WELCOME TO

NHS Population Health Conference North

8th June 2023 - 8:00am – 2:30pm – Manchester

Conference hosted by Convenzis Group Limited

Population Health Conference North

OUR SPONSORS

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BetterPoints

Medicines & Healthcare products Regulatory Agency

Population Health Conference North

Chairs Opening Address

Dr Maslah Amin

National Clinical Advisor & Associate Director – **NHS England**

Population Health Conference North

SPEAKING NOW

Bevleigh Evans

Assistant Director of Population Health|
Aneurin Bevan University Health Board

I will be discussing…

”The Art of the Possible – My Personal Population Health Management Journey"

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Aneurin Bevan University Health Board

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ART OF THE POSSIBLE – MY POPULATION HEALTH MANAGEMENT JOURNEY

BEVLEIGH EVANS

ASSISTANT DIRECTOR FOR POPULATION HEALTH MANAGEMENT,
ANEURIN BEVAN UNIVERSITY HEALTH BOARD

@bevleighevans

MY JOURNEY..

CAME FROM PRIVATE HEALTHCARE TO START WORK IN WALES

2006

2013

Better Care Bristol

BRISTOL LA AND BRISTOL CITY COUNCIL BETTER CARE BRISTOL

2014

2016

NHSE - HEAD OF CARE MODEL DESIGN

NHSE - HEAD OF POPULATION HEALTH MANAGEMENT

2019

2022

ASST DIRECTOR FOR POPULATION HEALTH MANAGEMENT, ABUHB

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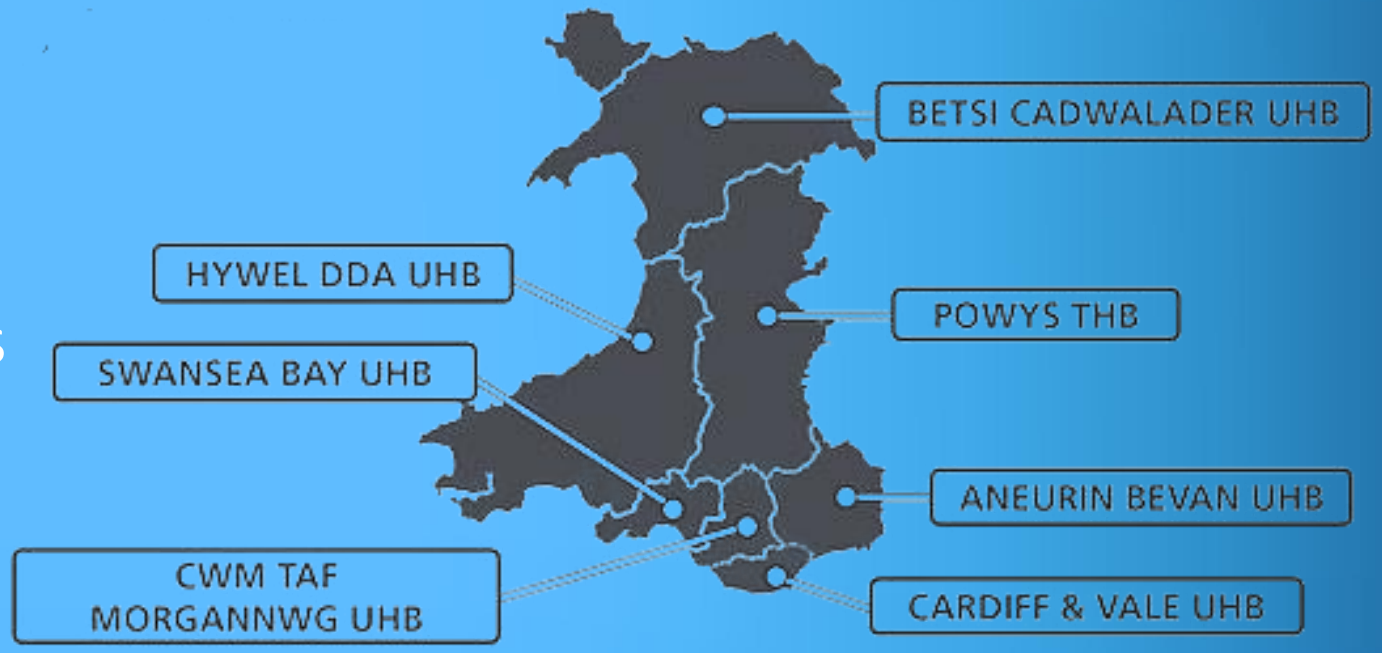
THE NHS IN WALES

- 7 HEALTH BOARDS, NO INDIVIDUAL PROVIDER ORGANISATIONS
- DPH FULL MEMBER OF BOARD
- ENCOMPASSES PUBLIC HEALTH TEAM (OCTOBER 2022)
- POPULATION HEALTH ORGANISATIONS
- PUBLIC SERVICE BOARDS
- FUTURE GENERATIONS ACT



