In Collaboration with



Institute for Healthcare Improvement

Middle East Forum on Quality & Safety in

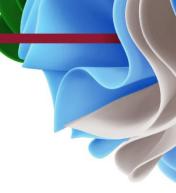
Healthcare **2023**

16-19 March, Doha

A focus on population health Dr Rayana Bou Haka Dr Amar Shah

Healthcare Resilience in Extraordinary Times

Brought to you by: Hamad Healthcare Quality Institute



Conflict of Interest

The speakers in this session have no conflict of interest or disclosure in relation to this presentation.





Brought to you by: Hamad Healthcare Quality Institute

Learning Objectives

At the end of this session, participants will be able to:

- 1. Understand how we can apply improvement science to improving population health
- 2. Identify the key steps involved in tackling a population health issue through the systematic process of quality improvement
- 3. Appreciate the opportunities for a large healthcare provider to be able to act as an anchor organisation within the local community





Dr Rayana Bou Haka , WHO Representative Middle East Forum for Quality and safety in Health care 2023

> Leveraging lessons from other countries for improving health

World Health Organization Qatar

Outline

Introduction:

- •Agenda 2030 and SDGs,
- •WHO , Health for All- 13th General Programme of Work and Triple billions
- •EMRO Vision : Health for all by All
- Definitions : Public health vs Population health

The challenge: Pandemic impact, the recovery and resilience agenda and Improving health

- •Universal Health coverage : Health systems and Health security
- •Essential Public Health functions
- •Social (environmental, economical ..)Determinants of Health
- •Health in All Policies

Few examples :

- Healthy cities
- •Mercury and skin-lighting products
- •Ghana Transport
- Non-Communicable diseases and health literacy

Compiling and Writing the playbook for improving Health and wellbeing

Overview of the SDGs

• Development agenda endorsed by all nations of the world September 2015, at the UN General Assembly



Health actions are needed across most goals – not only SDG 3

WHO Qatar









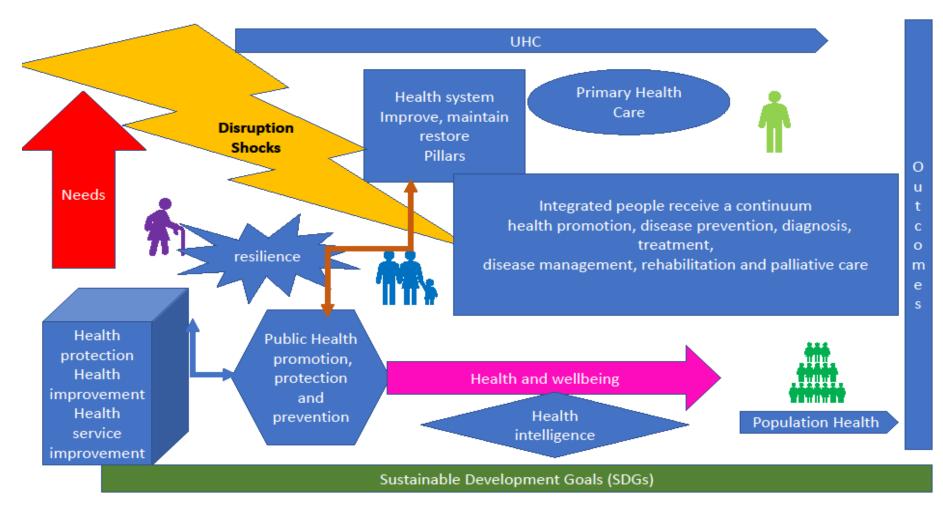
وزارة الصحــــة العامـ

Ministry of Public Health State of Qatar • دولـــة قطــر

ä_

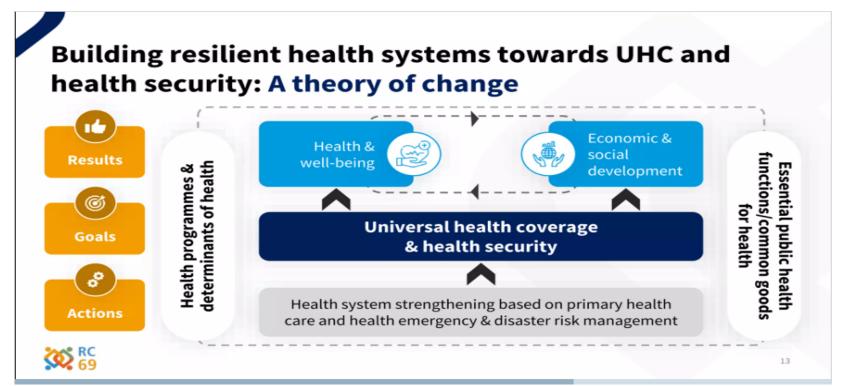
WHO 13th Global Program of Work (2019-25)





