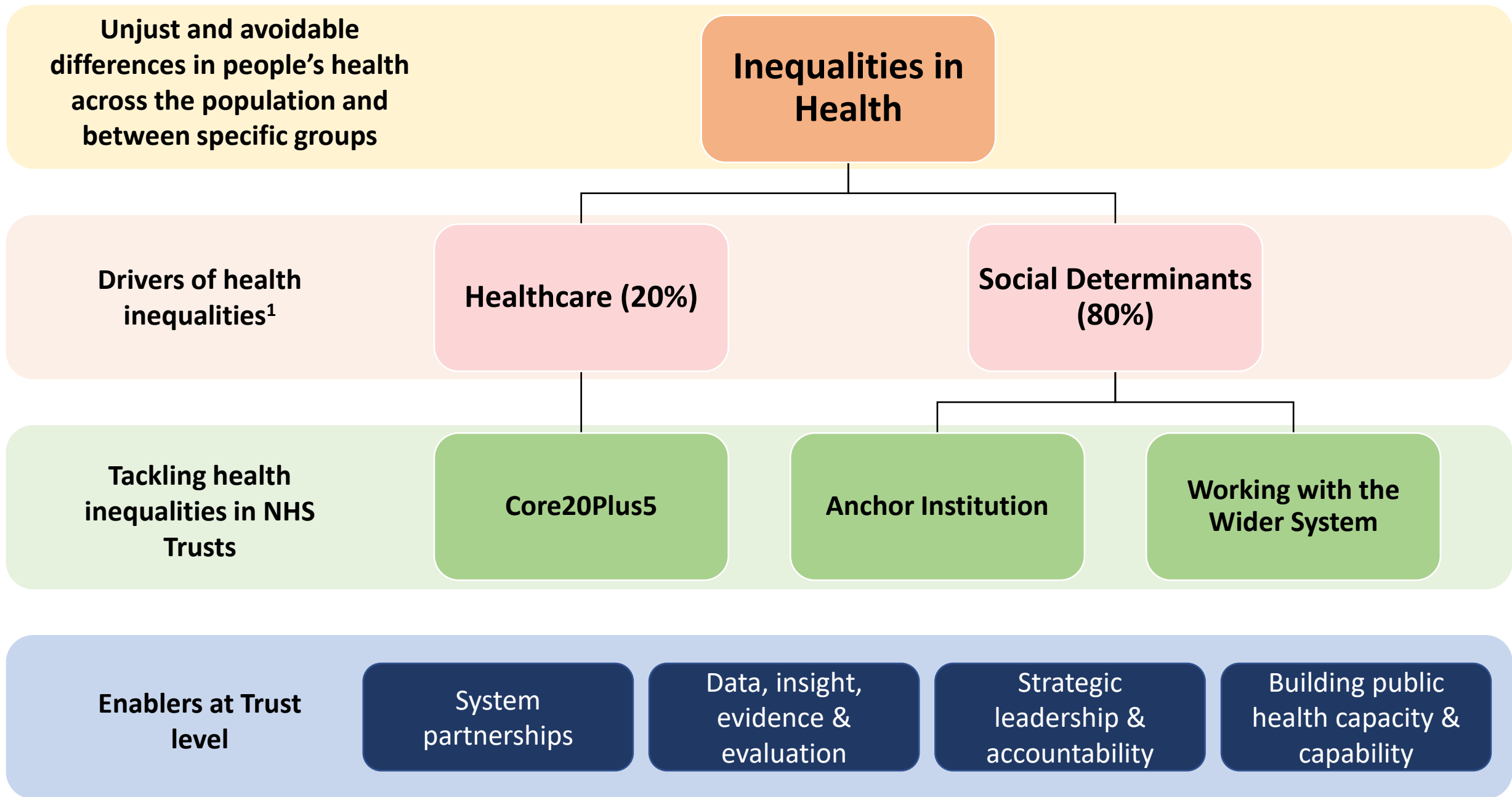


The Ambulance Sector Role in Reducing Health Inequalities

Christine Camacho
Public health registrar
Northern Care Alliance NHS FT

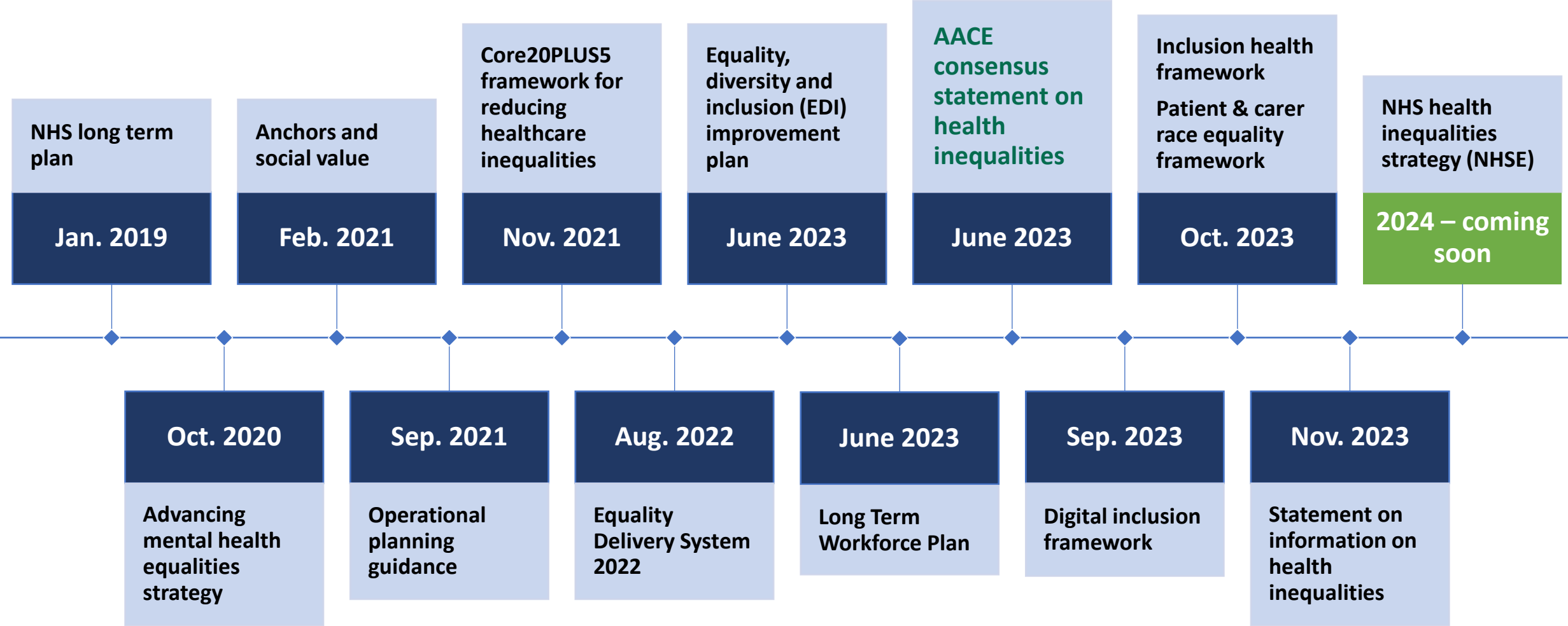
Overview

- Reducing health inequalities – a guide for NHS trust board members
- Building public health capacity and capability



1. Source: Institute for Clinical Systems Improvement – Going Beyond Walls: Solving Complex Problems (2014)

Health inequalities policy & guidance





Where do we
start with this?

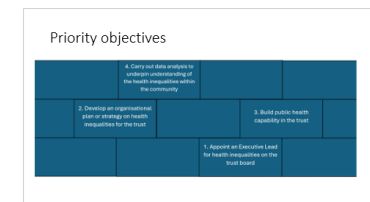
Reducing health inequalities - a guide for NHS trust board members

What is the guide?

