Health Education England

Population Health and Health Inequalities: supporting the workforce, now and in the future

Tuesday 11th October, 09:45am – 15:30pm

Housing Keeping

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Agenda – Morning Session

09:45 – 10:30	**Registration**
10:30 - 10:40	Welcome and Housekeeping – Prof Wendy Reid, Director of Education & Quality and Executive Medical Director
10:40 – 10.55	Keynote – Prof Kevin Fenton, London Regional Director, OHID & President, Faculty of Public Health
10.55 – 11:10	Population Health and Health Inequalities through a workforce lens – Janet Flint, Programme Lead
11:10 – 11:25	New and Emerging Roles – Dr Mas Amin, National Clinical Advisor
11:25 – 11:40	**Break**
11:40 – 11:50	Deputy Chief Medical Officer for England Announcement
11:50 – 12:30	Panel Discussion – population health, health inequalities and the workforce Dr Navina Evans, Chief Executive Prof Wendy Reid, Director of Education & Quality and Executive Medical Director Dr Jeanelle De Gruchy, Deputy Chief Medical Officer for England Dr Priya Singh, Chair, Frimley Integrated Care Board
12:30 – 13:15	**Lunch**

Professor Wendy Reid

Director of Education & Quality and Executive Medical Director

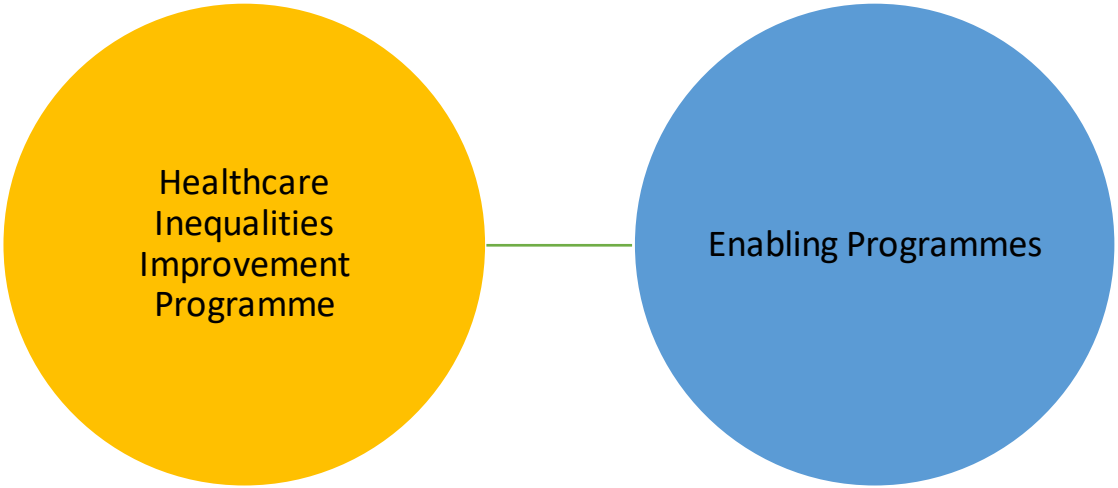
Dr Bola Owolabi MBBS DFFP MRCGP MSc

Director – Health Inequalities NHS England and NHS Improvement

Vision

Exceptional quality healthcare *for all* through **equitable access**, **excellent experience** and **optimal outcomes**.

A Legacy from the Pandemic - Narrowing Healthcare Inequalities



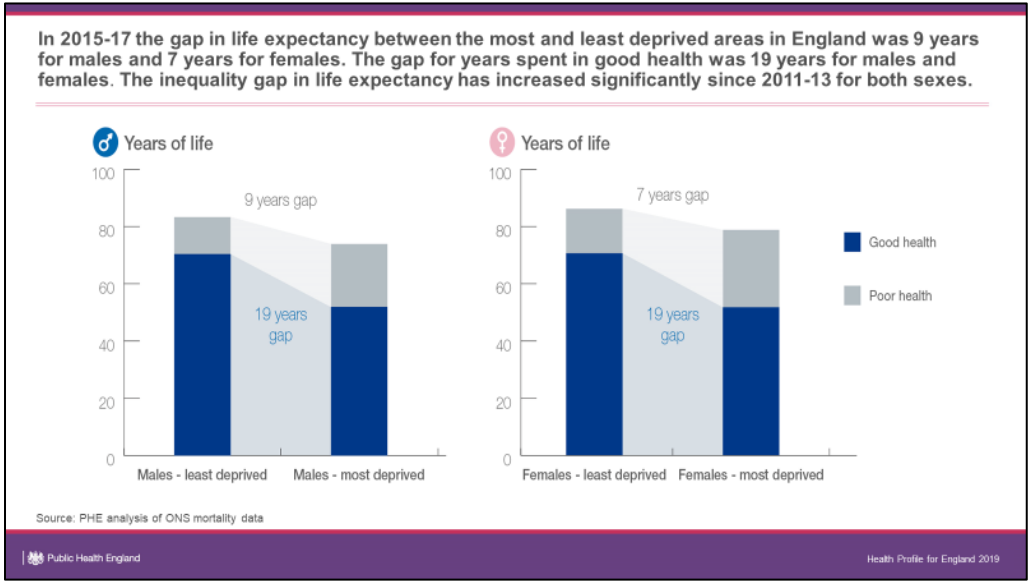
The people cost of healthcare inequalities…

…the pandemic has exacerbated inequalities

Disproportionate deaths from COVID-19 between those living in the most deprived areas and those living in the least deprived areas.

People in more **deprived areas spend more of their shorter lives in ill health** than those in the least deprived areas.

Recurrent **hospital admissions** (for acute exacerbations of chronic respiratory disease) are more prevalent in more deprived neighbourhoods.



For **women in the most deprived areas** of England, **life expectancy fell** between 2010 and 2019

In the areas of England with the lowest healthy life expectancy, **more than a third of 25 to 64 year olds are economically inactive due to long-term sickness or disability**

Social isolation and loneliness are associated with a **30% increased risk of heart disease and stroke**

Economic disadvantage is strongly associated with the prevalence of **smoking, obesity, diabetes, hypertension**

Living in **poverty** in early childhood can have **damaging consequences for long-term health**

National cost of healthcare inequalities

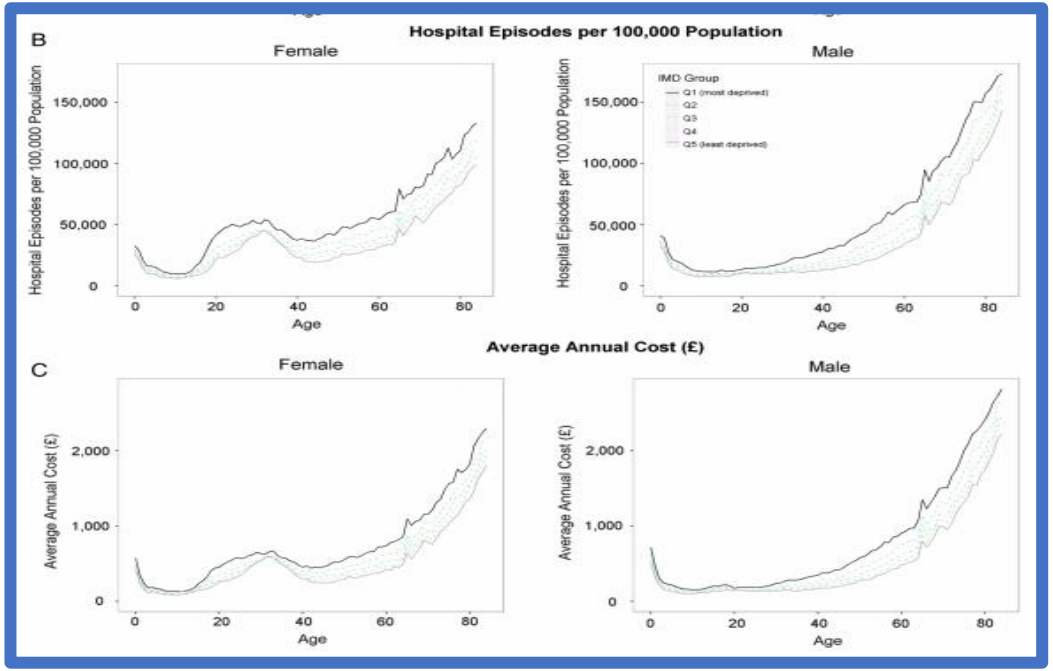
Increased NHS treatment costs
- **> £5 billion**

Losses from illness associated with health inequalities

Productivity losses
- **£31 billion - £33 billion**

Reduced tax revenue and higher welfare payments
- **£20-£32 billion**

People from the most deprived areas have a lower life expectancy compared to those in more affluent areas, yet the per capita cost of healthcare due to emergency admissions, LTCs, prolonged LOS & spend on healthcare is higher for those from more deprived areas



Fair Society, Healthy Lives The Marmot Review of Health inequalities in England post 2010 - PowerPoint PPT Presentation
https://www.slideserve.com/daniel_millan/fair-society

NHS Health Inequalities Improvement Programme

Policy Drivers

NHS Long Term Plan/Plan Refresh

2022 Health and Care Act

Government Mandate to the NHS

Levelling up White Paper

Digital Health & Care Plan

Covid19 Elective Recovery Plan

2022 Health and Care Act

NHSE/I 21/22 Operational Planning Guidance – 5 Strategic Priorities

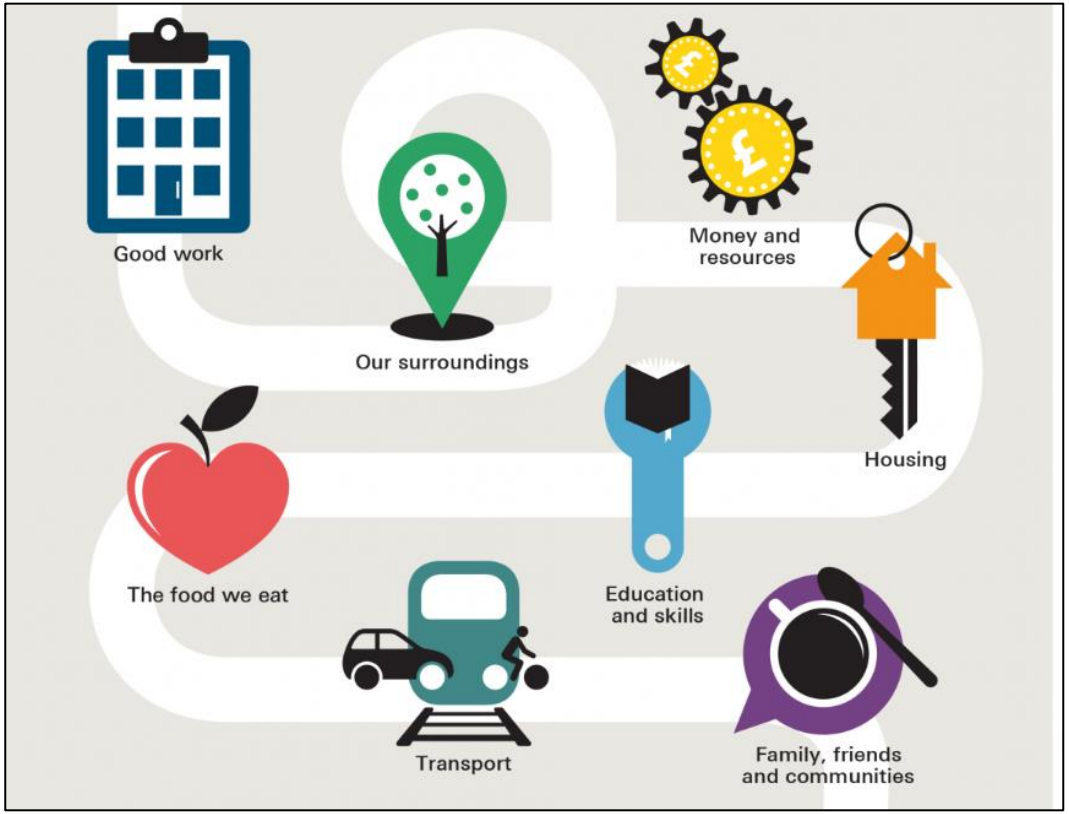
The Aims of an Integrated Care System

To improve outcomes in population health and healthcare

- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

Importance of the wider determinants of health

An estimated 60-80% of health is attributable to wider determinants of health[1]. This includes 'individual determinants' and wider societal impacts such as the climate emergency and the economy.



https://www.health.org.uk/infographic/infographic-what-makes-us-healthy

Healthcare Inequalities Priorities for Systems and Providers

- **Priority 1: Restoring NHS services inclusively**
  - NHS performance reports should be broken down by patient ethnicity and IMD quintile, focusing on:
    - Under-utilisation of services (e.g. proportions of cancelled appointments)
    - Waiting lists
    - Immunisation and screening
    - Late cancer presentations

- **Priority 2: Mitigating against 'digital exclusion'**
  - Ensure providers offer face-to-face care to patients who cannot use remote services
  - Ensure more complete data collection, to identify who is accessing face-to-face / telephone / video consultations (broken down by patient age / ethnicity / IMD quintile / disability status / condition)

- **Priority 3: Ensuring datasets are complete and timely**
  - Improve collection of data on ethnicity, across primary care / outpatients / A&E / mental health / community services / specialised commissioning

- **Priority 4: Accelerating preventative programmes**
  - Flu and Covid vaccinations
  - Annual health checks for people with severe mental illness (SMI) and learning disabilities
  - Continuity of maternity carers
  - Targeting long-term condition diagnosis and management

- **Priority 5: Strengthening leadership and accountability**
  - System and provider health inequalities leads to access Health Equity Partnership Programme training, as well the wider support offer, including utilising a new Health Inequalities Leadership Framework (to be developed).

CORE20PLUS5

A focused approach to tackling health inequalities

National Healthcare Inequalities Improvement Team

Exceptional quality healthcare for all through equitable access, excellent experience and optimal outcomes

Contact: england.healthinequalities@nhs.net

NHS England and NHS Improvement

REDUCING HEALTHCARE INEQUALITIES

NHS

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

Target population

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

CORE20PLUS5

Key clinical areas of health inequalities

1. **MATERNITY**
ensuring continuity of care for **75%** of women from BAME communities and from the most deprived groups

2. **SEVERE MENTAL ILLNESS (SMI)**
ensuring annual health checks for **60%** of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)

3. **CHRONIC RESPIRATORY DISEASE**
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

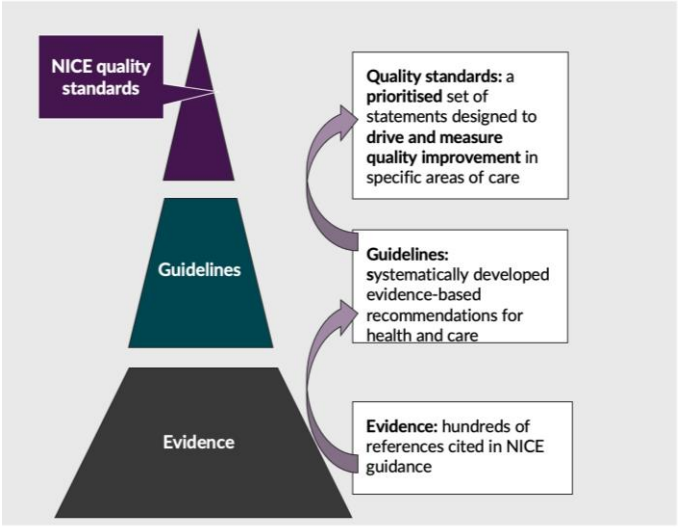
4. **EARLY CANCER DIAGNOSIS**
75% of cases diagnosed at stage 1 or 2 by 2028

5. **HYPERTENSION CASE-FINDING**
and optimal management and lipid optimal management

SMOKING CESSATION
positively impacts all 5 key clinical areas

Work with NICE

NICE 'How to' guide on healthcare inequalities improvement in development
NICE Quality Standards mapped to the HII matrix



Why we've mapped NICE Quality Standards to the Health inequalities improvement planning matrix

NICE Quality Standards are **developed independently in collaboration** with health and social care professionals, practitioners and service users. They are based on NICE guidance and other NICE-accredited sources. The process includes **wide stakeholder consultations, validation and regular review**.

By using NICE Quality Standards aligned to the 7 principles outlined in the health inequalities improvement planning matrix, programme leads can:

- assess the extent to which programme design, implementation and evaluation is embedding the principles outlined in the health inequalities improvement planning matrix
- ensure the programme is in line with evidence-based recommendations from NICE
- formulate an action plan to strengthen the approach to considering health inequalities within the programme
- understand the rationale for each quality statement, supporting prioritisation and case for change
- use the accompanying quality measures, to develop metrics for measuring: structure (environment or setting); process (activity carried out) and outcomes
- provide assurance that health inequalities are being adequately considered and the programme is running in line with the principles outlined in the health inequalities improvement matrix
- be assured that the programme does not inadvertently widen the health inequalities gap

NICE

NHS England and NHS Improvement

Work with CQC

Healthcare inequalities may be related to the experiences of ethnic-minority led GP practices which tend to be predominantly in the most deprived areas with a further impact on health inequalities for their population from adverse regulator inspection outcomes

- Regulators' Pioneer Fund - Project • Reducing health inequalities in areas of depriv... (citizenlab.co)
- Podcast - GP practices and the impact of health inequalities by Care Quality Commission (soundcloud.com)
- Ethnic Minority Led Practices & health inequalities - Ethnic minority-led GP practices: impact and experience of CQC regulation | CQC Public Website

Figure 1: The Cycle of Inequality

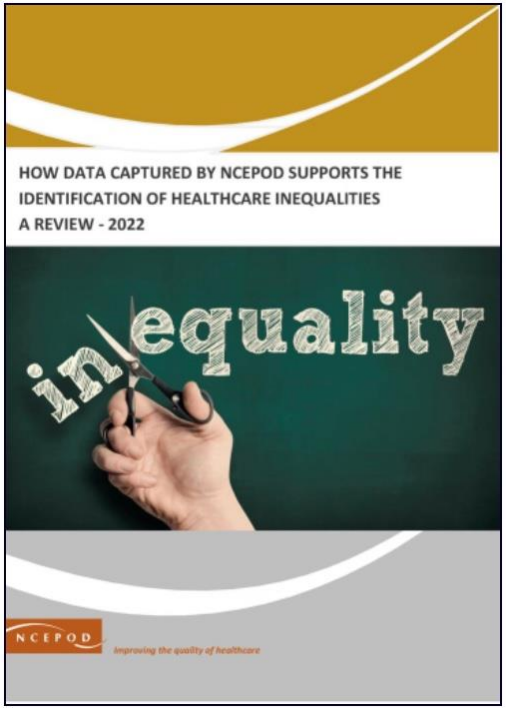
Stigwood, A, 2020

Data to inspire improvement

- Work with HQIP and National Clinical Audit Leads to develop a standardised approach to addressing healthcare inequalities in national clinical audit programme through data collection, analysis and development of recommendations

- NCEPOD - National Confidential Enquiry into Patient Outcome and Death: Review of Health Inequalities Short Report– HQIP

- Work with NHSBSA on Prescription Exemption Certificates & Maternity Exemption Certificates as well as prescribing patterns in medication for hypertension, COPD and severe mental illness– Complete & report due to be released soon

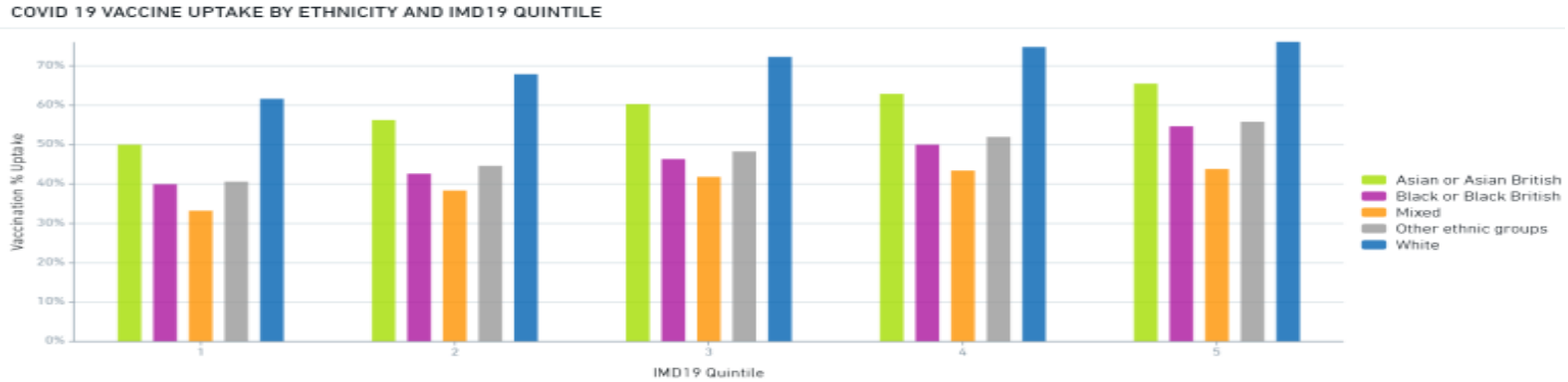


Data and Digital

Health Inequalities Improvement Workspace on Foundry incorporating Health Inequalities Improvement, Actionable Insight & Neighbourhood Non-Electives Admissions Dashboards

