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Impact on Employment Opportunities for Members of Inclusion Health Groups – the Healthcare Support Worker Access Programme

RSPH has been working with NHS England, Groundswell and Pathway to design and deliver the Healthcare Support Worker Access Programme to support people with experience of homelessness, interested in working in the NHS, into healthcare support worker roles. The three-day training:

- Introduces participants to the healthcare support worker (HCSW) role, and the core skills and values required.
- Helps learners to identify their own skills and values, in particular those required for HCSWs, and to provide evidence for them in a Skills and Values Passport, to support applications.
- Builds skills and knowledge around health and wellbeing, with learners completing the RSPH Level 1 Award in Health Improvement
- Supports learners to find and apply for vacant HCSW roles in their area

This training is being provided to six cohorts of learners with four NHS Trusts in England. From the first two cohorts, six people have successfully been recruited into healthcare worker roles in two Trusts. As well as making a significant difference to these individuals’ lives by providing them with secure and meaningful employment, the impact of this project is already providing to be wider.

For example, the Trusts involved have had an opportunity to learn about how their recruitment processes can be a barrier to people with lived experience of homelessness, and other marginalised groups. They have then been able to adapt

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them accordingly, including enabling the submission of paper CVs and applications for those who cannot navigate the online process, and reviewing how best to support people through pre-employment checks. The Trusts can take this learning forward and thereby make employment opportunities more accessible and inclusive.

The commissioners of the project point to the possible far-reaching impact of this project: *“We wanted to look at how the NHS can diversify its workforce and access the skills and experience of groups of people who previously would not have thought that a role in the NHS would be open to them. So, although the focus in this instance was on homelessness, the approach taken by the team could be replicated across any of the inclusion health groups and beyond. The project shows how people with lived experience can bring enormous amounts of skills and experience to the NHS which will help us have a more diverse workforce. This, in turn, will support us to offer better more compassionate services to others.”*

The project has also uncovered certain systemic barriers to people with lived experience of homelessness finding employment. For example, those living in supported housing risk losing their accommodation if they find employment and stop receiving benefits. Seeking to address these barriers will be a future focus for the project partners as they develop legacy plans and a sustainable model to support Trusts. Another part of the legacy planning is to develop a package of support so other Trusts can diversify their recruitment practices, potentially opening up more roles and with adaptations for other inclusion health groups.

“This project could not have been delivered in the way it has without RSPH”, we heard from the commissioner. “Their experience around training has been second to none and has been a crucial part of the project.” The project, which brought together three organisations from the VCSE sector alongside NHS England, *“has also shown the power of organisations collaborating and using their skillsets for the benefits of the whole.”*

“The three organisations have worked as such a close team. RSPH, along with the other organisations, have been amazingly flexible and have always had the outcomes of the project as the focus.”

Impact on Future Professional Practice – Public Health Placements for AHP Students

RSPH's Programmes team, as part of the Allied Health Placement Expansion Programme, was commissioned by Health Education England (HEE) to develop and pilot a tool connecting AHP students to public health placements. This resulted in 11 students from Dietetics, Physiotherapy, and Occupational Therapy backgrounds doing public health placements for the first time with 5 organisations – including a local authority, a day centre, and national health charities.

As a result of these placements, the AHP students said they had:

- A greater appreciation of how to understand and address a patient's needs holistically

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- Become more aware of the need for culturally relevant health advice and cultural humility when working with patients from minoritised backgrounds
- A better understanding of public health, including communicating health promotion messages, working in a community, and prevention of ill-health
- Greater awareness of the different settings in which their skills could be used and career paths
- Greater knowledge and understanding of particular health conditions and disabilities, and the effect they have on the lives of a patient and their family.
- Greater knowledge and understanding of the wider determinants of health, how they affect health-related behaviours, and the causes of health inequalities
- Greater insight into how organisations outside the NHS work
- Increased awareness of services and resources to which they can signpost future patients
- Improved their leadership, teamwork and communication skills
- Become more independent and better organised