Sixty-ninth session of the WHO Regional Committee for the Eastern Mediterranean

Building RESILIENT HEALTH SYSTEMS to advance universal health coverage and ensure health security in the Eastern Mediterranean Region



Essential Public Health Functions



1. Monitoring and evaluating population health status, health service utilization and surveillance of risk factors and threats to health



2. Public health emergency management



3. Assuring effective public health governance, regulation and legislation



4. Supporting efficient and effective health systems and multisectoral planning, financing and management for population health



5. Protecting populations against health threats, including environment and occupational hazards, food safety, chemical and radiation hazards



6. Promoting prevention and early detection of diseases (communicable and noncommunicable)

- 7. Promoting health and well-being and actions to address the wider determinants of health and inequity
- 8. Ensuring community engagement, participation and social mobilization for health and well-being
- 9. Ensuring adequate quantity and quality of public health workforce
- 10. Assuring quality of and access to health services
- 11. Advancing public health research
- 12. Ensuring equitable access to and rational use of essential medicines and other health technologies







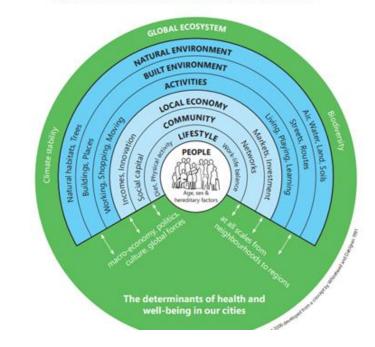


Social and environmental determinants of Health

SOCIOECONOMIC AND POLITICAL CONTEXT Governance IMPACT ON Socioeconomic position Material circumstances EQUITY IN (Living and working conditions, Macroeconomic HEALTH AND food availability, etc.) policies WELL-BEING Behaviours and biological factors < Social policies Social class Labour market. Psychosocial factors Gender housing, land Ethnicity (racism) Public policies Education, health, social Education Social cohesion protection V. and social capita Occupation Culture and V societal values Health system Income STUCTURAL DETERMINANTS INTERMEDIARY DETERMINANTS Social determinants of health inequities Social determinants of health

Figure 2 Conceptual framework of the social determinants of health, WHO

Figure 1. The determinants of health and well-being in the urban context (6)



Source: Solar & Irwin, 2010.

Health in All policies or All policies for Health?



Adelaide Statement II on Health in All Policies

Implementing the Sustainable Development Agenda through good governance for health and well-being: Building on the experience of Health in All Policies

Outcome statement from the International Conferent Health in All Policies, Addiade 2017





Figure 1: The association between health and other sectors





SDGs-Sustainable Development Goals

Healthy cities

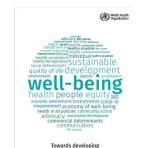
- Milestones and networks
- Benchmarks
- Checklist, Self Assessment, Certification
- SDGs
- Impact of the pandemic and expansion
- Ingredients for success
- Coherence and harmonization
- Urban Health agenda



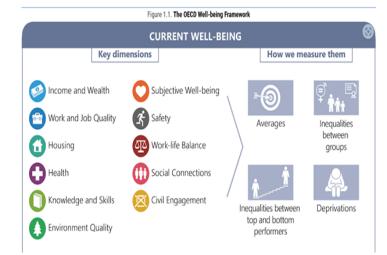
Agenda for well-being

- Momentum post COVID 19
- WHO : EMRO RC 69 and WHA 76
- Beyond GDP and Wellbeing Economy
- Community engagement and ownership
- Capacities for Health promotion