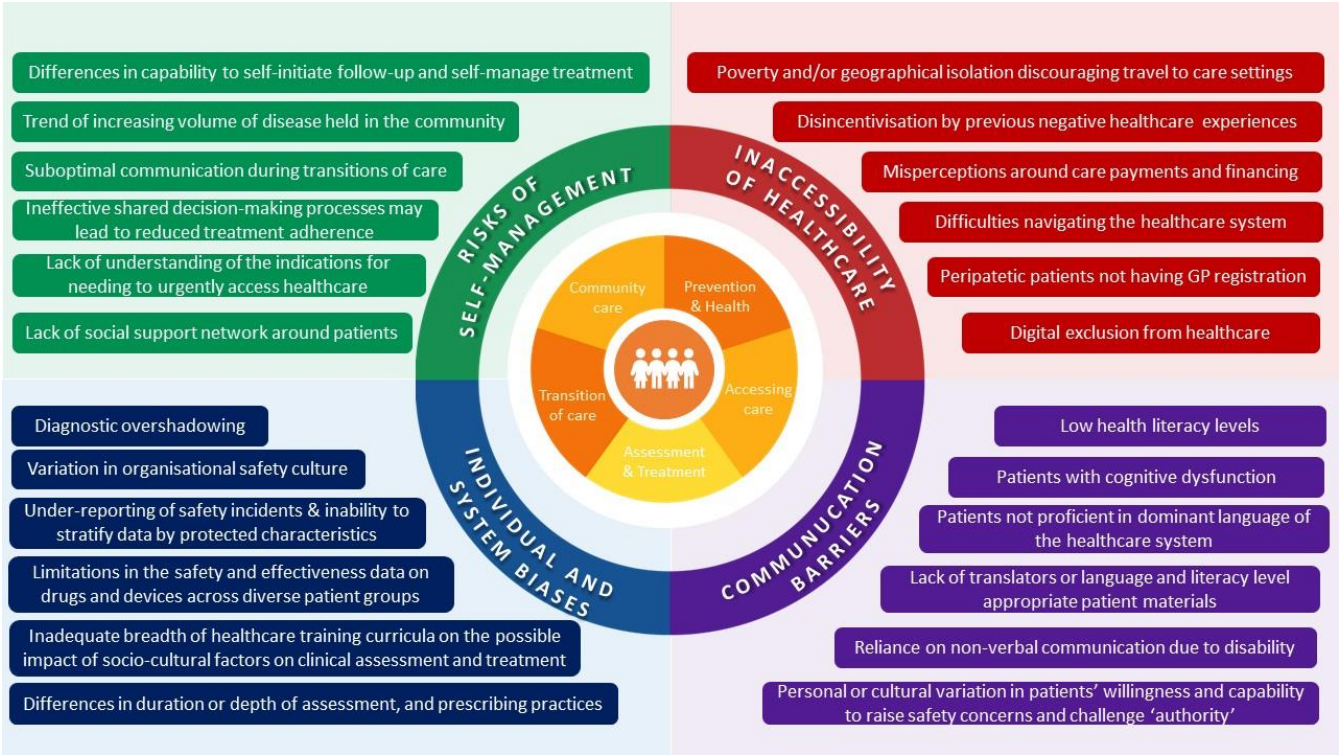
Digital Health Inequalities Pioneer Fund – In collaboration with NHSX - 10 ICS driving forward innovations in this space & further funding planned to support more ICSs with this in 2022/23

PCN Neighbourhood Health Inequalities Enhanced Service has gone live in April 22 – We're working with Primary Care colleagues to support the embedding of this.



Patient Safety

Work with NHSE/I Patient Safety team & NHS Resolution to better articulate intersection between Patient Safety & Health Inequalities - [Action on patient safety can reduce health inequalities | The BMJ](#) Cian Wade et al



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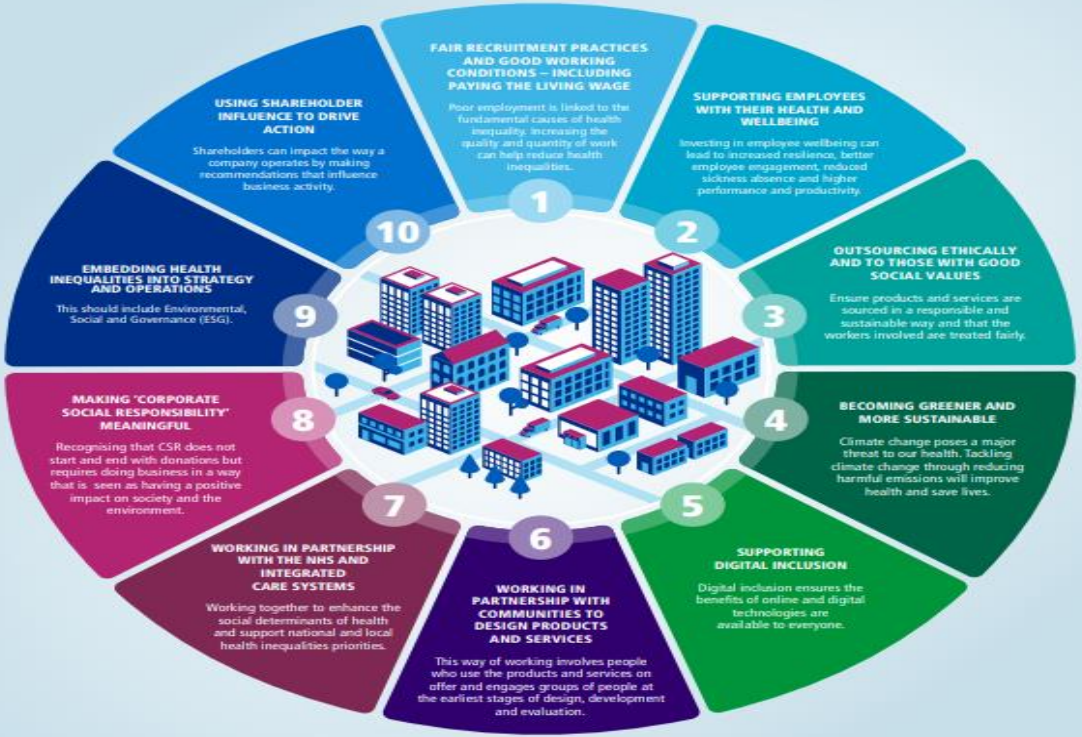
10 WAYS BUSINESSES CAN HELP TO REDUCE HEALTH INEQUALITIES

Businesses have direct influence on health in many ways; through employment, procurement, resource allocation, estate use and capital investment. Therefore, businesses also have a role in reducing health inequalities. Here are 10 ways we hope provide a working frame for organisations with ambitions to play their part in tackling health inequalities.

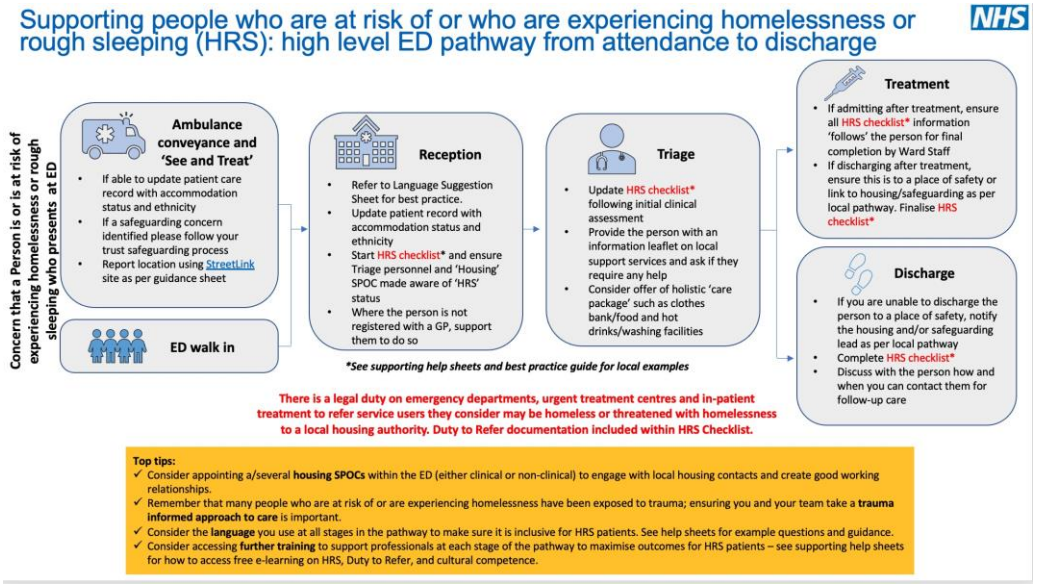


Share your thoughts on how businesses can reduce health inequalities at

england.healthinequalities@nhs.net

- Work with UEC team, people with lived experience, providers and charities to develop a consistent Emergency Department pathway, checklist and toolkit to support people experiencing homelessness and rough sleeping – Pilots underway

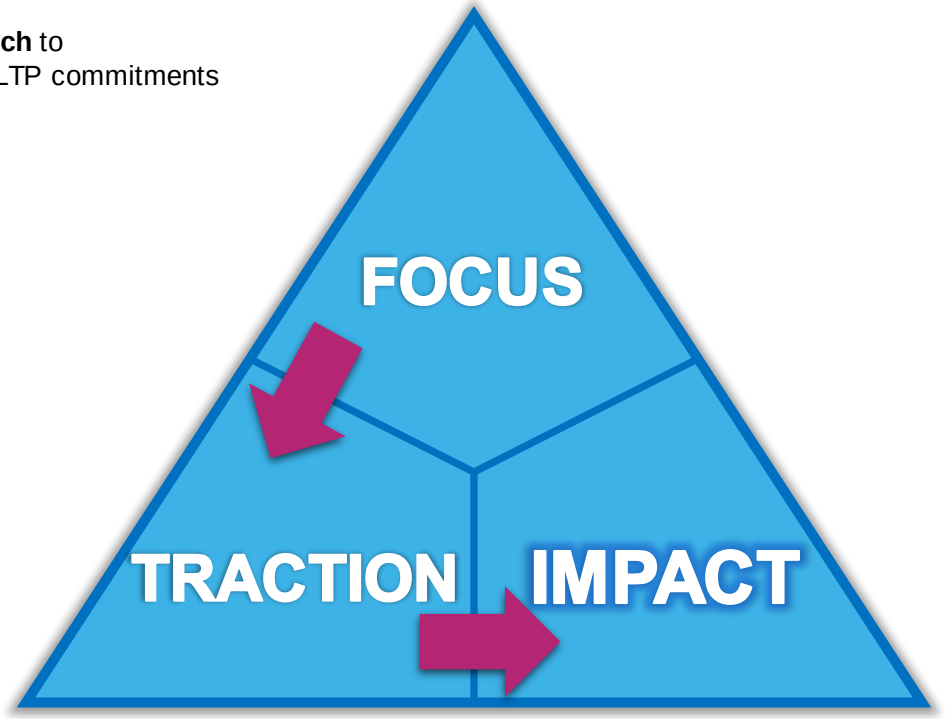
- High Intensity User work programme in collaboration between HiQiT/UEC/Improvement Directorate – signed off via NIRB - Mobilisation underway



A Focused Approach

Core20PLUS5 offers ICSs a multi-year and **focused delivery approach** to enable prioritisation of energies and resources in the delivery of NHS LTP commitments to tackling health inequalities within the existing funding envelope.

- Extensive engagement with programme directors to agree **improvement trajectories** in relation to the LTP goals with a particular focus on the Core20PLUS population.
- Work with Elective Care Recovery team to ensure inclusive recovery through the Elective Recovery Plan Coronavirus » Delivery plan for tackling the COVID-19 backlog of elective care (england.nhs.uk)
- Additional £200M health inequalities funding allocation (recurrent) secured for ICSs from 2022/23 financial year



Work with NIHR

NIHR | National Institute for Health and Care Research

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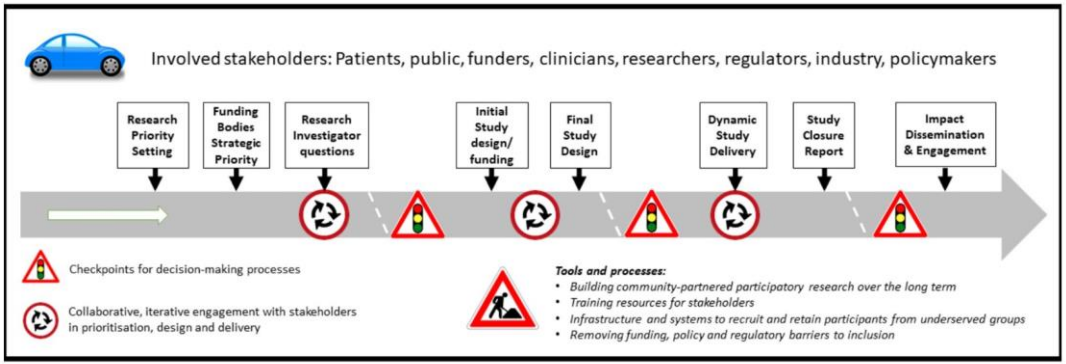
Improving inclusion of under-served groups in clinical research: Guidance from INCLUDE project

The INCLUDE roadmap



NIHR have now set up a programme of research looking at underserved populations & communities.

NHS England and NHS Improvement

Training Resources

RC GP LEARNING

Home / Courses / Clinical Courses and Certifications / Health Inequalities

Enrolment options

Health Inequalities

HEE Core20PLUS5 e-learning modules

RCGP Health Inequalities education modules

NHS Health Education England

https://elearning.rcgp.org.uk/enrol/index.php?id=499

https://www.events.england.nhs.uk/core20plus5---reducing-healthcare-inequalities-within-clinical-areas-of-focus

NHS England and NHS Improvement

Network and Sharing Learning

- Health Inequalities Futures Platform – Hosts What's New, Case studies & opportunity for people to showcase work they're doing in the HI space
- National Healthcare Inequalities Improvement Network – Going from strength to strength

NHS England and NHS Improvement

https://future.nhs.uk/connect.ti/EHIME/grouphome

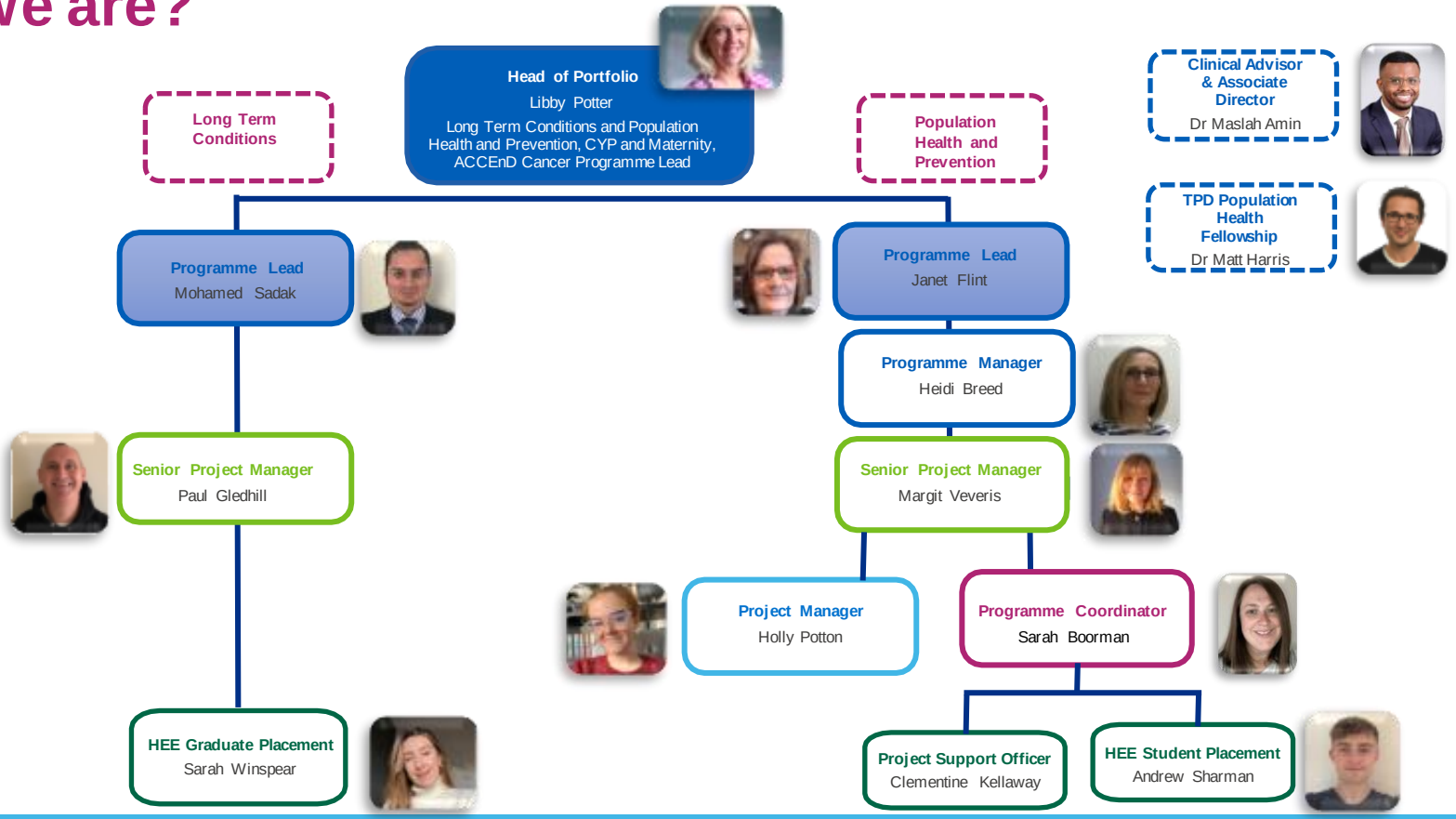
Population health, health inequalities and public health at HEE

NHS
Health Education England

Janet Flint- Programme Lead for Long Term Conditions, Population Health and Prevention, Maternity, Neonatal and CYP

October 11th 2022

Who we are?


Head of Portfolio
Libby Potter
Long Term Conditions and Population Health and Prevention, CYP and Maternity, ACCEnD Cancer Programme Lead
Long Term Conditions
Population Health and Prevention
Clinical Advisor & Associate Director
Dr Maslah Amin
TPD Population Health Fellowship
Dr Matt Harris
Programme Lead
Mohamed Sadak
Programme Lead
Janet Flint
Programme Manager
Heidi Breed
Senior Project Manager
Paul Gledhill
Senior Project Manager
Margit Veveris
Project Manager
Holly Potton
Programme Coordinator
Sarah Boorman
HEE Graduate Placement
Sarah Winspear
Project Support Officer
Clementine Kellaway
HEE Student Placement
Andrew Sharman

Population Health, prevention and health inequalities…Our Mission

Train, educate and transform our NHS and public health workforces to have the competencies, knowledge, and skills to deliver population health, prevention and tackle health inequalities to ensure that the health of the public is **everyone's business**.

1. Build capacity and capability within the core public health workforce.
2. Embed population health and prevention capability within the health and care workforce.
3. Understand the remit and responsibilities of the reformed public health system, in the workforce development space.

Core Public Health Workforce Development

1. Public Health Specialty Training programme
   - Delivered through 10 Postgraduate Schools of Public Health
   - Access to 5-year training programme fully funded by HEE

2. Public Health Practitioner Development
   - Public Health Practitioner (PHP) development funded by HEE across all regions
   - Provision of wider CPD offers for the PH workforce
   - Deep dive into our investment underway

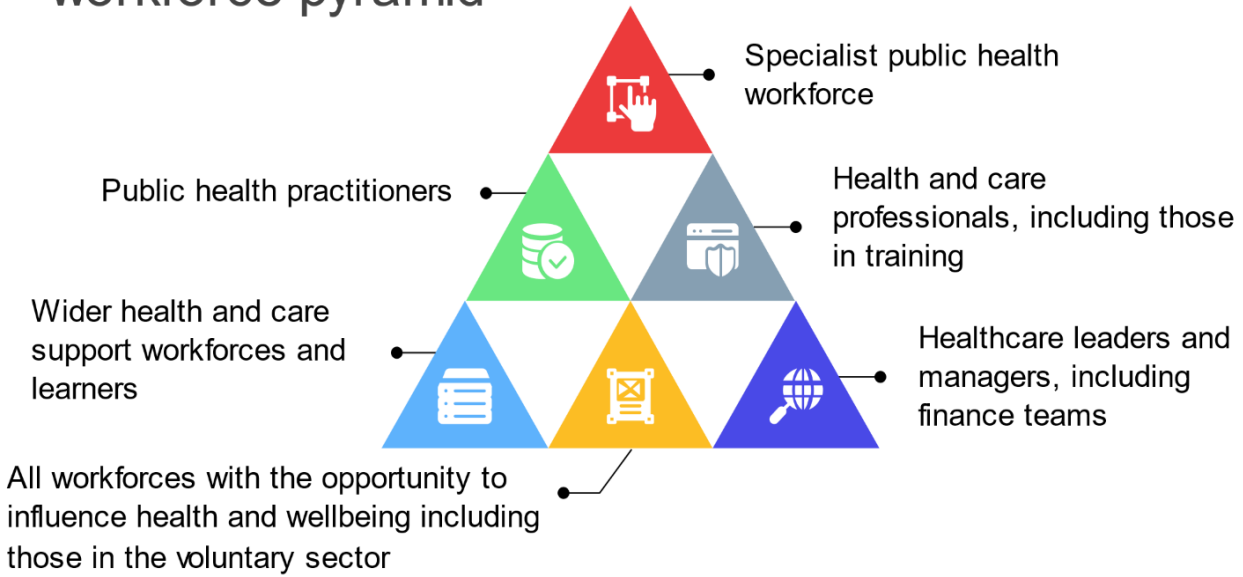
3. Public Health Workforce Planning
   - PH Specialist Stocktakes – last one published June 2022 and about to be repeated: https://www.hee.nhs.uk/our-work/public-health-specialist-capacity.

