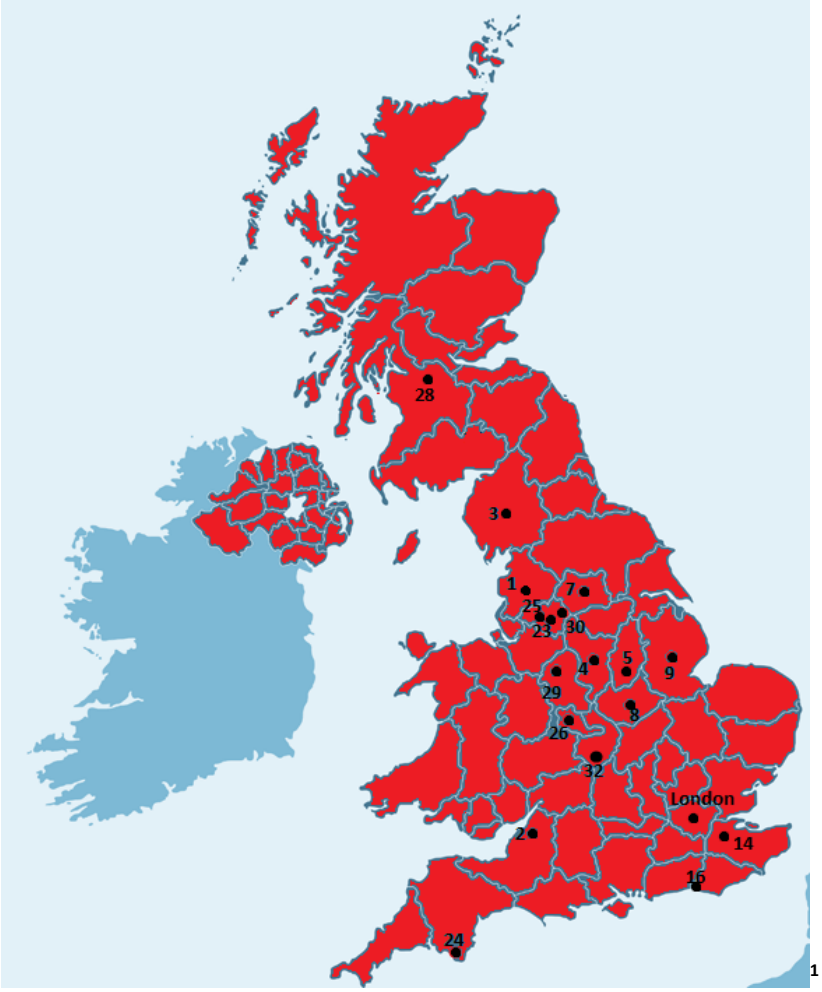
UCL Institute of Health Equity

Working for Health Equity: The Role of Health Professionals

Case Studies from the Report

Map showing spread of case studies across the UK

Points mark the location of specific case studies. Red shaded area marks the spread of nation wide case studies.

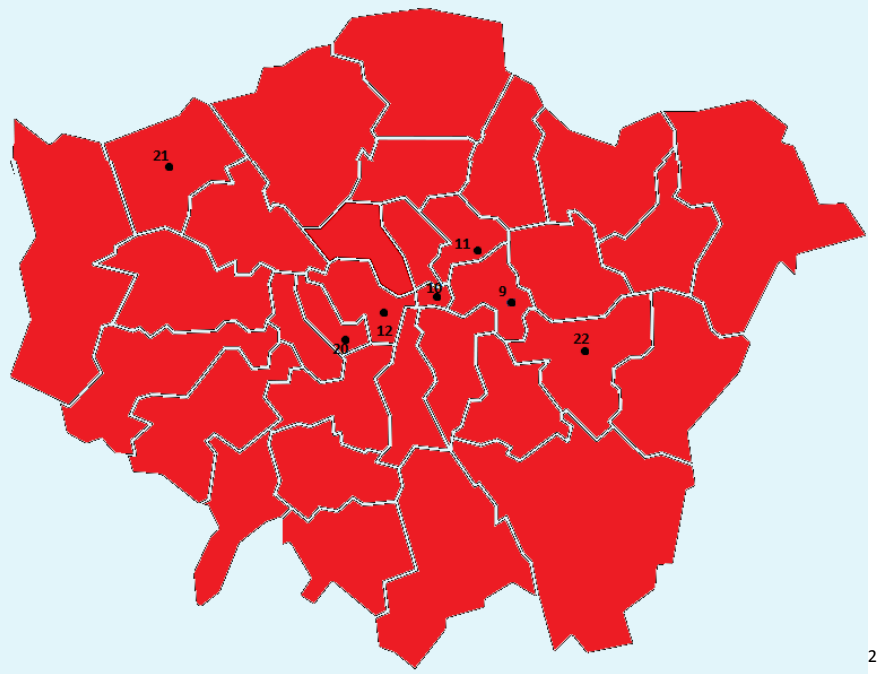


[1]

[1] Map sourced from **http://www.sptc.org.uk/images/uk-map.png**

Map showing spread of case studies across London

Points mark the location of specific case studies. Red shaded area marks the spread of London wide case studies.



[22]

1. GLOW: Blackburn with Darwen Professional Referral network into Home Improvement Services

The GLOW referral is a systematic assessment of housing and health needs during patient contact with health and social care professionals. The programme recognises that, "a significant proportion of winter hospital admissions can be avoided by preventative measures to improve the quality of people's homes".

Between 2010 and 2011, the pilot successfully identified 315 elderly patients requiring coordinated support through local authority and Care Trust Plus partnership, including 124 referred for medicine reviews, 118 for falls assessment and 145 for housing advice and support for energy efficiency grants.