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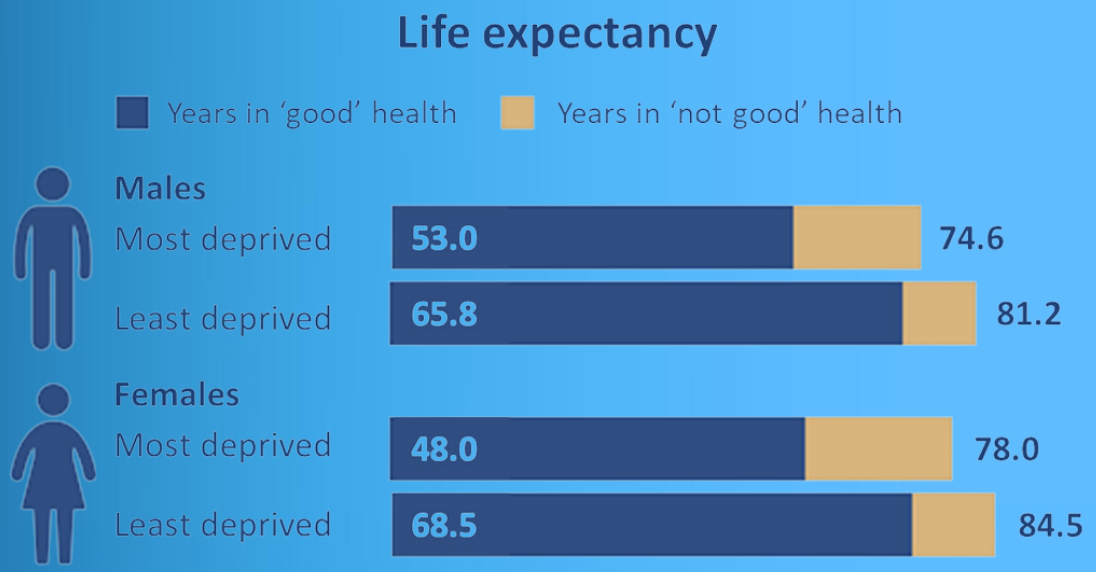
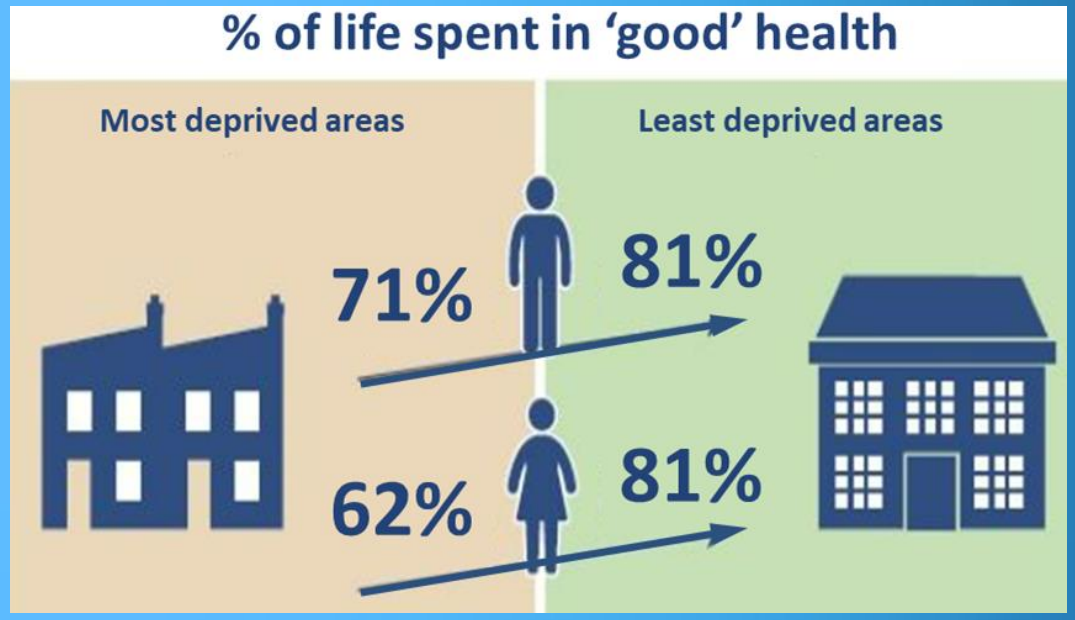
WHAT DOES IT MEAN?





Data period 2018-20

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INSTITUTE of HEALTH EQUITY

Bwrdd Gwasanaethau Cyhoeddus Gwent
Public Services Board

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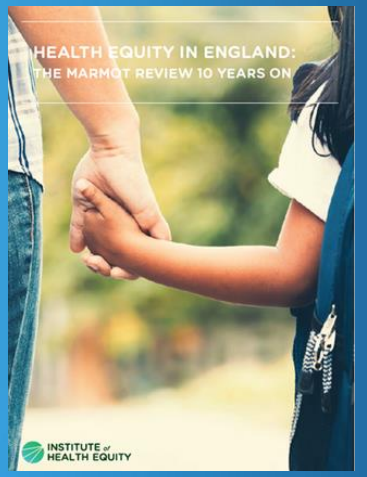
MARMOT PRINCIPLES

- 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 healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention
- Tackle discrimination, racism and their outcomes
- Pursue environmental sustainability and health equity together