The organisations where the placements took place also valued the experience, and would all be interested in hosting AHP students in the future. The benefits to them included:

- Having someone who could dedicate their time and attention to a particular project, either undertaking research or developing a resource
- Having a fresh perspective on their organisation, informed by a clinical background which might not otherwise be represented in their team
- An opportunity to shape the future practice of healthcare professionals and thereby improve the care offered to, and the outcomes experienced by, the population they serve
- Potential future volunteers and recruits – because the students had enjoyed their time on placement, they would consider volunteering for them or applying for a role there in the future.
- Raised awareness of their organisation with the students and the universities

Our project succeeded in providing proof of concept for public health placements for AHP students. We have helped to ensure they are replicable beyond the pilot by writing up the findings from our initial scoping research into the barriers to and benefits of public health placements, into a report. These were also used to shape the toolkits designed by the University of Lincoln to guide the development of public health placements for AHP students. In our final evaluation, we identified a series of actions which Higher Education Institutions, Health Education England, and professional bodies could take in order to roll these placements out more widely.

If these recommendations are implemented, we believe we will have helped to increase the placement capacity for AHP students, with benefits in turn to organisations supporting health and wellbeing and the development of AHPs as the wider public health workforce.

Impact on Young People's Knowledge, Skills, Health and Wellbeing – Young Health Champions

The basis of the Young Health Champions (YHC) programme is RSPH's Level 2 Award, which has been delivered in a range of settings, including schools, prisons, and pupil referral units. As well as learning more about health improvement, the young people involved have to develop a campaign relating to health and wellbeing and share it with their peers. This then broadens out the potential impact of the programme onto those individuals and groups who interact with the young health champions and/or their campaign.

For instance, a group of students at a school in Waltham Forest chose to focus their campaign on period poverty, raising awareness of it by making and selling badges shaped like tampons. They then used the proceeds to buy menstrual products for domestic violence refuges and homelessness shelters.

When the YHC programme was introduced to young offenders' institutions, the young champions decided to focus on healthy eating and physical activity, by developing understandable nutrition advice and helping people feel more confident in using the prison gym. This led to a 200% increase in the use of the gym. Anika Pepper, who works in the prison, said that as well as building their knowledge around health and wellbeing, "*the Young Health Champions programme made a huge difference to the young people's confidence and communication skills.*" After prison governors asked a YHC standing at their mental health stand about the campaign, the young person said that before taking the qualification, he would have frozen in this situation, but the public speaking element of the course had prepared him well.

The YHCs have also gone on to: provide support to peers in an in-patient unit, for which they received a national award; deliver the healthcare induction to all young people arriving at the prison; and put on activities to engage peers at risk of self-harm and self-isolation. They have also supported the delivery of Hepatitis C testing, achieving a 100% screening rate in two of the institutions where YHCs are based. Because the young champions have the trust and respect of their peers, they are far more effective at delivering health messages, and thereby improving outcomes at scale, than authority figures would be.

In a survey of 105 Young Health Champions trained over the 2018-19 academic year:

- 98% agreed that taking part in the programme had improved their knowledge of healthy behaviours
- 86% agreed that taking part in the programme had made them more comfortable talking about health with their peers
- 71% agreed that they now felt comfortable talking in public about health and wellbeing
- 86% had gone on to provide support around health and wellbeing to at least one of their peers
- 73% agreed that taking part had helped them to develop skills that would be useful for the career they wanted to pursue in the future

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An internal evaluation of the Young Health Champion Programme delivered by Wigan Council similarly found:

- Over 90% of the young people trained experienced an increase in confidence
- Over 90% have changed their behaviours including reducing smoking and increasing physical activity
- 95% of the Young Health Champions said they were now aware of the local health and wellbeing services available and felt able signpost friends and family to them.