Blackburn

http://www.instituteofhealthequity.org/projects/decent-and-safe-homes

2. Protection from abuse and domestic violence

Lucy is a domestic violence risk liaison nurse who acts as a coordinator between the Multi-Agency Risk Assessment Conference (MARAC) in Bristol and local health care providers. Her role includes highlighting to

[22] Map sourced from **http://www.adoptlondon.com/uploads/images/boroughMaps/LondonCamden.png**

clinicians those patients receiving support through the MARAC, so that patients who are considered at risk receive an appropriate and sensitive service. The service has been established in recognition of the significant amount of domestic violence experienced by women and the escalating annual domestic violence cost and the significant percentage of children (75 per cent) subject to child protection plans who live in households where domestic violence occurs. The service is aimed at GPs, health visitors and community health professionals who are taught to use recognised risk identification tools to assess clients who may be at a high risk of abuse. Nationally, MARACs have been shown to reduce repeat victimisation from 32 per cent to 10 per cent.

Bristol

http://www.caada.org.uk/commissioners/Insights-and-evaluation-for-commissioners.html

3. Obesity Atlas to target services for Early Years

In Cumbria the public health specialist dietitian worked with data analysts to collate public health data from the National Child Measurement Programme (NCMP) on dental health, breastfeeding, school meal uptake, healthy schools and physical activity levels in school to map the childhood obesity levels in localities to services delivered in that area. Having locality data in this format has enabled the public health dietitian to approach local area committees of the county council to provide funding for a workforce development nutrition programme in the areas of greatest obesity levels. Each of the six district councils provided funding to commission a specialist team including a dietitian, a nutritionist and childcare specialists to develop and deliver training to all childcare providers in the county to improve nutritional knowledge in the early-years workforce and facilitate the development of food policies in all child care centres.

Cumbria

http://www.cumbria.nhs.uk/YourHealth/PublicHealthInformation/Home.aspx

4. Service remodelling in Derbyshire – Centre for Excellence and Outcomes in Children and Young People's Services (224)

The Derbyshire community paediatric service underwent a complete remodelling to ensure that children and young people living in deprived circumstances, particularly those in the poorest and most vulnerable categories, received equitable access to care. Derby targeted children with special educational needs, those in need of safeguarding or in care, travellers, asylum seekers and refugees, and young offenders. Care was offered in places close to home and school, using a multi-agency approach and open referral system (mostly from health visitors and school nurses). Following the remodelling, more than two-thirds of patient contacts are with children in the most deprived two-fifths of the population, a group that represents over half of the local child population and the traditionally hard-to-reach children.

Derbyshire

http://www.c4eo.org.uk/themes/poverty/vlpdetails.aspx?lpeid=126#Top

5. East Midlands Ambulance Service Network

East Midlands Ambulance Service developed a programme which mapped ambulance responses by pick-up postcode. This was then compared to deprivation level, showing a clear socio-economic gradient (the areas of highest deprivation had a rate over four times higher than the areas of less deprivation). Building on these results, they developed a collaborative project with Government Office East Midlands and East Midlands Public

Health Observatory which aimed to reduce crime and disorder. This estimated which ambulance responses were related to alcohol misuse or violent crime, mapped the results for priority areas, then shared the results with Crime and Disorder Reduction Partnerships. The NHS Confederation Ambulance Network supports this, suggesting that ambulance services and paramedics can work with local authorities, the police and the wider NHS to inform and support the development of strategies to reduce alcohol consumption, including providing data to map geographical areas of concern or groups of patients (196).

East Midlands

http://www.nhsconfed.org/Publications/Documents/A%20vision%20for%20emergency%20and%20urgent%20care.pdf

6. Case study: Leeds School of Medicine (61)

Leeds School of Medicine is one school in which the social determinants of health and health inequalities teaching have been given greater attention. This includes:

- Bringing in external expert organisations to give workshops and teaching on the social determinants of health
- Visits for first and second year students to voluntary and community groups close to GP placements
- Placements for second and third year students with voluntary and community groups
- Podcasts for students on poverty and the social determinants of health
- An emphasis on the importance of communication and interpersonal skills

A requirement that pupils understand the social and environmental factors that determine disease

Leeds

http://www.leeds.ac.uk/medicine/

7. Targeting screening for vulnerable patients

Inclusion Healthcare is a social enterprise jointly run by a nurse and a doctor. The focus of their work is to deliver a quality service to homeless and other socially excluded people. The enterprise has employed nurses to work in partnership with other agencies (health and non-health) to improve patient pathways for homeless people who become ill, thus avoiding unnecessary hospital admissions for this group of patients.

In December 2010 they commenced the delivery of a full range of primary health care services, including health education, promotion and screening, to a highly vulnerable group of adults with moderate and severe learning disabilities. This is particularly important because the team has identified that people with learning disabilities may die from manageable long-term conditions. The team's aim is to improve health outcomes for this group of patients by ensuring timely interventions and proactive care.

Leicester

http://www.inclusion-healthcare.co.uk/inclusion-healthcare-and-social-enterprise

8. Case Study: Lincolnshire Outcome Oriented Child and Adolescent Mental Health Service (CAMHS)

This CAMHS initiative (100) incorporates session-by-session measurements of outcomes, contributed by patients and practitioners, in order to improve patient experience, reduce 'Did Not Attends' and develop relationships. The guiding principles of the approach include consultation with other agencies and families to

address factors such as social context, and ratings of the relationships with patients, as well as measurements of outcomes and information from patients on possible problems or resources they are experiencing. This information is then used to improve individual therapeutic care and to influence broader organisational strategy. Areas which have implemented the model have seen 25% better attendance, and have only referred one patient for inpatient treatment compared with an average of 9.6 in other areas.

