domain of the enhance programme, you will be able to:

**1**

Deliver care in ways that minimises waste and reduce harmful environmental impact, while maximising positive health outcomes for individuals and populations

**2**

Locate, create and critically apply data and evidence from a range of sources to inform approaches to environmental sustainability and planetary health

**3**

Identify, evaluate and embed measures of environmental sustainability as outcomes of quality improvement activity

**4**

Communicate impactfully, to a wide-range of audiences, the interdependence of human health (and health equalities) and global and local ecological systems

**5**

Advocate at a team, organisational and system level for environmentally sustainable practice, process and policy

**1**

Deliver care in ways that minimise waste and reduce harmful environmental impact, while maximising positive health outcomes for individuals and populations.

## What this means

This is about appreciating the principles of sustainable healthcare practices and putting them to use in your everyday encounters. This means adopting a lean approach to healthcare where you constantly strive to identify areas of waste and eliminate anything that does not add value for patients. To do this well, you will need to become aware of carbon and waste hotspots in pathways of care, considering how they might be reduced and acting accordingly.

## Areas you may find helpful to explore

- ▶ The concept of environmental sustainability
- ▶ Principles of sustainable practice
- ▶ Lean approaches to healthcare and waste reduction strategies
- ▶ Carbon hotspots in healthcare processes and pathways
- ▶ The dependence of human health on global and local ecological systems and mechanisms by which human health is affected by environmental change
- ▶ Climate change and social justice (climate injustice)

**2**

Locate, create and critically apply data and evidence from a range of sources to inform approaches to environmental sustainability and planetary health.

## What this means

This is about becoming a carbon literate citizen; being someone who understands how climate change can affect them and those around them and has the knowledge and skills to lower their own, and others, carbon footprint. This includes being aware of and able to interrogate existing sources of data and resources that support positive action to lessen the impact of personal and professional practices on environmental and planetary health.

## Areas you may find helpful to explore

- ▶ Carbon literacy and carbon footprinting
- ▶ Sources of data about economic and environmental (e.g. carbon) cost
- ▶ Benchmarking data and where to find it
- ▶ Features of a health-promoting local environment including access to green spaces, clean air and an active travel infrastructure

**3**

Identify, evaluate and embed measures of environmental sustainability as outcomes of quality improvement activity.

## What this means

This is about integrating sustainability into quality improvement in order to address social and environmental challenges in healthcare. It is about designing quality improvement initiatives using sustainability principles (prevention, empowerment, lean pathways, low carbon alternatives) to achieve the greatest benefit and measuring their impact using measures of social value and carbon footprint.

## Areas you may find helpful to explore

- ▶ How to improve the environmental sustainability of health systems
- ▶ Embedding sustainability in quality improvement activity
- ▶ The triple bottom line of sustainability (social, environmental, financial)



**4**

Communicate impactfully, to a wide-range of audiences, the interdependence of human health (and health equalities) and global and local ecological systems.

## What this means

This is about being able to do two key things. Firstly, how to effectively communicate the ways in which climate change (rising temperatures, rising sea levels and rising extremes) has an impact on health and secondly, sharing the practical ways people can take individual and collective action to make a difference. This is about knowing your audiences and the contexts in which you are working so you can link key messages to local environmental concerns and priorities. This is about leading change, finding ways to create opportunities for people to make a difference, and, in so-doing, reduce the sense of climate anxiety and hopelessness that can occur.

## Areas you may find helpful to explore

- ▶ Local environmental concerns and priorities (including within your own setting)
- ▶ Tailoring your message to your audience
- ▶ How to create, develop and sustain a shared environmental purpose
- ▶ Use of storytelling and narrative
- ▶ Use of social and other media to communicate messages with impact

**5**

Advocate at a team, organisational and system level for environmentally sustainable practice, process and policy.

## What this means

This is about being someone who is informed about the ways in which it is possible to reduce the carbon footprint of everyday practices and confident to share this knowledge with those around them. It is about recognising the cumulative impact of small changes, whether at an individual, team or organisational level. This is about the ways you are able to live your values and encourage others to do the same. Fundamentally it is about understanding the remit, responsibilities and boundaries of the clinician as an environmental activist and advocate and being willing to act.

