Supporting the system workforce to improve outcomes for inclusion health groups

INCLUSION HEALTH CHAMPIONS

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Introduction:

As part of the East Riding Health and Care Committee (ER H&CC) Inclusion Groups Programme, we are working to increase knowledge and capability of the workforce around working with inclusion health groups. This is in line with the NHS Inclusion Health Framework [NHS England » A national framework for NHS – action on inclusion health](#)

Over the past year of the programme, I have led on the co-design of a Champions scheme for staff and volunteers across the system. The role is *'a voluntary role that involves championing and acting as an ambassador for Inclusion Health across the East Riding… an opportunity for those with drive to improve outcomes for those from Inclusion Health groups, to embed ways of working into their everyday practice.'*
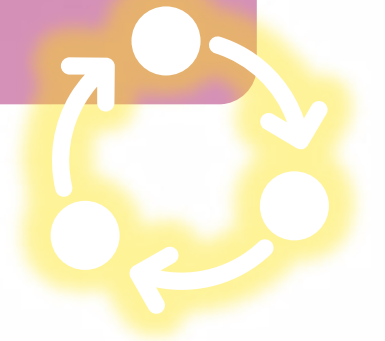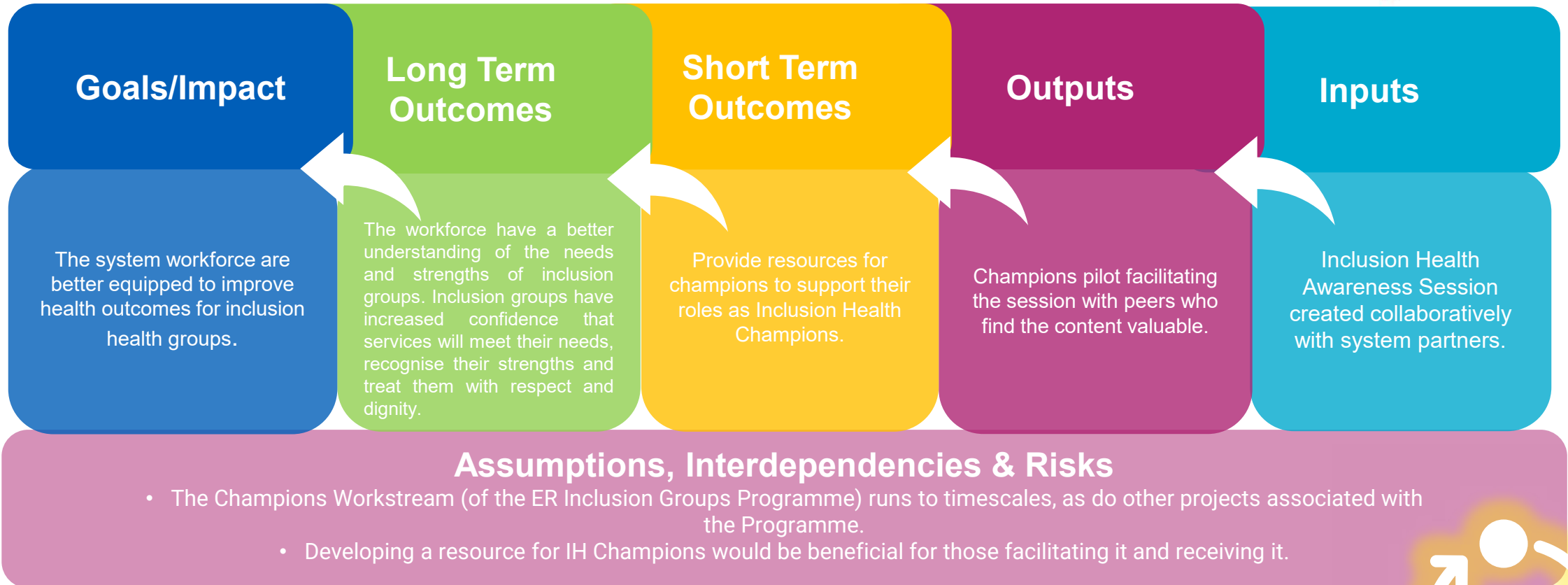
Project Summary:

To ensure success of the champions scheme, it was collectively identified that:

- we provide tools to support champions in their role,
- there are clear expectations of the role (and this feels manageable alongside workload),
- champions feel like they are having a meaningful impact.