Lincolnshire

http://www.tin.nhs.uk/innovation-nhs-east-midlands/innovation-in-practice/regional-innovation-fund-projects-2010-11/outcome-orientated-child/

9. Case study: Bromley by Bow Centre (88)

Bromley by Bow Centre provides a range of services designed to tackle social and economic inequalities in the local area. These are linked to the Bromley By Bow Health Centre, which takes a holistic approach to health, taking part in the following activities:

- Referring patients to employment programmes, benefits and housing advice, educational opportunities, art and design activities, and social enterprises, all of which are available on site.
- Providing an integrated approach to health services, promoting health and wellbeing, and delivered by GPs, practice nurses, health visitors, district nurses and support staff and administrators.
- Linking with the Children's Centre, the teenage parent support project and the health trainers programme, which are all also provided by the Bromley by Bow Centre.

Many other local areas have adopted some of these ideas and adapted them to their own local context.

London (Bromley by Bow)

http://www.bbbc.org.uk/

10. Case study: Barts and the London NHS Trust

Barts Health has established a public health function under its medical director to address the issue of health inequalities in East London. The public health approach has three themes:

1. Making every clinical contact count for patient health
2. Staff health and wellbeing
3. Community employment and procurement

The first theme includes work on key public health issues relating to smoking cessation, alcohol misuse and obesity, and over time will look to improve access to health and improve affirmative action within routine care. The immediate work is focussing on greatly increasing the numbers referred to smoking cessation services from pre-operative assessments and from in-patients.

The second theme is led by the team's staff health and wellbeing coordinator and will provide staff with comprehensive support to change unhealthy health behaviours and improve wellbeing. A health and wellbeing group has been established, chaired by the chief operating officer. The immediate priority identified is to increase fitness and physical activity among staff on all sites and across staff groups.

The third theme seeks to maximise local employment at the trust, which with 15,000 staff is the largest in England. The Community Works for Health has been highly commended at the Health Services Journal Awards for its successful work in this area, which has particularly focussed on getting under-represented groups into the workforce, including local Muslim communities. Next priorities will be to increase the number of apprentices at the trust and to increase health careers work with East London schools and colleges.

London (The City)

http://www.bartsandthelondon.nhs.uk/

11. Housing level service agreement:

This collaboration between Homerton Hospital and London Borough of Hackney involved hospital staff working collaboratively with the borough in order to ensure that homeless people were housed by the council for the duration of their TB treatment, thereby increasing the chances of successful treatment.

London (Hackney)

http://www.hsj.co.uk/hsj-local/acute-trusts/homerton-university-hospital-nhs-foundation-trust/homerton-shortlisted-for-award-for-work-with-homeless-tb-patients/5046467.article

12. Great Chapel Street

Great Chapel Street is a walk-in medical centre for homeless people in Westminster. It takes a holistic view to tackling health inequalities, and the team includes GPs, and a practice nurse, substance misuse/mental health specialist, counsellor, dentist, psychiatrist, benefits advice worker, and an advocacy/legal advice worker.

They often work with external partners. Their service approach is:

- "To reduce social exclusion – To improve access for homeless people to health services and act as a point of contact for linkage to mainstream medical and social services.
- To reduce health inequality – To improve the health of the homeless population by recognising and addressing the multiple social and medical needs of our patient group.
- To provide continuity of care for patients – To offer a reliable and constant point of contact and follow through to those who lead a transient lifestyle."

London (Westminster)

http://www.greatchapelst.org.uk/

13. Case study: London Health, Work and Wellbeing Forum

The London Health, Work and Wellbeing Forum is an enabling network for NHS and local authority organisations, supporting workplace health professionals to share good practice on improving health and wellbeing at work. It has a membership of around 90 members, representing over 20 local authorities and NHS organisations respectively.

Since its establishment in June 2010, it has met ten times, covering a range of themes from employee engagement to health inequalities, mental wellbeing and flexible working. Members are part of a sub-committee, set up to agree themes and speakers for future events, in addition to chairing the forums. The network was established by the London Health, Work and Wellbeing programme, with support from the Greater London Authority and NHS London.

London

http://www.london.nhs.uk/londons-workforce/engagement/london-nhs-partnership/employee-health-and-wellbeing

14. Case study: Kings College London

The Outreach for Medicine programme works with students from non-selective state schools to raise aspiration and encourage them to pursue careers in medicine and health care

Kings College also offers an extended medical degree programme. This is a six-year degree aimed at students from non-selective state schools in London and Kent to study medicine at a slower pace and with greater support for the first three years.

This combination of greater outreach, and a high level of support once in university, aims to increase the diversity of the medical student body and remove barriers to accessing medical courses.

London (and Kent)

http://www.kcl.ac.uk/medicine/study/outreach/index.aspx

15. Case study: London Workplace Wellbeing Charter

The Workplace Wellbeing Charter is a framework that supports businesses to self-assess their current activities and work environment against recommended standards to improve health at work. It also supports awards for employers against assessment standards at three levels – commitment, achievement and excellence. The assessment standards cover leadership, health and safety, attendance management, physical activity, healthy eating, mental health and wellbeing, smoking cessation and alcohol and substance misuse.

In London, the Charter is being piloted in six boroughs with public health leads engaging with a range of employers. Two NHS hospital trusts are taking part in the phase – Kingston Hospital and Guy's and St Thomas', with a combined workforce of over 15,000.

London

16. London pathway UCH

London Pathway UCH is a charity that trains and supports GP and nurse-led integrated teams for homeless patients in secondary care. The approach brings together social workers, physiotherapists, drug and alcohol workers, psychiatrists, housing representatives, primary care teams, and discharge sisters in order to coordinate care for homeless people, meeting their complex needs. Although primarily a quality improvement approach, the service has reduced the average duration of stay for homeless patients at University College Hospital (UCH) by 1.5 days, amounting to 1000 bed-days per year, and annual net savings of £300,000.