- Outlines roles and responsibilities for NHS board members in addressing health inequalities
- Aim is to enable an environment that promotes tackling inequalities as business as usual within NHS trusts
- Provides a range of different actions that can be taken across portfolio areas of the trust board
- Includes a self-assessment tool
- Objectives are drawn from NHS England policy, guidance and good practice from the sector

Objectives

- Suggested objectives for NHS Trust board members to use to inform their workplans on tackling health inequalities.
- Trusts will be at different stages of maturity in relation to their health inequalities work.
- Board composition and executive portfolios will vary across Trusts.
- Objectives have been grouped into indicative areas of responsibility, but this is not intended to be prescriptive.
- SMART measures of progress should be defined for each chosen objective.
- 79 objectives in total to select from



Priority objectives

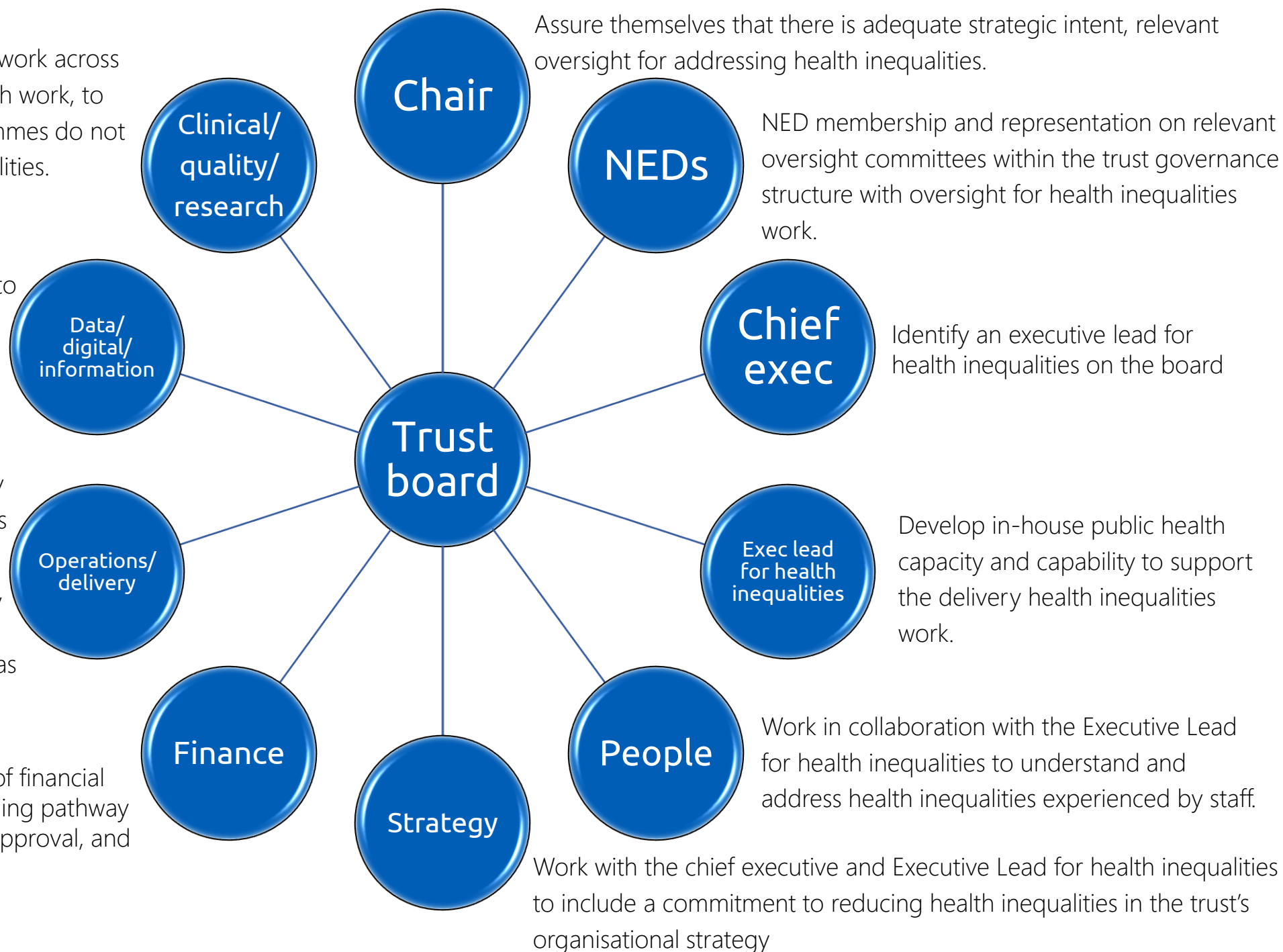
		4. Carry out data analysis to underpin understanding of the health inequalities within the community		
	2. Develop an organisational plan or strategy on health inequalities for the trust			3. Build public health capability in the trust
			1. Appoint an Executive Lead for health inequalities on the trust board	

Apply a health inequalities framework across quality improvement and research work, to ensure that systems and programmes do not exacerbate or perpetuate inequalities.