WHO's agenda on well-being







Applying improvement science to improve population health

Dr Amar Shah

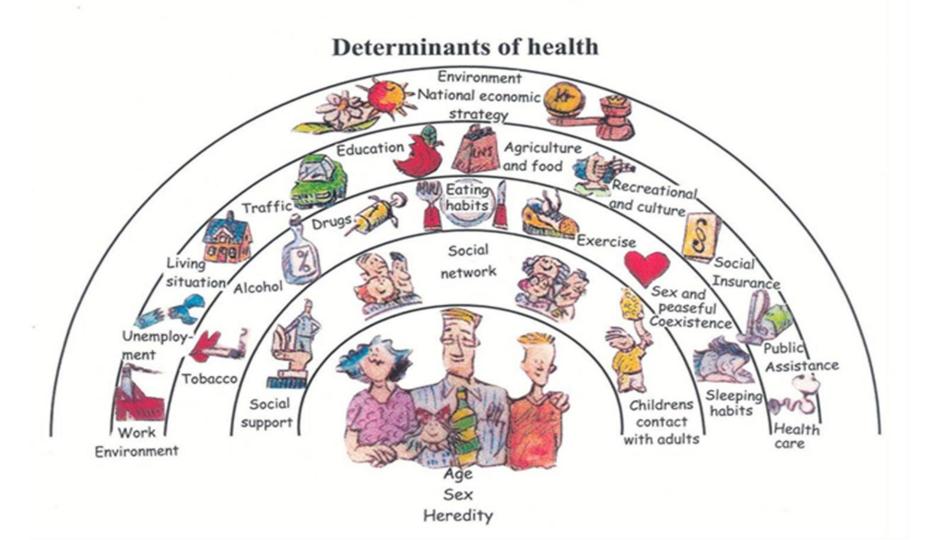
Chief Quality Officer, East London NHS Foundation Trust National improvement lead for mental health, RCPsych, UK



Population Health

"Population health is defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group. These groups are often geographic populations such as nations or communities, but can also be other groups such as employees, ethnic groups, disabled persons, prisoners, or any other defined group."

-David Kindig, MD, PhD



SO HOW DO WE DO THIS?



Macro interventions...

Home treatment

Crisis pathway interventions

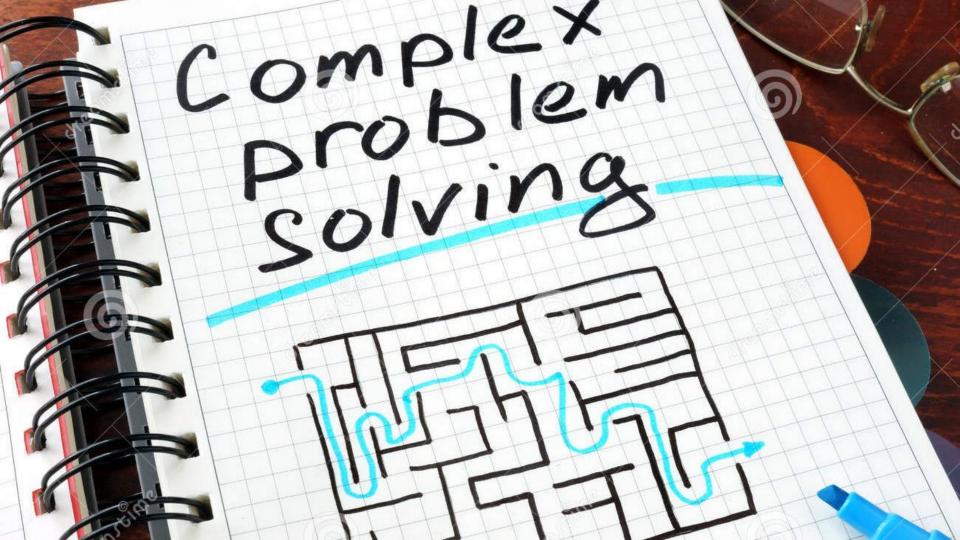
Mental health teams in schools

Improving access to psychological therapies

Dementia services

Recovery focused services

Criminal justice pathway



Improvement is local



Doing with in an equal and reciprocial partnership

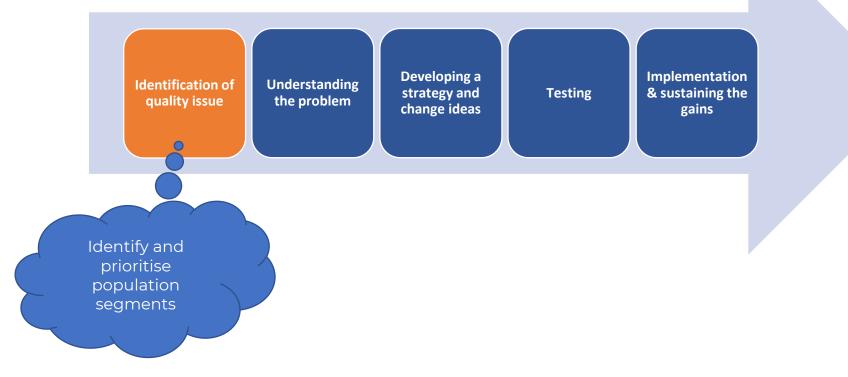
Doing for engaging and involving people

Doing to trying to fix people who are passive recipients of service

Improving at scale

Testing and learning locally







Traditional QI project	Usually starts from the perspective of what we can improve about a service (eg access, safety, experience)		
Population health QI work	Starts by thinking about a population		