Population health, health inequalities and public health: ensuring a joined up approach to workforce development

Issue: how to increase access to education and training offers to improve population health, reduce health inequalities and embed public health across the health and care system

Multiple stakeholders:
NHSEI
OHID
UKHSA
ICSs and ICBs
Providers – secondary and primary care, independent and voluntary sector
Social care
Local government
Faculty of PH
Royal Society for PH
Other royal colleges and professional organisations

Population health and health inequalities workforce pyramid

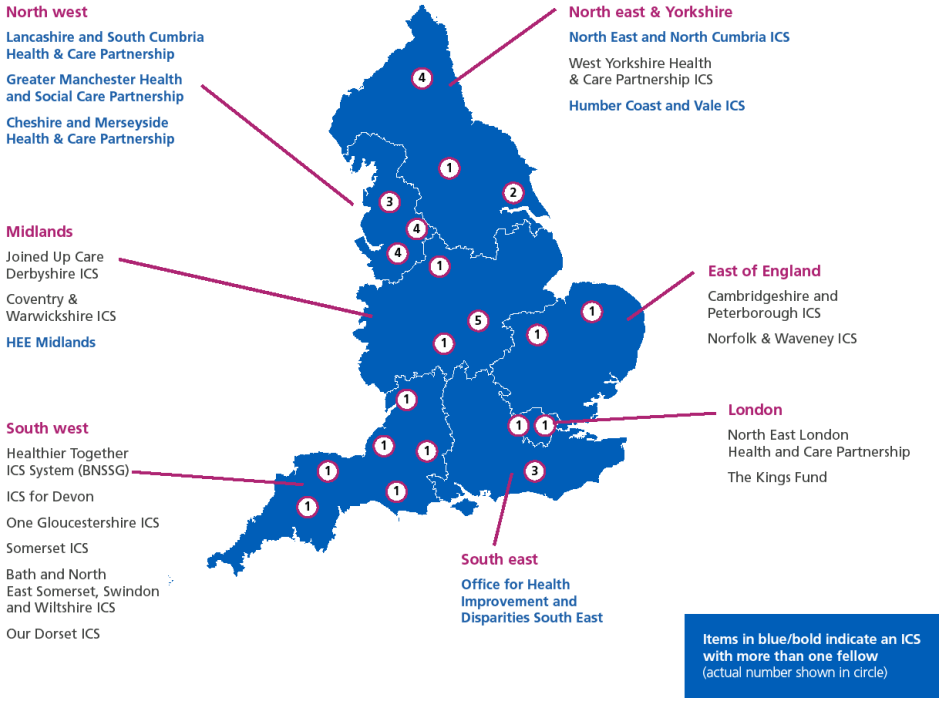


Wider Workforce Development

1. Population Health Fellowship programme

- Multi-professional 1 year programme, 2 days a week across all HEE regions, working on a population health project at a host site
- Supported by a learning programme
- Cohort 3 about to commence with 39 fellows
- Looking to accredit the learning programme
- Ambition to grow the programme to have have one fellow per ICS

- Aim is to improve patient outcomes through the development of clinical and non-clinical professionals with skills in population health to benefit place-based healthcare systems across England and for individuals to be empowered to influence healthcare policy locally



Wider Workforce Development

2. Advanced Clinical Practice in Public Health

- Aim is to develop healthcare professionals currently working as advanced clinical practitioners with masters' level capability to incorporate PH into their local work systems to improve population outcomes
- Public health ACP framework has been developed and validated by HEE's Centre for Advanced Clinical Practice as a credential.

Wider Workforce Development

3. Health Inequalities

Our medical distribution programme aims to align training placements more closely with population need to ensure a more fairly distributed workforce

To support upskilling of all workforces we provide access to educational resources, including a podcast series to equip health and care workers to understand and address health inequalities encountered in their practice.

To address issues in rural and coastal areas which face an ageing population and where it has often been harder to recruit, we are undertaking work with selected Integrated Care Systems (ICSs), supporting innovative apprenticeships and other work to improve the health and digital literacy of the population

We work in partnership with system stakeholders such as NHSE's Health Inequalities education and training workstream and contribute to the development of new learning resources eg around Core20Plus5

Wider Workforce Development

4. Digital Learning resources

We have a wealth of e-learning resources, toolkits and frameworks designed to support practitioners, learners, trainees and educators embed population health/prevention/health inequalities capability into clinical practice:

- Maximising Population Health and Prevention in curricula Toolkit
- AMR toolkit
- Healthier weight competency framework
- Population Wellbeing Portal
- Population Health Toolkit
- Embedding public health into clinical services toolkit
- e-learning resources developed, supported or produced in partnership

Since 2018 our digital resources have been launched over 2 million times.

elfh

elearning for healthcare

Population Wellbeing Portal

A central location for elearning to deliver improvements in public health, prevention and wellbeing

Tackling Loneliness and Social Isolation

Creating connections to tackle loneliness and social isolation

Behaviour Change Literacy for Individuals and Workforce Leaders

A learning resource developed by health psychologists to build behaviour change knowledge and skills

All OUR Health

Evidence based e-learning sessions to support all health and care professionals to prevent illness, protect health and promote wellbeing.

Population Health Toolkit

Supporting health and care professionals to understand and improve population health

Health Equity Assessment Tool (HEAT)

e-learning to build skills in using the Health Equity Assessment Tool (HEAT)

Embedding Public Health into Clinical Services

Supporting teams through the process of re-designing clinical services to support prevention as well as treatment

Physical Activity and Health

The prevention and management of long-term conditions by being active

Obesity

Online learning for healthcare and other practitioners working to tackle obesity

Making Every Contact Count

An interactive learning resource to support people develop the knowledge and understanding to make every contact count by asking others about their health and wellbeing

Community-centred approaches to health improvement

Building knowledge and making plans for community-centred approaches to health and wellbeing

Social Prescribing – Learning for Link Workers

An e-learning resource to support link workers to deliver social prescribing

NHS

#LinkWorkerLearning

Public Mental Health

MindEd

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NHS

Health Education England

Healthier weight competency framework

Maximising Population Health and Prevention in Curricula Guidance

Population Health Management

Introduction to the underlying concepts, data and analysis required to understand and improve the population's health

Tackling Homelessness

Supporting the health and care workforce to prevent and relieve homelessness

Health Literacy:

You can make a difference

@NHS_HealthEdEng

Population Wellbeing Portal

A central location for elearning to deliver improvements in public health, prevention and wellbeing

elfh
elearning for healthcare

The Portal provides a central location for free training and education resources relating to the health and wellbeing of the public including links to e-learning, toolkits, videos, webinars and various publications.

Resources organised within the following 17 programmes:

- Alcohol
- Child Health
- Gambling
- Health Inequalities
- Housing and Homeless
- Infection Management
- Loneliness and Social Isolation
- Nutrition and Obesity
- Oral Health
- Prevention and Health Improvement
- Public Health Professionals
- Safeguarding
- Screening
- Sexual Health
- Tobacco Dependence
- Substance Misuse
- Wellbeing and Mental Health

All our Health e-learning

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Office for Health Improvement & Disparities

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- Evidence based **bite size** e-learning commissioned by OHID linked to the *All our Health Framework* which aims to support all health and care professionals to prevent illness, protect health and promote wellbeing.
- Aims to simply present evidence and guidance to show the impact that health and care professionals can make on key public health topics. 30 topics all organised in a similar format
  - Why does this matter?
  - What can I do to help?
  - Where can I find more information?
  - Knowledge check

Population Health Toolkit

Supporting health and care professionals to understand and improve population health

- Toolkit built around HEE's curriculum for population health
- Provides links to free resources mapped to eleven core curriculum areas and learning objectives.
- Enables health and care organisations to embed population health approaches into their communities by improving the knowledge of their workforces in this area

Embedding Public Health into Clinical Services

Supporting teams through the process of re-designing clinical services to support prevention as well as treatment

A toolkit intended to support clinical leaders and service managers to guide their teams through the process of re-designing services to support prevention.

Office for Health Improvement & Disparities

NHS
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Increasing the skill mix in population health

Health Education England

Dr Mas Amin, National Clinical Advisor

October 2022

National Population Health Fellowship

Health Education England

Context and Background

- **First** national population health fellowship (PHF) – truly multiprofessional across the health and care workforces
- Launched to develop a sustainable model for increasing the number of healthcare professionals who have the skills and capabilities required to support ICS and
  - Improve **health outcomes** for populations
  - Improve the **wellbeing** of populations
  - **Prevent** long term conditions through population level interventions
  - Reduce **health inequalities** and unwarranted variation in health outcomes.

What happens on the fellowship?

- Fellows undertake a population health placement for 2-days/week for 1 year to work on a health inequalities project

- Fellows undergo a formal taught programme

- It is an intense year and learning is set at the enhanced level practice

Pharmacy

Dentistry

Speech & Language Therapy

Orthotics

Nursing

Paramedicine

Dietetics

Managerial

Midwifery

Physiotherapy

Medicine

Further developments

- The PHF is very popular, particularly among GPs, pharmacists and AHPs.

- We now have a pilot where GP trainees are doing the fellowship as part of their GP training to developed enhanced population health skills.

- Increasingly we have systems sponsoring their own staff to join the fellowship

Advanced Clinical Practice (ACP) in Public Health

- HEE has developed a Core Capabilities Framework for healthcare professionals to work at the advanced clinical practice level with expertise in public health.
- The ACP is characterised by a high degree of autonomy and complex decision making
- It is set a higher level than the PHF and develops healthcare professionals to master's level award

ACP Aims

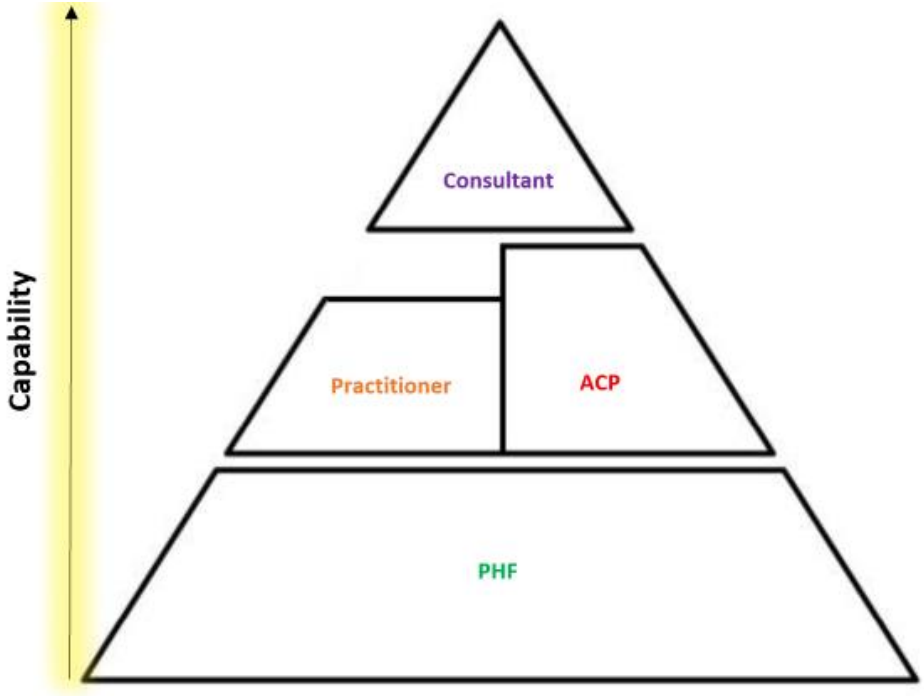
- Incorporate population health into their local work systems to improve outcomes
- Develop capability to promote and influence healthcare policy
- Encourage and support the development of PH strategies and approaches within relevant organisations and systems (e.g., integrated care systems).

The vision

- Because of the great overlap of subject matter between the PHF and ACP, after completing the PHF, individuals will be able to progress to the ACP

- Together (i.e. fellowship and ACP) they can demonstrate one part of a population health development pathway for healthcare professionals and potential careers escalator, sitting within a wider suite of population health development opportunities and careers.

Pathways for clinical practitioners



Population Health Toolkit - ELfH

- A free, inclusively accessible, blended suite of e-learning modules and complementary online resources for all health and social care staff on e-LfH Hub
- Launched November 2021
- Ongoing evaluation to inform future development

Break

11:25 – 10:40

Office for Health Improvement & Disparities

All O♥R Health

All Our Health: Launch of new health inequalities module

Engaging the country's two million health and care professionals and the wider public health workforce to improve their knowledge, confidence and action in preventing illness, protecting health and promoting wellbeing.

Jeanelle de Gruchy
Deputy Chief Medical Officer

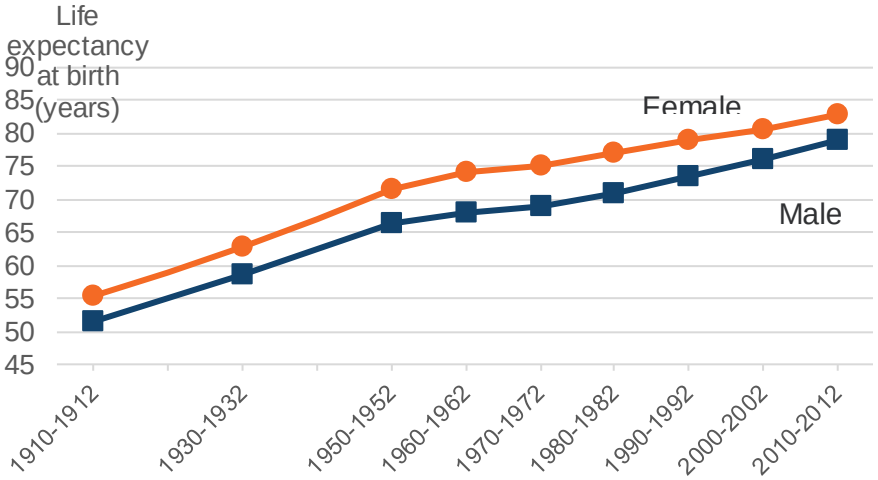
Tuesday 11 Oct 2022

What is All Our Health?

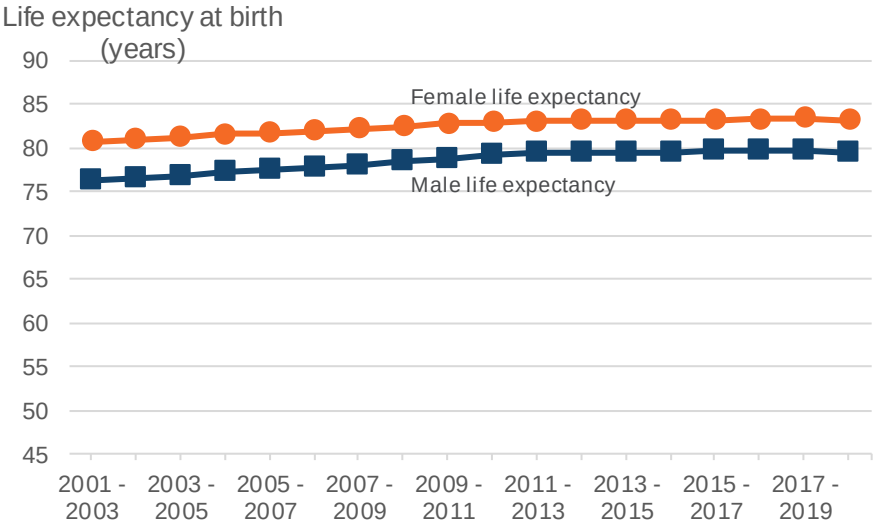
- The All Our Health programme is a call to action, supporting health improvement practice through:
  - **bite-sized learning** on key public health topics to enhance knowledge and action
  - **key evidence** and **data** into practice to stimulate change
  - **signposting** to other trusted sources

Improvements in life expectancy have stalled

Life expectancy at birth for males and females in England and Wales, from 1910-12, to 2010-12[1]



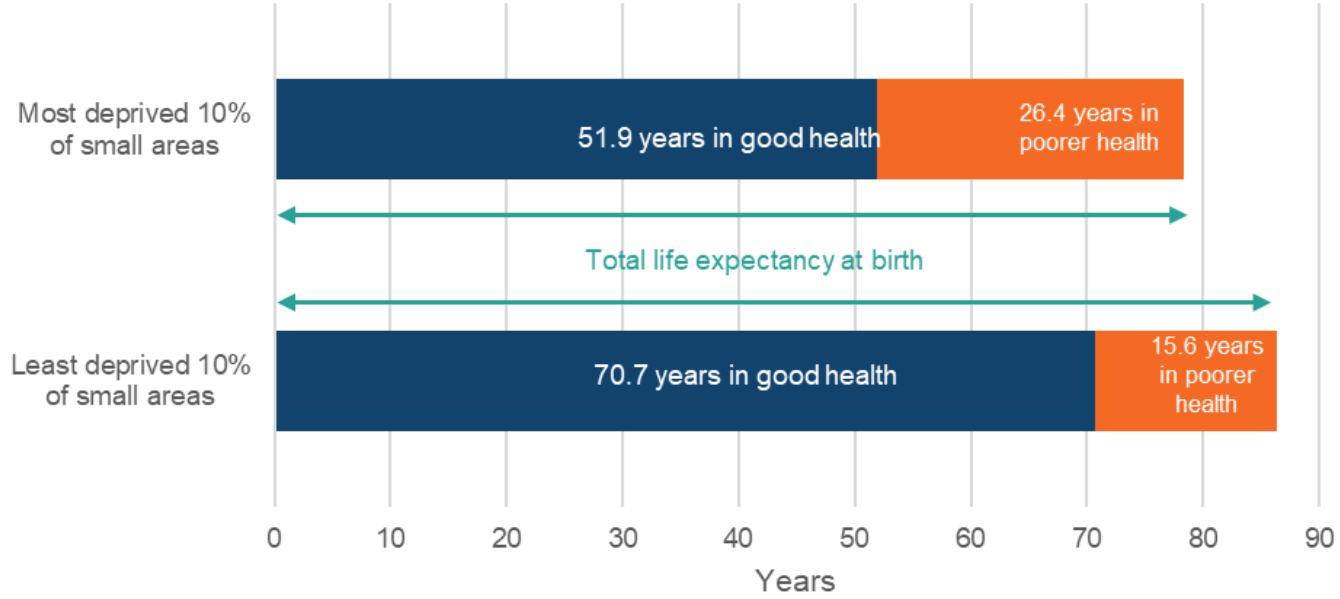
Life expectancy at birth for males and females in England (2001-03 to 2018-20)[2,5]



Source: ONS

Healthy life expectancy is also not improving – and demonstrates the impact of health inequalities

Life expectancy and healthy life expectancy at birth for females in the most and least deprived areas in England[2]