Assess the baseline and set targets to improve data reporting by ethnicity, deprivation and protected characteristics.

Ensure that services prioritise equity of access, experience and outcomes for the most deprived 20% of the population, inclusion health groups, those with protected characteristics (and other relevant 'PLUS' groups) as per 'Core20PLUS5'.

Embed health inequalities as part of financial decision making in the trust. Including pathway review and design, business case approval, and cost improvement programmes.



Self-assessment tool

Health Inequalities Self-Assessment Tool

Percentage	Maturity Rating
0	Not started
1-24	Emerging
25-49	Developing
50-74	Maturing
75-100	Thriving

1 - Building public health capacity & capability

1

Has your board received training and/or development on health inequalities?

YesNoPartial

2

Does your trust deliver regular training to all staff groups on health inequalities?

YesNoPartial

3

Has your trust delivered any quality improvement work or change programmes related to health inequalities?

YesNoPartial

4

Does your trust employ public health specialist staff and is the wider workforce encouraged to develop public health expertise?

YesNoPartial

Score & maturity rating for each domain

- Building public health capacity & capability
- Data, insight, evidence & evaluation
- Strategic leadership & accountability
- System partnerships

Emerging Developing Maturing Thriving

Bespoke set of suggested objectives based on responses and maturity ratings

Executive lead for health inequalities

1. Provide strategic oversight of organisational health inequalities work and encourage other executive board members to embed an equity lens to their work programmes.
2. Ensure integrated working with HR and equality, diversity and inclusion (EDI) executive leads to achieve strategic alignment for workforce EDI and tackling inequality.
3. Publish an annual health inequalities report and/or update for the board.
4. Lead development of a trust level strategy or delivery plan for health inequalities, working with the Strategy Director, which sets out a workplan and measures of success.
5. Establish a working group(s), steering group(s) or committee(s) to coordinate the organisation's work on health inequalities.
6. Provide executive oversight of external reporting on the trust's health inequalities work.
7. **Develop in-house public health capacity and capability to support the delivery health inequalities work.**
8. Work collaboratively with senior leaders and health inequality leads in the ICS, other provider organisations/provider collaboratives and primary care networks (PCNs) to share learning and ensure scalability of health inequalities strategic work across systems.
9. Embed the use of tools such as the health equity assessment tool across your organisation when making decisions about service delivery.
10. Ensure there are systems in place to support frontline work on health inequalities, such as consolidating learning and sharing of best practice across the organisation and establishing learning networks or communities of interest for health inequalities.
11. Work collaboratively with executive board members leading on the organisation's anchor institutions work, to ensure alignment with the health inequalities agenda.
12. Work with system partners to ensure the trust has pathways to engage with communities and local voluntary, community and social enterprise (VCSE) sector organisations.
13. Ensure the Equality Impact Assessment process takes into account existing health inequalities in the population and provides assurance that service developments will not exacerbate these, and where possible they will aim to reduce them. There should be specific consideration to those from deprived areas, underrepresented ethnic minority groups, those with protected characteristics and/or inclusion health groups in your trust.

What does good look like?

Leadership

- The board has collective responsibility for championing and overseeing the reduction of health inequalities.
- Executive lead for health inequalities champions the agenda across the organisation.
- Executive lead is linked into broader system working on health inequalities
- The executive lead should be aware of regional and national work on health inequalities.

Strategy

- Overall commitment to reducing health inequalities in trust's organisational strategy
- Health inequalities in all major trust strategies, recognising that this is core business for the trust.
- Specific strategy or plan on health inequalities.
- Practical delivery plans and governance structures should be in place to support implementation.
- Clear actions and outcome measures.

Data, insight, evidence & evaluation

- EPRs should be optimised for population health analysis
- Data analysts have relevant training in population health.
- Data routinely available by deprivation, age, ethnicity and other relevant protected characteristics.
- Frontline staff understand the importance of accurately collecting and recording demographic data.
- The organisation able to demonstrate marked progress in data quality and completion, especially around ethnicity recording.