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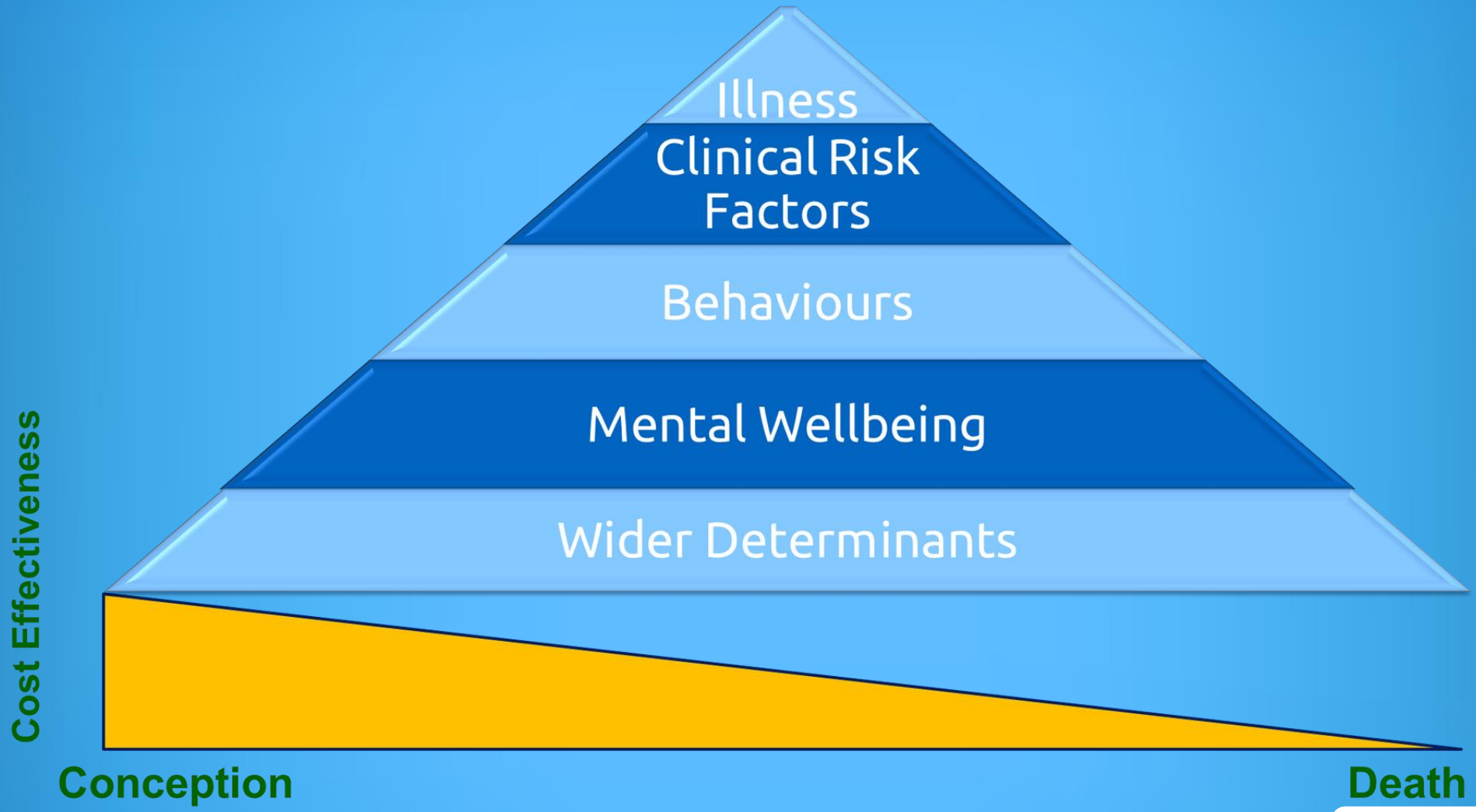

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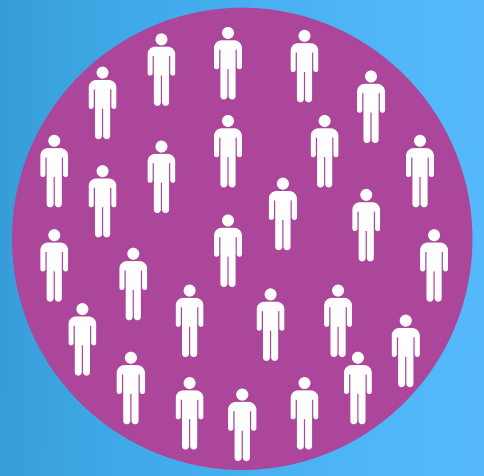
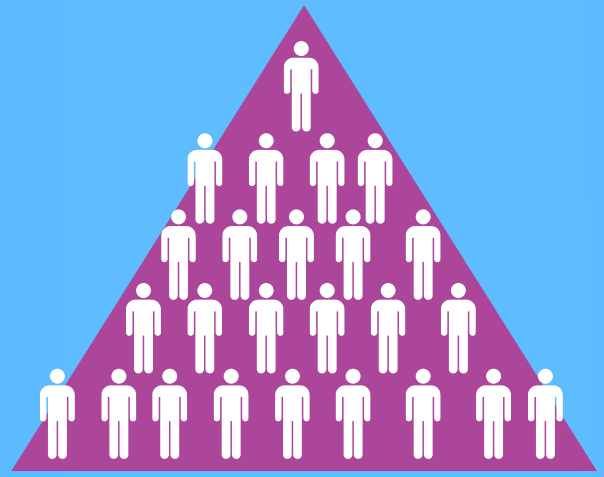
Public Health