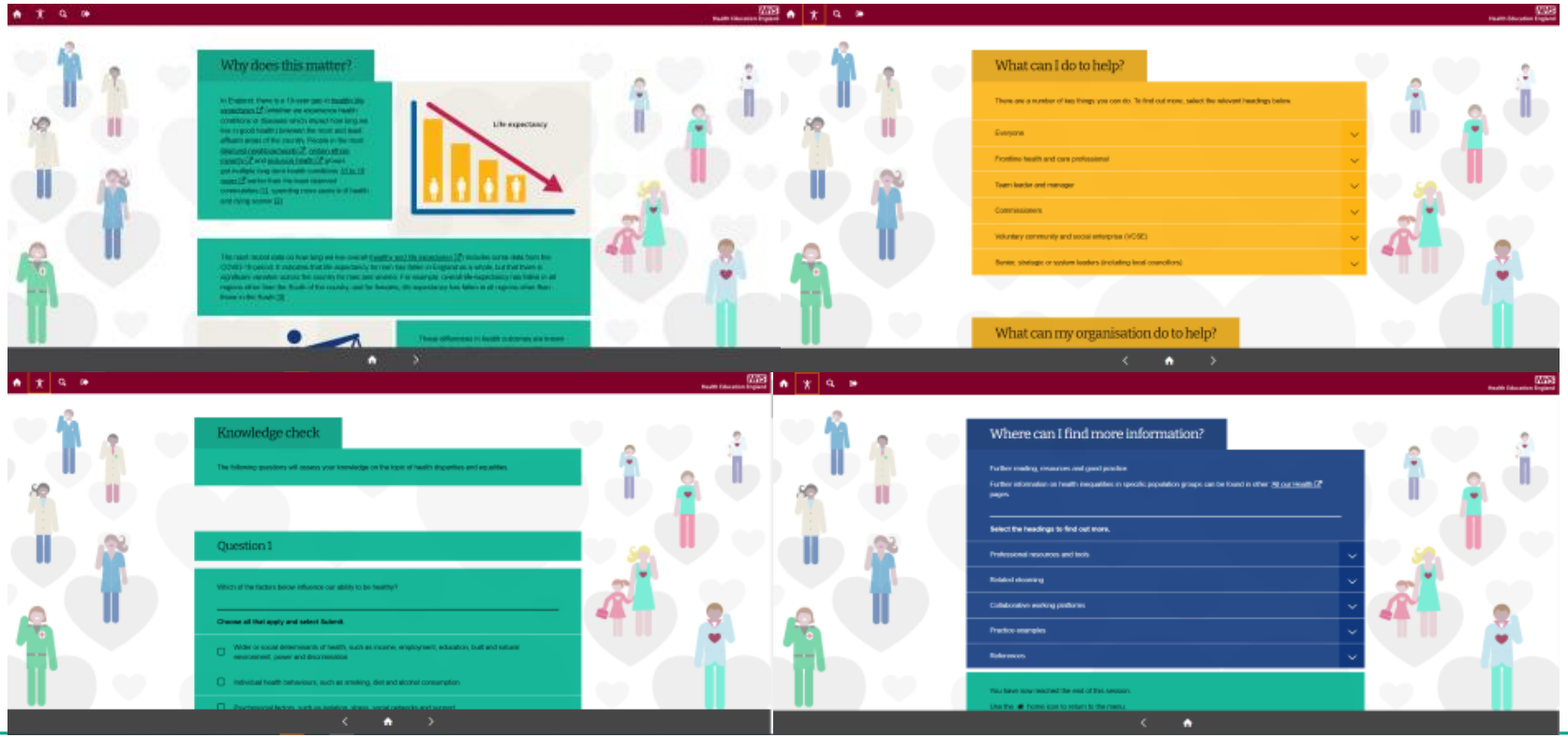


Source: ONS

All Our Health: **New module**
Health inequalities

- A new eLearning module on health inequalities has been developed, as an expansion of the existing professional development platform.
- The new module promotes a shared understanding of health inequalities and how they can be addressed and complements existing modules on key public health issues.
- The module supports the NHS CORE20PLUS5 programme on reducing health inequalities.
- Developed in partnership with Health Education England, NHS England and Improvement, the National Institute for Health and Care Excellence, the Local Government Association and the Social Care Institute for Excellence.

All Our Health: Key components of the module



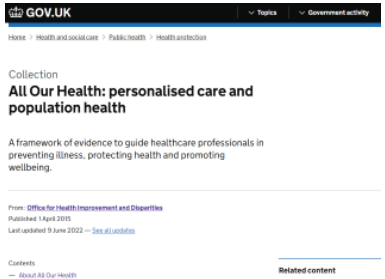
Health inequalities pilot study: Key findings

- **Just 38%** of health and care professionals said they had completed any health inequalities training in the last three years
- **48%** said they had never completed any training on health inequalities
- **Over 70%** of pilot participants felt that the module was both useful and relevant to their role and were likely to recommend it to colleagues

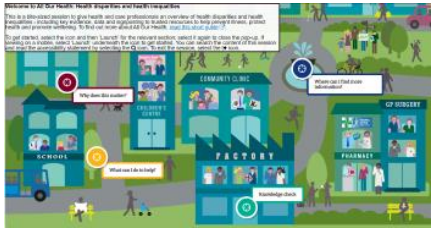
All Our Health: Resources and tools

Access

GOV.UK Website provides basic summary



E-Learning for Healthcare Webpage and Hub provides more engaging and interactive content which is linked to professional development. Open access for all.



All Our Health Topics

Health Improvement
- Adult obesity
- Adult oral health
- Alcohol
- Childhood obesity
- Child oral health
- Healthy Eating ****COMING SOON****
- Misuse of illicit drugs and medicines
- Physical activity
- Population screening
- Sexual and reproductive health and HIV
- Smoking and tobacco

Health Protection
- Air pollution
- Antimicrobial resistance
- Immunisation

Healthcare Public Health
- Cardiovascular disease prevention
- Liver disease
- NHS health checks
- Pressure ulcers
- Respiratory disease

Life Course
- Best start in life
- Early adolescence
- Healthy ageing

Place-based services of care
- Community-centred practice
- Social prescribing

Supporting Health, Wellbeing and Independence
- Dementia
- Falls and fractures
- Musculoskeletal health

Wider Determinants of Health
- Climate change
- County lines exploitation
- Financial Wellbeing ****COMING SOON****
- Health disparities and health inequalities ****NEW****
- Homelessness
- Inclusion health
- Learning disability
- Speech, language and communication
- Vulnerabilities and trauma informed practice
- Workplace health
- Wellbeing and mental health

Impact

Combined activity over 1.7 million session launches and over 270,000 hours of learning

Next steps?

Make a commitment to:

- Explore the new module and existing collection of resources
- Share the links across your networks and communities
- Shout about #AllOurHealth on social media
- Embed All Our Health in your workforce development programmes

For more information search **All Our Health** or go to:

E-Learning for Healthcare Webpage: www.e-lfh.org.uk/programmes/all-our-health/

GOV.UK Website: www.gov.uk/government/collections/all-our-health-personalised-care-and-population-health

Panel Discussion – Population Health, Health Inequalities and the workforce

Chair: Prof Simon Gregory, Medical Director (Primary & Integrated Care)

Panel

Dr Navina Evans, Chief Executive

Prof Wendy Reid, Director of Education & Quality and Executive Medical Director

Dr Jeanelle De Gruchy, Deputy Chief Medical Officer for England

Dr Priya Singh, Chair, Frimley Integrated Care Board

Lunch

13:30 – 13:15

Please don’t forget to vote for your favourite poster on Slide (code #1111446)

Agenda – Afternoon Session

13:15 – 13.35	Improving health inequalities through the Core20PLUS5 programme - Dr Dianne Addei, Health Inequalities Deputy Director, NHS England
13:35 – 13:55	Enhance programme: multi-professional teams with enhanced generalist skills-Dr Tahreema Matin, National Clinical Advisor, HEE Dr Alison Sheppard, Dr Nikhita Joglerkar & Dr Ruth Silverton, Enhance Clinical Fellows, HEE
	Breakout Sessions
14:00 - 14:30	Session 1 – supporting systems to achieve universal health coverage
	Session 2 – increasing advanced practice in public health
	Session 3 – increasing population health and health inequalities capability in the frontline
	Session 4 – Health in focus
14:30 -14:45	Refreshment Break
14:45 – 15:15	Repeat of breakout sessions
15:15 – 15:30	Poster Prizes & Final Remarks Dr Mas Amin
15:30	**Close**

CORE20PLUS5

NHS

A focused approach to tackling healthcare inequalities

Improving Healthcare Inequalities through the Core20PLUS5 Programme

Exceptional quality healthcare for all through equitable access, excellent experience and optimal outcomes

CORE20 PLUS 5

NHS

Inequalities in Treating Aortic Stenosis

People living in **D1** receive 23 TAVIs pmp (per million population), compared to a UK average of 78 pmp. The boroughs of **D2** and **D3** also have rates below the UK Average (41 and 41 pmp respectively). **This is in marked contrast to those more affluent adjacent boroughs** including **A1** (106 pmp) and **A2** (129 pmp).

REDUCING HEALTHCARE INEQUALITIES

NHS

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

Target population

CORE20 PLUS 5

Key clinical areas of health inequalities

1. **MATERNITY**
ensuring continuity of care for **75%** of women from BAME communities and from the most deprived groups

2. **SEVERE MENTAL ILLNESS (SMI)**
ensuring annual health checks for **60%** of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)

3. **CHRONIC RESPIRATORY DISEASE**
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

4. **EARLY CANCER DIAGNOSIS**
75% of cases diagnosed at stage 1 or 2 by 2028

5. **HYPERTENSION CASE-FINDING**
and optimal management and lipid optimal management

SMOKING CESSATION
positively impacts all 5 key clinical areas

Core20PLUS5 is driven by QI methodology, including:

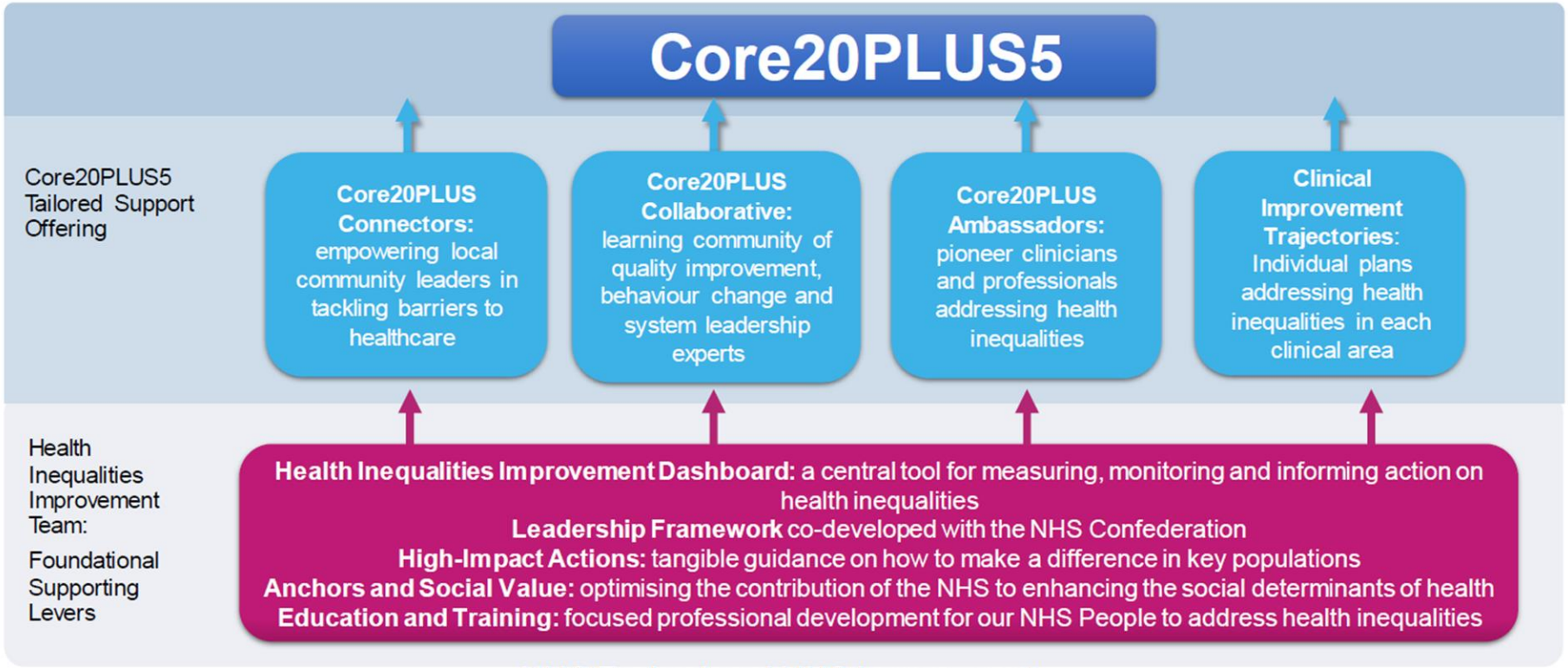
1) **Strengths-based approach**:
   a) Identify Exemplars
   b) Build from strength

2) **Co-Production**:
   a) Engaging Communities in design, implementation & evaluation.
   b) Genuinely listen with curiosity

3) **Data-driven Improvement** – Creating virtuous circles of data generating actionable insight which then drive interventions to bring about improvement thus generating intelligence about what works

The Core20PLUS5 Support Offering

*Please note: our support offering is in the progress of rapid development, with most elements up and running in early 2022



NHS England and NHS Improvement

We have a range of work to supporting our priorities for reducing healthcare inequalities

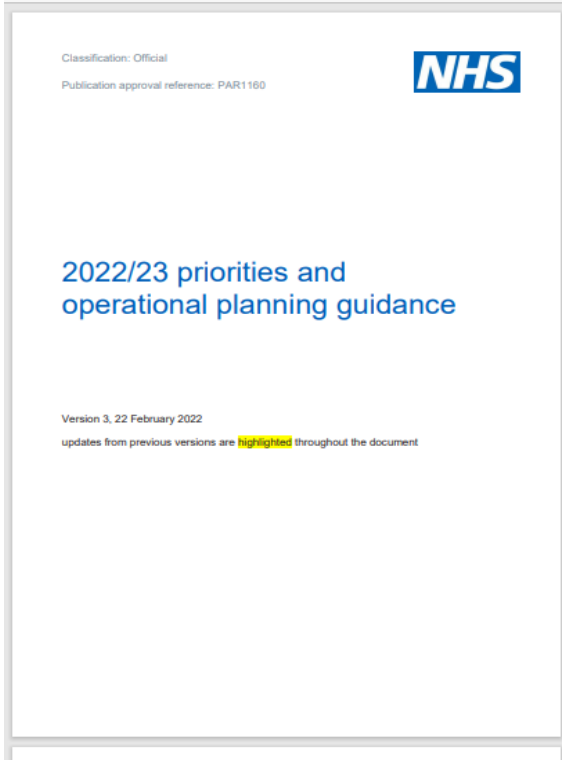
Priority	Key programmes and requests of systems
1. Restore NHS services inclusively	• Elective care – elective recovery plan asked systems to disaggregate their waiting lists by deprivation and ethnicity. Eight principles for inclusive elective recovery set out in advisory note for systems. • Urgent and Emergency Care – health inequalities is a strand of the developing strategy • Primary care – a focus on health inequalities is an area of the Fuller Stocktake
2. Mitigate against digital exclusion	• Transformation and Healthcare Inequalities - delivering a digital inclusion plan in response to recommendations in Wade Gery Review • Systems - providers asked to offer non-digital alternatives, and carry out complete data collection to identify digital. The Digital Inclusion Health Inequalities Pioneers is a programme set up with the aim of creating digitally equitable pathways at ICS level
3. Ensure datasets are complete and timely	• Health inequalities - **Health Inequalities Improvement Dashboard (HIID)** allows system to monitor progress on a range of indicators • Systems – a) We have asked all NHS organisations to continue to improve the collection and recording of ethnicity data across primary care, outpatients, A&E, mental health, community services, and spec comm; b) Systems should be implementing mandatory ethnicity data reporting in primary care c) Trust board performance packs should be disaggregated by deprivation and ethnicity
4. Accelerate preventative programmes	• Prevention and Personalised Care programmes working in partnership to influence health inequalities improvement • Core20PLUS5 approach aims to accelerate improvement of health inequalities gap through focus on high-impact areas
5. Strengthen leadership and accountability	• Health inequalities - cross-cutting work to support system leadership, including an offer in partnership with the NHS Confederation for health inequalities Executive leads, CEOs, directors, governors, chairs and non-executive directors • Cross-cutting – all dashboards feed into the Exec dashboard to include data disaggregation by ethnicity and deprivation. Board Performance Packs are now disaggregated by inequalities variables for a range of programmes including: cancer, COVID1-9 vaccination, diabetes, elective, mental health, screening and immunisations and urgent and emergency care. • Primary Care: PCN Health Inequalities lead role implemented to drive insights into inequalities within neighbourhood

Spotlight on inclusive elective recovery

We have asked systems and providers to:

1. Analyse **waiting lists delineated by ethnicity and deprivation**
2. Develop **SMART action plans i**f inequalities are surfaced
3. Publish **board packs** that include waiting lists disaggregated by ethnicity and deprivation
4. Demonstrate how the ICS's senior responsible officer (SRO) for health inequalities will work **with the board** and partner organisations to use local population data to identify the needs of communities experiencing inequalities in access, experience and outcomes, and ensure that **performance reporting allows monitoring of progress in addressing these inequalities.**

We have issued an advisory note to regional healthcare inequalities SROs and systems with Key Lines of Enquiry (KLoE) based on the Elective Recovery Plan.


Classification: Official

Publication approval reference: PAR1160

2022/23 priorities and operational planning guidance

Version 3, 22 February 2022

updates from previous versions are highlighted throughout the document

Training Resources

HEE Core20PLUS5 e-learning modules

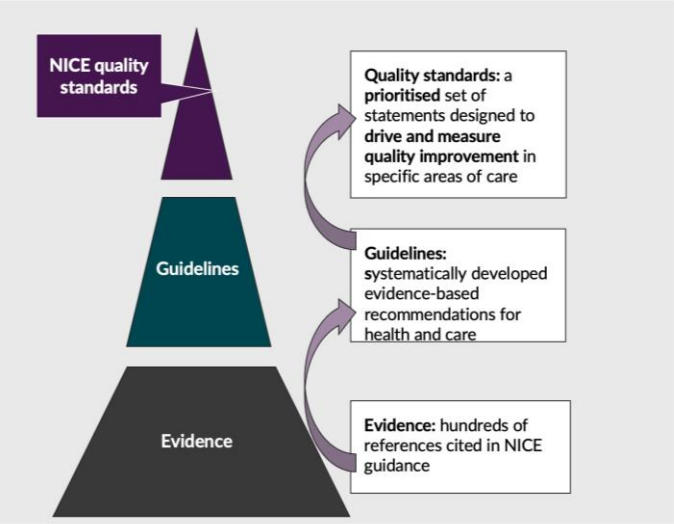
RCGP Health Inequalities education modules

https://elearning.rcgp.org.uk/enrol/index.php?id=499

https://www.events.england.nhs.uk/core20plus5---reducing-healthcare-inequalities-within-clinical-areas-of-focus

Work with NICE

NICE 'How to' guide on healthcare inequalities improvement in development
NICE Quality Standards mapped to the HII matrix



Why we've mapped NICE Quality Standards to the Health inequalities improvement planning matrix

NICE Quality Standards are **developed independently in collaboration** with health and social care professionals, practitioners and service users. They are based on NICE guidance and other NICE-accredited sources. The process includes **wide stakeholder consultations, validation and regular review**.

By using NICE Quality Standards aligned to the 7 principles outlined in the health inequalities improvement planning matrix, programme leads can:

- assess the extent to which programme design, implementation and evaluation is embedding the principles outlined in the health inequalities improvement planning matrix
- ensure the programme is in line with evidence-based recommendations from NICE
- formulate an action plan to strengthen the approach to considering health inequalities within the programme
- understand the rationale for each quality statement, supporting prioritisation and case for change
- use the accompanying quality measures, to develop metrics for measuring: structure (environment or setting); process (activity carried out) and outcomes
- provide assurance that health inequalities are being adequately considered and the programme is running in line with the principles outlined in the health inequalities improvement matrix
- be assured that the programme does not inadvertently widen the health inequalities gap

NICE

https://www.nice.org.uk/about/what-we-do/nice-and-health-inequalities?utm_campaign=healthinequalitiesresource&utm_medium=social&utm_source=twitter

Work with CQC

Healthcare inequalities may be related to the experiences of ethnic-minority led GP practices which tend to be predominantly in the most deprived areas with a further impact on health inequalities for their population from adverse regulator inspection outcomes

- Regulators' Pioneer Fund - Project • Reducing health inequalities in areas of depriv... (citizenlab.co)
- Podcast - GP practices and the impact of health inequalities by Care Quality Commission (soundcloud.com)
- Ethnic Minority Led Practices & health inequalities - Ethnic minority-led GP practices: impact and experience of CQC regulation | CQC Public Website

Figure 1: The Cycle of Inequality

Stigwood, A, 2020

Work with NIHR

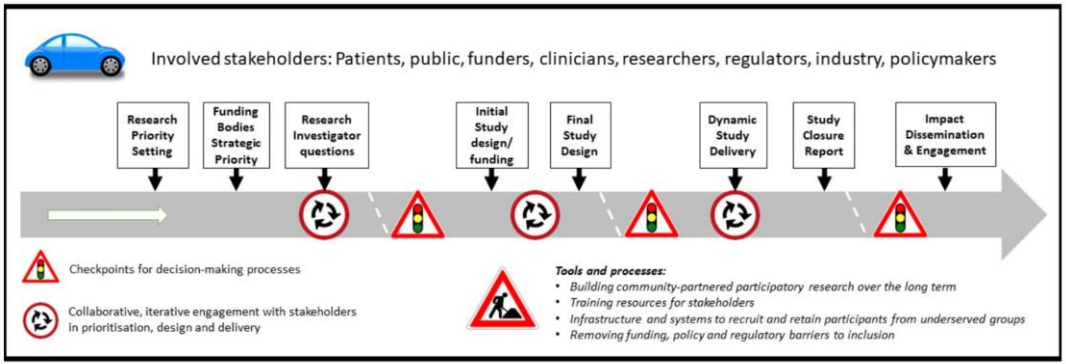
NIHR | National Institute for Health and Care Research

Search nihr.ac.uk...