Impact on Professionals' Confidence and Competence to Talk About Mental Health – MECC for Mental Health

Make Every Contact Count (MECC) for Mental Health grew out of the NHS Long Term Plan and the intention to significantly expand the mental health workforce. Without either the capacity to create a large number of new specialist roles nor the evidence to suggest this was the most effective approach, it was decided instead to upskill frontline health and care professionals to confidently integrate mental health and wellbeing conversations into their routine clinical practice. This would, it was hoped, ensure service-users had a positive, supportive interaction in which their mental health and wellbeing was recognised as important, and, where required, they could be quickly referred to specialist services.

RSPH was commissioned by Health Education England North West to design and cascade MECC for Mental Health training across the North of England. 12 Lead Trainers and 100 Trainers from 83 organisations in primary and community care organisations were recruited and, by May 2022, had delivered the training to nearly 1,100 individuals.

From the commissioners' perspective, the project benefited from RSPH's experience in developing evidence-based training with good quality assurance structures, and their knowledge and skills around public health, which was expressed in the team's concerted effort to engage with stakeholders. The commissioners also felt that MECC for Mental Health differed from other mental health training offers because of its biopsychosocial model and because it combined brevity with a strong evidence base. This meant it was highly appropriate for the target audience, because the delivery focused on what was realistic, achievable and actionable for the frontline healthcare workforce.

The professionals who received the training came from a range of settings and services, including dental practices, primary care, social prescribing, community health promotion, sports and fitness, childcare and education. Between them, therefore, they engage with a diverse cross-section of the population, in the form of service-users, colleagues and personal networks. It is hoped that, by achieving such a broad reach across the healthcare system, the MECC for Mental Health programme will achieve culture-change in how conversations about mental health are approached.

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On average, each participant involved in the evaluation reported seeing 12 patients or service users per fortnight who would benefit from talking about their mental health and wellbeing. Therefore, the MECC for Mental Health training programme could have an influence on over 13,000 interactions every 2 weeks.

The independent evaluation of MECC for Mental Health found statistically significant increases in participants' capability, opportunity, and motivation to have conversations with people about their mental health and to refer people for further support. The follow-up stage of the evaluation also found a statistically significant increase in the number of conversations about mental health and wellbeing which participants were having, compared with before the training. At the follow-up, more than three quarters of participants reported they were now signposting, asking open questions, listening reflectively, asking people twice if they were ok, responding empathetically, and avoiding using stigmatising language.

By using a cascade model, the programme has also built capacity in local organisations. Alicia Clare, one of the Lead Trainers and director of Bluesci Support, a community health and wellbeing service, commented that *"for the trainers, they've learned a whole new set of skills and they've grown in confidence. For Bluesci, as a third sector organisation, having a number of MECC for Mental Health trainers on our team means we now have a training arm to our organisation which we didn't have before. So that strengthens our position as an organisation, as well as bringing real value to the community we serve."* Bluesci have also gone on to work with RSPH to develop a MECC for Menopause module.

As the project has gone on, the commissioners have seen the system not only show increasing interest in receiving the training but also in tailoring it for condition-specific pathways. As a result, the programme has been adapted for stroke pathways, and for cancer settings in partnership with the Greater Manchester Cancer Alliance and the Christie NHS Foundation Trust. Practice education facilitators have also shown an interest in the training as a way of supporting students and thereby meeting their objectives around retention. Ultimately, the commissioners would like to see MECC for Mental Health incorporated into the core induction training for all frontline healthcare staff.

Impact on the Wider Determinants of Health – Community Spirit

The Programmes team worked with Locality and several community organisations in areas of high deprivation to develop and test a framework for measuring and improving community spirit. The conceptual framework outlined characteristics of community spirit, indicators to measure them, and qualitative and quantitative methods to do so. The toolkit also contained step-by-step guidance on how the framework could be applied as part of a process of community engagement.

