Innovex Partners

Using personalised care as an enabler to tackle health inequalities

Exploring the need for training to empower staff

Innovex Partners reviewed staff training requirements that will need to be met to facilitate the implementation of personalised care as an effective vehicle for reducing health inequalities across the Birmingham and Solihull Integrated Care System (BSol ICS). We investigated whether the ICS staff required training on using personalised care to address health inequalities. Additionally, Innovex identified the characteristics of effective training approaches if a need was identified. We conducted interviews, a survey, and two focus groups.

We heard from 46 ICS staff, most of whom are in management roles. Whilst the findings support our broader knowledge of healthcare professionals' views about personalised care and health inequalities, there was limited clinical (8 staff) and no acute care staff involved in this project.

These are our insights gathered through these engagement activities with ICS staff.

Findings

The ICS staff we engaged with demonstrated a limited understanding of how personalised care can tackle health inequalities. They perceive the latter as external to the healthcare system rather than recognising how clinical care can contribute to inequalities. We believe this reflects the absence of ICB-level strategy regarding how personalised care can be used as an enabler to tackle health inequalities. This leads to staff developing their own views and concepts and is likely limiting staff maximising their full agency to tackle health inequalities in their practice. We designed a model that can be used as a basis for the ICS and tailored to the views of senior leaders.

There were commonly understood issues that contribute to and perpetuate health inequalities. These include the agreement that personalised care could benefit patient outcomes but concerns also about the system's limitations in delivering effective personalised care. As well as the concern that people with worse health outcomes may have difficulty accessing personalised care.

Participants shared a desire to learn more about the needs of communities and health inequalities through public health data and improved collaboration with communities in partnership with Voluntary, Community, Social, and Faith Enterprise (VCSFE) organisations.

To empower and upskill staff, participants shared views on enhancing existing training, fostering learning environments and the value of experiencing training in multi-professional teams to break away from siloed working.

Personalised care can be a powerful tool to address health inequalities, and BSol ICS can leverage existing initiatives, resources, and expertise to make progress. The ICS can learn from others and build on what has already been done within development is key to moving forward. We can set the stage for success with senior leadership buy-in and support.

Using personalised care as an enabler to tackle health inequalities

It is crucial to establish strong foundations in order for the ICS to achieve its goal of addressing health disparities via personalised care through the creation of suitable training and related resources. We devised recommendations in two categories 1) those to establish strong foundations and 2) those required to deliver practical actions.

Establishing the foundations for a new way of working

1. Co-develop a **tactical model or theory of change** about how personalised care can be used as an enabler to tackle health inequalities and appoint ICS leaders to have strategic ownership of this. Leaders should drive the co-development process ensuring there is involvement, support and agreement from patients, VCSFE organisations and stakeholders across the ICS.
2. Develop and implement an **awareness-raising campaign** led by appointed strategic leads about how personalised care can tackle health inequalities using the previously mentioned model, and case studies.
3. Co-create place-based models of working between BSol ICS staff, patients and VCSFE organisations building on existing models, such as the Community Champion models, that enable **working in equal partnership.**

Implementing a new approach

4. Develop **criteria that will enable prioritisation of staff groups to receive training** that considers priority areas of health inequalities and greatest opportunities to minimise health inequalities
5. Collaborate with teams across the ICS to build capacity to harness existing approaches to tackle health inequalities that can be adapted to a place-based level and promoted:
   - **Quality improvement:** work with Trust based improvement teams to identify existing initiatives and approaches that tackle health inequalities
   - **Population health management:** use relevant tools that identify population segments experiencing the worst health outcomes and initiatives that tackle health inequalities.
6. Develop new or updated existing training modules that cover the following topics:
   - update the existing personalised care training with how personalised care can be used as an enabler to tackle health inequalities
   - explain the benefits of collaborating with individuals and communities to develop personalised care approaches to tackle health inequalities
   - educate staff on how to access relevant health inequalities data, interpret and use it to create personalised care interventions to tackle health inequalities
   - support practice operations and management staff on how to improve patient flow, how to tackle challenging conversations and dynamics with patients to improve personalised care practice
   - collaborate across clinical practice areas to provide holistic personalised care
   - enable staff to establish networks that support the sharing of information about personalised care approaches that tackle health inequalities

Further considerations

Whilst this project explored how health inequalities can be tackled using personalised care, other things came up through our engagement activities. This has led to the suggestion of some further considerations that other aspects of the ICS may take forward.

Advocacy

In our discussions with health and care professionals, we found that the concept of advocacy is essential. The need for advocacy can change for an individual over time and may not follow a linear progression. For instance, a 40-year-old diagnosed with kidney failure may be capable of advocating for themselves. However, after 18 months, this same individual may be struggling with depression or anxiety, which could make this more challenging. It is crucial for advocates to continuously reflect on how they can empower those they work with. They may benefit from training on advocacy and how it changes over time.

Empowering staff with forecasting skills

Participants pointed out that the NHS operates in a constantly changing environment and often reacts to society's needs and desires. To address this, strategic foresight approaches can be used to solve problems in the long term proactively. The WHO advocates for foresight approaches in public health to develop new options beyond current assumptions and practices. It would be helpful to train staff in how to use these approaches and use the skills to facilitate future forecasting sessions. This will enable them to anticipate future system changes and align service development accordingly.

Evidencing the impact of training

Developing and participating in training requires a significant amount of time and effort. With the pressures of the NHS workforce and workload, some may question the value of investing in staff training. To estimate its impact, a quantitative model using disability-adjusted life years (DALYs) as a measure of disease burden, commonly used by major public health organisations like WHO, can estimate the number of individuals less likely to experience adverse health outcomes due to staff training. This would help senior leadership understand the benefits of investing in staff training. ICS staff who are health economics would be needed to develop an appropriate model.