Building public health capacity & capability

- Public health team within the trust
- Dedicated resource on health inequalities, prevention, and health promotion
- Clinical staff have the knowledge and confidence to use data to better understand their services and address health inequalities.
- Opportunities for role development and progression
- Identifying training needs among the workforce and facilitating the training and learning for other staff members.

10 ambulance trusts in England of which...

...0 have a public health consultants in post...

... 2 have public health registrars



NHS
North West
Ambulance Service
NHS Trust

NHS
North East
Ambulance Service
NHS Foundation Trust



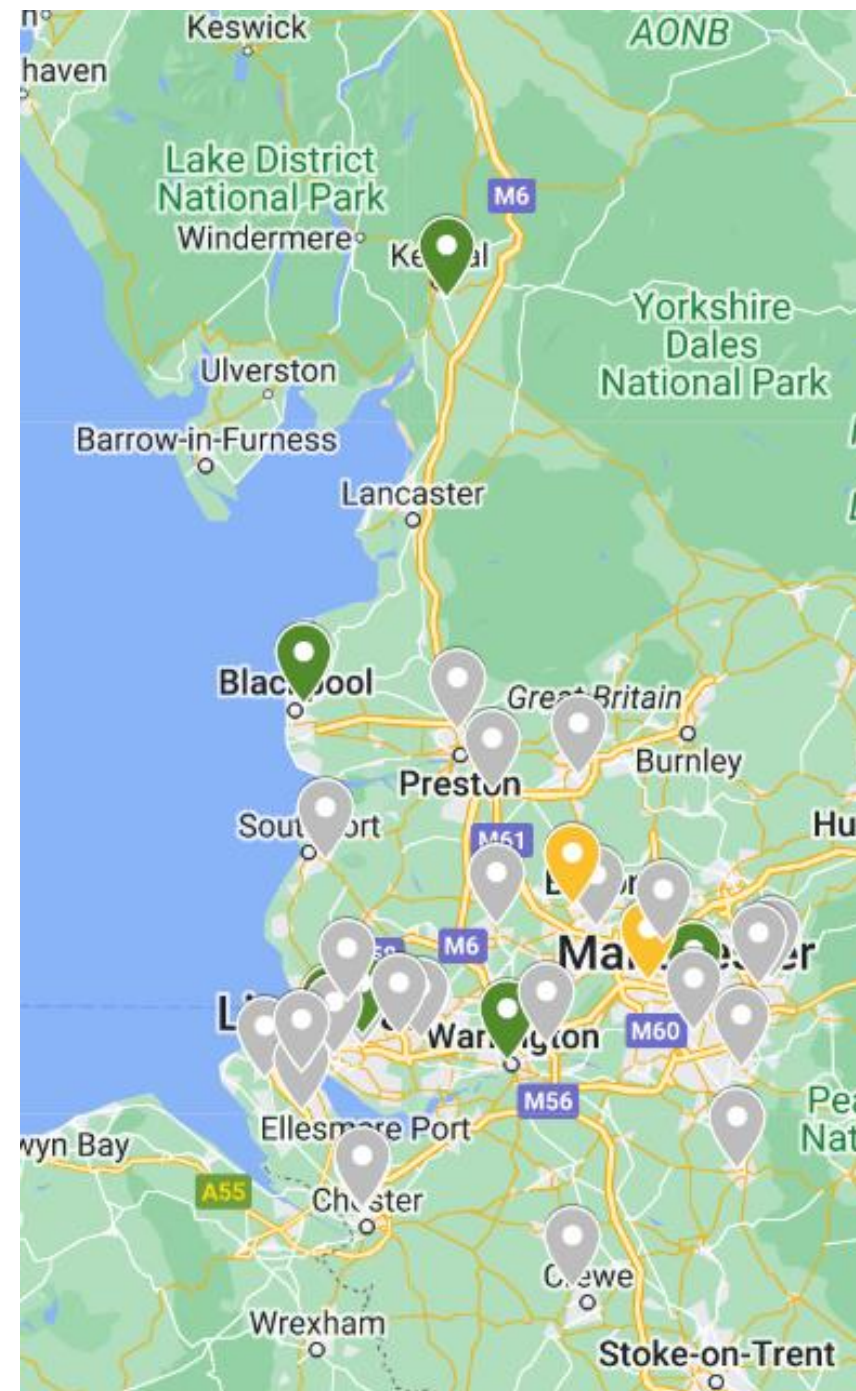
... 2 have public health managers

NHS
Yorkshire
Ambulance Service
NHS Trust



NHS
North West
Ambulance Service
NHS Trust

Of all other trusts in England, 32 identified to date as having public health consultants in post, conservatively **16%** of trusts (work in progress)



Obj ref	Objective	Maturity
2.2	All NEDs to undertake baseline training on health inequalities, which is refreshed as needed and provided within the induction process for new NEDs	Emerging
4.7	Develop in-house public health capacity and capability to support the delivery health inequalities work	Emerging
8.4	Consider staff training to enable staff to feel confident in asking questions around demographic characteristics, such as ethnicity. Training should be refreshed, as relevant	Emerging
3.5	Ensure the board receives an annual training on health inequalities, with priority for the board member appointed as Executive Lead for health inequalities. Training should be refreshed, as relevant, and provided in induction processes	Developing
5.1	Ensure all staff have training and development opportunities in health inequalities, with priority for induction programmes and leadership and development programmes. Training should be refreshed, as relevant	Developing
5.2	Ensure all frontline staff have training and development opportunities in 'Making Every Contact Count'. Training should be refreshed, as relevant	Developing