Therefore, this project focuses on developing a 'pre-prepared' Inclusion Health Awareness Session for Inclusion Health Champions to facilitate in the East Riding. This would the assist Inclusion Health Champions in supporting the wider workforce to work positively with and improve outcomes for people from inclusion health groups, whilst acknowledging the challenges in capacity our workforce is experiencing.

"*We don't have to engage in grand, heroic actions to participate in the process of change. Small acts when multiplied by millions of people can transform the world.*" – Howard Zinn

Theory of Change:

Goals/Impact

The system workforce are better equipped to improve health outcomes for inclusion health groups.

Long Term Outcomes

The workforce have a better understanding of the needs and strengths of inclusion groups. Inclusion groups have increased confidence that services will meet their needs, recognise their strengths and treat them with respect and dignity.

Short Term Outcomes

Provide resources for champions to support their roles as Inclusion Health Champions.

Outputs

Champions pilot facilitating the session with peers who find the content valuable.

Inputs

Inclusion Health Awareness Session created collaboratively with system partners.

Assumptions, Interdependencies & Risks

- The Champions Workstream (of the ER Inclusion Groups Programme) runs to timescales, as do other projects associated with the Programme.
- Developing a resource for IH Champions would be beneficial for those facilitating it and receiving it.

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The story so far...

The beginning - Inclusion Health:

I would not be doing this project justice, if I didn't use this report as an opportunity to inform readers about inclusion health and why our work in this space is so important and why this project was necessary. Inclusion health is an umbrella term used to describe people who are socially excluded, who typically experience multiple overlapping risk factors for poor health, such as stigma, discrimination, poverty, violence, and complex trauma. This may include people who experience **homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system and victims of modern slavery.**

People are at the heart of this project. People experiencing significantly poorer health than the rest of the population, who deserve better. And the people working in services across the East Riding of Yorkshire, who are passionate about making a difference, but challenged by system pressures.

Here are some examples from the recent Inclusion Health Needs Assessment* (conducted by East Riding of Yorkshire Council Public Health Team) to give some brief context to Inclusion Health in the East Riding:

10.2% of people identifying as Gypsies or Irish Travellers reported their health to be 'bad' or 'very bad', almost twice the proportion reported by the overall East Riding population.	70% of rough sleepers were recorded as having drug use treatment needs and almost 60% excessively using alcohol.	Stigma surrounding sex working has meant that people often withhold this identity and may not feel comfortable engaging with health services.	Language barriers are a significant issue for residents where English is not their first language (Goole in 2024), impacting their ability to understand and use healthcare services effectively, highlighting a need for better communication and support.

*You can view lots of useful information and find the IHNA here on these pages that HEY Smile worked with us on: Inclusion Health | Inclusion Health | Resources | VCSE news & resources East Riding

East Riding Inclusion Health Champions:

The East Riding Health & Care Committee Inclusion Groups Programme aims to improve access and experience of services for inclusion health groups within the East Riding. The development of the champion's scheme* contributes to the East Riding Inclusion Groups Programme's overarching outcomes:

Providers of services have a better understanding of the needs and strengths of inclusion groups	Representatives of inclusion groups and people with lived experience are involved in decision making and feel their input is valued	Inclusion groups have increased confidence that services will meet their needs, recognise their strengths and treat them with respect and dignity

These recommendations led to the concept of an Inclusion Health Awareness Session…

*If you are interested in finding out more about the champion's scheme or signing up, please visit this page: East Riding Inclusion Health Champions - Humber and North Yorkshire Health and Care Partnership

The Middle - Awareness Session (initial research):

Though this project does not specifically provide in-depth 'training' it raises awareness of a topic and offers signposting to further information and training. It will also provide opportunity to use common language across the system regarding inclusion health. There are some examples of fantastic train the trainer models across varied provision in England that I explored initially:

- **KUF Training – Training** is a brilliant example of a train-the-trainer model which has worked well to upskill the workforce regarding working with people with Complex Emotional Needs, delivered in partnership with a person with lived-experience. It must be noted that KUF is a much more in-depth training programme, but there are aspects of the learning from this which have been considered in the development of this project.
- **Mental Health First Aid and ASSIST** are further examples of widely known train-the-trainer models.
- **Time to Change Champions** across England received central training to become confident in story and message sharing at events, on social media and within their organisations. This contributed to challenging stigma, which is also an important part of our work in supporting people from inclusion groups more effectively.
- **The Young Health Champions** scheme has been very successful at Withernsea High School, where champions shared information in assemblies with fellow pupils to increase awareness of health and wellbeing https://www.rsph.org.uk/our-work/programmes-hub/young-health-champions.html

It was also important to consider the learning styles (visual, auditory, read/write, and kinaesthetic) and ensure that the awareness session included content that would be engaging for all participants in some way. This led to exploring various mediums of content for the session, such as videos, activities, discussion and reflection pauses.

Awareness Session - Content:

Through early discussions with system colleagues, it was initially envisaged that the awareness session might cover topics such as:

Introductions & learning outcomes	The role of IH Champions	Intro to IH and potential impact	Signposting - Where you can learn more and access support
Videos from services	Case studies and testimonials (sharing good practice from across the system)	Problem-solving team activities, using case study examples	Reflection opportunities

Awareness Session – content development:

Inclusion Health needs Assessment: As time went on, and through conversations in the ER IG Programme Meetings, I began to realise how important the awareness session could be as a catalyst to sharing and actioning the recommendations of the Inclusion Health Needs Assessment. This also brought an opportunity to bring the session to life, with data and experiences that shaped the report and to share the findings in accessible format for staff.

Good practice examples: It became apparent also that it would be meaningful to give specific examples of good practice from across the system. I took the opportunity to network and identify system partners who could offer case studies. When finalised, these case studies will be shared with Champions and hosted on the below linked page. I will continue to gather these through the Champions Network in the future.

Resources: I worked with HEY Smile to populate these pages Inclusion Health | Inclusion Health | Resources | VCSE news & resources East Riding which supports the champions scheme itself, and the awareness session. I also developed an induction pack for the Inclusion Health Champions, which hosts lots of useful resources that were translatable to the awareness session.

Support to go further in your role as a champion:

Training

Improving Access to Services for Clients Experiencing Multiple Disadvantage &

Inclusion Health Education & Training – Pathway

Making Every Contact Count - elearning for healthcare

Resources:

On these web pages, you will find a whole host of useful information and resour

Multiple Unmet Needs – Trauma Informed Hull

Inclusion Health | Inclusion Health | Resources | VCSE news & resources East I

NHS England » Inclusion health groups
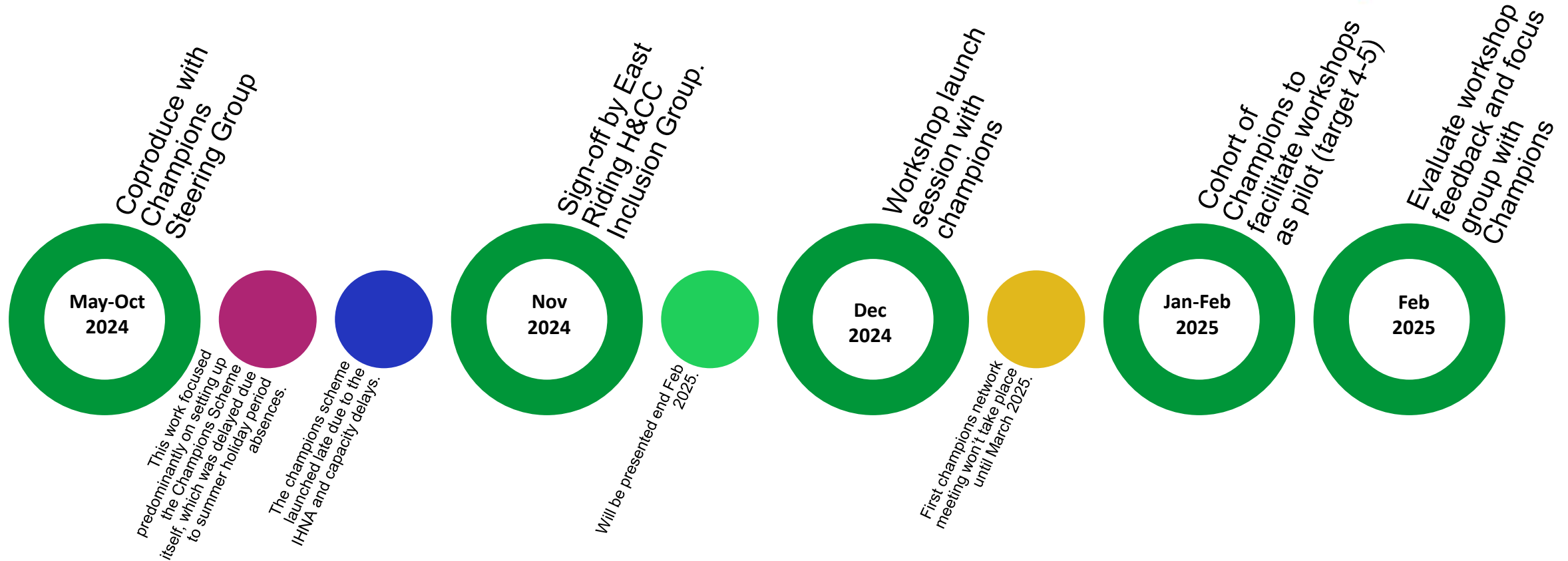
Inclusion Audit - Friends, Families & Travellers

My role in tackling health inequalities: a framework for allied health professional

Networks and Forums:

There are several networks and forums you might be interested in joining, such
- Inclusion Health Community of Practice – gilda.nunez@nhs.net
- NEYH migrant health group cathie.railton@dhsc.gov.uk
- Faculty for Homeless and Inclusion Health's Outreach Subgroup George Clar
- East Riding Population Health Community of Practice (broader than inclusion
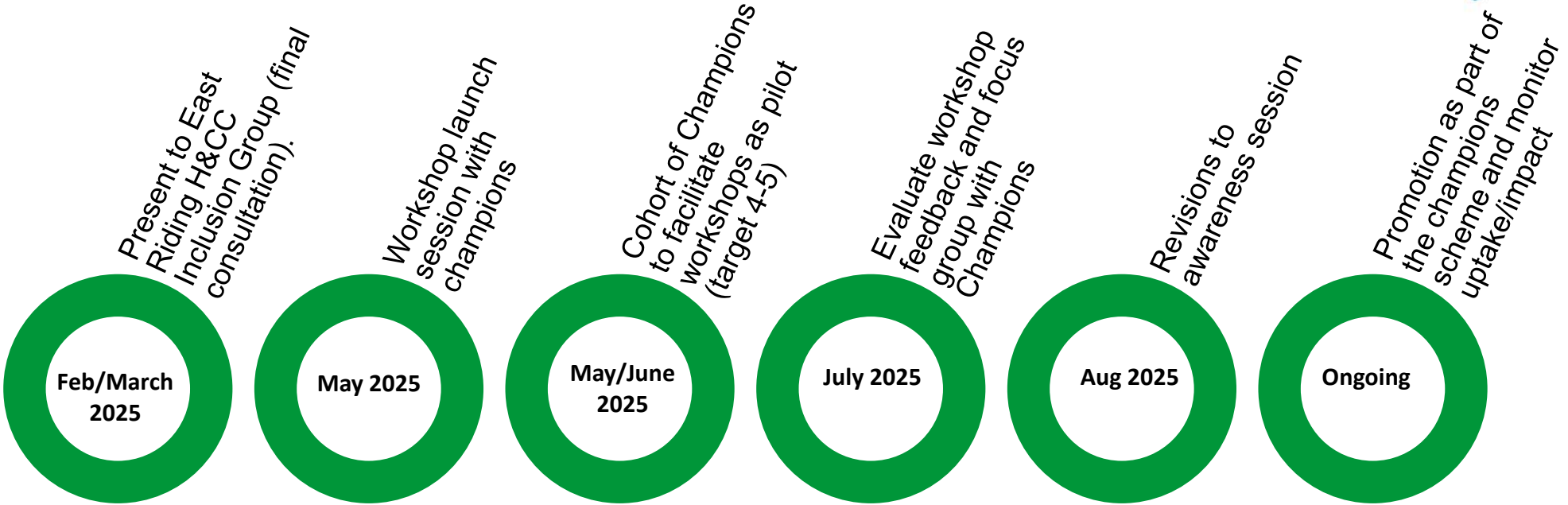- HNY Inclusion Assembly rachel.mccafferty4@nhs.net