## Areas you may find helpful to explore

- ▶ 'Green Plans', 'Climate Emergencies' and carbon targets
- ▶ Identifying those with lead responsibility for sustainability in your organisation
- ▶ Policies and practices that promote environmental sustainability and their interface with those that promote health
- ▶ Ethical tensions arising from allocation resources to individuals and protecting the environmental resources needed by wider community
- ▶ Moral offsetting - personal values and actions that you choose to take



# Link(s) to other domain outcomes

This is one of six domains in the enhance programme and you will notice points of connection between them. This section highlights the domain outcomes that most closely connect to this domain.

## Person-centred care

- ▶ Work with an individual's family, carers, advocates and network of healthcare professionals to ensure that care is coordinated, across teams, organisations and systems

## Complex multimorbidity

- ▶ Routinely take action to reduce harm from over-investigation, multiple intervention, and polypharmacy
- ▶ Work collaboratively across disciplinary, team and organisational boundaries to ensure that the care and resources deployed achieve the best possible health outcomes and experience for the individual

## System working

- ▶ Develop innovative approaches to achieving improved and equitable health outcomes for individuals and populations embracing new and emerging models of care
- ▶ Challenge, support and influence others in a system to make a difference, while taking responsibility to lead that which is within your control
- ▶ Engage diverse audiences - through for instance, story-telling, public narrative and social media - to drive improved population health outcomes



## Population health

- ▶ Generate potential strategies for addressing population-level determinants of health ensuring the equitable, sustainable and transparent use of the available resources
- ▶ Develop care and prevention pathways sensitive to local needs, drawing on the best available population-level data and research evidence
- ▶ Identify community assets and how these resources may be mobilised for population health improvement
- ▶ Engage in the co-creation of population health and wellbeing with colleagues and citizens using a range of modes of interaction sensitive to the needs and concerns of different groups

## Social justice and health equity

- ▶ Promote social justice in the communities you serve, appreciating the differences between advocacy, allyship and activism
- ▶ Contribute to the design and delivery of care pathways (including digitally-enabled) that reduce inequalities, promote inclusion and engage and protect the most vulnerable



# Work-based activities

Practical work-based activities to help you explore these subject areas:

- ▶ **Identify individuals** within your organisation with a remit for sustainable healthcare e.g. the executive sustainability lead and/or sustainability manager in your trust. Ask if you can shadow them and/or offer to contribute to ongoing projects
- ▶ **Establish what is happening in your organisation.** Have they declared a climate emergency? Have they undertaken organisational benchmarking or completed a planetary health report card? Do they have a Green Plan? Can you help take any of these agendas forward?
- ▶ **Explore what others are doing** to make their specialty sustainable and identify opportunities to contribute to conversations about sustainable healthcare practices within your team/organisation
- ▶ **Make a personal sustainability pledge** and consider running an environmental pledge challenge for your team and/or organisation
- ▶ **Make your quality improvement project a sustainable quality improvement project**, measuring value against the triple bottom line
- ▶ **Undertake process mapping** in order to identify and communicate opportunities to apply principles of sustainable healthcare
- ▶ **Undertake concept mapping** and presentation to local healthcare teams tracing link between environmental change and health
- ▶ **Review patient journeys through the lens of sustainability**, including, for example, a life cycle analysis of the common clinical resources utilised
- ▶ **Raise awareness** of environmentally preferable practices and resources with colleagues, patients and their carers, where it is appropriate to do so
- ▶ **Facilitate team discussion** on potential sustainability actions, whether in shared workspaces (rest rooms, eating places) on the wards, in clinics and in theatre



# Online learning opportunities

- ▶ [Environmentally Sustainable Healthcare](#)  
A three session online learning programme. Building a Net Zero NHS describes the climate and ecological emergency, why it matters for health, and how healthcare contributes. Sustainable Dentistry and Measuring Carbon in Healthcare describes the relationship between climate change and health and the application of sustainability principles in the dental setting. Environmentally Sustainable Anaesthetic Practice outlines the environmental impact of healthcare and ways to use resources efficiently within the operating theatre.
- ▶ [Increasing Value and Reducing Waste at the Point of Care](#)  
Free module from Institute for Healthcare Improvement



# Key resources

In considering the above, you may find these resources useful; there are many more to be found in the enhance area of the NHS Learning Hub:

- ▶ [The Sustainable Physician](#) Principles of sustainable clinical practice from the Centre for Sustainable Healthcare
- ▶ [Centre for Sustainable Healthcare](#) Website offering a wealth of resources and courses on a variety of sustainability related issues in healthcare, including guidance, learning materials and case studies on sustainable quality improvement
- ▶ [Green Impact for Health Toolkit](#) A toolkit to help general practices improve their sustainability and environmental impact. Includes a 'Green Impact for Health audit' and a wide range of practical resources.
- ▶ [Greener Practice](#) A 'one-stop shop' for general practices to find the information, resources and links they need to start their greener practice journey; raising awareness of the health benefits of climate action and supporting primary care to take practical action towards greener practice
- ▶ [Lancet 2020 Report](#) A comprehensive report tracking the relationship between health and climate change across five key domains and over 40 indicators
- ▶ [Delivering a 'Net Zero' National Health Service](#) A detailed account of the modelling and analytics underpinning the latest NHS carbon footprint, trajectories to net zero and the interventions required to achieve that ambition
- ▶ [Carbon Footprint Calculator](#) A rapid and simple means to produce some indicative numbers on carbon emissions associated with care pathways
- ▶ [Britain Talks Climate](#) Evidence based toolkit around engaging public on climate and how to build narratives that resonate with a diverse range of values and everyday concerns
- ▶ [How to talk about the climate emergency](#) Advice from activist collective Doctors for Extinction Rebellion on how to talk to peers, patients and the public

# ▶ Evidencing learning





# Evidencing learning

enhance is a programme in evolution.

Trailblazer sites across the country are currently

piloting innovative approaches to delivery.

As such, a number of issues remain under consideration in relation to the recording of learning and how that is recognised, and indeed what that means to the wider system. Some of the questions that are being worked through include:

- ▶ How can participants best evidence their learning and achievement of domain and programme outcomes?
- ▶ What options are there for formal recognition of this learning?
- ▶ How might learning be accredited towards a specific qualification?
- ▶ What options exist for the accreditation of whole programmes?

Some trailblazer programmes have already addressed some of these questions so do check out local arrangements.

In the meantime, and in the absence of any formal means to do so, it is strongly recommended that during the course of the programme you maintain a record of your learning, not only what you have done and the work you have undertaken, but your reflections on it and thoughts about where you need to take things next. Depending on your discipline or stage of professional development there may be opportunities to capture this within your existing portfolio.

enhance is an outcomes based programme. This means each outcome defines what would be different about you, your thinking, or your practice as a result of achieving it. There will be 'cues' in each outcome as to the ways you might be able to evidence their achievement. This might include:

- ▶ Project write ups
- ▶ Presentations/posters
- ▶ Reflective accounts
- ▶ Publications
- ▶ Journals and blog posts
- ▶ Critical analyses
- ▶ Presentation of local relevant data
- ▶ Supervisor reports and endorsements

Table 1 provides a few examples of the different ways you might evidence those changes in the ways you approach your practice. Examples are provided across all the domains; they aren't prescriptive, nor are they exhaustive, and this section should be viewed through the lens of your own discipline and its education and training requirements.

It is recommended that you file or tag these against the domain outcome or outcomes that you think most closely relate to the activity you have undertaken. For instance, if you have supported the commissioning of a new service to provide exercise on prescription at the local gym for the frail elderly, you may want to jot down a reflective account of what you noticed and the questions it raised for you. It's possible that you might want to augment this with some reading or online learning activity around social prescribing, or brief interventions. Review the domain outcomes and file or tag your reflections against those that you think most closely reflect what you have done. You will almost certainly find that any given activity ticks more than one box: in this case multimorbidity (outcome 5), person-centred care (outcome 2) and population health (outcomes 3,4). We recommend that you restrict your tags to a maximum of three 'best fit' outcomes.

You will also find that the act of recording and evidencing your learning helps consolidate that learning.

