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Leadership Academy

A collection of health and fitness items including two blue dumbbells (one labeled '10 kg'), almonds, bananas, blueberries, a slice of orange, a yellow measuring tape, carrots, a pink water bottle, grapes, and tomatoes, all arranged on a light-colored wooden surface.

TACKLING HEALTH INEQUALITIES THROUGH POPULATION HEALTH MANAGEMENT - RESOURCE AND REFLECTION GUIDE.

TECHNIQUES TO EMBED POPULATION HEALTH MANAGEMENT APPROACHES IN DAY-TO-DAY WORK

CO-CREATED WITH EAST OF ENGLAND AND MIDLANDS LEADERSHIP & LIFELONG LEARNING, SW, SE AND LONDON.

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ABOUT THE RESOURCE AND REFLECTION GUIDE



This resource and reflection guide is designed to support the Tackling Health Inequalities through Population Health Management masterclass developed by Carter Corson Business Psychologists for NHS Leadership and Lifelong Learning.

It takes the form of a reminder of the models covered with reflective questions to challenge your thinking as you consider applying them in your own community.

We focus on the behavioural change needed to resolve health inequalities, covering; challenging the norm, influencing new behaviours and making 'we' mean me.

And don't worry, if you are interested in tackling health inequalities in your community, but have not yet joined a masterclass or are unable to, this toolkit can provide a starting point for your journey.

We hope you find it useful.



HOW DO WE BECOME EQUALLY HEALTHY?

Health inequalities are defined as avoidable and unfair differences in health status between groups of people or communities. This can include a significant difference in life expectancy between the poorest and most affluent areas, and differences between males and females. There can also be differences in health outcomes such as length of time until diagnosis, years spent in pain or living with disability, Infant mortality and mental health outcomes.

Similarly, although services can be on offer, they may not be equally accessible to all. This might be because of physical access issues due to disability or because of cultural issues that have not been taken into account. In some communities women are forbidden from being treated by male clinicians, or do not feel comfortable discussing women's issues with men.

In a world where services are increasingly accessed online, some members of the community can be at a disadvantaged as they do not have access to the technology required. This can include families sharing one laptop or people who feel uncomfortable using digital devices and/or the internet. It is tempting to make assumptions about who this might include – hopefully this toolkit will help you to explore who might struggle to access services that were designed with good intentions.

Sadly some inequalities are caused by systemic or cultural bias and exaggerated by the complexity of the health and care system. As the Integrated Care System takes shape, it is important to consider how to tackle these inequalities and how to work more effectively in collaboration. Organisational or professional boundaries should not be the reason someone dies too soon.



WHAT ARE THE PRIORITY NEEDS OF YOUR POPULATION?

HOW CAN YOU CHALLENGE YOURSELF TO BREAK THE NORM, AND BEGIN HAVING THE CONVERSATIONS ABOUT UNEQUAL OUTCOMES IN YOUR POPULATION?





HOW DO I START?



Make notes here...

WHAT ARE THE PRIORITY
NEEDS FOR YOUR PLACE?

PRIORITIES



HOW DO I START?



Make notes here...

WHERE DO YOU WANT TO
FOCUS YOUR EFFORTS TO
REDUCE HEALTH
INEQUALITIES?

CONSIDER [CORE20PLUS5](#).

FOCUS



HOW DO I START?



Make notes here...

HOW WILL YOU TARGET
THOSE WHO MAY
BENEFIT MOST?

WHO COULD YOU WORK
WITH TO TACKLE HEALTH
INEQUALITIES IN YOUR
COMMUNITY?

PEOPLE

THE CONFIDENCE TO CHALLENGE

Once you have identified what needs to change to improve health inequalities in your population:

What conversations could you have, to start challenging things?

- What are the first steps you need to take?
- What specifically do you need your population to do, think or feel differently?
- Is the change easy to explain or more complex?
- Will they see the benefit of the change quickly or over time?

The Education vs Marketing test will help you to identify if you should communicate (educate) or influence your population.



Educate

Simple behaviours

Immediate, visible benefits

No/low barriers to change



Regulate

Education & influence have failed

Observable behaviour causes serious damage to individuals or society



Influence

Complicated behaviours, with visible benefits delayed

There are preferred alternatives

Perceived barriers to change

Where does your change sit?

FIRST, LISTEN

ASK QUESTIONS YOU DON'T KNOW THE ANSWERS TO – AND LISTEN SOME MORE. THAT'S IT!



Choose the format that works for others – in person or online. Don't assume skills or access to technology



Listen to connect, not judge or reject –focus on what you both want to achieve. Then you are side by side, problem solving, not head to head in conflict.



TO INFLUENCE...GO EAST

'Nudging' change should feel like slipping into a warm bath – not being dropped into a plunge pool! These four steps are a starting point for an influencing strategy. The approach is based on social psychology and works on most people, most of the time – even when they know what you are doing. For a fuller understanding of this, if you haven't already, join an Equally Healthy workshop or research 'behavioural insights'.

Make doing the right things simple and easy, removing friction.

EASY

Make doing the right things appealing. Make communication & service feel personal.

ATTRACTIVE

Share what others are doing or valuing, particularly people like them.

SOCIAL

Remind people of agreed actions, link your change to other changes they are already making

TIMELY



LET'S TALK ETHICS



Keep your 'north star' in sight

If you are influencing people without their knowledge, please ensure that it is in their best interests.

Ask yourself:

1. Is this something they would choose for themselves if fully informed?
2. Could you explain your intention to them without embarrassment?

If the answer to either question is no, reconsider what you are doing as it is not person centred or kind and you could be acting unethically.

REMEMBER WHAT IS ALREADY WORKING



Make notes here...

Reducing health inequalities is a long term commitment – so lets recognise some of the things you're already doing.

What else could you do for them that would be useful in reducing health inequalities?

NEXT STEPS...

As an individual, team or organisation spend some time reflecting on these questions...

What actions could you take for a healthier community?

Meet up in your application challenge group as a peer coaching group in 6-8 weeks' time to support and challenge each other.

Identify any further leadership development needs – there are programmes signposted in the materials

IF YOU HAVE ANY TIME TO YOURSELF YOU MIGHT WANT TO TRY...



Info style	Title	Link / author
Book	Nudge	Thaler & Sunstein
Ted talk	Richard Thaler explaining nudge theory	https://youtu.be/xoA8N6nJMRs
Book	Atomic Habits	James Clear
Audio book	Inside the nudge unit	The behavioural insights team/Audible
Audio book	Core Insights: Behavioural Science	Warwick business school/Audible
Podcast	Inside the nudge unit	https://player.fm/series/inside-the-nudge-unit
Podcast	Choice hacking	https://player.fm/series/choice-hacking
Podcast	Saving lives in slow motion	https://player.fm/series/saving-lives-in-slow-motion

RESOURCES FROM THE LEADERSHIP ACADEMY

Resource links

[Edward Jenner](#)

[The Foundations in System Leadership; collaborating for health and care programme](#)

[Leadership Learning Zone.](#)

[Community Nurses: Getting started with Population Health Management](#)

[Population Health Management Academy - Integrated Care \(future.nhs.uk\)](#)

[Case studies - Population Health Management Academy - Integrated Care \(future.nhs.uk\)](#)

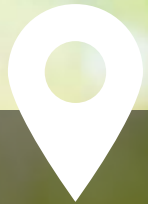




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GET IN TOUCH...

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Based in the
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across the UK



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Hello
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