Partnership working was essential to this success. The programme implemented weekly multi-agency care planning meetings for complex homeless patients and increased the proportion of homeless patients discharged with multi-agency care plans from 3.5% to 35%.

Teams have been trained and supported at UCH, Royal London, Royal Free and Brighton and Sussex University Hospitals.

London (and Brighton)

http://www.londonpathway.org.uk/uploads/London_Pathway_Evaluation.pdf

17. Case study: University College London

The University College London Target Medicine programme is a widening participation project delivered by UCL medical students, supported by academic staff. The aim is to inspire students from non-selective state schools and support them to apply to medical school. The scheme involves:

- Mentoring: UCL medical students run sessions with sixth form students who would like to study medicine. These sessions include information and support on personal statements, interview skills, assessments and A-level revision classes.

- Outreach activities: Aimed at younger, pre-GCSE pupils (Years 8 and 9), current medical students give presentations to inspire school students to consider studying medicine.

Summer School: This is a week-long scheme for Year 11 pupils who have the opportunity to take part in mentoring activities, meet patients, nurses and doctors, visit a hospital and engage in simulated emergency clinical situations.

London

http://www.ucl.ac.uk/target-medicine

18. Music Therapy Team shortlisted in the Advancing Healthcare Awards, 2012

The Music Therapy Team at Oxleas NHS Foundation together with Alexia Quin, Music Therapist (Music as Therapy) were shortlisted in the category 'Achieving Excellence in Learning and Development' with their project designed to reach young people at risk of not achieving their full potential.

London

http://www.oxleas.nhs.uk/news/2012/4/music-therapy-service-hits-the/

19. Find and Treat

A mobile tuberculosis (TB) service visits 210 locations in London where people at high risk of TB can be found such as drug treatment centres, hostels, and day centres for the homeless. Staffed by a registrar, nurse, radiographer, with administration support, the service provides X-ray screening for TB on a voluntary basis as well as awareness-raising, treatment support, peer support for treatment completion and follow-up for patients who are non-adherent to treatment or lost to follow-up from other London TB services. The service identifies an infectious disease in a usually 'hard-to-reach' population and provides support for the duration of treatment, reducing the risk of relapse or development of resistant TB.

The service has been shown to be cost-effective and popular with patients and health care staff.

This is an important example of improving access to services for patients who may otherwise miss out on primary or secondary care and thus improving their health and the health of the population by reducing the spread of TB.

London

http://www.uclh.org/OurServices/ServiceA-Z/HTD/TB/Pages/Home.aspx

20. The Chelsea Community Music Therapy Project receives Arts and Health Award, 2008

This project, initiated by music therapy charity Nordoff Robbins, helps people with mental health difficulties to bridge the transition between life in hospital and their recovery in the community. Music therapists Sarah Wilson (South Kensington and Chelsea Mental Health Centre) and Dr Gary Ansdell (Nordoff Robbins) work in 'SMART', a community centre for people living with mental health issues. The project helps patients create 'musical pathways' between the hospital and the community through several interlinked music groups. This project won the Royal Society for Public Health 'Arts and Health Award' in 2008 in recognition of "significant and innovative contribution made to the field of music and health practice".

London (Chelsea)

http://www.artshealthandwellbeing.org.uk/case-studies/nordoff-robbins-music-transforming-lives

21. 'No Death is Best' – an infant mortality reduction campaign in Harrow, London

In 2005, the Director of Public Health in Harrow became concerned about an unusual increase in the number of infant deaths (the infant mortality rate in 2003 was more than 7 per 1000). Chaired by Professor Mitch Blair, an interdisciplinary multi-professional group was set up to look at how Harrow might be able to tackle the issue. From comparison with neighbouring areas, it was clear that Harrow had very disparate rates of infant mortality ranging from 2 per thousand to 17 per thousand within a very small geographical area. Prof Blair's group used guidance produced by the Department of Health on reducing the disparity of infant mortality rates between the richest and poorest as the basis for their action plan and worked closely with health visitors, midwives, public health analysts and specialists in smoking cessation and teenage pregnancy. They produced a campaign to try to raise awareness among all health professionals and the public about the key determinants to minimise infant death risk and optimise infant health. The campaign, 'No Death is Best', was a mnemonic for the key actions required (see box below).

Harrow's infant mortality is now 4.8 per 1000 (2011) and is similar to the England average. The group has been able to measure progress against a scorecard which was incorporated in the Children and Young People's Strategic Partnership Plan for Harrow, and the programme was overseen by the borough's Scrutiny Committee. They have maintained a focus on infant mortality and regularly meet as a group known as the Harrow Infant Health Group.

N utrition – prevention of **O** besity, ensure adequate intake of folate, iron, vitamin D and Ca

I mmunisation uptake in first year – keep above 95%

S moking cessation – increase access and quit rates

B reast feeding initiation – increase

E arly antenatal booking – increase proportion of all pregnancies booked before 12 weeks

S IDS prevention – Back to Sleep – housing awareness-raising, re. overcrowding

T eenage pregnancy prevention/support

London (Harrow)

http://www.ealinghospital.nhs.uk/services/community-services/harrow-community-services/archive/maternity-services/prevention-of-cot-death/

22. Queen Elizabeth Hospital NHS Trust, Woolwich

The Best Beginnings team tailors care to meet the particular needs of individual families. By working with partners in this London community, the team are able to address health and social inequality risk factors associated with infant and maternal mortality. Families experiencing social deprivation and exclusion are also supported to develop healthier lifestyles.