9.5	Build in-house capacity and capability for public health analytical work, including investment in digital, data and technology teams	Developing
2.3	All NEDs to seek opportunities for personal development on health inequalities	Maturing/Thriving
3.3	Ensure staff at all levels of the organisation are aware of the vision and strategy for tackling health inequalities and understand their roles in delivering these	Maturing/Thriving
3.8	Ensure that board members, senior leaders (Band 9 and Very Senior Managers) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	Maturing/Thriving
4.10	Ensure there are systems in place to support frontline work on health inequalities, such as consolidating learning and sharing of best practice across the organisation and establishing learning networks or communities of interest for health inequalities	Maturing/Thriving
5.6	Develop opportunities and systems to encourage and enable staff to develop public health expertise across a range of roles	Maturing/Thriving
5.7	Consider training and development opportunities on inclusion health and trauma informed practice, with priority for staff interested in becoming inclusion health specialists. Training should be refreshed, as relevant	Maturing/Thriving
8.3	Establish a culture of data reporting among staff on health inequalities outcomes, and on the impact of health inequality initiatives. Consider staff training to enable staff to feel confident in asking questions around ethnicity	Maturing/Thriving
10.6	Build in-house capacity and capability for health inequalities research work	Maturing/Thriving

Population Health Training

Public Health Speciality Training Programme

Faculty of Public Health Specialty training scheme to become a public health specialist and consultant

Public Health Practitioner Development (Levels 5-7)

A retrospective portfolio route and apprenticeship route to demonstrate the UK Public Health Register standards in public health for registered practitioners

Advanced Practice Credential (APC) in Public Health (Level 7)