One of the local organisations involved in the project, Darnall Well Being, hosted a Fun Palace day to discover local residents' views on their area's community spirit. Visitors to the community allotment were asked to write what 'community' meant to them on paper luggage tags and to hang them on a fishing net. Darnall Well Being

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also asked people to answer that question, either in their own words or with an image, in an activity pack sent to their service-users with dementia and their carers. Those responses were compiled together in a book while the local Library and Archives Department has kept the fishing net and tags in their collection as an artefact recording how local people experienced the COVID-19 outbreak. Nearly two years later, Darnall Well Being are planning an interactive activity on community spirit as part of their AGM (which normally attracts up to 200 service-users and community members).

In testing the framework, the five community organisations involved in the project said the tool provided them with:

- A way of demonstrating their impact on a collective good, not just individuals' outcomes, which can in turn help them secure funding.
- A measure which can show change over time, and between localities, so that statutory organisations can develop strategies to improve community spirit, including planning where to locate services and as part of commissioning processes.
- A nuanced lens which shows how certain aspects of community spirit might be stronger in an area than others, which can accordingly provide a steer for community-building efforts. For example, one community organisation identified a lack of integration between two religious' communities; another noted a lack of integration of people from UK minority ethnic backgrounds; and a consultation using the framework undertaken by a third organisation revealed isolation of older people and those with disabilities.

As one of the participants explained, the project *“gave us an awareness of community spirit as something tangible and measurable – something we could use to better understand our own local impact but also the dynamics of the community that we work in. So it wasn't just ‘this is something we're doing or producing’ but something that the community is doing for itself, something that arises out of the interactions that local people have and the support they give to each other”*. The project also *“helped us to articulate the importance of community spirit [...] and it really helped that the framework was coming from a credible organisation like RSPH”*.

Since publishing the toolkit, other health and wellbeing and community organisations have found it useful not only to measure the community spirit in an area but also as a means of measuring the impact of the community spirit that an organisation intentionally nurtures to support wellbeing.

Impact on System-Working for Financial Inclusion

Working with Mark Gamsu, Professor in Public Health at the University of Sheffield, RSPH was funded by the Health Foundation to help local health and care organisations understand the scale of financial insecurity and how this affects people's health and wellbeing.

This work has particularly picked up momentum in Hull, where the council's public health team were looking to establish a Financial Inclusion Network which would

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serve as a vehicle for effective cross-sector working to improve residents' financial wellbeing. To support this work, RSPH and Professor Gamsu have played a facilitation role, leading regular workshops and bringing together stakeholders from across the system – those working in the financial inclusion field and healthcare colleagues. Together they have been exploring the challenges people with financial insecurity face and what tools are needed to reduce health inequalities related to finances.

Professor Gamsu hopes that the Network will prove able to “*develop a different narrative that empowers people, in particular clinicians, to take an asset-based approach*” to supporting people whose health condition makes them vulnerable to financial difficulty and whose financial insecurity is a risk factor for ill-health.

RSPH have also connected the network to external organisations, speakers and researchers so that the work in Hull is informed by examples of good practice from outside the region. This has helped the partners in the Network, according to the council's public health lead on the project, to “make informed choices and decisions based on evidence, insight and intelligence”.

By embedding financial inclusion into system-level strategies, bringing a range of different partners together, and raising the profile of financial insecurity as a risk factor for health, the Network has mobilised several innovations and initiatives to improve financial inclusion in the city.

These have included:

- Securing the inclusion of financial insecurity into the Health and Wellbeing Board's refreshed strategy, with a recommendation for local economic strategies to embed inclusive growth to tackle income inequality, food poverty and digital exclusion.
- Embedding financial inclusion into the City Council's Health Inequalities Framework and the Health and Wellbeing Board's action plan to reduce mental health inequalities.
- Training in suicide prevention for 140 DWP Work Coaches, Disability Employment Advisers and Support Partners
- Improved data-sharing and data collection on debt and its effects - for example, there are now questions about debt and gambling included in suspected suicide reports, which will enable the public health team to establish whether these are significant risk factors for suicide in the area.
- Commissioning a Poverty Truth Commission to understand the nature of poverty in the city, identify some of the underlying issues, and to explore creative ways of addressing them.
- Developing links with employers and social prescribers to raise awareness of financial insecurity and how to access support.