Step 1: Identify potential population segments

- Identify a population where there is potential for impact on all three aspects of the triple aim
- Who is not thriving? Who is at the edges?
- Where is there will and urgency to collaborate and do something different?
- Is there an existing governance structure in place that would provide leadership and oversight
- Is data available on this population?
- Is there any existing work happening with this population?

Defining the population

Examples:

(can use all, some or none to describe the population segment of interest)

- Service user or potential service user
- Demographic factors (age, gender)
- Disease burden (numbers or types of conditions)
- Utilisation patterns (number of acute visits, medications)
- Geography (neighborhood)
- Social factors (income level, housing status, ethnic background)
- Etc...

Avon and Wiltshire Partnership NHS FT

Access to CAMHS for children and young people from minority ethnic communities

Devon Partnership NHS FT

Access and experience of secondary mental health services for people with intellectual disabilities

Herefordshire and Worcestershire Health and Care NHS Trust

Access and outcomes for agricultural/ rural communities

Leicestershire Partnership NHS Trust

Alcohol and substance misuse in people with severe and multiple disadvantage

Pennine Care NHS FT

Women military veterans in Greater Manchester and Lancashire

Mind in Croydon/ Mind in Kingston

Korean community in South West London

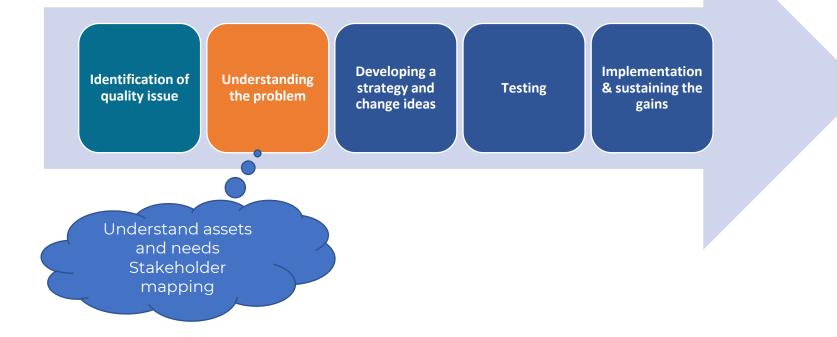
Norfolk and Suffolk NHS FT Refugees and forced migrants

Somerset NHS FT

Male adults from the Gypsy, Roma and Traveller community in Frome

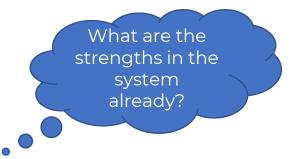
Southern Health and Social Care Trust

Adults with a serious mental illness who require an interpreting service



Three part data review

- 1. Review all available data quantitative and qualitative
- 2. Seek input from those working with, and supporting, this population
- 3. Learn from those with lived experience