London (Woolwich)

http://www.bestbeginnings.org.uk/

23. Case study: PATHway: an independent domestic violence advisory service at St Mary's Maternity Hospital, Manchester

St Mary's Maternity Hospital, in Manchester, treats many patients from deprived backgrounds, particularly from the local Pakistani and other minority ethnic communities. It has located an Independent Domestic Abuse Advisor (IDAA) in the maternity ward, so midwives can refer patients to her immediately.

Every female patient was asked routinely by their midwife about domestic abuse. However, it was found that referrals to outside agencies or bringing in an outside professional at a later date were less successful than referral to someone onsite.

In the 15-month pilot during which the IDAA was located on site, 160 women were seen, 57% of whom were Pakistani or from other minority ethnic groups. Other domestic abuse services have been less successful in reaching women from minority ethnic groups. Women were seen very quickly in this case – many of them within minutes.

An independent evaluation reported increased referrals, an increase in outcomes (116 out of 126 women said they felt safer), and a cost saving – the 28 cases referred to a multi-agency risk assessment conference (those at high or very high risk of murder) resulted in an estimated saving to the public sector of £170,800.

Manchester

http://www.endthefear.co.uk/wp-content/uploads/2010/10/PATHway-Project-Summary1.pdf

24. Plymouth Hospitals NHS Trust

A safeguarding midwifery team identifies vulnerable families using a broad assessment framework including social determinant aspects such as employment, housing and social integration. Potentially vulnerable families are then referred to appropriate services through close multi-agency cooperation and clearly defined pathways. Early engagement with relevant services and a broader focus on family support enables better outcomes. Since the approach was implemented, communication has improved between agencies, vulnerable families are referred to appropriate services sooner, and both midwifery staff and families are more engaged with the assessment and referral process.

Plymouth

http://www.plymouthhospitals.nhs.uk/Pages/Home.aspx

25. AWARM: Salford City council and PCT – affordable warmth access referral mechanism

Research by the UKPHA Health Housing and Fuel Poverty Forum concluded that a model of local area partnerships that linked health, housing and fuel poverty services was the most effective approach for directing services to the most vulnerable in society.

The model identified the key systems and processes necessary to access the vulnerable poor, identify high risk groups, streamline referral and delivery systems and implement monitoring and evaluation processes.

Over 1000 referrals were made by frontline professionals from social services, voluntary sector, local government, housing and health sectors. The programme trained 1,359 professionals, a third in health, the remainder in social services, local government, housing and voluntary services.

An economic evaluation of the project showed its effectiveness. The model analysed benefits of warmer housing in terms of an increase in quality of life and a smaller increase in length of life. The gain in quality-adjusted life years due to an improvement in quality of life in 82 adults was estimated to range from a minimum 1.67 to a maximum of 31.6, depending on the scenario modelled.

Salford

http://www.partnersinsalford.org/AWARM.htm

26. Sandwell Healthy Lifestyle Services

Sandwell has set up a free phone number service for health professionals or other members of the public. This provides up-to-date details of programmes in the local area. The services cover the following areas:

- Confidence and wellbeing
- Alcohol and drugs
- Physical activity, healthy eating and weight management
- Health trainers
- Welfare rights
- Employment

Having a reliable database accessible through one phone number should increase the ability of health professionals to refer patients to services which help to tackle the social determinants of ill health.

Sandwell (West Midlands)

http://www.webwell.org.uk/HLS

27. Case study: Bridging the Gap – A health inequalities learning resource

NHS Education for Scotland has produced an online health inequalities learning resource named *Bridging the Gap* aimed at nurses, midwives, and allied health professionals. The resource is primarily aimed at pre-registration students, but could also be used as a CPD tool for qualified practitioners. On completing the course, students will be able to:

- Outline the wider determinants of health and their significance for understanding the causes and the effects of health and social inequalities
- Describe some of the key features of the health inequalities gap in Scotland
- Explain underpinning concepts for understanding of disadvantage and inequality, such as: identity and difference, prejudice, stereotypes, discrimination, stigma and other barriers
- Outline legal and policy drivers for eliminating discrimination, promoting equality, human and patient rights in NHS Scotland
- Discuss cultural, institutional and cultural actions that NHS Scotland can take to challenge health inequalities
- Outline personal and professional role, responsibilities and rights in relation to eliminating discrimination, promoting equality, human rights and good relations

Discuss personal and professional actions that can help challenge (rather than reinforce) the causes and effects of health and social inequalities.

Scotland

http://www.bridgingthegap.scot.nhs.uk/

28. Case study: Links Project

The Links Project, based in Scotland, was a six-month project which aimed to explore how General Practice can and should be a 'vital connector' between patients and sources of local support. This applies not only to GPs themselves, but also to other staff such as receptionists and community nurses who often have valuable local knowledge. The project created teams which gathered data, case studies, and facilitated discussions on how best to link with communities. During the course of the study, GP practices reported that a significant number of people living in deprived areas in Glasgow were willing to accept a recommendation to attend a community resource, and a significant number of these people were still attending four to six weeks later. It was also reported that a personalised, relationship-based approach was important, and that trust in relationships was essential (as discussed above). Finally, it recommended that staff should be made more aware of social prescribing, and that the availability and use of up-to-date local information (possibly online) was necessary.

Scotland

http://www.scotland.gov.uk/Resource/0039/00393257.pdf

29. "Stoke Speaks Out"

The national incidence of language difficulty is estimated to be around 10–12% of the population. However, in Stoke-on-Trent research indicated that almost 70% of children entering nursery had some form of language delay. This led to the development of a multi-agency initiative called Stoke Speaks Out to tackle the deficits in children's language abilities.

The Stoke Speaks Out team includes speech and language therapists, clinical psychologists, midwifes and professionals from children and young people's services. Each agency contributes its expertise to help resolve the underlying issues causing language delay, and to promote secure parent–child attachment, positive parenting, early opportunities for development through play, quality language and promoting environments.