One of the advantages of RSPH taking a facilitation role is that its independence can encourage particular stakeholders, who might otherwise be reticent about a council-owned project, to participate in the network. The council's public health lead on the project described how RSPH has been able to raise the profile of the network, served as a “catalyst for engagement”, and enabled place-level co-ordination: “many

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multiagency partnerships and networks already operate in Hull, but RSPH provided an independent voice across this agenda”.

Impact on National Health Improvement Infrastructure – Healthy Living Pharmacies

RSPH has long recognised pharmacy teams as an important part of the wider public health workforce – their accessibility and locations in the heart of communities mean they have an opportunity to promote and protect the public’s health, reaching people who might otherwise avoid primary care. Accordingly, RSPH supported the development of the Healthy Living Pharmacy quality criteria, including the training requirements on leadership and health promotion.

To become accredited as a Healthy Living Pharmacy (HLP), community pharmacies had to deliver enhanced services in line with local health needs; have a dedicated health promotion zone; engage with stakeholders, including GPs, in order to collaborate on improving public health; and have a dedicated Healthy Living Champion (HLC). HLCs are a non-pharmacist member of the team who has completed the RSPH Level 2 Award in Understanding Health Improvement. Over 9,500 community pharmacy employees have achieved this qualification equipping them to identify local health and wellbeing services available and health needs within the community, and to deliver health and wellbeing services within the pharmacy.

Healthy Living Champions have been found to be pivotal to the successful transformation of pharmacies to HLPs by motivating staff, networking and collaborating with local pharmacy teams in community outreach projects, and supporting the continued engagement with the HLP project.¹ Research with HLCs has also found that they feel to have benefited personally and professionally from taking on the role, and that they have seen improvements in service-users’ health as a result of their interventions.²

RSPH was also commissioned by Public Health England to establish a national registry, develop and deliver a quality assurance process to support the profession-led self-assessment for Healthy Living Pharmacy Level 1, and to develop a remote portfolio review system. Since being a Healthy Living Pharmacy is, as of 1 January 2021, an essential requirement for all community pharmacy contractors in England, RSPH has thus played a pivotal role in developing the health promotion capacity of all pharmacies in the country.

The impact of this scheme on the public’s health has, in turn been wide-ranging:

- An evaluation of the Healthy Living Pharmacy scheme in Birmingham estimated that the HLPs’ minor ailments consultations could be saving the NHS £2 million per year in reduced GP visits. That study also found that Healthy Living Pharmacies were more effective at engaging people from the

¹ Brown D, Portlock J, Rutter P, Nazar Z. From community pharmacy to healthy living pharmacy: Positive early experiences from Portsmouth, England. *Research in Social and Administrative Pharmacy*. 2014;10:72-87.

² Rutter P, Vryaparj G. Qualitative exploration of the views of healthy living champions from pharmacies in England. *Int J Clin Pharm*. 2015;37:27-30.

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most deprived quintiles, UK Minority Ethnic backgrounds, and the long-term unemployed in smoking cessation services.

- When the researchers turned to service-users' experience of Healthy Living Pharmacies, they found high levels of satisfaction: 87% agreed they would prefer to go to the pharmacy for this type of advice; 96% said the advice they received had helped them to take better care of themselves; and 99% would recommend the service to others.
- Other research has found that pharmacy contractors believe that becoming a Healthy Living Pharmacy has helped increase their income, increase service use, and improve staff productivity. A national evaluation found that 20% of those using an HLP service would not have sought help elsewhere, and 60% would have made an appointment with a GP. By extending the services that pharmacies can offer, therefore, HLPs both reduce the burden on general practice and support early intervention and therefore improved health outcomes.