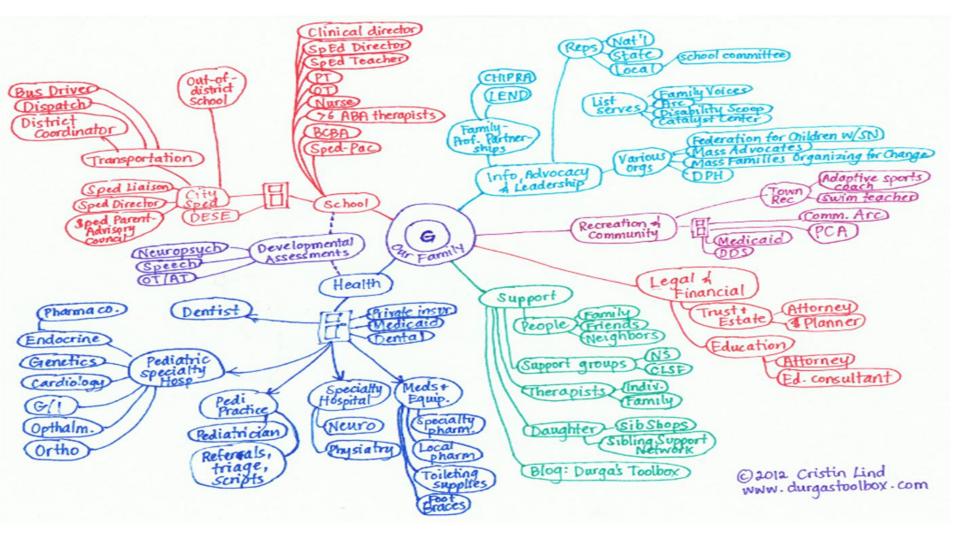


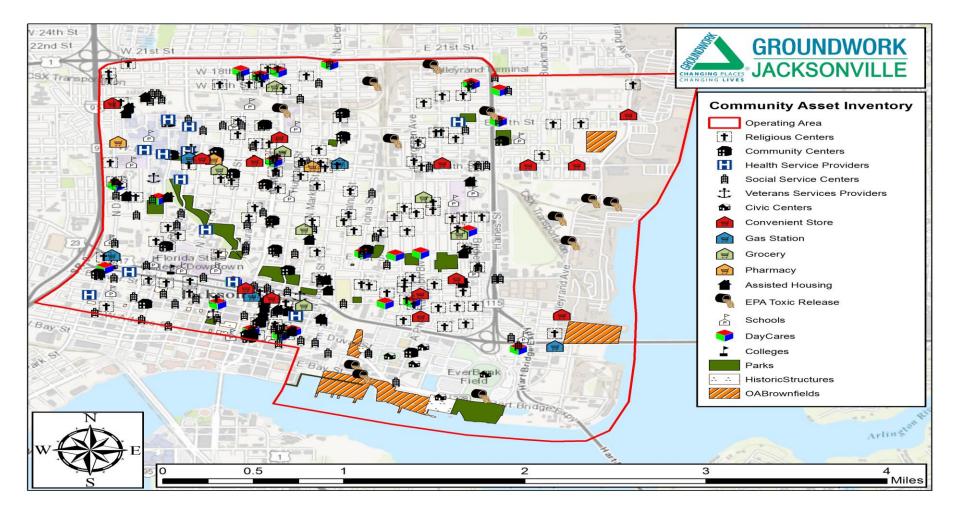


Needs v assets

Needs	Assets				
Focus on deficiencies	Focus on strengths				
 Result in fragmentation of responses to local deficiencies 	 Build relationships among people, groups, and organisations 				
 Make people consumers of services; builds dependence on services 	 Identify ways that people and organisations give of their talents and resources 				
 Give residents little voice in deciding how to address local concerns 	 Empower people to be an integral part of the solution to community problems and issues 				

What do they hav			Assets o organisat		s Loc Govern Serv	nment	Who are they
Actu	resources vices – ual and tential		Assets o associatio		Faith groups Sports	Neighbourhe Managers	
Influence on others			Assets o individu			Youth Clubs Carers	Councillors
Staff time	Money	Passion Talents	potentia and actu		Community members Excluded	Network Trade Union	Health workers GP's
Power	Shared Knowledge	Skills Experience Knowledg			Groups	Voluntary organisation Community Associations	s Parks
Knowledge and Expertise	Influence	Time Ca Idings	re	R		Groups	Colleges
Cap will to	wer	S Infra	User Third groups Schools ector structure roups Libraries				
	Goodw	<i>i</i> ill Leaders	ship	Busir	Childre Centro nesses		