**Table 1** Examples of how to evidence domain outcomes

Domain and example outcome	How you might evidence achievement of this outcome
<p><b>Person-centred practice</b></p> <p>Interact with patients and carers in ways that acknowledge their unique circumstances, supporting people to recognise and draw on their own strengths and resources in order to live an independent and fulfilling life.</p>	<ul style="list-style-type: none"> <li>▶ Feedback from patients or carers</li> <li>▶ Reflective accounts</li> <li>▶ Case-based discussion focussed on the ways you have achieved this</li> </ul>
<p><b>Complex multimorbidity</b></p> <p>Co-create management plans with patients with multiple long-term conditions, taking a critical approach to the application of multiple clinical protocols while balancing risk and benefit.</p>	<ul style="list-style-type: none"> <li>▶ Reflective account illustrating factors that informed shared decision making</li> <li>▶ Case-based discussion focussed on risk management and decision making</li> <li>▶ Supervisor report /endorsement</li> </ul>
<p><b>Systems working</b></p> <p>Engage diverse audiences - through for instance, story-telling, public narrative and social media - to drive improved population health outcomes.</p>	<ul style="list-style-type: none"> <li>▶ Examples of materials developed and used with a reflective account sharing the rationale for approach and perceived impact</li> </ul>
<p><b>Population health</b></p> <p>Identify and effectively communicate the priority health needs of a local population using available data and evidence.</p>	<ul style="list-style-type: none"> <li>▶ An example of your data analysis and how you have shared with others (and/or reflective account)</li> <li>▶ A work-based assessment focussed on your leadership and/or presentation skills</li> </ul>
<p><b>Social justice and health equity</b></p> <p>Consider how your decisions and actions, and those of others around you, affect people with protected characteristics (Equality Act 2010) taking action to address workplace discrimination, harassment and victimisation.</p>	<ul style="list-style-type: none"> <li>▶ A reflective account related to an incident observed or experienced and your response and/or actions</li> <li>▶ Evidence of the ways you have become an ally for a colleague with a protected characteristic</li> <li>▶ Examples of resources you have adapted so that language /images used are more inclusive / representative</li> </ul>
<p><b>Environmental sustainability</b></p> <p>Advocate at a team, organisational and system level for environmentally sustainable practice, process and policy.</p>	<ul style="list-style-type: none"> <li>▶ Example of your personal pledge and actions taken</li> <li>▶ Work-based assessment focussed on your leadership of change</li> <li>▶ Quality improvement activity report</li> <li>▶ Resources developed or distributed to raise awareness or influence changes in team behaviour</li> </ul>

# ▶ Cross-cutting themes



Throughout all six domains of the enhance programme run some cross-cutting themes. Although not specifically associated with any particular outcomes, they permeate the entire programme.

So when you undertake work-based activities or participate in formal learning opportunities aimed at meeting specific programme or domain outcomes, think about how these issues are playing out, and how developing your capability in these areas may help you in becoming an even more effective generalist.



## Wellbeing

In order to thrive at work, people need a sense of autonomy, belonging and competence.

Autonomy is about having a degree of control over your working life. This is more than simply about working conditions or rota patterns (though both of these are important) and extends into the influence you have over the culture of your workplace. Ensuring that your voice is heard and workplace initiatives to create a just culture are manifestations that this is being taken seriously by your organisation. You will see examples of actions that you might take in this respect woven through several of the domains, most notably in the Social Justice and Health Inequalities domain, but also in Environmental Sustainability and Systems Working.

Belonging is about feeling part of a something, whether your profession, your team or your community. There is considerable emphasis on systems, on interprofessional team working and on multi-agency collaboration throughout the enhance programme. This is about helping you make connections, between individuals, teams and organisations. You will also



see references to asset based and community centred approaches to healthcare, fostering strong connections between you and the communities you serve.

Finally, competence is about being able to do your job well. This is more than the specific knowledge, skills or capabilities you have; it is about being in a workplace where it is possible to do a good job and being supported in doing that job well. Accounts of moral distress in the health professions highlight what happens when you know the right thing to do, but constraints such as resources, time and workload mean you are unable to deliver it. The enhance programme is an invitation to influence ways of working, ways of delivering care and to make the wisest use of resources, including your own time and expertise. Competence also requires access to training and development opportunities that enable you to develop your practice, so you are able to contribute to these new ways of working.

The wellbeing strand of enhance recognises the importance of taking care of yourself and others. A wellbeing steering group comprising collaborators from a wide range of professional backgrounds are bringing a wealth of experience, ideas and options to shape the integration of wellbeing into the generalism programme. The aim is to ensure this is genuine, sustainable, and adaptable offer for participants and their peers at different stages of their career and personal lives. Over the coming months you will be able to access a range of resources and materials focussed on taking care of yourself and others. [DN insert URL when available]



# Leadership

Health systems across the developed world face a common set of wickedly complex challenges; a rapidly aging population with an associated rise of long term conditions and comorbidity, the need for profound and rapid health system redesign, a relentless drive for increased quality and productivity, and accelerating technological advance, all set against a background of varying degrees of resource constraint. Given this context, health system leadership is no longer an option for clinicians, it is a responsibility. Healthcare isn't delivered by individuals working in isolation, but by complex systems that cross disciplinary and organisational boundaries. Effective clinicians need to understand those systems, be able to work within, and to continually improve those systems for the benefit of society and those we serve.