Is the science and art of preventing disease, prolonging life and promoting health and wellbeing, through the organised efforts of society

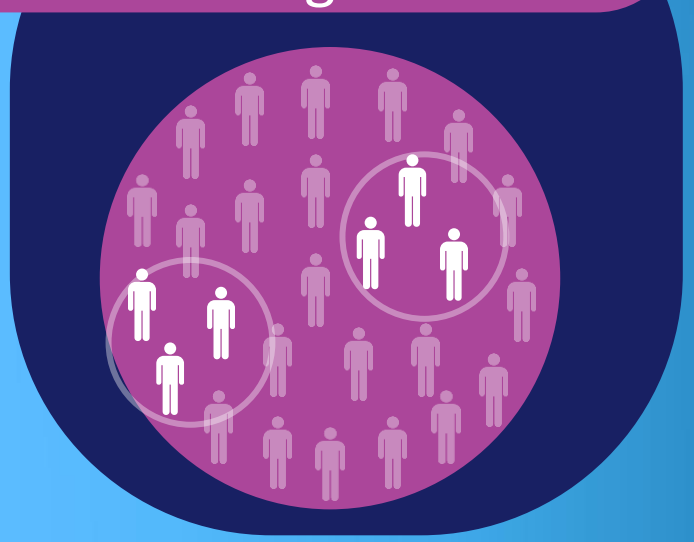
Population Health



Improves the health of an entire population.

It is about improving the physical and mental health outcomes and wellbeing of people, whilst reducing health inequalities within and across the population. It includes action to reduce the occurrence of ill-health, including addressing wider determinants of health, delivering social justice and working with communities

Population Health Management



Improves population health by data driven planning and delivery of proactive care to achieve maximum impact for the health and wellbeing of the population working from a single dataset to provide one version of the truth to deliver proportionate universalism.

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PRINCIPLES OF POPULATION HEALTH MANAGEMENT

Not performance Management	The data is good enough	Start small, think big	80% culture, 20% data
GPs are data controllers we need to be able to give assurances this is about improving the health and wellbeing of their populations.	There will be issues with data quality, the only way to expose this and start to remedy it, is by using the data.	Using an improvement cycle to demonstrate the art of the possible, the golden thread from systems to person. Initial cohorts may be small to create the conditions for success.	At it's heart population health management is about a different way of working, continually using an improvement cycle. Hearts and minds have to be won with data at the core ***"know your numbers".***

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THE '5C' MODEL OF POPULATION HEALTH MANAGEMENT IMPROVEMENT CYCLE

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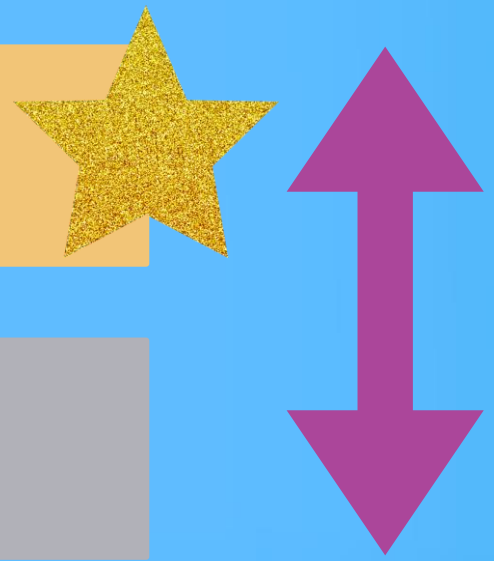
OUR DATA MODEL