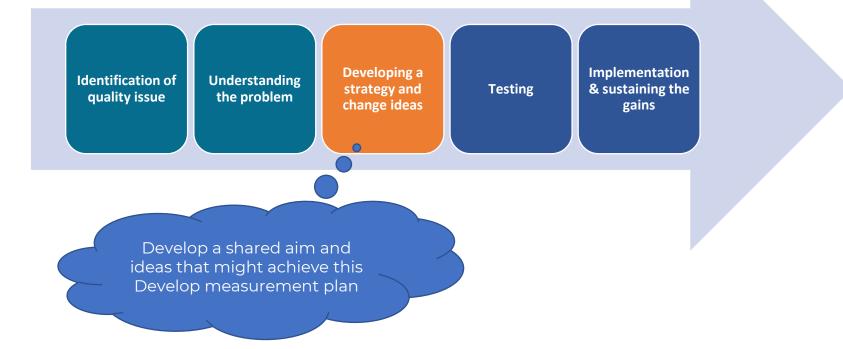


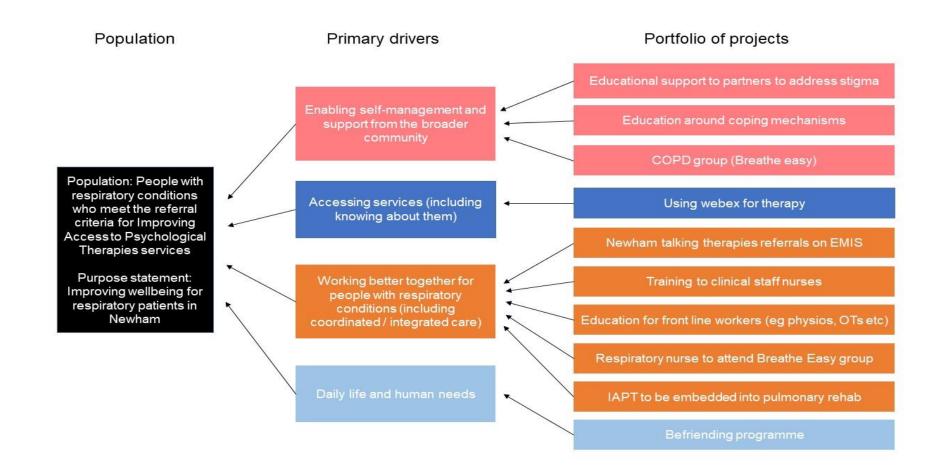
From Assets to Stakeholders

- A key stakeholder is any person (or group of people) who:
 - Is responsible for the final decision.
 - Is in a position to implement the decision or prevent it from being implemented.
 - Is likely to be affected by the outcome of the decision.
 - Has information or expertise.

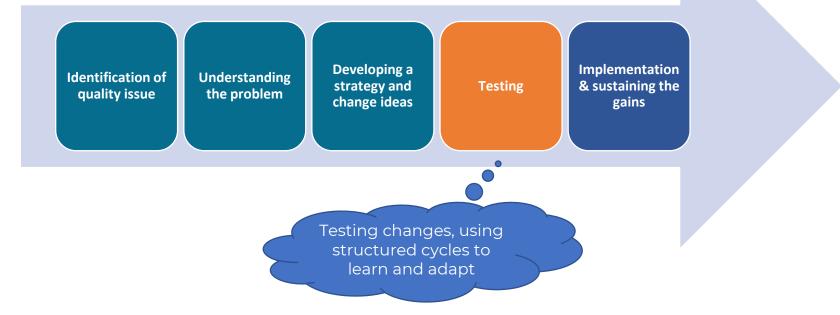
"Nothing about me without me."