Stoke Speaks Out developed a five-tier training framework to ensure that all the children's workforce, including health visitors and midwives, shared the same baseline knowledge. The training framework is open to any practitioner working with children and their families in Stoke on Trent and ensures that the practitioners receive quality assured training covering child development and speech, language and communication development.

As a result the percentage of children entering nursery with language delay fell from 64% in 2004 to 39.1% in 2010.

See the Stoke Speaks Out website for more information: www.stokespeaksout.org

Stoke

www.stokespeaksout.org

30. Working with the Primary Health Care Team to promote the oral health of children by school nurses in Tameside, Greater Manchester, UK

School nurses and school nurse assistants deliver health programmes in schools including health and sex education, developmental screening, health interviews, and immunisation programmes. A group of these nurses approached Greater Manchester's oral health team to request a 'teaching resource' that they could use to engage with Reception/Year 1 children and their families (210–212). They wanted a resource that was child-friendly, and would enable the named school nurse to begin to build a relationship with the children. This would introduce the children to the nurse and facilitate the other screening initiatives that the school nurse

would carry out, such as developmental checks. A fun pack was developed by the oral health team in collaboration with the school nurse assistants and was designed to involve parents and carers. Post-evaluation questionnaires were then sent home at the end of the topic. School nurses and their teams are also offered annual training and update sessions on oral health.

Benefits and principles of the scheme:

- Oral health is not seen as a 'standalone' topic
- The pack gives the school nurse teams an opportunity to introduce themselves to the parents
- This is a good joint working initiative between the school nursing service and the oral health team.

Impacts of the scheme:

- Embedding oral health into other care pathways
- Increased knowledge around cause and prevention of oral disease
- Increased knowledge in accessing NHS dental services
- Increased awareness of impacts of oral health and the Common Risk Factor Approach
- Cost-effective, because resources are shared
- Continuing Professional Development for recipients.

Intermediate impacts on oral health:

- Increased availability and access to evidenced, informed oral health advice and information
- Increased NHS dental attendance
- Increased access to appropriate services for vulnerable groups.

Key message

Oral health teams should work closely with other health professionals working to reduce risk factors and support families to achieve health and wellbeing.

Tameside (Greater Manchester)

http://www.tameside.gov.uk/earlyyears/qualityteam/nutrition

31. Case study 1: primary intervention

The use of Social Impact Bonds (an investment fund, raised from socially-motivated individuals and organisations) in Wales is designed to support the re-engineering of services to help families to remain together and to reduce the rising numbers of children being taken into care. This is in response to the evidence that children who are looked after are overwhelmingly drawn from the poorest families and that their education and health outcomes are likely to be further disadvantaged by the care. If it works as intended, however, they will provide an example of direct work which addresses both social and health inequalities in the lives of families and young people in some of the most difficult and deprived circumstances.

Wales

32. Warwickshire JSNA Interactive Website

Warwickshire JSNA is published as an interactive website which identifies key themes, loosely structured to follow a life-course approach. The key themes are laid out with the background needs assessment data, a list of outcomes sought, and who needs to take action. The headings for the key themes are: Children and young people (including educational attainment and looked-after children); Lifestyle factors affecting health and wellbeing; Ill-health (including long-term conditions and mental wellbeing); Vulnerable communities (including

reducing health inequalities specifically, disability and safeguarding) and Old age (including dementia, ageing and frailty). This approach, taken with the Warwickshire Health and Wellbeing Strategy, which also highlights priorities for housing, education, and healthy and sustainable communities, will form the basis of the three constituent CCGs' commissioning plans, and will enable a coordinated countywide approach to action on the social determinants of health and tackling health inequalities.

For example, Rugby CCG has over the past year used this approach to work towards integrated health and social care commissioning for people with learning disability, developed plans to target services for people with alcohol and substance problems and mental health co-morbidity, and worked with local authority colleagues to highlight issues around adult safeguarding in primary care and care homes.

Clinically-led commissioning, through clinical commissioning groups and the accompanying statutory framework, provides a real opportunity for action on the social determinants of health. CCGs are membership organisations, and all GPs and practices have a shared responsibility to work in this way. Direct accountability for doing so sits with the Health and Wellbeing Board in each area, and with the National Commissioning Board. The opportunity for CCGs to effect real change in the health of their population through commissioning must not to be missed.

Warwickshire

http://jsna.warwickshire.gov.uk/

33. Case study: Delphi consensus project: devising a core curriculum for learning about health inequalities in UK undergraduate medicine

The Delphi consensus project is led by the Health Inequalities Standing Group (HISG) of the RCGP, in collaboration with IHE.

The aim is to positively influence learning about health inequalities across all medical schools in the UK. Medical schools are complex organisations, with a range of curricula, systems and teaching traditions. The following approach will encourage medical schools to adapt the findings for their own context.

The project's first activity was to tap into the expertise of the members of HISG: GPs and patient representatives who have an interest in tackling health inequalities, many of whom teach undergraduate medical students. They devised a 'starter' list of intended learning outcomes (ILOs), mapped to those in the GMC's Tomorrow's Doctors 2009 report, that might represent core learning for all medical undergraduates. These ILOS were in the areas of **knowledge**, **skills**, and **attributes** – what would we wish all new medical graduates to have acquired so they are equipped for working as FY1 doctors and for life-long learning?

The project was launched in December 2012. The project leaders targeted medical educators who had a role or interest in health inequalities.

The project asked participants if these 'starter' ILOs should be core learning, are additional competencies for interested students, or are irrelevant. They asked participants to suggest further core or additional ILOs, and for descriptions of current examples of good practice that others can use to work from.

Twenty-two medical educators representing 19 UK medical schools took part in the first round. There was a positive response to the 'starter' list and some excellent examples of good practice described. The next round is to ask participants to comment on their collated responses. The result will be a consensus statement on the

core ILOs for learning about health inequalities with additional ILOs for student-selected/elective learning, illustrated with examples of good practice.