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Not 'the end'… just yet!

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May-Oct 2024 — Coproduce with Champions Steering Group

This work focused predominantly on setting up the Champions Scheme itself, which was delayed due to summer holiday period absences.

The champions scheme launched late due to the IHNA and capacity delays.

Nov 2024 — Sign-off by East Riding H&CC Inclusion Group.

Will be presented end Feb 2025.

Dec 2024 — Workshop launch session with champions

First champions network meeting won't take place until March 2025.

Jan-Feb 2025 — Cohort of Champions to facilitate workshops as pilot (target 4-5)

Feb 2025 — Evaluate workshop feedback and focus group with Champions

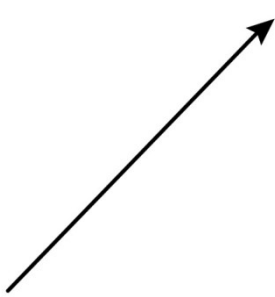Humber and North Yorkshire
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Small circles represent 'roadblocks' encountered. I had expected by this point in the year to already have rolled out the awareness session and to be summarising the evaluation phase for this report, but all hope is not lost…
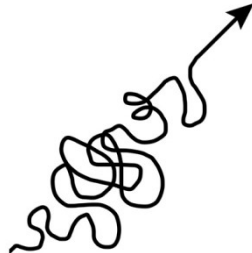
Plan B, C, D … The end is in sight!

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Present to East Riding H&CC Inclusion Group (final consultation).

Workshop launch session with champions

Cohort of Champions to facilitate workshops as pilot (target 4-5)

Evaluate workshop feedback and focus group with Champions

Revisions to awareness session

Promotion as part of the champions scheme and monitor uptake/impact

Feb/March 2025

May 2025

May/June 2025

July 2025

Aug 2025

Ongoing

SUCCESS

SUCCESS

what people think it looks like

what it really looks like

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Outcome Measures

Initially, the outcomes I hoped to evidence were:

Awareness raising & understanding of IH in the workforce	Faciliation as part of champion role	Informing service developments
• Feedback from workshop participants (rating scales scoring) • Number of staff who have engaged in a champion led-workshop (target 40 in pilot)	• Champions evaluation focus group would explore; feasibility (alongside workload), facilitator experience, personal development, additional support needs etc.	• Number of actions teams have recorded via feedback forms (target 4 team actions during pilot)

Long Term Impact: improved health outcomes for people from IH groups (non-measurable during fellowship project period).

but then...

Unexpected Outcomes

Though the project has not yet been completed and the outcomes on the previous page have not yet been achieved, it is not all 'doom and gloom', as along the way I have taken note of some **unexpected positive outcomes** as follows:

Theme	Outcome
System connections & Collaborative working	Throughout this project I have developed my system connections by bringing people together to create something important, which has strengthened the project and benefitted me professionally in my health inequalities role in many ways. I was keen from the outset to understand the needs of the VCSE in this work and involve partners from a wide range of community organisations to shape it. This has led to connections on other pieces of work, and I trust that these relationships will continue to flourish over time and hopefully lead to further collaborative efforts.
System influence	I have been in contact with colleagues working on inclusion health in other areas who were interested in the Champions scheme and the work we have done in East Riding. This means that hopefully the project will eventually have much greater reach across the system. We have also welcomed colleagues to sign up to the Champions scheme who work for organisations covering a wider geography than just the East Riding, already extending the reach of the work.
Awareness raising	Whilst promoting the Inclusion Health Champions Scheme, I realised I had a great opportunity to feed in some of the ideas from the awareness session as a pre-pilot. This meant that during promotional webinars, I was able to educate and share key information about inclusion health in East Riding, which was well received! The development of the scheme itself was a catalyst for us creating the ICB webpage and the HEY Smile resource pages, which gave us a way of sharing some of the (extensive) needs assessment content in an accessible way which will increase its impact in the future.

Learning from 'road-blocks'

Challenge	Learning
Interdependencies and timelines	Mobilising the Inclusion Health Champions scheme required more of my capacity than I had initially expected. There were also delays on other pieces of work such as the Inclusion Health Needs Assessment (IHNA) which was a key interdependency. For context, here is a summary of some of the challenges experienced in the development of the IHNA, as one example of a 'road-block': • Aligning the assessment with multiple ongoing strategic priorities. • Given the broad scope of Inclusion Health and the need for meaningful consultation, they had to engage a wide range of stakeholders, including partners from health, housing, and VCSE in a range of different formats, often using initial connections to put them in contact with other systems partners who were also key to informing the needs assessment. This naturally extended the timeframe as they worked to ensure that all voices were heard and reflected in the findings. • Another factor was data availability and integration. Accessing and synthesising relevant data from different sources took longer than anticipated, particularly when working across agencies with different systems and reporting structures. Ensuring the data was up to date and accurately represented the needs of inclusion health populations required additional time for validation. • Staffing capacity and competing demands across teams played a role. Many of the colleagues involved in the needs assessment were also leading on other high priority areas, which sometimes slowed progress. • These delays however ultimately allowed for a more thorough and collaborative process, strengthening the final output. Lessons learned which will be taken forward into phase II of the IHNA. It was not problematic that the Champions scheme was delayed at this point, it was important that it was launched at the right time, and it has been successful to date. However, this unfortunately impacted on the timeline for the Awareness Session Project. As much as we can influence and lead across the system, sometimes other related projects experience their own 'road-blocks' and you can only mitigate what is within your control. For a fellowship-type project in the future, I would opt for a project that is distinct from an existing workstream. I am fortunate though that this project naturally forms part of my day-to-day role, and I can continue to work on this beyond the end of the fellowship period.

Learning from 'road-blocks'

Challenge	Learning
Coproduction, involvement & buy in	If you want buy-in from partners to support a project, collaboration and coproduction cannot be underestimated. Though, real coproduction takes a long time and lots of investment. When you are up against timescales determined by others, it is likely you could be derailed by other agendas and need to take short-cuts to truly involving people. I resisted taking short-cuts and instead took a step back. I have subsequently identified an alternative means for coproduction through this project. I plan to engage with the initial cohort of Champions to finalise the Awareness Session before it is launched. I will then be able to work with the Champions to understand their experiences of facilitating the session and continue to develop it in the future. I am also passionate about supporting people with lived-experience to be involved in projects that impact systems change and I have made some connections that will support me to weave this into the Champions scheme and hopefully the awareness session in the future too.
Champions scheme as a catalyst for change	As mentioned above, the delay on the champions scheme had a huge impact on the timeline for this project. However, I knew the importance of stabilising the champions scheme first, before moving onto embedding the awareness session pilot, as this was the real enabler of change. Despite feeling at times like I was walking a fine line of 'getting it done' in the planned timeline vs. 'doing it right', I knew after assessing the risks that this was a situation where patience would pay dividends. I could have again rushed to launch the awareness session at the first network meeting in March 2025 but again upon reflection this was too soon in the champions' journeys and other things needed to take precedent. I have stayed true to my own personal and professional values throughout this project and will continue to do so as I see it through in the year ahead.

Thank you for taking the time to read my report. If you would like to connect, please contact me at: tess.owen@nhs.net