The sequence of improvement

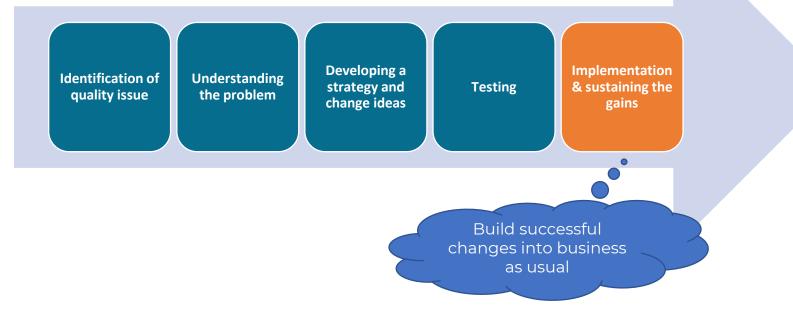




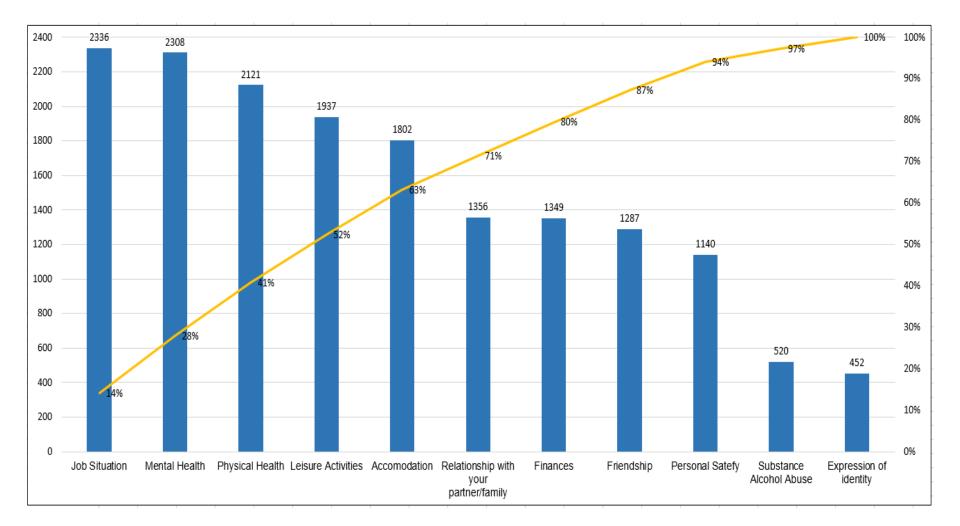
The sequence of improvement



The sequence of improvement







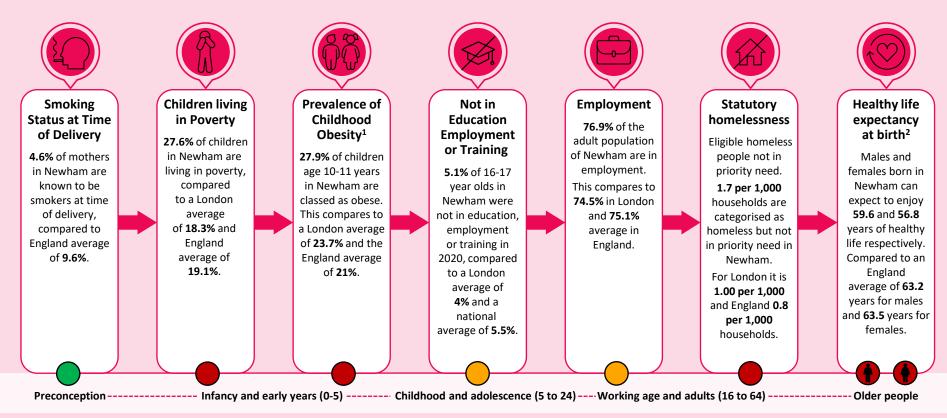


Employment

Billy has struggled to find work locally. He is not alone – there is a **63.6%** gap in the employment rate between people in contact with secondary care mental health services and the overall employment rate in the working age population. People in contact with secondary care mental health services

Population Health – Newham

On this slide we explore some of the key indicators for population health in Newham across the life course compared to the London region and England.



1. Includes severe obesity 2. indicates the average number of years that an individual is expected to live in a state of self-assessed good or very good health, based on current mortality rates.

RAG status indicates comparison with the national average; red / amber / green indicates performing statistically worse / similar / better.

East London NHS Foundation Trust provides community health, mental health and primary care services to a population of around 1.8 million people across Bedfordshire, Luton, Richmond and East London. Our strategy takes into account the changing needs and assets within our local populations, the impact	Mission What is our role in society	Strategic Outcomes What are the biggest factors that will help us achieve our mission?	Specific Objectives What do we need to work on, for each of our strategic outcomes, to achieve our mission?
		Improved population health	 Prioritise children and young people's emotional, physical, social and learning development Support service users, carers and the communities we serve to develop skills & to access meaningful activity and good quality employment Support service users, carers and the communities we serve to achieve a healthy standard of living
Improved population health	 Support good q Support Contril Champ 	rt service users, carers and t juality employment rt service users, carers and t oute to the creation of heal ion social justice, and fully	ble's emotional, physical, social and learning development the communities we serve to develop skills & to access meaningful activity and the communities we serve to achieve a healthy standard of living thy and sustainable places, including taking action on climate change commit to tackling racism and other forms of prejudice tection of illness in disadvantaged groups
		Improved staff experience Improved value	 partners Prioritise quality of care and develop our patient safety approach, applying quality improvement to all that we do Enhance our digital and data infrastructure so it works effectively in service of our teams Get the basics right through supporting our staff and teams to thrive and be happy and healthy, including worklife balance Develop and grow our workforce, offering lifelong learning, professional development and creating new and exciting opportunities for staff, service users, carers and local communities Extend the financial viability programme, engaging all in reducing waste, improving financial and environmental sustainability Work collaboratively across the system with our partners to improve value and reduce waste
NHS			

East London

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of illhealth prevention



ELFT's Marmot Mountain – Creating fair employment and good work for the citizens of Luton

Promote access to employment & apprenticeships at ELFT for service users and other disadvantaged groups by addressing potential barriers in our recruitment processes

Provide training/a skills academy for local people for jobs in health and social care

Bring meaningful employment & apprenticeship opportunities to local people

ELFT as a training & employment provider Monitor and increase the number of service users supported into good employment