GOLD- SILVER, BRONZE AND FIRE, POLICE AND THIRD SECTOR DATA

SILVER- BRONZE AND SOCIAL CARE DATA, OTHER LOCAL AUTHORITY DATASETS AND PRISON DATA

BRONZE – ALL HEALTH BOARD DATA INCLUDING PRIMARY CARE



Legal purpose must improve the health and wellbeing of the local population

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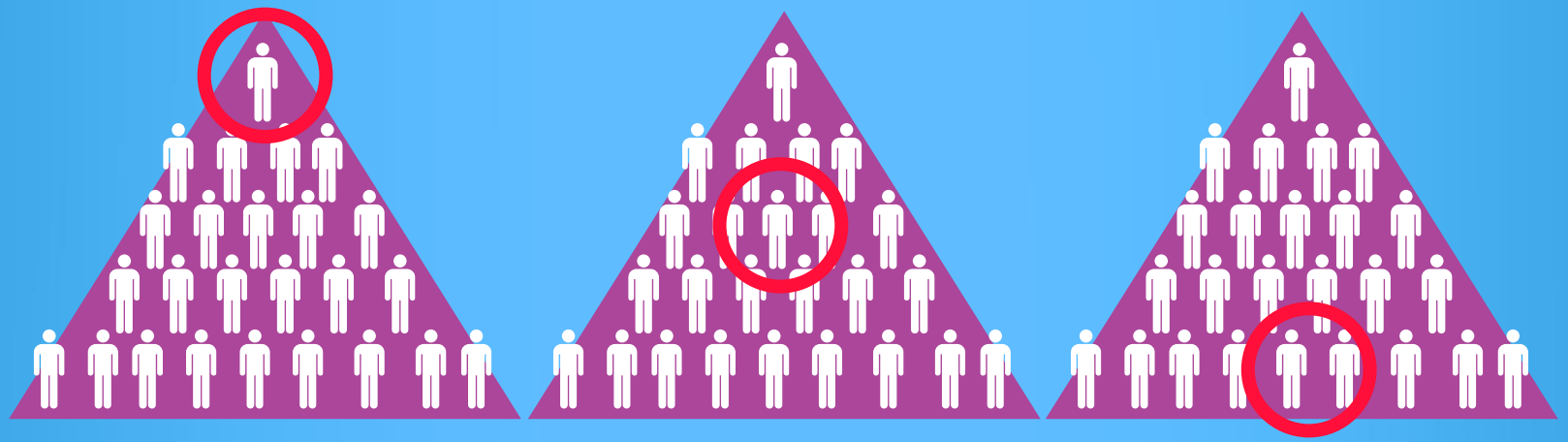
POPULATION HEALTH MANAGEMENT COHORTS



AT RISK PRIORITY COHORTS

RISING NEED COHORTS

FUTURE RISK COHORTS

PCC WORKSHOPS: STARTING THE CONVERSATION ON THE ART OF THE POSSIBLE..

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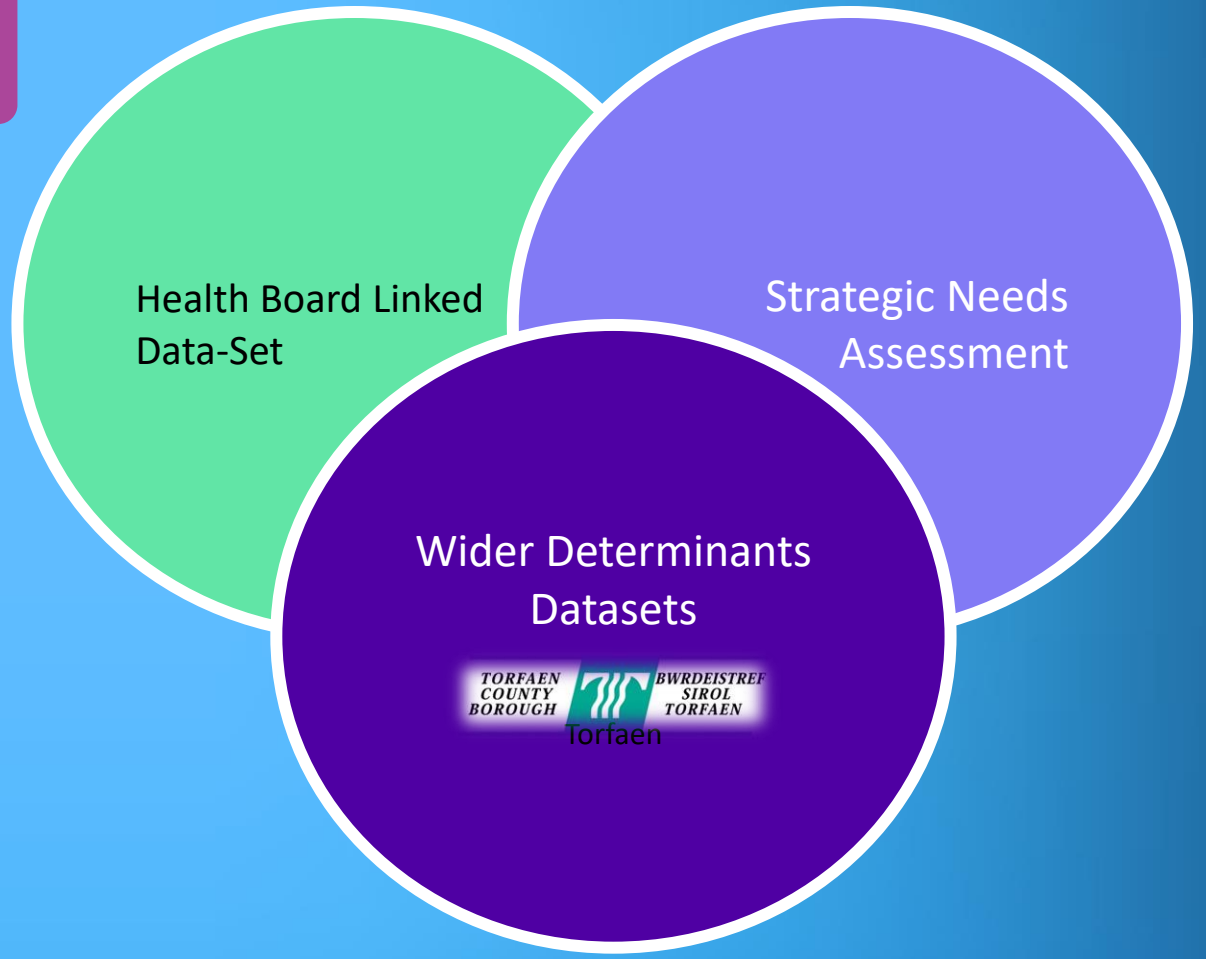
BUILDING BLOCKS OF INSIGHTS