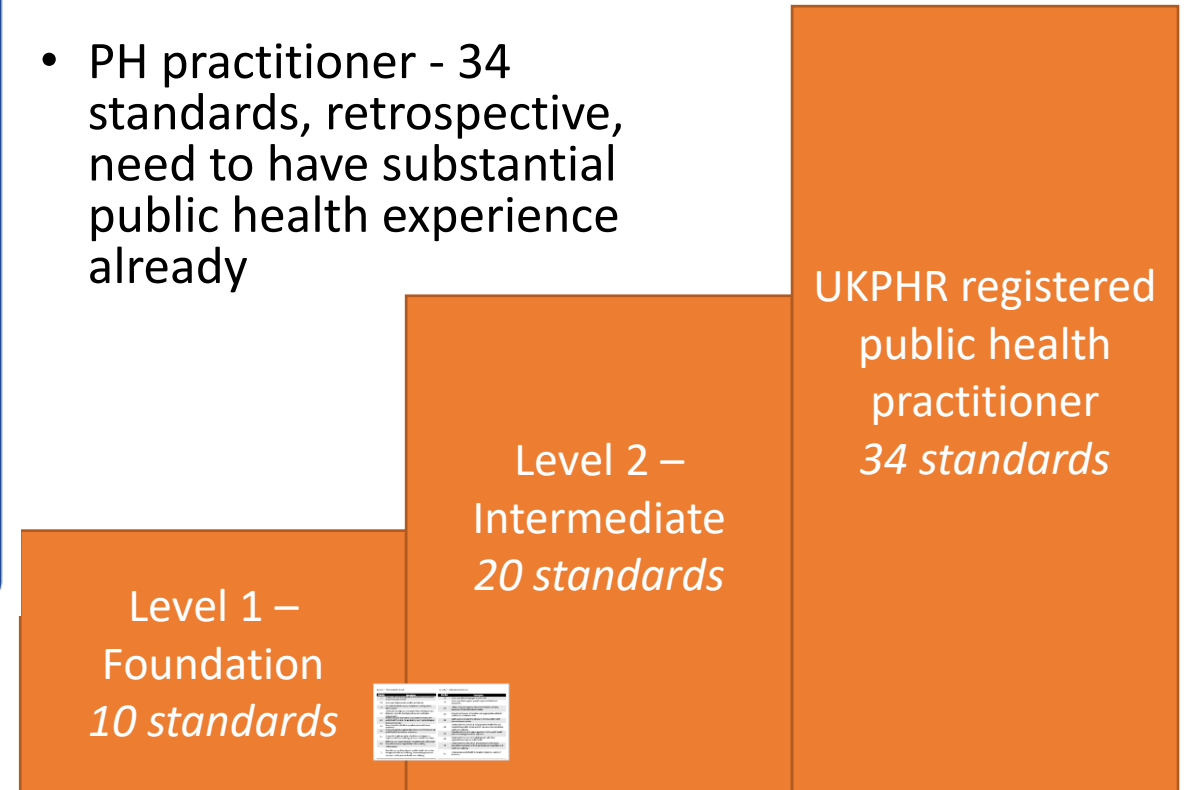
Core Capabilities Framework for healthcare professionals to develop advanced practice in public health



Population Health Fellowship (PHF)

Royal Society for Public Health accredited blended learning programme for health and care professionals to develop enhanced population health skills

- Public health speciality training – encourage PH registrar placements in trusts
- Population health fellowship –targeted to mid-career professionals providing NHS services (AfC band 6 and above, or equivalent; dentists-in-training; doctors-in-training post-FY2 and their SAS equivalent). Min 3 places/region
- Advanced practice – Masters level also for clinicians
- PH practitioner - 34 standards, retrospective, need to have substantial public health experience already



Level 1 – Foundation level

Number	Description
1.1	Comply with statutory legislation and practice requirements in your own area of work
1.3	Act in ways that promote equality and diversity
1.6	Act within the limits of your competence, seeking advice when needed
1.7	Continually develop your own practice by reflecting on your behaviour and role, identifying where you could make improvements
2.1	Identify data and information requirements to deliver the public health function demonstrating use of epidemiological terms and concepts
2.4	Demonstrate how health inequalities are identified and monitored
3.1	Access and appraise appropriate evidence of effectiveness for public health interventions or services
5.1	Support the implementation of policies or strategies to improve health and wellbeing and reduce health inequalities
6.3	Reflect on your personal impact on relationships with people from other teams or organisations when working collaboratively
7.1	Describe how you have planned a public health intervention to improve health and wellbeing, demonstrating terms and concepts used to promote health and wellbeing

Level 2 – Intermediate level

Number	Description
1.4	Act in ways that value people as individuals
1.5	Act in ways that recognise people's expressed beliefs and preferences
2.3	Obtain, verify and organise data and information, showing awareness of potential data anomalies
2.5	Interpret and present information using appropriate analytical methods for quantitative data
3.2	Apply evidence to plan the delivery of effective public health interventions or services
4.2	Demonstrate how individual and population health differ, and describe the possible tensions which may arise when promoting health and wellbeing
5.3	Critically reflect on and make suggestions for how public health policies or strategies could be improved
6.2	Demonstrate how you work collaboratively with other organisations to improve public health
7.2	Demonstrate how the culture and experience of the target population may impact on their perceptions and expectations of health and wellbeing
8.1	Communicate public health information clearly to a variety of audiences