Health and Care Professionals | Researchers | Patients and the Public | Partners and Industry | About us

Improving inclusion of under-served groups in clinical research: Guidance from INCLUDE project

The INCLUDE roadmap



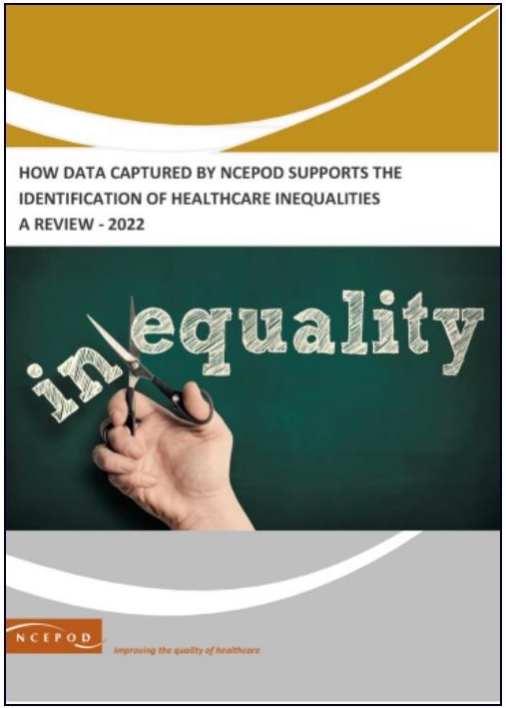
NIHR have now set up a programme of research looking at underserved populations & communities.

Data to inspire improvement

- Work with HQIP and National Clinical Audit Leads to develop a standardised approach to addressing healthcare inequalities in national clinical audit programme through data collection, analysis and development of recommendations

- NCEPOD - National Confidential Enquiry into Patient Outcome and Death: Review of Health Inequalities Short Report– HQIP

- Work with NHSBSA on Prescription Exemption Certificates & Maternity Exemption Certificates as well as prescribing patterns in medication for hypertension, COPD and severe mental illness– Complete & report due to be released soon



Network and Sharing Learning

- Health Inequalities Futures Platform – Hosts What's New, Case studies & opportunity for people to showcase work they're doing in the HI space
- National Healthcare Inequalities Improvement Network – Going from strength to strength

https://future.nhs.uk/connect.ti/EHIME/grouphome

CORE20 PLUS 5 RSM Health Inequalities Collaboration NHS

Health Inequalities Collaboration with RSM kicking off with Conference - [RSM to launch major programme on health inequalities with special conference]

Date and time:
January 2022

Location:
Royal Society of Medicine, London

https://www.rsm.ac.uk/tackling-inequalities/

CORE20 PLUS 5

A focused approach to tackling healthcare inequalities

Contact: england.healthinequalities@nhs.net

NHS
Health Education England

enhance: multi-professional teams with enhanced generalist skills

Dr Tahreema Matin, National Clinical Advisor Education Reform & Quality, HEE
Dr Ruth Silverton, Dr Nikhita Joglekar & Dr Alison Sheppard, National enhance clinical fellows, HEE

Learning outcomes

- To understand what the enhance programme is.
- To understand how it addresses population health and health equity.
- To explore how enhance trailblazers are addressing these domains: A focus on the Midlands Trailblazer
- Q and A

What is enhance?

What is enhance?

A multi-professional, educational development offer for our workforce, to enhance and embed generalist skills at all stages of postgraduate healthcare training and beyond

Delivery:

- enhance handbook: supporting learners to provide patient-centred care, effect change and address health inequity
- Regional trailblazer sites developing programmes tailored to local health need and challenged areas

enhance

Programme Handbook

NHS
Health Education England

Wellbeing

Prioritising taking care of yourself and others, with an awareness that strategies to support wellbeing may be unique to everyone.

Leadership

Promotion of compassionate, collaborative and inclusive leadership which focuses on improving health and wellbeing.

Person-centred practice

Treating patients in a holistic, coordinated manner, involving them in their care decisions and supporting them to manage their own health.

Complex multimorbidity

Working together to optimise care for patients with complex co-morbidity, through shared decision making with patients, carers and colleagues.

System working

Working beyond and across traditional organisational boundaries in integrated and innovative ways to improve health and wellbeing.

Population health

Improving health and wellbeing for all through preventive measures, addressing wider determinants of health and reducing health inequalities.

Social justice and health equity

Promoting a fair and just society and reducing health inequalities, with an ultimate aim of improving health and wellbeing of populations.

Environmental sustainability

Taking responsibility for adoption and spread of sustainable healthcare practices and being an advocate for action on environmental issues.

Digital

Promoting ethical use of digital technology to optimise healthcare outcomes, reduce health inequalities and facilitate collaboration and information sharing.

Transformative reflection

Using critical reflection to reframe and develop our own decision making, cultivating new perspectives on complex, uncertain situations.

www.hee.nhs.uk @nhs_healthedeng enhance@hee.nhs.uk

What are the expected benefits?

Patients

- Improved patient experience
- **Health equity** and improved health outcomes
- Better access to joined up health and care services and continuity of care
- Improved health and wellbeing

Clinicians

- Opportunities for place-based training aligned to ICSs
- Individualised professional development to develop transferable skills
- Greater flexibility in working and training
- Greater job satisfaction

Systems

- More resilient and flexible workforce aligned to emerging integrated care systems
- Improved retention of workforce
- Improved collaboration and productivity across teams and organisations
- Increased patient safety

Population Health

Empowering clinicians to:

- Identify and respond to local population health needs
- Generate equitable, sustainable strategies to address the wider determinants of health
- Engage in co-creation with citizens and colleagues, drawing on insight from community assets

Social Justice and Health Equity

Developing the clinician's role to:

- Understand how the social determinants of health and health outcomes are linked and how to reduce health inequalities
- Value, adopt and advocate for diversity and inclusion in teams and organisations
- Actively participate in creating a fair and just society within your community

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Midlands: Trailblazer Spotlight

Slides from:

Dr Bharathy Kumaravel

Associate Professor in Public Health

Leicester Medical School

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Midlands: Trailblazer Spotlight

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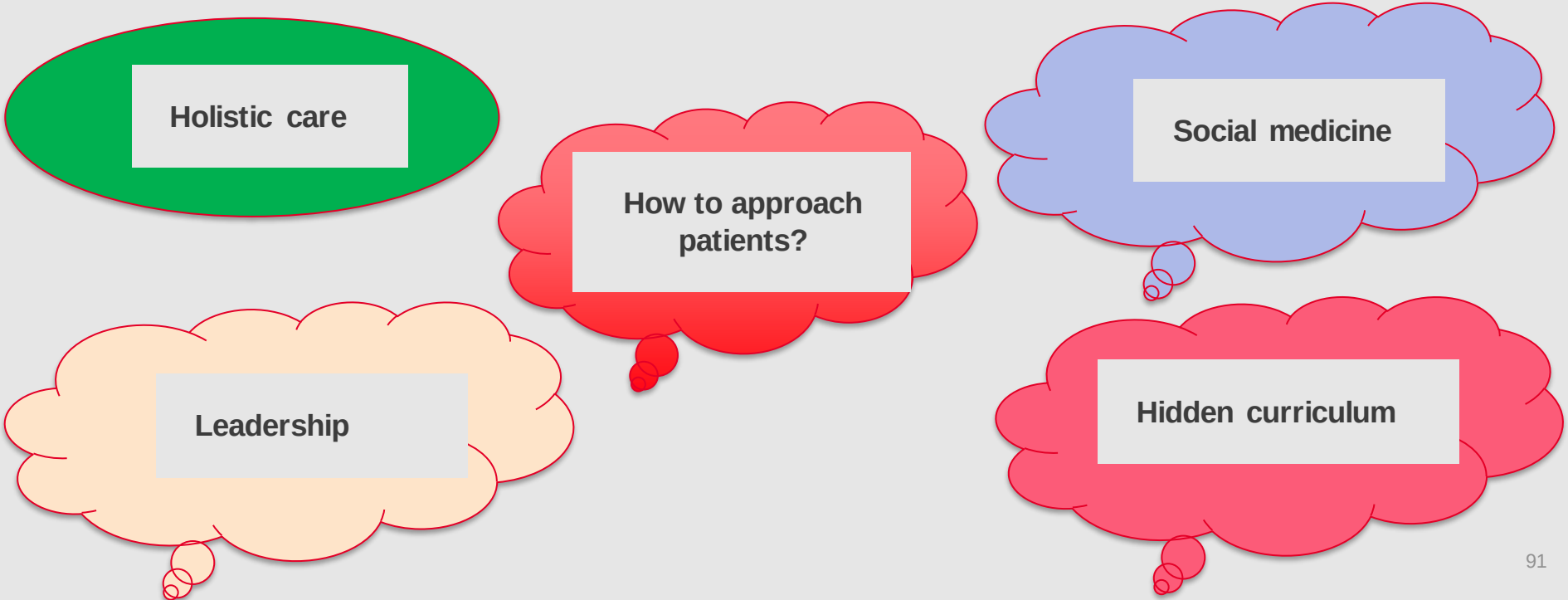
enhance delivery within the Midlands

- Learner cohort: IMT, 6 learners
- Structured teaching with a focus on Population Health, EBM, Multimorbidity and Shared decision making
- Community placements and associated project work interwoven throughout years 1-3 of IMT
- Trainees encouraged to submit abstracts and present at regional and national training days and meetings

Why trainees chose enhance?



Community placements

Project Thoughts

- Homeless – Hospital DNAs/A&E attendance walk outs considering barriers to access and possibly engaging with patients for their view.
- Asylum – Language barriers at appointments: were translation services available or used.

inclusion healthcare

responding to need
improving health

Dr Edward Orsi
GP at Inclusion Healthcare

Nottinghamshire Specialist Sexual Violence Support Services

Projects

- Development of ED Pathway
  - Management of Disclosure
  - Access to Specialist Services
  - Mental Health Presentations
- GP Partnerships & Education
  - Prevalence of SV & CSA
  - Impact of trauma
  - Referral Pathways
- Data & Information Analysis – Improving Access
  - Trends
  - Gaps
  - Minority Groups
  - Older People
  - Males

NOTTS SVS SERVICES | LISTEN BELIEVE SUPPORT

We provide a free and confidential service to anyone (aged 18+) who has experienced sexual violence at any time in their life

Changing Futures: Helping people experiencing severe and multiple disadvantage

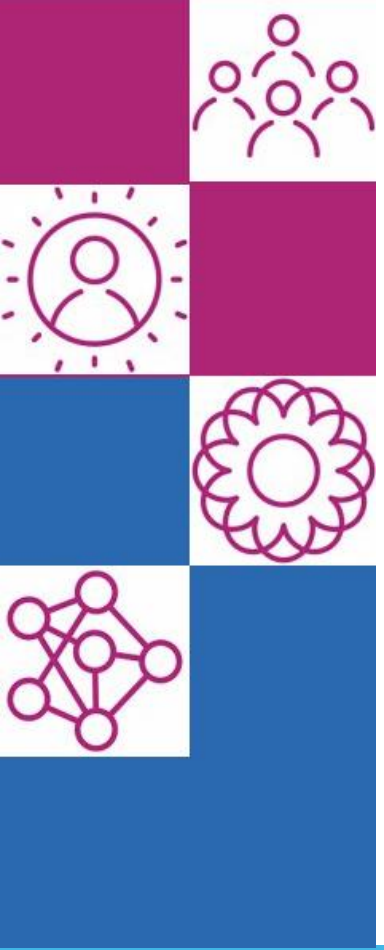
Based within Changing Future, with supervision from Nottinghamshire healthcare trust.
Projects linked to the strategic goals of the partnership include:

- Needs assessment and asset mapping
- Working directly with service users to identify what 'better and best' looks like
- Using data collected through the programme to identify priorities for future focus and/or developing the business case for future funding.

changing FUTURES
Believing in people. Inspiring change.

DR JANE BETHEA
CONSULTANT IN PUBLIC HEALTH & NOTTINGHAM CITY PBP LEAD FOR SMD

NHS
Nottinghamshire Healthcare
NHS Foundation Trust



Any Questions?

Further information

enhance webpage: https://www.hee.nhs.uk/our-work/enhancing-generalist-skills

Get in touch:

Bharathy Kumaravel (Midlands Lead): bk162@leicester.ac.uk

Tahreema Matin: tahreema.matin@hee.nhs.uk

Nikhita Joglekar: nikhita.joglekar@hee.nhs.uk

Ruth Silverton: ruth.silverton@rcp.ac.uk

Details for regional trailblazer leads via this link https://www.hee.nhs.uk/our-work/enhancing-generalist-skills/how-get-involved

Breakout Sessions

Arnold Room (Breakout 3)	Vosey Room (Breakout 2)	Lethaby Room (Breakout 1)	Main Room
Session 1 – supporting systems to achieve universal health coverage Facilitator – Libby Potter, Head of Portfolio Addressing Health Inequalities through Community Participatory Action Research: A collaborative approach to training and education Joanne McEwan Public Health Development Manager, HEE Thames Valley Community Healthcare Worker – Supporting Universal Care Dr Connie Junghans, GP & Public Health Specialist	**Session 2 – increasing advanced practice in public health** Facilitator – Janet Flint, Programme Lead Advanced Clinical Practice Framework Kate Lees, Public Health Specialist Dual CCT in GP and Public Health Dr Rachel Elliott, Primary Care Dean	**Session 3 – increasing population health and health inequalities capability in the frontline** Facilitator – Margit Veveris, Senior Project Manager National Population Health Fellowship Dr Ahmad Saif, GP and Rehabilitation Specialist Dr Alice Sheppard, GP registrar	**Session 4 – Health in focus** Facilitator – Heidi Breed, Programme Manager Integrating Health Champions into the health and care services Thomas Herweijer, NHS South West London ICB Health Literacy, taking a change management approach in the Midlands Sally James, Portfolio Manager (Midlands) – Long Term Conditions & Prevention

Session 1 – supporting systems to achieve universal health coverage

- Addressing Health Inequalities through Community Participatory Action Research: A collaborative approach to training and education
  - Joanne McEwan Public Health Development Manager, HEE Thames Valley

- Community Healthcare Worker – Supporting Universal Care
  - Dr Connie Junghans, GP & Public Health Specialist

NHS
Health Education England

Addressing Health Inequalities through Community Participatory Action Research: a collaborative approach to training and education

Joanne McEwan – Public Health Development Manager
Em Rahman – Head of Public Health Workforce Development
Schools of Public Health working across Kent Surrey Sussex; Thames Valley; and Wessex

Why Community Participatory Action Research?

HEE's role

to train and educate the public health workforce

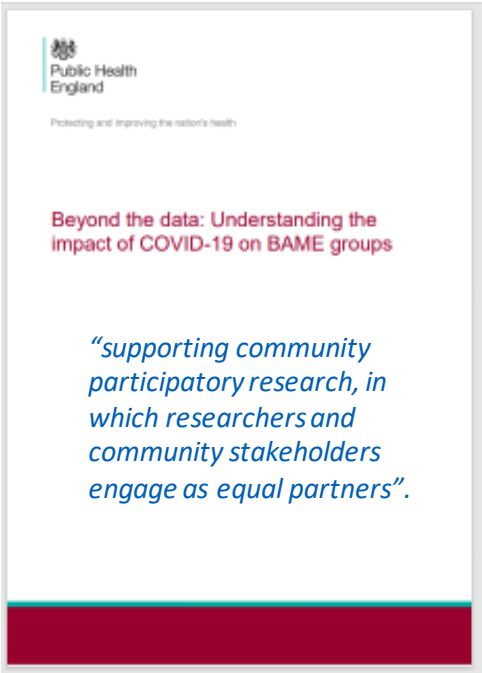
Question: Are community researchers a forgotten workforce?

What we did

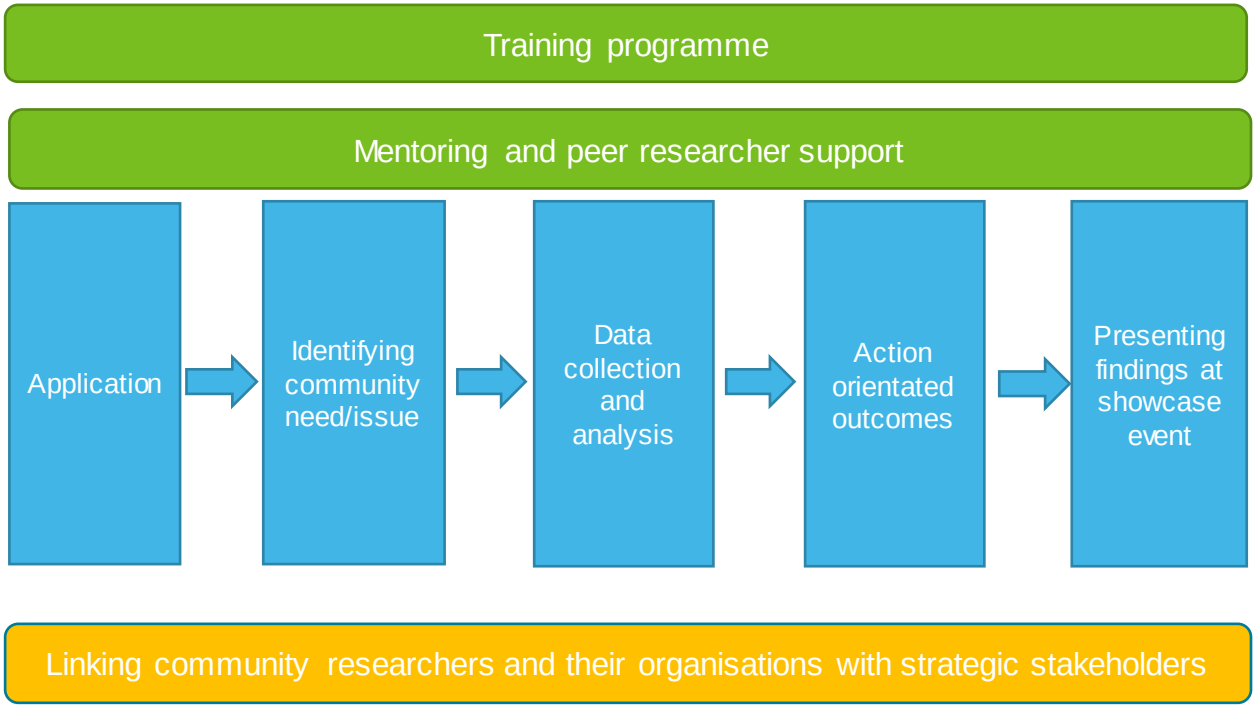
Trained and mentored 35 community researchers in SE from grassroots and voluntary sector organisations

Thinking and working differently

- in response to a national document: Beyond the Data, recommendation 2
- working directly with community organisations delivering training and mentoring on how to do community research
- co-productive training and mentoring on community participatory action research where communities set the agenda on health needs and the research required
- community researchers linked with strategic partners to enable the outcomes of research



A researcher's journey



Key principles of project

- **Valuing** the researchers worth - Payments for researchers – valued, not another volunteer workforce
- **Co-production from the start –** developing recruitment processes, training programme
- **Collaboration** - broad membership of steering group
- **Community led** – freedom to choose their research/set priorities
- **Inclusion** – recruitment of those genuinely connected to communities, inclusion specialist on panel, ensuring representation at all levels.
- **Learning from the communities** – acknowledging we are not the experts, flexible and accommodating

Challenges, Successes and Opportunities

What went well (surprisingly!)
- Online delivery and ability to cover large geographical area
- Low attrition (researchers who left were replaced)
- Most research project complete

Challenges
- Researcher payments
- Engaging researchers early on
- Local research support integral
- Further development for this workforce
- Engaging strategic partners from early stage

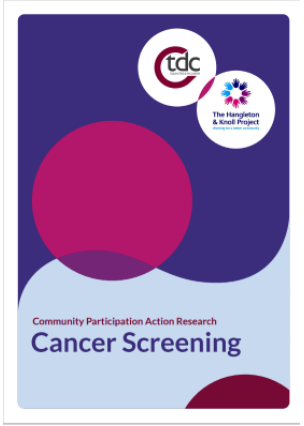
Learning
- Support to complete applications
- More support and training for NHS Trusts on what it means to work with communities as equal partners

Opportunities
- Researcher network
- Leads forum

Key Markers of Success
- Recruitment
- Engagement
- Training
- Celebrating success

Examples of research

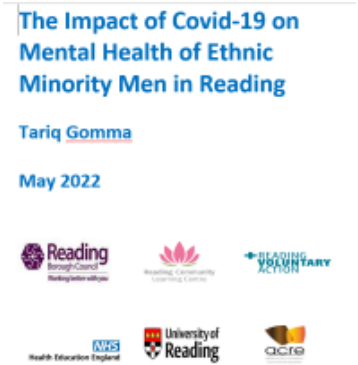
Access to health services



Trust for Developing Communities **(Brighton) and** ***Hangleton &Knoll Project***

(7 researchers)

Mental Health



Alliance for Cohesion and Racial Equality

Tariq Gomma

Inclusion

Mothers 4 Justice

Jabu Nala-Hartley

Healthwatch Oxfordshire

Omotunde Coker

Toolkit - HEE TV website

This toolkit can be adapted to reflect the communities in scope.