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START WITH WHY - ABUHB HYPOTHESIS FOR POPULATION HEALTH MANAGEMENT TEST AND LEARN

HYPOTHESIS FOR PROJECT

Support business as usual with data led-approach with pro-active-person centred care at the core. NCN recovery plan we have a focus on the current backlog of people with Long Term Conditions (LTC).

Support for achieving a healthy weight will assist people manage their multiple long term conditions successfully

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ALS 1 — MEET AND GREET

- What is Population Health Management (PHM)?
- Start with the Why?
- What is the Programme journey?
- Expectation of individuals
- Introduce the framework

ALS 2 — REFINING THE COHORT

Based on the data & discovery work undertaken, we will refine the cohort (filtering further) in order to get to a manageable number of patients upon which the Managed Practices can act.

ALS 3 — MODEL OF SUPPORT DESIGN

In this **ALS** we will use **Logic Model** methodology to design a new care model for the selected cohort.

Logic Model thinking will focus on:

- Inputs
- Outputs
- Outcomes
- Impacts

ALS 4 — IMPLEMENTATION

In this **ALS** we will consider implementation of the activities agreed as part of **ALS3**.

This **ALS** focuses on the practical issues of implementation. This is the 'doing' of **PHM**.

ALS 5 — EVALUATION

This **ALS** is concerned with monitoring and evaluation.

Work here will help us understand whether the intervention has delivered the outcomes intended.

ALS 6 — CELEBRATION

Share and sustain.
A celebration event.

LEARNING OBJECTIVES

Sollis

NHS Crown Commercial Service Supplier

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PROGRAMME TIMELINE

Discover & Design – Data Group Meeting 1

Monday 22nd May

Discover & Design – Data Group Meeting 2

Thursday 8th June

Meet and Greet – What is PHM? – ALS 1

Tuesday 20th June

Refining the Cohort – ALS 2

Tuesday 27th June

Logic Model– ALS 3

Monday 3rd July

Implementation – ALS 4

Monday 10th July

Implementation Checkpoint 1

TBC

Implementation Checkpoint 2

TBC

Evaluation – ALS 5

W/C 4th Sep

Share & Sustain – Celebration Event ALS 6

W/C 23rd Oct

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We have outlined an initial cohort of people with multimorbidity experiencing mental health challenges because we feel they will benefit from a different integrated set of interventions

EXAMPLE COHORT

Our cohort selection criteria

1. Overweight
2. Risk of becoming obese
3. Multiple physical LTCs (+/- polypharmacy)
4. Mental health LTC (SMI, Depression or Anxiety)
5. ? smoking
6. ? social factors such as off work due to ill health (Med 3)
7. Excluding those 18+
8. Other exclusions?

Thoughts on the wider determinants

- Deprivation
- Ethnicity?

What is already happening in this area

- All Wales Diabetes Prevention Programme
- Slimming World on Referral
- Exercise of Referral