Improve service user satisfaction with employment support services provided by ELFT Partner with voluntary & charitable organisations to conduct community outreach for employment support to vulnerable groups

Engage with young people to raise aspiration and promote access to healthcare careers

Engage with public & private sector employers to advocate for good quality work, mentally healthy workplaces & equitable access to volunteering and employment opportunities

Our service users

The wider Luton community

ELFT's Marmot Mountain for children and young people in Newham

Healthier Wealthier Families pilot Perinatal mental health prevention and early		Joint apprer pathway fo	r young
intervention Improving language and communication development	Supporting Headstart on mental health Improving integration of education, health and	peop ELFT anchor around local e and trai	ambitions mployment ning
Newham Family Hubs pilot	social care	Increasing aspiration/mentoring for healthcare careers	
0-5 years	5-19 years	16-25 years	
Trauma informed Social risk screening practice in clinical encounter	• • • •	Social welfare alliance training	Increase staff with lived experience

Establishing good working relationships with community partners – e.g. local authority, charitable and voluntary sector

NHS organisations are rooted in their communities. Through its size and scale, the NHS can positively contribute to local areas in many ways beyond providing health care. The NHS can make a difference to local people by:



Purchasing more locally and for social benefit

In England alone, the NHS spends £27bn every year on goods and services.





Working more closely with local partners

The NHS can learn from others, spread good ideas and model civic responsibility.



Reducing its environmental impact The NHS is responsible for

The NHS is responsible for 40% of the public sector's carbon footprint.



Widening access to quality work The NHS is the UK's biggest employer, with 1.6 million staff.

Microgrants and funding for local neighbourhood projects in the voluntary and charitable sector

Osmani Trust is a youth and community organisation working to provide a range of youth, education, employment, health and sporting initiatives for young people and adults.

Support to the bangaausin commonly for people sulfaring from moderate to severe mental illness. Osmani Trust will work directly with 30 young people and 50 adults and provide mentoring, counselling, signposting and health and wellbeing activities.



Email: info@youngandinspired.org.uk Website: https://www.youngandinspired.org.uk/

Women's Inclusive Team is a charity who listen to, and provide a strong voice for Black and Asian communities They work collaboratively with stakeholders, to address exclusion and improve access to appropriate services for communities who are impacted by higher levels of severe mental illness

The funding will be used to deliver activities to address the lack of trust, fear and overall inequality experienced by Black and Asian Communities. They will work to provide 1,200 one-to-one sessions and 864 available group s

mail: info@mindfulpeakperformance.com Tel: +44(0)7507 600 601 Vebsite: https://www.mindfulpeakperformance.com

A black-led youth mentoring organisation. Led by volunteers, the project uses mental health and working resilience tools and techniques to support participant's journey from adolescence into adulthood. They aim to equip young people from black and marginalised communities, in overcoming barriers to their progression and widening their access to opportunities.

Funding will support a year-long project, designed to engage up to 200 young people aged 10 -18 from African, Caribbean and mixed heritage backgrounds.

Email: info@thementoringlab.co.uk Tel: 0208 158 8500 Website: https://thementoringlab.co.uk/



/Women's

Inclusive

Team



mail: laura.bugby@bigissue.com Nebsite: https://www.bigissue.com/big-issue-foundation/





Contact for more details





n Newham through stimulatin activities, services and support

king to meet the health Is of vulnerable Asian elders

The funding will be used to provide support for Asian element with ery presence. A befrinding support service will be established, weekly support and activities groups will be created, an information and advice service will be developed a week as monthly sessions for a week as monthly sessions for

overcoming poverty and adverse experiences to enable them to feel more empowered with the right knowledge and skills which will allow them to live happy and fulfilling lives.

project to engage and empower 70 young women and teenage mothers.

Website: https://www.youngandinspired.org.uk/





Mindful Peak Performance is a not-for-profit enterprise dedicated to sharing a mindfulness-based approach to performance & transforming the image of mental wellbeing. They train elite athletes in mindfulness techniques who also and share their skills with disadvantaged young people experiencing severe mental Illness.

Funding will allow the training of 60 young carers in noncontact boxing and to equip them in effective mindfulness



Design at scale, test and involve people locally

Start by understanding what matters, and what contributes to good mental health and quality of life

Understand local assets

Partner

Test ideas and iterate

Move the money

Prioritise children

Redesign through coproduction

So, how can we improve population health?



Brought to you by: Hamad Healthcare Quality Institute

Thank you

Healthcare Resilience in Extraordinary Times