Guidance document

Application form

Brief for training provider

Recruitment criteria

Training outline

Showcase summary of work and programme

Evaluation

Public Health Wider Workforce - Working across Thames Valley (hee.nhs.uk)

'A wonderful event; so great to see how all the researchers connected and made a collective voice for change'

'This has been an incredible event and huge thanks to all – really person-centred, relational and rich work – we can make these changes together'

Thank you very much to all the presenters. This is very important work you are doing; Work which can actually saves lives.'

'Fantastic morning of presentations and videos - thank you everyone - really powerful, thought provoking, and a clear call to action to do more of this type of approach - for us to listen - and take action'

Joanne.mcewan@hee.nhs.uk
Em.rahman@hee.nhs.uk

Community health and wellbeing workers inspired by the Brazilian family health strategy:

A radical approach to heal a fragmented system and community

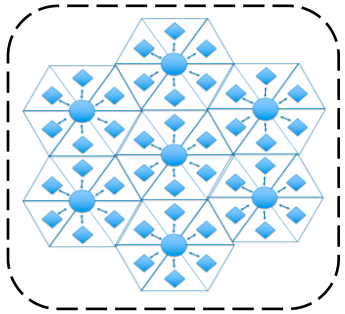
Dr Cornelia Junghans

Dr Matthew Harris

We are not already doing this!

The Brazilian Family Health Strategy

250,000 Community Health Workers[1]
37,000 teams[1]
95% of municipalities[1]
70% of population served[1]



Ambulatory care sensitive hospitalizations ↓ 13%[2]
Cardiovascular disease mortality ↓ 36%[3]
Cerebrovascular disease mortality ↓ 31%[3]
Reduced horizontal inequity
Breastfeeding rates and immunisation uptake increased

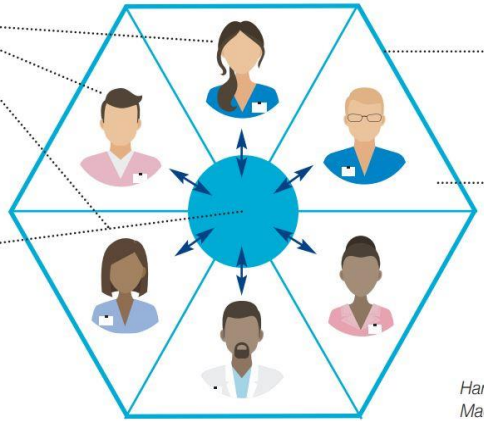
Brazilian CHW model

Each CHW supports:

- Childhood development
- Antenatal and postnatal care
- Immunisations and screening uptake
- Adolescent health
- Social care support
- Community development
- Public health campaigns

Primary care clinic

- GP
- Nurse
- Nurse auxiliary



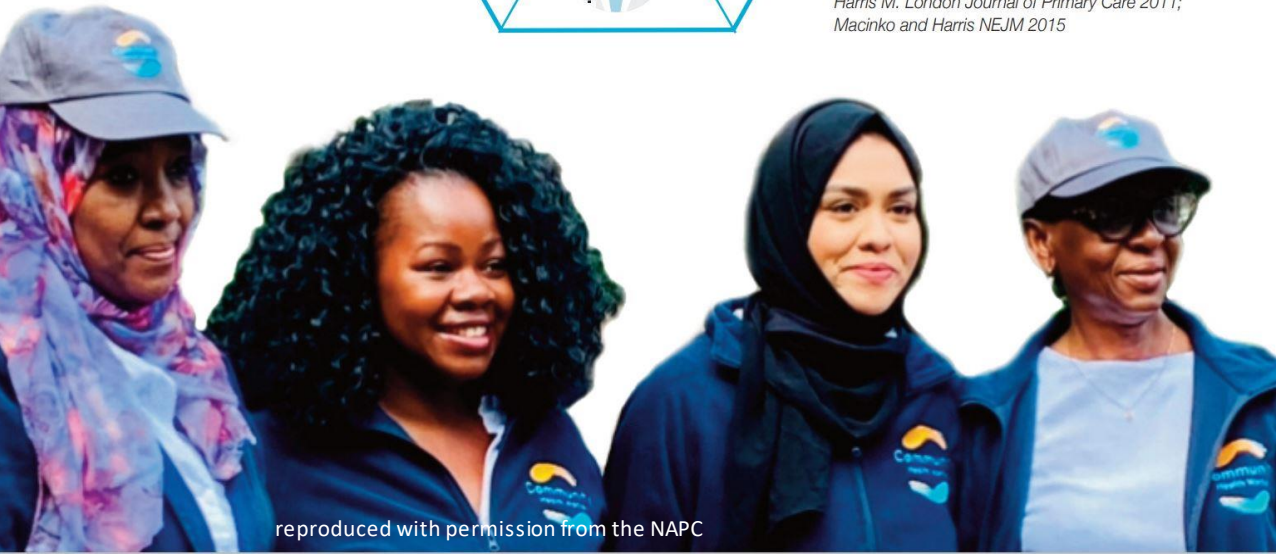
Catchment area

- 1,000 households

Micro area

- 150-200 households
- CHW lives in micro area
- Full time role
- Every household visited once a month

Harris M. London Journal of Primary Care 2011; Macinko and Harris NEJM 2015



reproduced with permission from the NAPC

AIMS

Increased community connectedness

Local employment, upskilling and retention

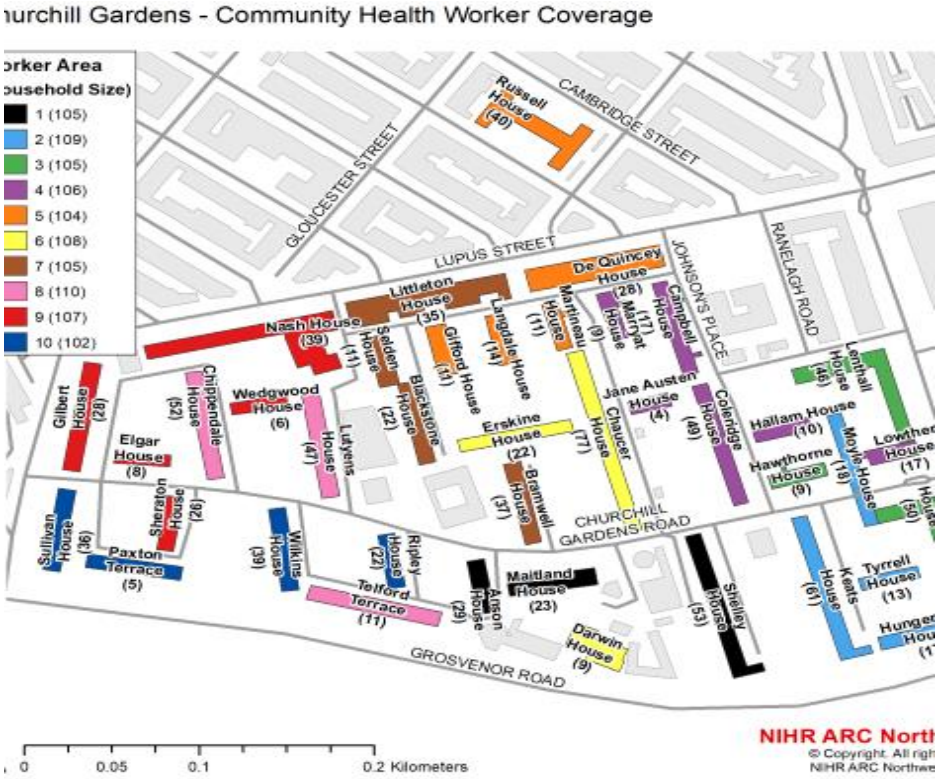
Increased prevention and health literacy

Increased mental, physical and social wellbeing

Principles

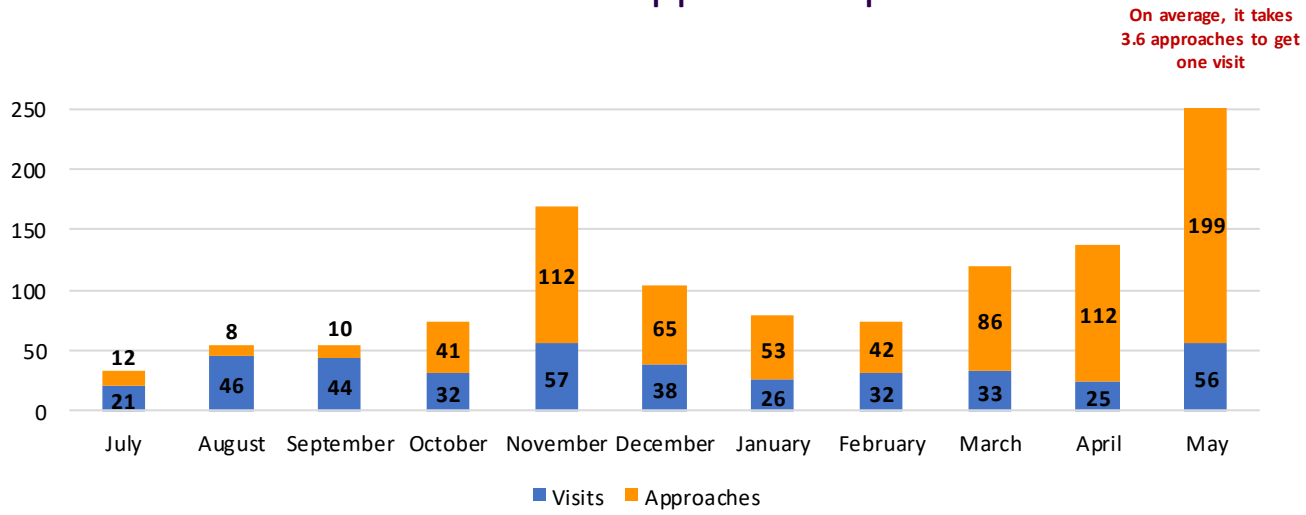
- **Place based**
  Hyper local
- **Comprehensive**
  Looking after the entire household
- **Integrated**
  In local authority and GP
- **Proportionately universal**
  More time spent in those households observed to have higher need

UNIVERSALITY - vs targeted for high impact, why is it important?



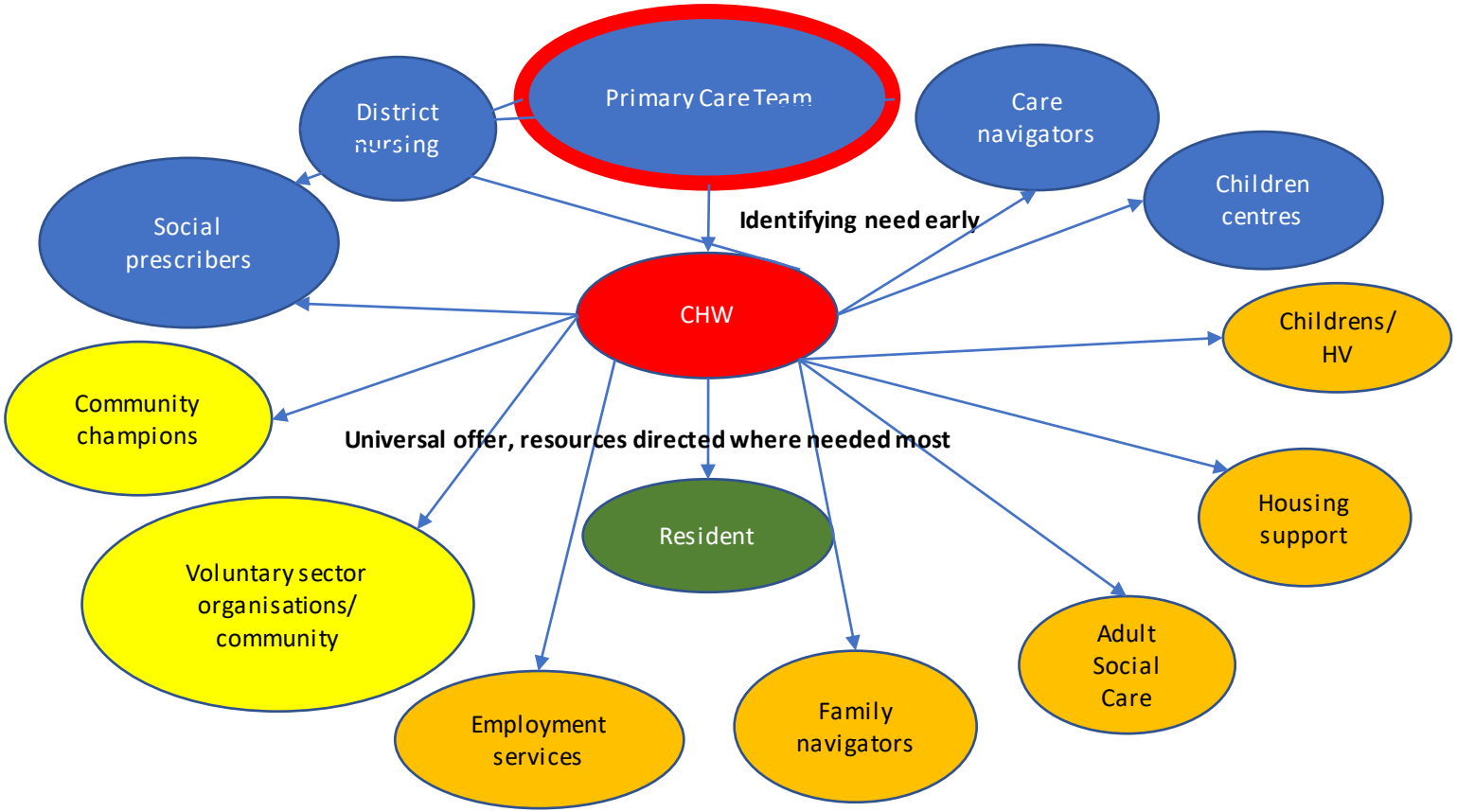
- Catching people falling vs picking them up off the floor
- Just how successful is the attempt to build trust and rapport at a point of crisis?
- People who we expect to be ok reaching out for help are not able to connect to services
- There is a lot of unmet need in the community with people contacting neither GP nor A&E
- A lot of people giving up after unsuccessful attempt
- Social isolation in unexpected places / people living in CG for 40 yrs not knowing anybody/ large families
- Little changes make a big impact
- Uncovering mental health burden in children

Number of visits and approaches per month



40% of 470 viable households in 1 year, 0 disengagement

INTEGRATED - why and how?



Efficient use of resources

Comprehensive - whole household, why it matters

Observed benefits for residents

Medicines compliance

Help with housing and employment

Connecting residents to each other

Identification of child carers

Combatting loneliness

48% increase in uptake of vaccinations, 82% increase cancer screening and NHS health checks, 6% decrease GP appt

Bereavement support

Suicide prevention

Early recognition of dementia

Starting walking groups

Carer support

Crisis mitigation

Community
Health and Wellbeing
Worker

Any questions?

Questions from us to you:

Can you see it work in your area?

What would help the culture shift from transactional to relational in professionals and residents?

What would help the culture shift from targeted to proportionately universal?

c.junghans-minton@imperial.ac.uk
m.harris@imperial.ac.uk

Session 2 – increasing advanced practice in public health

- Advanced Clinical Practice Framework
  - Kate Lees, Public Health Specialist

- Dual CCT in GP and Public Health
  - Dr Rachel Elliott, Primary Care Dean

Working at advanced practice level with expertise in public health (ACP PH)

- What is advanced practice?
- Example roles
- Process
- The credential framework
- Next steps

Kate Lees – UKPHR Public Health Specialist, HCPC Reg AHP kate@populationhealth.co.uk

Laura Charlesworth – Associate Professor, HCPC Registered AHP, SRO

Linda Hindle – Deputy Chief AHP, OHID

Commissioned by Health Education England, Centre for Advancing Practice

Multi-professional advanced clinical practice

- HEE Centre for Advancing Practice
- Experienced registered healthcare professionals
- High degree of autonomy and complex decision making
- 4 Pillars – 'Clinical', leadership, education, research
- Underpinned by Masters level award
- Priority in NHS Long Term Plan
- Advanced Practice Video

Example roles

Strategic lead for ensuring physical health is addressed for people with serious mental illness. Likely employer - Mental Health Trust.

This role would champion the importance of physical health checks for people with mental illness, they would oversee the development of pathways, support the development of a culture addressing holistic care, support staff training, develop partnerships with other organisations, oversee MECC implementation, ensure quality improvement initiatives are evaluated and share best practice.

Paramedic Advanced Clinical Practitioner - Public Health. Likely employer - Ambulance service or Primary Care Networks.

This role would lead research into ambulance population epidemiology and identification of ambulance based public health issues and develop and implement public health interventions in frontline ambulance practice. The role would navigate the hospital/ambulance and primary care/ambulance interfaces to involve and represent ambulance services in existing public health structures. The post holder would lead a team of specialist paramedics in Public Health/Community Specialist Paramedics where applicable and support the director of public health in ambulance services to advise the trust boards on public health issues, or a paramedic could fulfil this role as an ACP.

Process of developing ACP PH

- ***Phase 1: Scoping 2019-20***
- Established steering group; Consultation with employers and employees; Mapping of previous, existing and planned PH standards/ frameworks;
- Established case for AP PH
- ***Phase 2: 2020-21***
- Steering group and professional reference group; Mapping to ACP pillars and PH standards; consultation on draft core capability framework;
- Core capability framework developed
- ***Phase 3: 2021-22***
- HEE credential endorsement process developed. Core capability framework revised into credential; taken through endorsement process
- ACP PH Credential Specification endorsed by HEE

The credential

- 4 pillars of ACP Programme - clinical, leadership, education, research
- 4 Public health Domains = 'clinical' pillar
  - A. Population focused collaborative working
  - B. Population level assessment
  - C. Identify and appraise public health programmes, services and interventions
  - D. Implement, monitor and evaluate public health programmes, services and interventions
- Each Domain - learning outcomes, capabilities, indicative content
- Assessment

Example Domain A: Population-focused collaborative working

HEE multi-professional framework for advanced clinical practice in England, 2017: 1.1,1.2,1.3,1.4,1.5,1.9,1.10,1.11

Learning Outcomes

- Operates in complex and specialised contexts, with a range of multi-agency and inter-professional partners across boundaries and settings to improve population health (including preventing ill-health) and reduce health inequalities
- Collaborates effectively with multiple teams across a range of multi-agency and inter-professional partners to improve population health and reduce health inequalities
- Identifies, evaluates and maintains capabilities and qualities to support effective communication in a range of complex and specialised contexts and audiences.

Indicative learning content

- Critical reflection
- Collaborative working across the health and care system
- Person-centred communication and community-focused health and care
- Stakeholder management
- Establishing and maintaining partnerships
- Advocacy for public health
- Negotiation and influencing
- Asset-based principles and approaches
- Self-appraisal.

Capabilities:

- Health and care professionals working at advanced practice level with expertise in public health practice should be able to:

- Effectively engage, facilitate and collaborate with a range of diverse partners, across organisational, setting and system boundaries, to improve public health outcomes, reduce health inequalities and build capacity for public health action.
- Agree collaborative goals, outcomes and objectives and actions to improve population health and reduce health inequalities with a range of stakeholders.
- Negotiate and influence to mobilise resources for public health action, to improve population health and reduce health inequalities.
- Utilise a range of collaborative, participatory and asset-based approaches to improve population health and reduce health inequalities.
- Communicate effectively across a range of settings, including professional, lay, political and media audiences, adapting the approach to communication accordingly.
- Communicate with the public through appropriate media/ social media, recognising the complexity of public health messages including risk communication. Understanding of strengths and limitations of different media and application for specific target groups.
- Advocate for the 6 principles of good person-centred, community focused health and care and apply this at a population level.

Next steps

- For HEE
  - Scope demand for credential
    - Workforce development needs
    - Drivers and levers to stimulate demand
  - Scope supply
    - HEIs with relevant expertise
    - Potential models for credential delivery
    - Workplace supervision capability and capacity
  - Recommend potential options for procuring credential's delivery

- For employees and employers
  - What roles would add value?
  - Business need

Health Education England

Dual CCT in General Practice & Public Health

Dr Rachel Elliot, Primary Care Dean

Population Health and Health Inequalities Conference

Background

- Health Education England (HEE), Faculty of Public Health (FPH) and Royal College of General Practitioners (RCGP) are collaboratively working to create, for the first time, a dual Certificate of Completion of Training (CCT) in General Practice (GP) and Public Health (PH).