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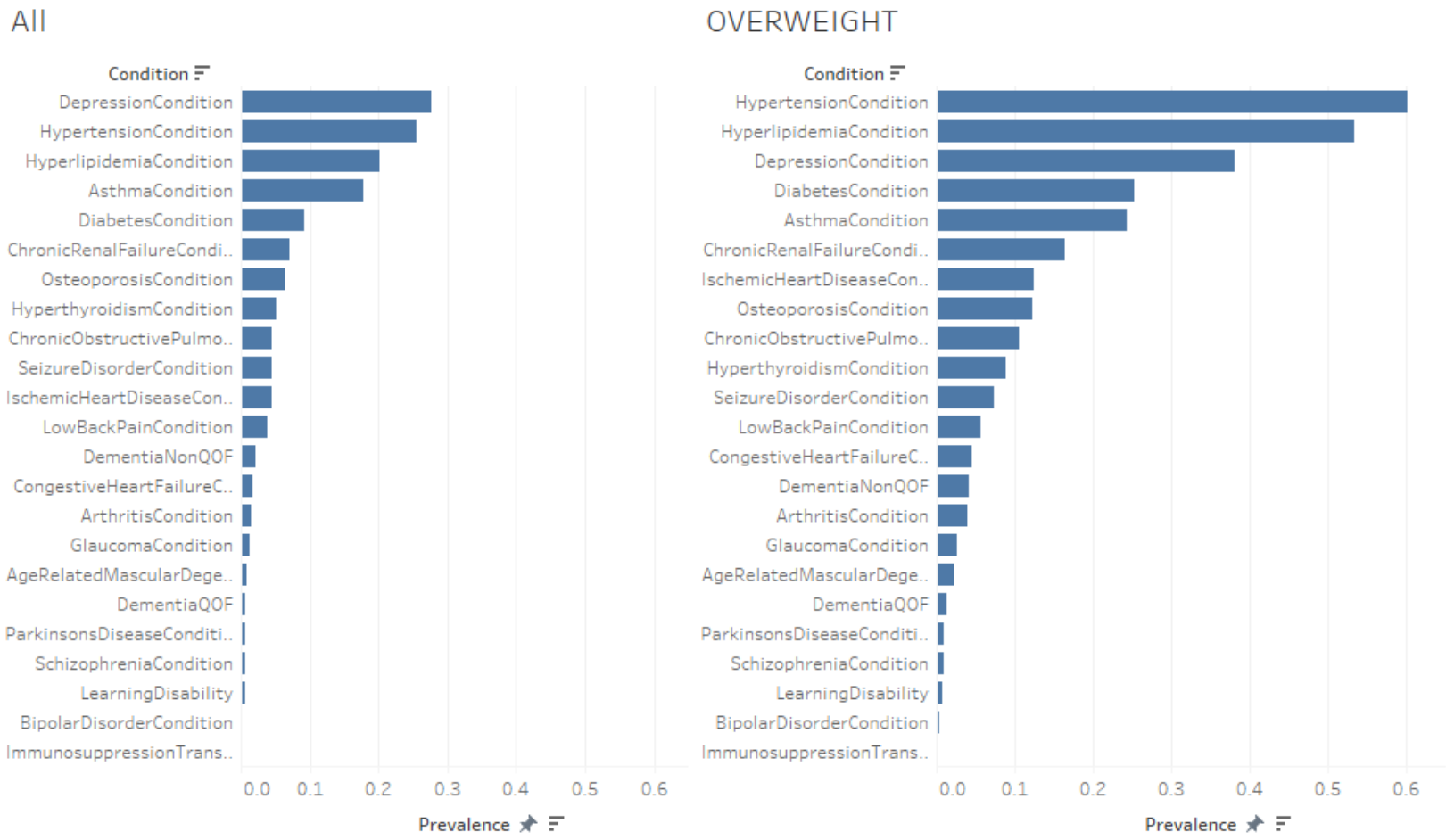
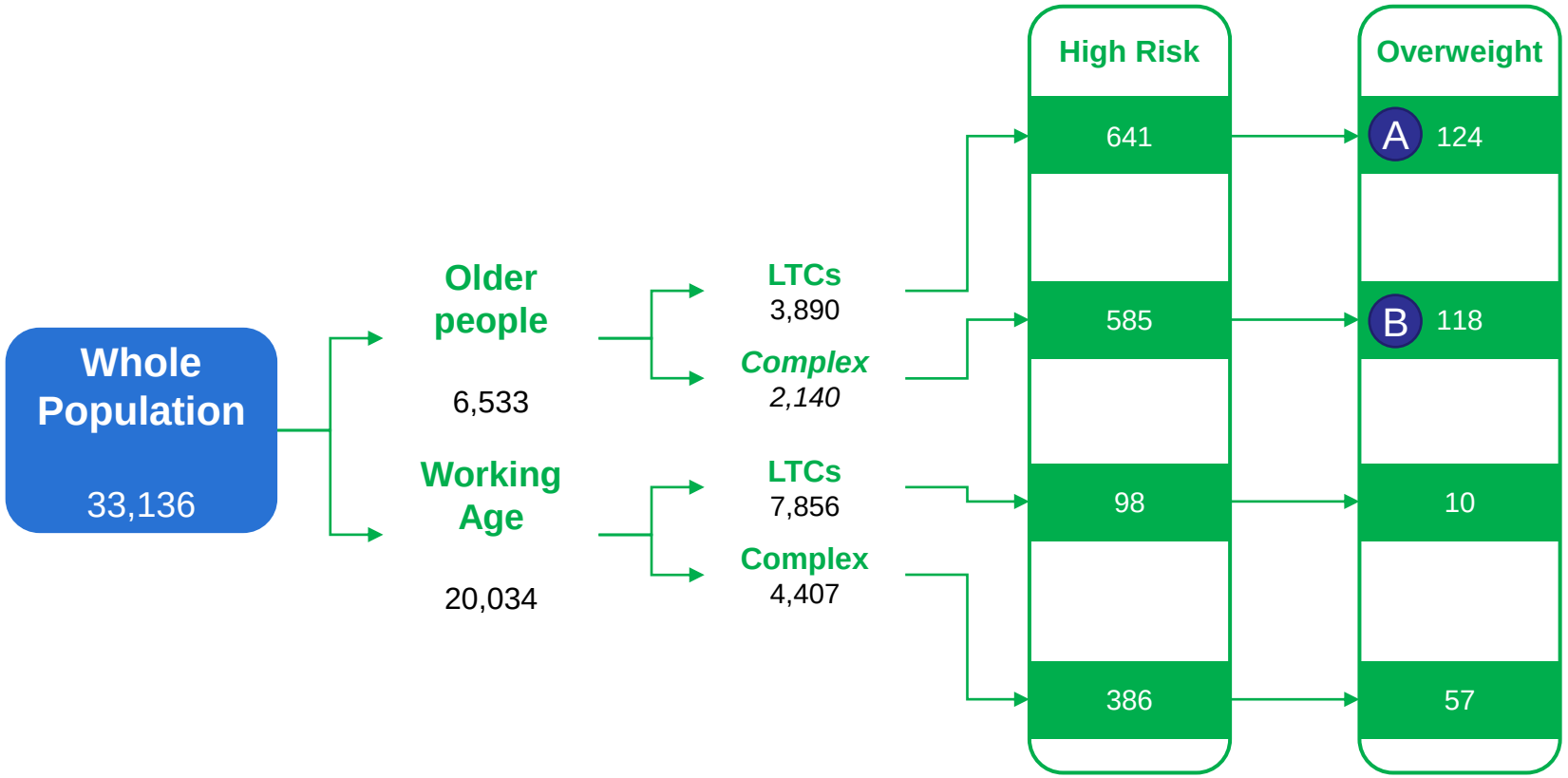
Whole Population at a Glance