## **But what kind of leadership is required?**

Leadership is a process of influence that occurs in a group setting towards the achievement of a common goal. Beyond that there are almost as many definitions or approaches to leadership as there are leaders – an enhance leadership group for example has identified the following as important: self-awareness, strong interpersonal and communication skills, professionalism and fairness, multiprofessional team-working and the confidence to question and challenge.

But to summarise, what is currently believed to be needed in a health and care setting is leadership that is compassionate, collaborative and inclusive with a relentless focus on the improvement of the health and wellbeing of patients and populations. At the heart of all of this though is a fundamental prerequisite to know yourself and the impact you have on those around you. So before getting bogged down by a myriad of leadership models, ask yourself; what's it like being on the receiving end of me?

There's plenty more on leadership - tools, resources, programmes and development opportunities - available through both the NHS Leadership Academy and the Faculty of Medical Leadership and Management.



# Digital

Our interactions with the world and with each other are increasingly mediated, and in some cases being replaced, by digital technologies. A major role for the future clinical team will be to harness this technology ethically, and guide patients and colleagues in its use to optimise healthcare outcomes and reduce health inequalities. There is also potential for technology to facilitate collaboration and flatten the hierarchy amongst different professions through sharing of information, expertise and responsibility whilst supporting each profession to use their unique skills.

Exploring and exploiting the potential of 'digital' is an essential component of the enhance programme with participants expected to be digital champions across all of the domain areas. But in doing so, participants should remind themselves of principles proposed by the Topol Review - Preparing the healthcare workforce to deliver the digital future - commissioned by Health Education England in 2019, namely that:

- ▶ Patients need to be included as partners and informed about health technologies, with a particular focus on vulnerable/marginalised groups to ensure equitable access.
- ▶ The healthcare workforce needs expertise and guidance to evaluate new technologies, using processes grounded in real-world evidence.
- ▶ Wherever possible the adoption of new technologies should enable staff to gain more time to care, promoting deeper interaction with patients

You may want to start by assessing your own digital capability against Health Education England's Health and Care Digital Capabilities Framework (2018).





# Transformative reflection

Transformative reflection is an approach designed to help you thrive within environments of complexity and uncertainty, where there are often no clear right or wrong answers or approaches in any given situation.

We all have the capacity for reflective thought, the kind of thinking required when we encounter situations that are unfamiliar, unexpected or uncertain. These situations may lead us to hesitate, to take a moment to 'frame' what is happening and to search our memory for relevant knowledge and prior experiences that might help us find a way forward. Part of this is about generating different options for action, weighing up one possible action over another, before tentatively taking a step forward and paying close attention to what happens next. This type of thinking is at the heart of expert practice, it is the basis of clinical reasoning, treatment planning and innovation.

enhance is about embracing the unfamiliar, being able to frame (and reframe) the ways we do things and engaging in the types of thought-experiments that lead to meaningful changes in practice. This is about developing a deeper understanding of your own decision making and what influences it - incorporating internal and external factors, thereby creating the possibility for change for yourself and for others around you. Through a variety of learning opportunities, the enhance programme will engage you in the types of transformative learning that foster curiosity and help develop new perspectives and ways of thinking about the situations you encounter.

Reflection doesn't have to be a solo pursuit and there are numerous examples of strategies being used in healthcare settings that foster reflective thought, such as Schwartz Rounds, Balint groups, action learning sets, and team reflection. Reflective thoughts don't always have to be written down, though for some people journaling is a way to help develop their thinking. Reflective practice doesn't have to be about situations where things didn't go to plan, or where something went wrong. It can be just as powerful to think deeply and analytically about the situations where things went really well, or better than expected or situations or dilemmas that you encountered for the first time.

There will be a range of resources and materials made available to foster reflective thought and practice on the Learning Hub. [DN: insert URL when available]

# Contact us



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