- This is now possible due to the Medical Act freedoms post EU-Exit, and it aligns well with the identified need for more GPs and PH experts.

- A high-level mapping exercise demonstrated that there are sufficient linkages between the two curricular to create a condensed dual CCT programme

- General Medical Council (GMC) supportive

PH Training Overview

- 5 years (4 years in PH placements and 1 year academic training which is typically a Masters)
- Must experience health protection in addition to PH placements in at least two different training locations
- Trainees can develop special interests
- Someone who has completed an appropriate postgraduate degree in Public Health will lead to a reduction in training time provided they have appropriate competencies in Phase 1 (usually 12 months).
- ST3 entry for doctors-in-training (that have demonstrated essential phase 1 outcomes) and registered public health practitioners.

GP Training Overview

- 3 Years
- 2 years in GP and 1 year in hospital/community (PH rotation is common)
- Trainees can develop special interests
- Accepts accredited transferable competences from
  - ACCS, Anaesthetics(CCT), EM, CMT, Psychiatry, Obs&Gynae (CCT), Paediatrics (CCT)

Progress

- A Working Group (with oversight from a Senior Stakeholder Group) is underway to get the new dual curriculum approved by the GMC

- Working Group also tasked to design the dual CCT programme with a view to have a phased roll out from August 2023 at the earliest.

- Example of key issues:
  - Suitable model of training (both GP and PH are challenging programmes)
  - Eportfolio platform?
  - Educational Supervisors and Training Programme Directors
  - Annual Review of Competence Progression (ARCP)

GPST reform –Population Health

- Good health is vital for prosperity of the communities we live in. Improvements in life expectancy stalled in the decade before the pandemic due to wide inequalities in health within and between local areas in England (Marmot 2020).
- Health staff need to feel confident in their skills and abilities to carry out their duties to most effectively meet the health needs of their population
- GPs contribute to population health through their interaction with individual patients and their engagement with the Primary Care Networks (PCNs) and Integrated Care Boards (ICBs) within which they work.
- General Practice Doctors in Training (GP DiT) need to be exposed to placements, learning opportunities and educational events about population health. Through promoting this learning, we can ensure our future clinicians understand how to articulate and influence the health provision for the local population.

GPST reform - Proposals

- Promotion of educational resources about population health, including e-learning packages
- Peer learning from different health settings meeting local population needs, e.g GP DiTs involved in the Health Equity Focussed Training (HEFT) programmes
- Increasing and varied Innovative Integrated Training Posts (ITP). E.g. in public health, ICBs, community specialities, prisons
- Signposting to the third sectors' services, such as shelters for the homeless
- Engagement in primary care network responsibilities, such as impact and investment funded activities and carrying out Quality improvement projects.
- Experience of clinical leadership and workforce transformation addressing population health within ICBs or PCNs.

Session 3 – increasing population health and health inequalities capability in the frontline

- National Population Health Fellowship
  - Dr Ahmad Saif, GP and Rehabilitation Specialist
  - Dr Alice Sheppard, GP registrar

The population health fellowship- Cohort 1

Dr Ahmad Saif

- Started with only a little knowledge of population health
- Opportunities in the pandemic resulted in a change in focus but new opportunities
- Project progressed and supported through the fellowship learning programme

Learning from the fellowship

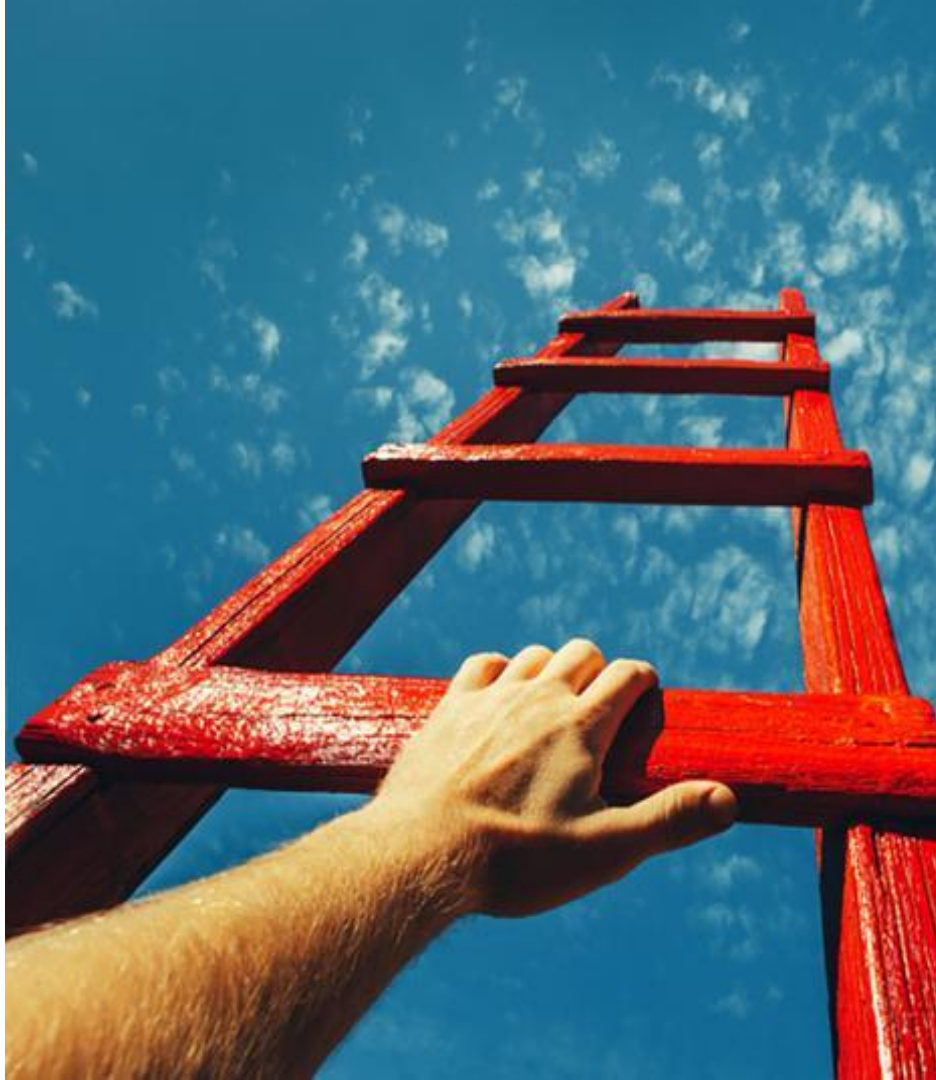
- Change in mindset
- Importance of tackling health inequalities
- Understanding project management
- How to find population health data and how to use it
- How to implement ‘value’ and the meaning of personal, population and social value

Impact on substantive role

- Working within a wider team
- Leadership and project management
- Population health in practice
- Health needs assessment for community rehabilitation
- Research skills and publication

New roles beyond the fellowship

- NHS England South East Spinal Transformation project pathway co-lead
- Opportunities to reduce health inequalities for those living with disability
- Using population health data and identifying gaps to improve outcomes



Thank you

Health Education England

Population Health Fellowship 2021-22

Dr Alice Sheppard, GPST2


weight management
rural
gpvts
smoking cessation
lifestyle
healthy life
curiosity
physical activities
shropshire
mecc
society
st2

My fellowship experience

- **HEE Fellowship days - workshops, tasks, pre-reading, e-learning, reflective log**
- Independent study
- Buddy Group
- Networking
- Expert Speakers

- Shropshire Council
- Healthy Lives Team (OHID)
- Hypertension Case Finding Project & Physical Activity
- Working with PCNs

NHS HEALTH CHECK
Helping you prevent
diabetes
heart disease
kidney disease
stroke & dementia

Beat the Street

energize
Shropshire, Telford & Wrekin
County Sports Partnership
Helping Sport to Help Itself

Hypertension Case Finding

Learning objectives:

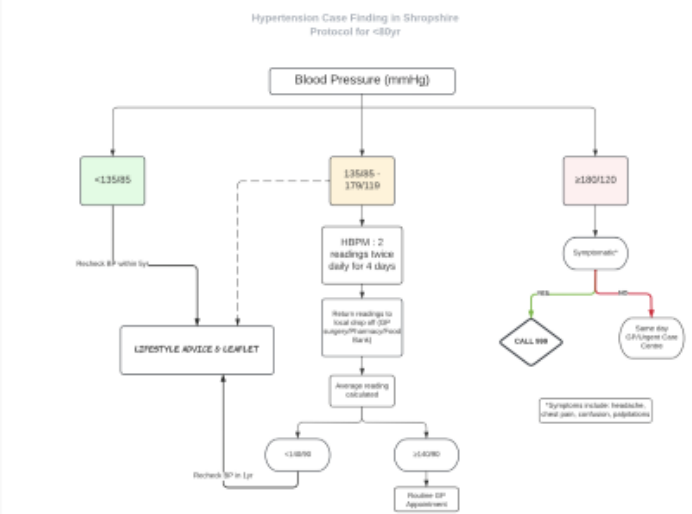
- Cardiovascular disease prevention as part of the CVD "DES" requirement for PCNs
- Identifying a population
- Understanding the role of the PCNs, Local Authority and ICS in population health

What did this involve?

- Outreach programme in 2-3 PCNs
- "Bob the Bus"
- Food Banks
- Local Pharmacies
- Voluntary Sector

Practical Steps…

- Lifestyle Leaflet
- Blood Pressure Protocol



Physical Activity

- Background reading
- Physical Activity Champions
- Third Sector Organisations
- Social Prescribing
- Lifestyle Medicine
- Survey of Primary Care HCPs - knowledge and confidence in discussions around physical activity
- Creation of a resource document to aid HCPs counsel patients about physical activity

What will I take forward?

- **Knowledge** of Population Health & Health Inequalities
- **Understanding** of ICS & PCN structures
- **Contacts** - local and nationwide
- **Teaching** - GPVTS & Cohort 3
- **Working** with Shropshire Council Healthy Lives Team
- **MECC**: Making Every Contact Count

Thank You

Alice.sheppard2@nhs.net

Session 4 – Health in focus

- Integrating Health Champions into the health and care services
  - Thomas Herweijer, NHS South West London ICB

- Health Literacy, taking a change management approach in the Midlands
  - Sally James, Portfolio Manager (Midlands) – Long Term Conditions & Prevention

Using a PHM and ABCD Approach to reduce Health Inequalities in South West London

South West London Integrated Care System

Thomas Herweijer, Project Manager Long-Term Conditions

11th October 2022

NHS South West London

Now **1.5 million**
By 2031 **1.55 million**
Resident population

£4.7 billion
NHS budget

6 London boroughs
Places

296² km
Total area

Now **13%**
By 2039 **17%**
21%
Under 16 | Over 65

35%
Black, Asian and minority ethnic

21%
Long-term conditions

Life expectancy at birth

	Average years	Healthy years
	84	65
	81	66

Richmond	Average years	Healthy years
	86.3	68.1
	82.6	71.4

Croydon	Average years	Healthy years
	83.9	62.6
	80.4	64.4

Range

Social care **36,000**
NHS **34,000**
Workforce

39
Primary care networks

180+*
GP Practices

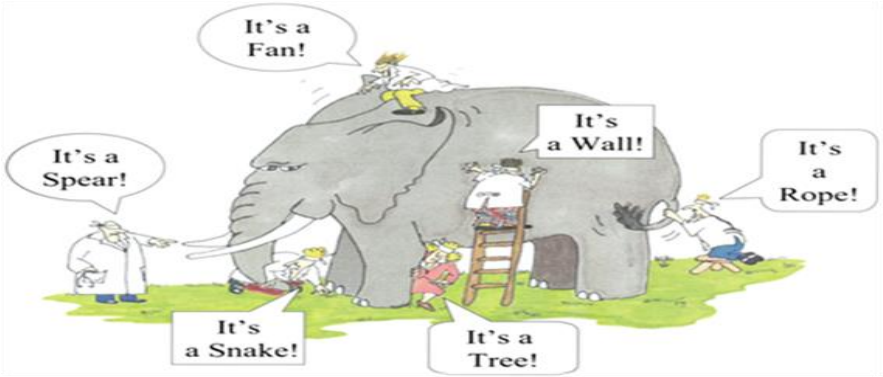
7
Acute and community providers

2
Mental health providers

* https://swlondonccg.nhs.uk/wp-content/uploads/2021/09/13996-SWLCCG-Annual-Report-and-Accounts-202021.pdf

Population Health Management

South West London Integrated Care System



Established common definition and understanding

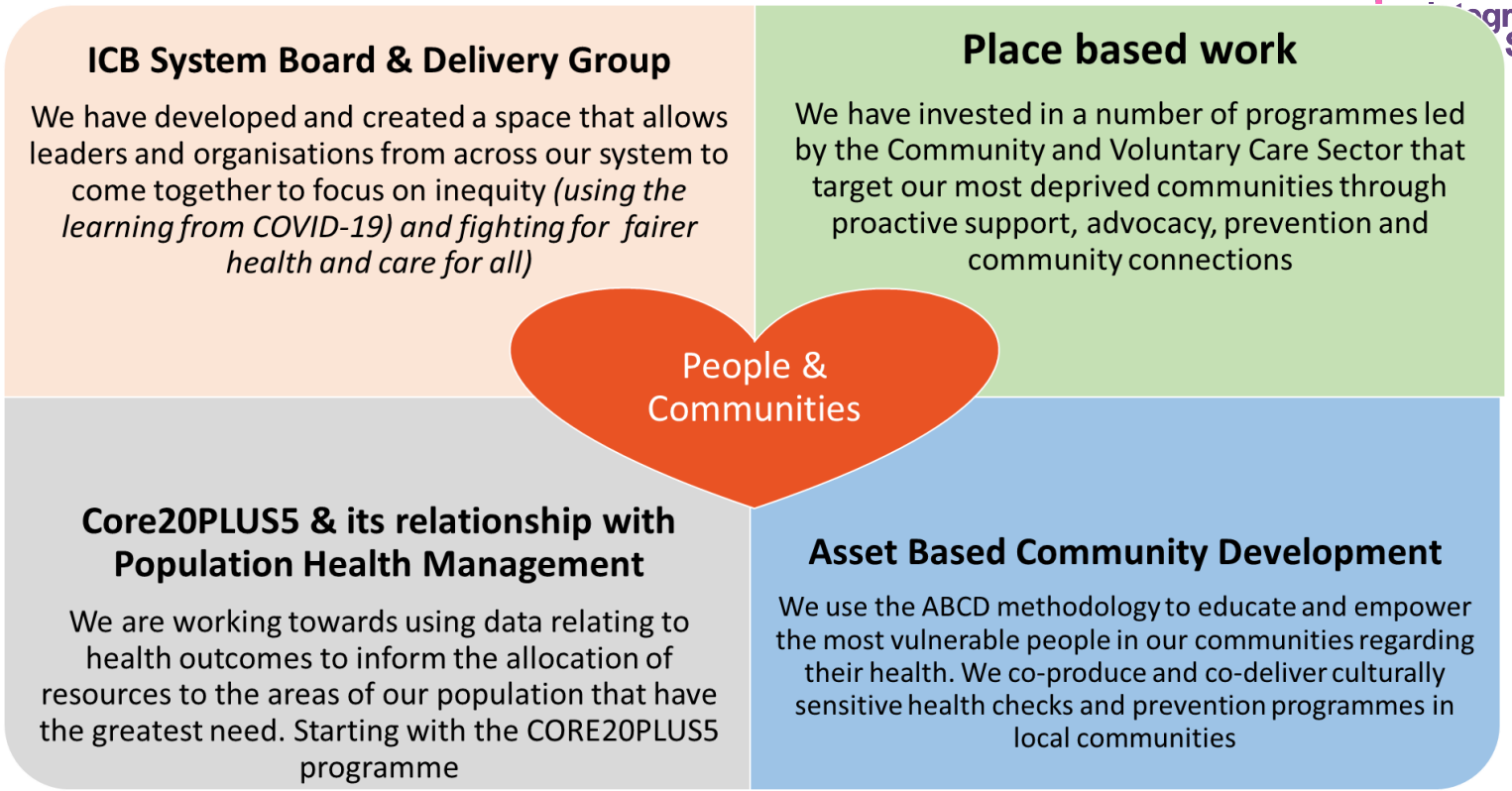
Population Health – ICS responsibility

Population Health Management (PHM) – methodology

Population Health Platform (PHP) – tool

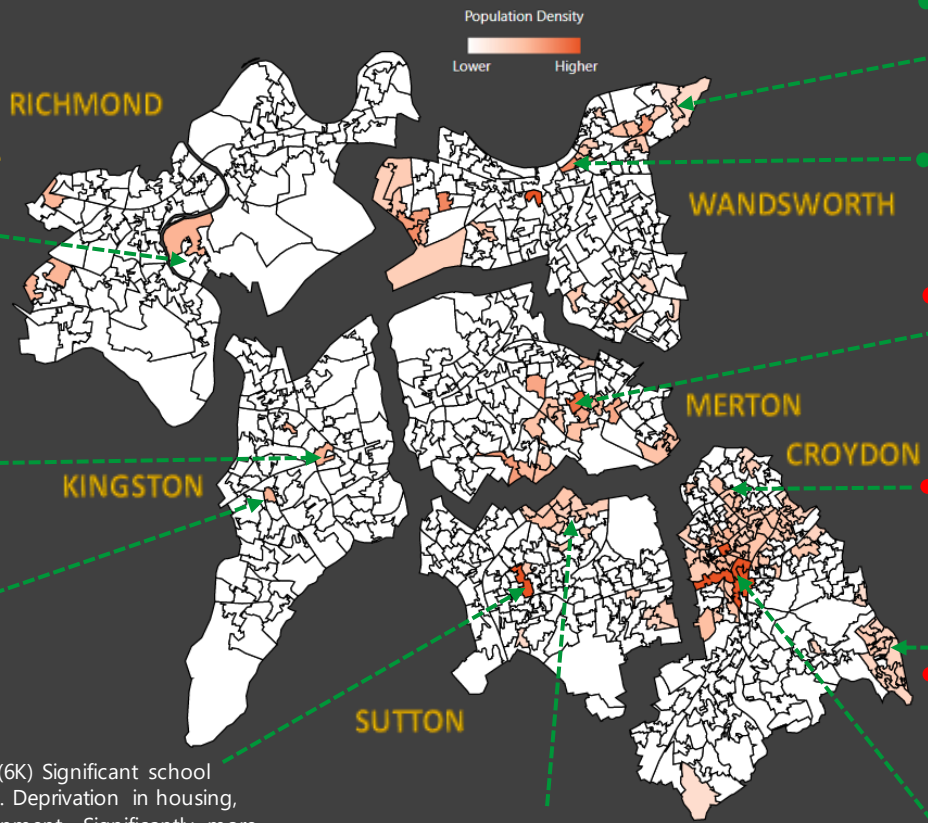
Our commitment to tackling Health Inequalities

South West London Integrated System



Where are our Core20 population of 340k located?

Main features of population:



- **Ham, Petersham and Richmond Riverside** (2K) Older population. Significant White British population.
- **Beverley** (2K) More school and young working aged population. More of the Asian & Mixed ethnicities.
- **Berrylands** (2K) More young working age population. More of the Arab/Middle Eastern ethnicities.
- **Sutton Central** (6K) Significant school aged population. Deprivation in housing, income & environment. Significantly more South Asian & Chinese ethnicities.
- **St Helier & Wandle Valley** (14K) More school & retirement aged population. Significantly more White British and Eastern European ethnicities.
- **Queenstown** (9K) Young adult to working age population (15-44). Significantly more Black & Chinese ethnicities. Barriers to housing and living environments
- **Latchmere** (14K) Younger working age population. More Black ethnicities. Barriers to housing
- **East Merton** (29K) Deprivation in housing and environment. Significant school aged and older working age (44-64) population. Ethnically diverse.
- **Croydon North** (89K) School and working aged population. Significantly more Black & Asian ethnicities. Barriers to housing.
- **Addington** (24k) High school aged population. Very high deprivation driven by income, employment, education and barriers to housing. Significantly White British and Black African
- **Fairfield** (21k) Young adult to working age (15-44), adversity in living environment, housing & crime. Significant Indian ethnicities.