Nationwide

34. Case study 2: tertiary intervention

A hospital aftercare project funded by Age England provided short-term advocacy, information and support to facilitate older service users' re-engagement in social networks following discharge (249). Service user feedback indicated that friendship, recreational and family groups, health care treatment and locality-based organisations and contacts were accessed, contributing to restoring and sustaining service users' physical health and psychological wellbeing.

Nationwide

http://bjsw.oxfordjournals.org/content/38/1/73.abstract

35. Case study: Family Nurse Partnerships

The Family Nurse Partnership (FNP), run by the Department of Health, is a targeted programme for vulnerable, young, first-time mothers, which involves intensive and structured home visiting from pregnancy until the child is two. The FNP has three main aims – to improve pregnancy outcomes, child health and development, and parents' economic self-sufficiency. This is achieved by building a strong relationship between the family and the family nurse, which helps to achieve significant benefits:

- Improved early language development, school readiness and academic achievement
- Improvements in antenatal health
- Reductions in children's injuries, neglect and abuse
- Improved parenting practices and behaviour
- Fewer subsequent pregnancies and greater intervals between births
- Increased maternal employment and reduced welfare use
- Increases in fathers' involvement
- Reduced number of arrests and reduced criminal behaviour for children and mothers.

Nationwide

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_118530

36. Safe discharge to warm homes

The RCN has been involved in the production of, and has co-badged, the Hospital 2 Home discharge pack to support care of older people. The discharge pack is designed to make it easier for health and social care professionals involved in hospital discharge to support older patients in returning home safely after a hospital stay and reduce the risk of readmission to hospital. The production of this discharge pack was supported by the Department of Health and the Department for Communities and Local Government.

The checklist asks several questions to assess the suitability of the patient's housing such as, 'Is their home warm enough? Is the heating working adequately?' The factsheet *Services to support older people returning home from hospital* then signposts to home improvement agencies (HIAs) which assist vulnerable homeowners or private sector tenants who are older, disabled or on low income to repair, improve, maintain or adapt their home, to improve energy-efficiency, for example. Using this discharge pack appropriately is one way in which

health and social care professionals can be aware that social determinants that affect environment can have an impact on health inequalities, and therefore steps can be taken to address these environmental factors.

Nationwide

http://www.dh.gov.uk/health/2012/10/hospital-2-home/

37. Tomorrow's Specialist Working Party

The Tomorrow's Specialist Working Party undertook to collect evidence from a wide range of sources, which included Health Link, an independent patient interest group that works on new ways of linking up communities and the NHS, drawing in the views of 'marginalised' groups to give them influence, and National Voices, the national coalition of charities that is seeking to narrow the gap between the policy theories and the reality of the health services. The Directors, Elizabeth Manero and Jeremy Taylor, respectively, helped shape the Working Party's thoughts on what should be done to improve the care and access to services of disadvantaged women.

Nationwide

http://www.rcog.org.uk/news/tomorrow%E2%80%99s-specialist-working-party

38. Food, nutrition and homelessness

This toolkit, developed by a dietitian in partnership with the Queen's Nursing Institute, looks at a healthy diet and the key issues and barriers faced by the homeless (single and families) in the context of food and healthy eating. The purpose of the guidance is to help practitioners recognise and screen for nutritional need among single homeless families. There is a discussion of malnutrition among the homeless population and the tools and references needed to implement them providing the practitioner with detailed information on nutrition and homelessness. It also contains information on tools that frontline workers can use to screen for malnutrition in single homeless or homeless families with dependent children.

Nationwide

http://www.qni.org.uk/for_nurses/opening_doors/guidance_notes

39. Food for Health award

The Food for Health award encourages food outlets, particularly takeaways, to make small changes to the food they sell, to reduce fat, sugar and salt to achieve the award.

A public health dietitian (PHD) works in close partnership with the environmental health officer (EHO) to deliver training to the food safety team, enabling them to use brief intervention techniques to raise awareness of the scheme during routine food safety visits.

Nationwide

40. Case study 1: Student-led educational provision on the social determinants of health (Medsin)

Many students appreciate the importance of learning about these issues and are trying to provide education through student-led educational events, collation of educational resources, and lobbying medical schools to provide increased teaching on these areas.

At a local level:
Thirty local student groups around the UK are holding regular educational events for their peers, many of which tackle issues of health equity and the social determinants of health. Similar groups exist in many other countries such as the Netherlands (200). Students are also encouraging their universities to provide more teaching on these key topics. A group of UCL students approached their Dean in 1999 to ask for more teaching on the social determinants of health and their impact at a global level, and since UCL's intercalated BSc in 2001, similar advocacy by students across the country has increased the number of iBScs (201).

At a national level:
Students from many countries are trying to produce and collate educational resources for students on this topic. For example, the Australian Medical Students Organisation (AMSA-Australia), has produced an impressive set of podcasts on 21st century medical professionalism, encompassing health equity issues (202).

At an international level:
The International Federation of Medical Student Associations (IFMSA) held a five-day conference on 'Youth and the social determinants of health' in Ghana in March 2012. This event drew together over 800 students from more than 90 different countries, and considered a range of topics such as the generation of sustainable cities, the impact of climate change, and cross-border health issues through a mixture of speakers, workshops and debates (203). The IFMSA also co-hosted a side event on the social determinants of health at the 65th World Health Assembly. This incredibly popular event drew approximately 200 official government delegates and representatives of civil society to be educated about the importance of social determinants of health and the role students are playing worldwide in tackling them (204).