One community pharmacy provider involved in the Healthy Living Pharmacy programme explained:

"HLP is now part of the community pharmacy contract which means that every pharmacy has to meet HLP criteria. I think this has raised the profile of community pharmacy with commissioners - showing that pharmacy teams are about much more than dispensing prescriptions and selling cough mixture! The commissioners I talk to have always been excited about HLP; they encourage pharmacies to promote public health and signpost into their local health and wellbeing services. Many commissioners are now thinking of pharmacy when they have a new service, programme or initiative which has to be good for all - pharmacists, their teams, commissioners and the public."

Impact on Communities' Resilience to Alcohol Harm

Communities In Charge of Alcohol (CICA) is a bespoke asset-based community development approach to reducing alcohol harms, tailored to the themes identified by the Greater Manchester Alcohol Strategy. Rolled out across nine boroughs of Greater Manchester from 2017, CICA was the first time that a devolved UK region had attempted to coordinate an approach to building health champion capacity, presenting an opportunity to achieve impact at scale.

CICA takes an asset-based community development approach to reducing alcohol harm in specific, targeted geographical areas through: firstly, engaging volunteers or 'alcohol health champions' (AHCs) and providing them with the tools, knowledge and capability to deliver brief interventions with friends, family and neighbours. Secondly, CICA provided volunteers with greater understanding of licensing processes to empower them to engage in conversations with licensing authorities to address local concerns and needs.

RSPH delivered a 2-day Train the Trainer programme, using our Level 2 Understanding Alcohol Misuse qualification, supplemented by additional training focused on licensing policy in England. The aim was to build community capability to

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reduce alcohol harm by establishing an initial cohort (first generation) of five AHCs per locality. Utilising a cascade training model, this initial cohort aimed to train a further 30 AHCs (second generation) in each locality over the course of 12 months.

In the first 18 months, 123 new health volunteers were trained as AHCs and across 5 of the 10 boroughs:

- 65 community events were organised
- AHCs had 1,129 conversations about alcohol harms
- 249 alcohol use disorder identification tests (AUDIT-Cs) were completed

Several AHCs had also reported issues to local licensing leads and had raised awareness of local licensing powers within the community. This part of the training “really opened people’s eyes up to what was possible”, according to one of the programme managers, as people had not realised they could have any influence over licensing decisions.

The first clearly visible level of impact of CICA was on the AHCs themselves, many of whom had had experience of alcohol harm, either directly or through a friend or family member. The benefits which AHCs experienced included: increased confidence; developing positive, supportive friendships; widening social networks; reduced personal levels of alcohol use; and progressing into further training, education or employment. Being able to complete an accredited qualification from RSPH was part of what made the AHC training so transformative for these individuals, as it opened up new employment opportunities for them.

The local authorities also benefited from RSPH giving them ownership of the training and resources in order to embed the programme and make it sustainable. One of the programme managers explained, *“It was a great approach and all the materials were really comprehensive. We needed RSPH to provide that central seed, and then we could run with it locally and were able to respond to local needs.”* This has meant that Wigan Council, for example, has been able to expand the programme in terms of the geographic area and number of AHCs; find new ways to market it (via Facebook); and new partners to deliver the training.

As a result, the council has strengthened their partnerships with and between the area’s drug and alcohol treatment provider and health improvement provider. The public health team has also been able to work more collaboratively with the licensing team within the council as, because of CICA, they have developed a sense of shared objectives.

Wigan council also describe the benefits of having direct engagement with people who have experienced alcohol-related harm and being able to offer them a positive step forward through the qualification and community support. For Wigan, the plan for CICA is to expand it to more and more areas of the borough so that the programme can have a true population-level impact. This has, ultimately, been made possible by RSPH’s use of the cascade training model and empowering communities to take ownership of the programme.

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