Opportunity for change KEY: High Medium Low

The Context

1 - The NHS is under stress, with growing pressure from avoidable disease

- Prevalence of 'lifestyle diseases' (e.g. obesity, CVD, Diabetes, MH) is growing
- 1/3 of people are unaware of having a LTCs and will present in A&E
- Many strokes are avoidable through prevention, better detection and treatment

2 - Health inequalities are linked to deprivation and ethnicity

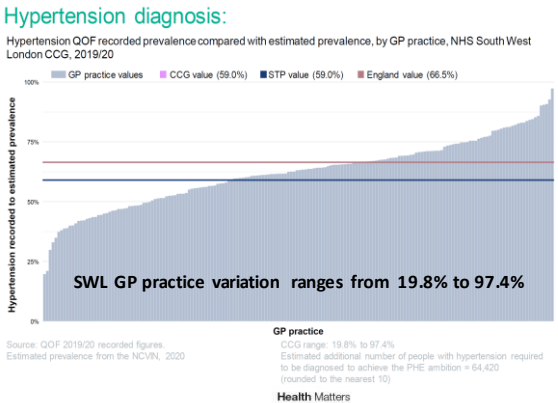
- There is up to a 10-year shorter life expectancy for the most deprived communities, who have the least trust and confidence in mainstream services
- It is these same communities who are underrepresented in preventative services and are often less engaged with their GP practice
- Black Caribbean & Black African people 2x as likely to have a stroke than White people

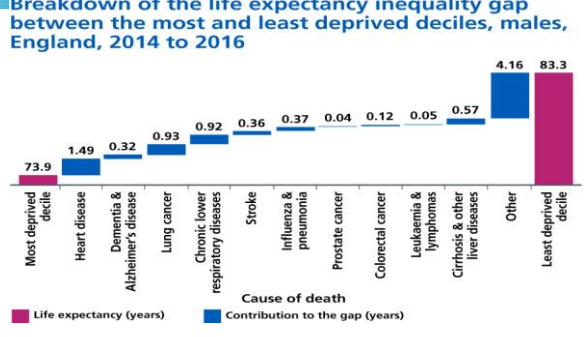
3 - SWL has significant unwarranted variation in care with increasing complexity

- Unwarranted variation in basic care, exacerbates health inequalities
- Patients are becoming multimorbid, with earlier onset of (preventable) disease

4 - The current 'medical' model doesn't work for many patients and the rising costs are unsustainable

- Prevalence & earlier onset of both physical and mental health is increasing rapidly
- There is a significant and rising human and financial cost with reducing capacity and (quality of) patient care



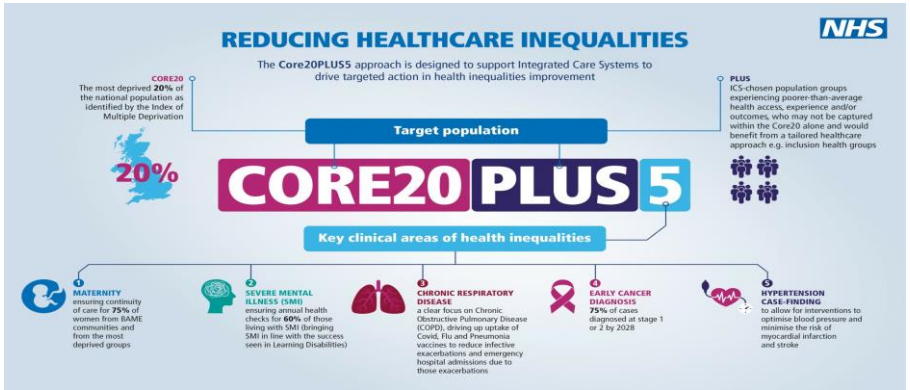


We need a reset of thinking, a shift to preventative and proactive care and redistribution of resources

NHS South West London

Find more people, treat more people, reduce inequalities

Target the 20% most deprived communities and focus on 5 different areas



SWL Health Inequalities Methodology: Asset Based Community Development (ABCD)

An internationally recognised, evidenced-based approach

Uses a bottom-up approach by upskilling and mobilising community leaders and assets

Links micro-assets to a macro environment to build and sustain community power

Asset-Based Community Development

outside the box

5 core principles

1. Asset-based
2. Place-based
3. Relational
4. Working inclusively
5. Citizen-led

Our Vision

Our vision is to develop Health and Wellbeing Hubs offering Physical and Mental Health interventions and Advocacy Support & Advice to deliver personalised care by communities for communities

1. We will break down institutional boundaries, enhance formal health systems and infrastructure to deliver personalisation and equal healthcare outcomes for local underrepresented communities

2. We will do this by creating a new integrated community and clinical eco-system. We will work with local authority, voluntary and charity sector partners and utilise an asset-based community development model

Operating Model & Achievements

Participatory Action Research Approach

1 - Insights Gathering

PHM, mapping of existing initiatives and local intelligence gathering

2 - Relationship Building:

Community is built and sustained at the speed of trust

3 - Capacity Building:

Identification, upskilling and empowerment of local trusted assets

4 - Co-produced Interventions: health and wellbeing events, preventative programmes, pop-up vaccination events

5 - Impact and Outcomes Measuring

Improved detection and uptake prevention programmes

Wandsworth Community Empowerment Network

CROYDON BME FORUM

asian resource centre croydon

SWL Quantitative & Qualitative Outcomes

- Built relationships with >100 community partners across South West London
- 90 volunteers have trained as accredited, volunteer community health coaches
- >1000 mini health checks carried out focusing on Type 2 diabetes, hypertension and AF
- COVID and Flu Vaccination Pop-up clinics delivered in the heart of communities
- BME Forum & Asian Resource Centre are formally commissioned by Croydon Alliance
- Qualitative surveys reported:
  - 117 (36%) of health check participants in Wandsworth told us their main motivation to attend was their faith leader with 232 people (80%) telling us they were very satisfied with the convenient location
  - Feedback included if we could also have counselling services being offered from these community hubs

Training

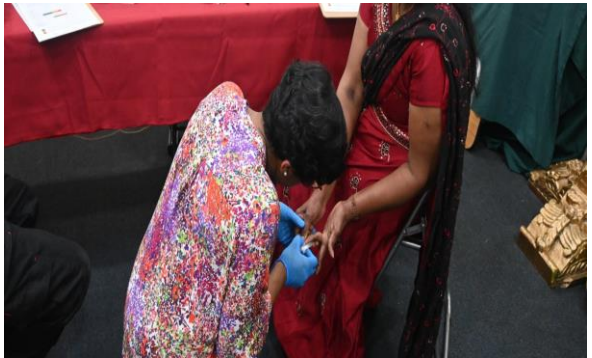
Health Literacy	Health Coaching and Signposting	Mental Health Awareness and Counselling
Knowledge, understanding, skills and confidence to use health information	Skills to identify and reinforce motivations for behaviour change and resolve ambivalence within the context of Engaging, Focusing, Evoking, and Planning	Have enough knowledge to recognise common mental health issues that can affect people
Skills to understand LTCs, their risks and ways to modify these risks	Core communications and relationship building skills	Have enough knowledge to signpost people with mental health issues to appropriate services
Able to use simple techniques, e.g. using pictures and simple language	Able to signpost people to appropriate and relevant services/interventions within the community	
Able to navigate people within health and social care systems		

What does it include?

- **Co-produced Interventions**
- **Health Coaching**
- **Health education and promotion**
- **Improving health literacy**
- **Community-Led Health MOTs** Type 2 diabetes, Hypertension, Atrial Fibrillation, COPD, Lipids


UNDERSTANDING TYPE 2 DIABETES
SALT
WEIGHT
Enjoy Food
FOOD PORTIONS AND LABELS
UNDERSTANDING STRESS
PHYSICAL ACTIVITY
Heart Attack Your quick guide
UNDERSTANDING CHOLESTEROL
Top Tips for a Healthy Ramadan
Just diagnosed with COPD?
British Lung Foundation
BEFORE


FREE
HEALTH CHECK




Atrial Fibrillation (AF)

SWL Community Equality and Equity Programme in Action

NHS South West London

HSJ PARTNERSHIP AWARDS 2021
Best Not for Profit Working Partnership with the NHS FINALIST

❑Intro: Community-Led Health Clinics - YouTube

Lessons Learned So Far

Resist fixing from a distance

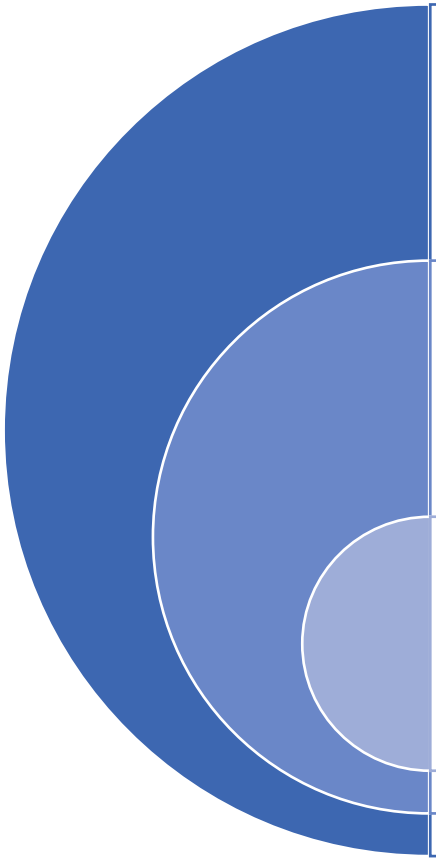
Community is built and sustained at the speed of trust

Common Purpose / Shared Values

Challenges and Opportunities

- COVID-19
- Building a community workforce with pathways into paid work
- Management and retention of Volunteers
- Working more closely with Primary Care Networks
- Measuring Impact
- Helping people to start, live and age well

To make this sustainable, our 3 ambitions are:



Scaling of SWL Community Equality and Equity Programme	• Improved detection and prevention • Reduction of (health) inequalities • Increased capacity health and social care • Reduction of health and social care costs
Embed in formal NHS and System Wide structures	• Formal Programme • Formal Team (South West London, Place and Community)
Embed in formal NHS and system wide commissioning plans, health and wellbeing strategies and care pathways	• NHS to create dome of protection around community health creation • Redistribution of resources into community

EMHIP

ETHNICITY & MENTAL HEALTH IMPROVEMENT PROJECT

What is next?

Thank you!

Contact details:

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Thomas.Herweijer@swlondon.nhs.uk

Health Education England

Health Literacy:

Taking an Organisational Change Management approach in the Midlands

11th October 2022

Sally James
Portfolio Manager – Long Term Conditions & Prevention
Health Education England (Midlands)
sally.james@hee.nhs.uk

Half of UK working population has a reading age of ??? years' old or younger

% of adults (18-65) that do not have good enough **literacy** skills to routinely understand health information ???

% of adults (18-65) that do not have good enough **numeracy** skills to routinely understand health information ???

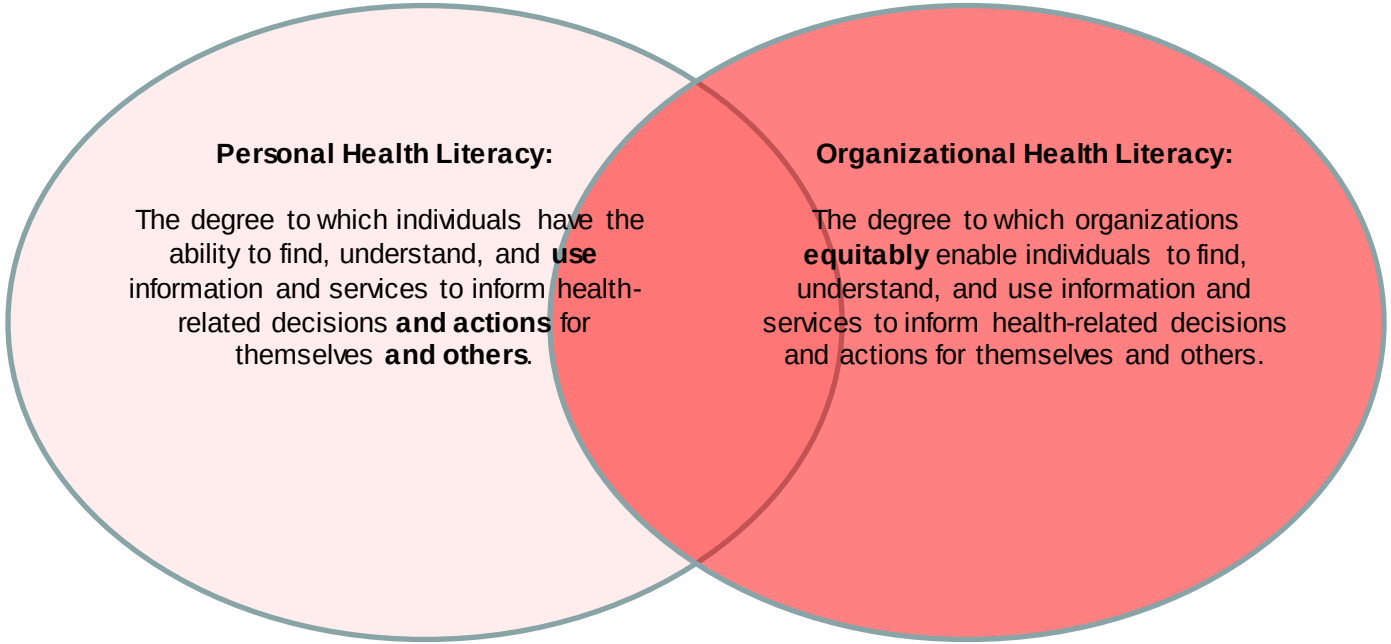
No. of diff ways to say "Take 1 tablet a day" ???

You have a **1 in 10** chance of having Disease A, and a **1 in 20** chance of having Disease B in the next 10 years. Which disease are you at the HIGHEST RISK for?

What % of critical information do people forget immediately after leaving a doctor's office?

If you were really hungry (like me, always), which would you choose: a 1/4 pound burger or a 1/3 pound burger?

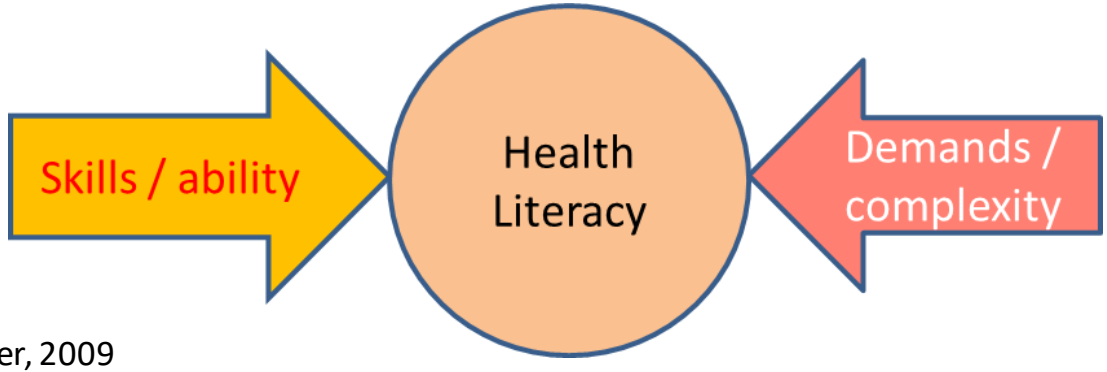
A Health Literacy definition



Healthy People 2030, ODPHP

So what is it then?

Health literacy is a balance between the skills of the patient / family / community and the environment in which they live (health systems, education systems, social care systems etc.)



Parker, 2009

Why is health literacy important?

Limited health literacy is linked with unhealthy lifestyle behaviours such as:

- poor diet
- smoking
- lack of physical activity

Limited health literacy is associated with:

- increased risk of morbidity
- premature death

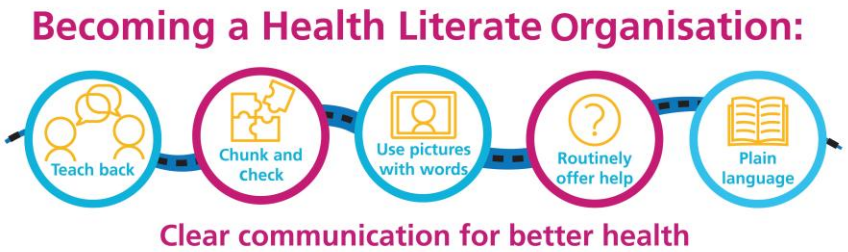
People with limited health literacy are:

- less likely to use preventive services
- less likely to respond well to public health campaigns
- less likely to successfully manage long-term health conditions
- more likely to use emergency services
- more likely to incur higher healthcare costs

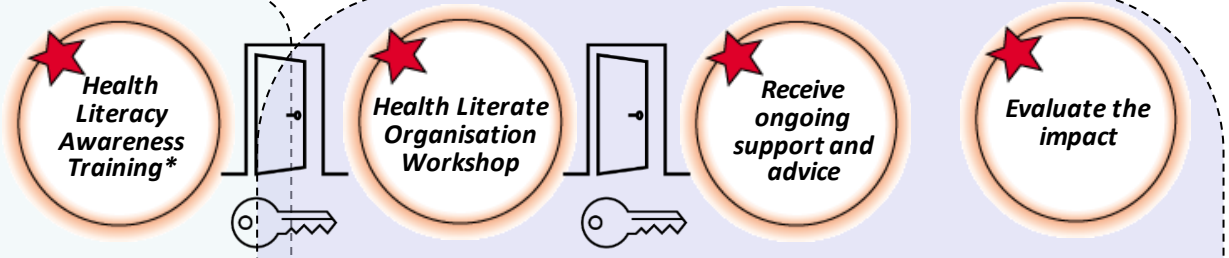
Source: Public Health England. (2015).

Not just training!

In the Midlands we recognise that creating Health Literate Organisations (HLO) is a **Change Management & Leadership Journey**



Becoming a Health Literate Organisation



In this 2-hour workshop the outcomes for attendees are:

- Understand what health literacy is
- Appreciate what it might feel like to have low levels of health literacy
- Know why it is important for people and for healthcare organisations
- Know what other organisations have achieved, and find out more about the Health Literate Organisation (HLO) process
- Know where to go for further information

***Please note that attendance at this training is a prerequisite to entering the Health Literate Organisation process**

In this half-day workshop, attendees will receive advice, with practical tools and examples, to help their team / department / organisation :

- Improve written communication
- Improve verbal communication
- Increase staff health literacy knowledge and capability
- Re-evaluate the physical layout and signage within your organisation
- Establish your HLO goals and establish a baseline
- Develop a health literacy policy

Once in the Health Literate process, you will have

- Access to an experienced health literacy practitioner who can help guide your progress to becoming a health literate organisation
- Be part of a community of practice which you can learn from and share your ideas with

You will receive support to help you determine how undertaking the HLO journey has:

- Improved the experience your service users receive from your organisation
- Helped you achieve the goals you set out at the start of the process

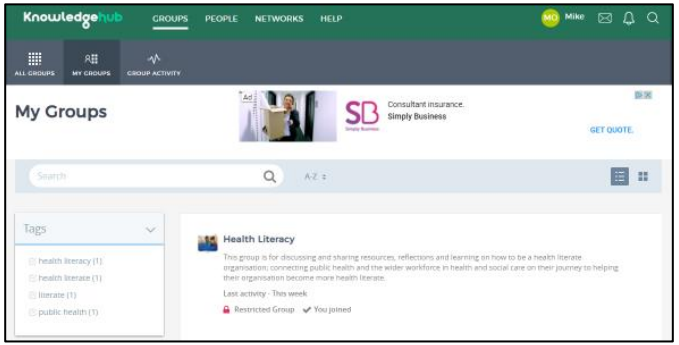
Who should take part?
This programme is suited to a wide range of health and care professionals. It is equally suited to those working directly with service users/patients or part of the support team within your organisation

Dates: 15th Dec 2021, 1-3pm or 12th Jan 2022, 9-11am — 25th Jan 2022. 9-12pm or 16th Feb 2022, 1-4pm — Following completion of HLO workshop

Health Literate Organisation 7 step process

Verbal Communication

Steps	Y / N / NA	Date of update	R A G	Supporting comments or evidence	Next Steps or planning notes
All roles/people that have verbal interaction with the public have been identified (includes telephone interaction). This may well include support staff and volunteers.					
Prioritisation of roles undertaken (e.g. "Top 3" most frequent conversations/roles with the public)					
All staff (who have interaction with the public) have been made aware of the importance of health literate conversations and what is meant by being a Health Literate organisation					
Priority roles have been made aware of, and trained in, Teachback and Chunk and Check					
Priority roles are using Teachback and Chunk and Check					
All other staff (who have interaction with the public) have been made aware of,					



Support from a health literacy practitioner

NHS
Health Education England

Community of Practice

What's happening now

- 8 Awareness workshops, with 425 attendees
- 7 HL Organisation workshops with 119 attendees
- HL Community of practice & eLearning
- 166 in HL Group on Knowledge Hub
- Attendees from prisons, care homes, NHS Trusts & people outside Midlands
- Support for orgs from HL expert
- Evaluation planned

What's next

- ✓Embed across the Midlands
- ✓Send it national
- ✓Make it standard (NICE guideline, new starter induction, annual mandatory training, the way we do things around here)
- ✓Use levers, make links (SDoH, MECC, PCI, health inequalities in standard NHS Contract)

Health Education England

Thank you for listening

Sally James
Portfolio Manager – Long Term Conditions & Prevention
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With thanks to Mike Oliver, Health Psychology Matters

Population Health Fellows Poster Prize

The Winners

Thank You

Wishing everyone a safe journey home

To find out more on our products please visit:
https://www.hee.nhs.uk/our-work/population-health

Or alternately email LTCP@hee.nhs.uk