International

41. Case study 2: Student-led advocacy on the health benefits of an environmentally sustainable future

"Creating a sustainable future is entirely compatible with action to reduce health inequalities: sustainable local communities, active transport, sustainable food production, and zero-carbon houses will have health benefits across society." The Marmot Review

Healthy Planet UK is a student group dedicated to education, action and advocacy around climate change and health within the UK and several other countries in the IFMSA network.

At a local level:
Students run peer-to-peer workshops, advocate for incorporation of more teaching on climate change and health, and work towards the implementation of environmentally-friendly policies within their universities and hospitals.

At a national level:
Students work with groups such as the Stop Climate Chaos Coalition to influence UK climate policy, and the Centre for Sustainable Healthcare and NHS Sustainable Development Unit on issues related to health care sustainability and the role of students within it. They also engage with the media to call for action to promote and protect health in the face of climate change (205).

At a international level:
Both Healthy Planet UK and the IFMSA have sent delegations to summits producing health policy in this area including Rio+20, COP 17 and COP 18 and worked together with other youth groups as part of 'YOUNGO', a group of all the youth-NGOs working on climate change. With these groups they have made interventions, engaged with national and international media, and taken part in advocacy stunts including making a human red ribbon for World Aids Day, dressing up as doctors and taking the temperature of the planet and producing a video about the Kyoto Protocol which has now been watched by more than 3,500 people on YouTube (206).

Students involved in Healthy Planet UK were also instrumental in creating the Doha Declaration on Climate Health and Wellbeing, which has the signatures of over 80 medical institutions and more than 1,300 individuals.

International

http://healthyplanet.org/

42. Case study 3: Student-led action on working towards health equity for refugees, asylum seekers and undocumented migrants

Crossing Borders was first established in 2004 by concerned students with the aim of removing barriers to health care for refugees, asylum seekers and undocumented migrants in the UK. Today, it is an international network of students who continue to strive to fulfil this goal, which is as relevant now as it was then.

At a local level:
Students have worked on projects such as the creation of a leaflet to educate newly-arrived migrants to their areas on how to access health care and befriending schemes. Other successes include clothes drives, collaborating with GP practices and campaigning for signatures towards various related petitions.

At a national level:
UK students have drafted policy on access to health care for these groups. Students in Glasgow are organising a weekend conference in March 2013 which will draw together over 300 students from across the country. It aims to raise awareness of the health needs of this group, to provide tangible methods of engaging with agenda, and to facilitate sharing of best practice for local community-led student action projects (207).

At an international level:
Students from a range of different countries including the UK, Australia, Canada, Quebec, Denmark and Norway have shared ideas about how students can support the right of refugees and asylum seekers to health care and worked together to propose (and pass) IFMSA policy on this issue at the March Meeting in Ghana. This agenda will be taken forward during the Pre-General Assembly 'Advocacy Workshop' at the next IFMSA meeting, 'Advocacy and the Physician in Training', held by the American Medical Students Association (208) .

International
http://crossingbordersforhealth.org/

Other (anecdotal)

- Shazir was a young man with mental health problems who was struggling to cope at home after his parents died. Shazir's occupational therapist initially worked with him to improve his ability to look after himself independently. The occupational therapy rehabilitation programme taught Shazir how to manage his laundry, budget, shop and cook for himself. The occupational therapist also worked with Shazir's brother so that he would manage any repairs that needed doing around the house and help him get to appointments. At this point Shazir felt ready to do some voluntary work as he was keen to develop a work role and meet more people. Vocational rehabilitation delivered by the occupational therapist helped him find voluntary work in a local charity shop. After doing this for several months, the occupational therapist worked closely with Shazir so he could apply for and secure a part time job. Over a period of 18 months Shazir had changed from a young man who rarely left his home and to a man who was valued in his local community.
- The Activate childhood obesity programme at Tower Hamlets was established by the physiotherapy team in 2008, when childhood obesity rates in the borough were significantly above the national average.

Tower Hamlets is a densely populated area of East London with high levels of social deprivation and health inequalities.

The six-week programme is offered to children with obesity and co-morbidities and includes physiotherapy, dietetics, clinical psychology and physical activity. An antenatal and postnatal programme is also run for obese mothers, with specialist women's health physiotherapists.

The team also provides outreach support and education on the prevention of obesity within local mosques and to local health staff, schools and health visitors. The programme has a strong presence in the borough and good links with the local council.

In the second year of the scheme, rates of childhood obesity in the borough were falling, against a rising national trend.

- A 20-year-old man with severe intellectual disability (ID) and no spoken language, lives with his mother, and takes medication for epilepsy and for attention deficit-hyperactivity disorder (ADHD). Until two years ago, he was supported to have physical health checks, including blood tests as part of monitoring of medication by attending the day hospital service under the care of the paediatrician. He has not had blood tests for two years, since he assaulted the phlebotomist in the general practice surgery; the phlebotomist was under pressure and did not have time to read his communication guidelines. The GP decided to discontinue the ADHD medication as it was difficult to monitor the young man's blood pressure.

  The young man's mother later contacted adult social care for support for her son as there had been a change in her son's behaviour; he was unsettled and constantly on the go; he was not sleeping; and he was no longer complying with taking his epilepsy medication. The social care team that caters for people with intellectual disability is integrated with the health professionals, including ID psychiatry and psychology. After assessment, he was restarted on ADHD medication and a programme of desensitisation helped him to tolerate having his blood pressure monitored. He was underweight, but unfortunately the team does not include a dietician, and initial referral to a community dietician was rejected as they did not feel able to cater for people with ID. However, the NHS trust that employs the dietician also employs an ID liaison nurse, who was able to facilitate an assessment. The young man gradually reached a healthier weight. It continued to be difficult to facilitate blood tests, but when the young man later required dental work under sedation, the dentist was shown the young man's health passport which suggests taking bloods when an opportunity arises.