FACULTY OF PUBLIC HEALTH

The Faculty of Public Health, in partnership with local UKPHR practitioner schemes, has developed a series of workshops to support public health practitioners and related personnel who wish to develop their professional competence and expertise. This programme will provide 6 half day workshops. The programme is open to:

- People engaging with a programme of accredited CPD to further their knowledge and skills
- Those who have recently moved into public health from another discipline/area of work
- People considering UKPHR practitioner registration in the next few years
- Those currently working on their portfolio for UKPHR practitioner registration

These learning sessions will enable attendees in the acquisition and application of knowledge and understanding required by the UK public health practitioner standards and have been mapped to the Public Health Skills and Knowledge Framework (PHSKF). They are suitable for people working in all sectors and for commissioning or provider roles.

Workshop 1: Introduction to public health; the context and climate of practice

Workshop 2: Professional skills for public health; ethical practice and communication

Workshop 3: Introduction to epidemiology: using information for health

Workshop 4: Using evidence to improve public health practice

Workshop 5: Designing, delivering and evaluating public health interventions

Workshop 6: Working collaboratively to deliver the public health function in a changing political and economic climate

Specialist

**In depth
Knowledge**

Population Health
Fellowship

Health Literacy
Champion and
supporting
infrastructure

Apprenticeships

Intersectionality

Inclusion Groups
and Health
inequalities

Race and Health
Equity Education
Programme

Public health
practitioner

**Practical
Application**

Evidence
Searching and
Critical Appraisal

Community
Engagement and
Development

Equality Impact
Assessment

Supporting Low
Income
Residents

Make Every
Contact Count

Recruiting locally
to tackle health
inequalities

**Core
Knowledge**

Understanding Health
Inequalities data

Health Literacy

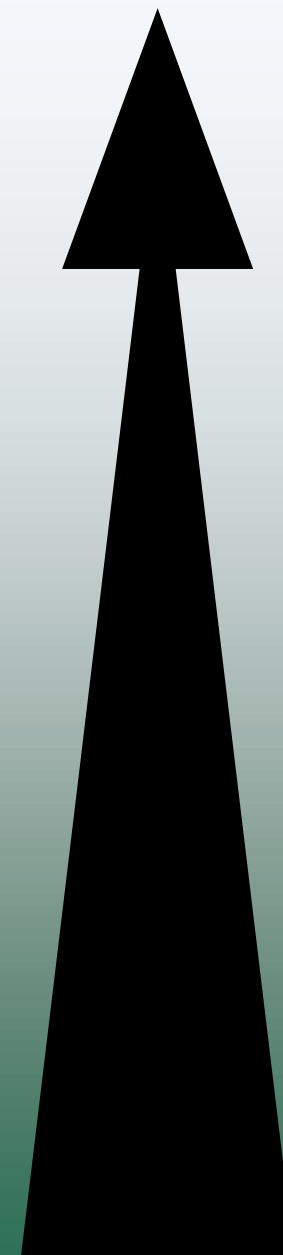
Tackling bias and
discrimination and health
inequalities

**Understanding
and Awareness**

**Background to Health
Inequalities**
Trust induction
(Mandatory training)

**Background to Equality,
Diversity & Inclusion**
Trust induction
Mandatory training

Universal



Apprenticeships for public health practice

- Level 3 or 4 Community-centered roles e.g. Social prescribing link workers, care or service navigators, Health Trainers or Coaches, Community Connectors
- Level 6 Public Health Practitioner e.g. Health Improvement Practitioner, Public Health Data Analyst, Accident Prevention Officer, Community Engagement Officer, Public Health Project Manager
- Level 7 Specialist Community and Public Health Nurse
- Level 7 Health and Care Intelligence Specialist e.g. Senior Business Intelligence Analyst, Senior Information Analyst

Next steps

- Guide due to be published by NHS Providers – 26th March 2024
- Early adopters programme – approx. 10 trusts nationally
- Link to NHSE health inequalities strategy for NHS (expected in 2024)
- Evaluation to assess impact

Questions, comments...

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