Disease burden for whole population vs. overweight sub-population



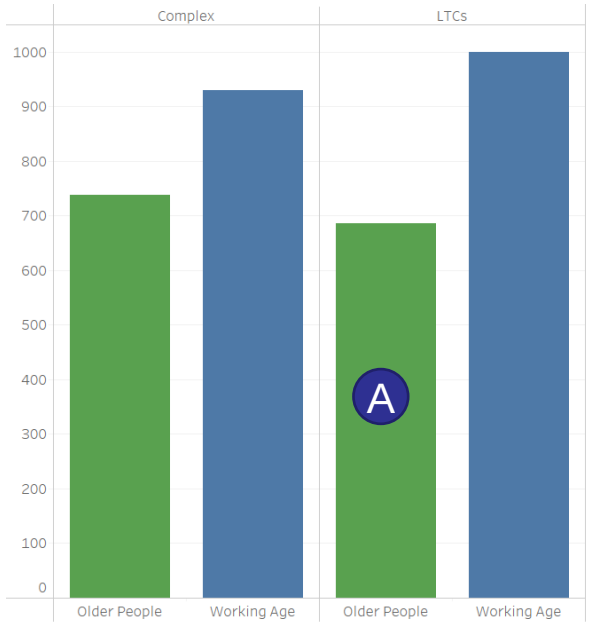
Sollis

Combining features to create custom cohorts

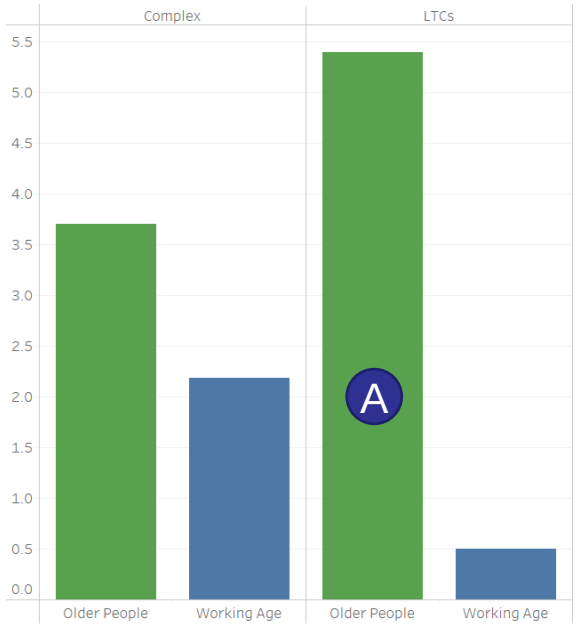


Illustrative Challenges for each of our custom cohorts

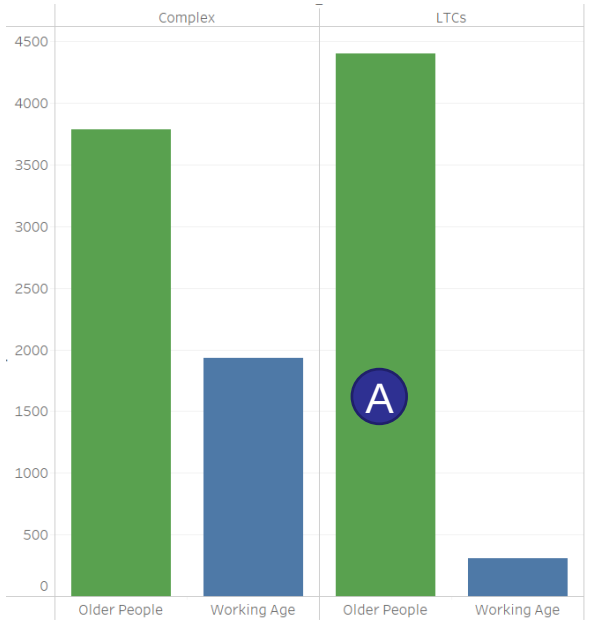
Emergency Admission Rate



Average Length of Stay *(emergency)*



GP Appointments



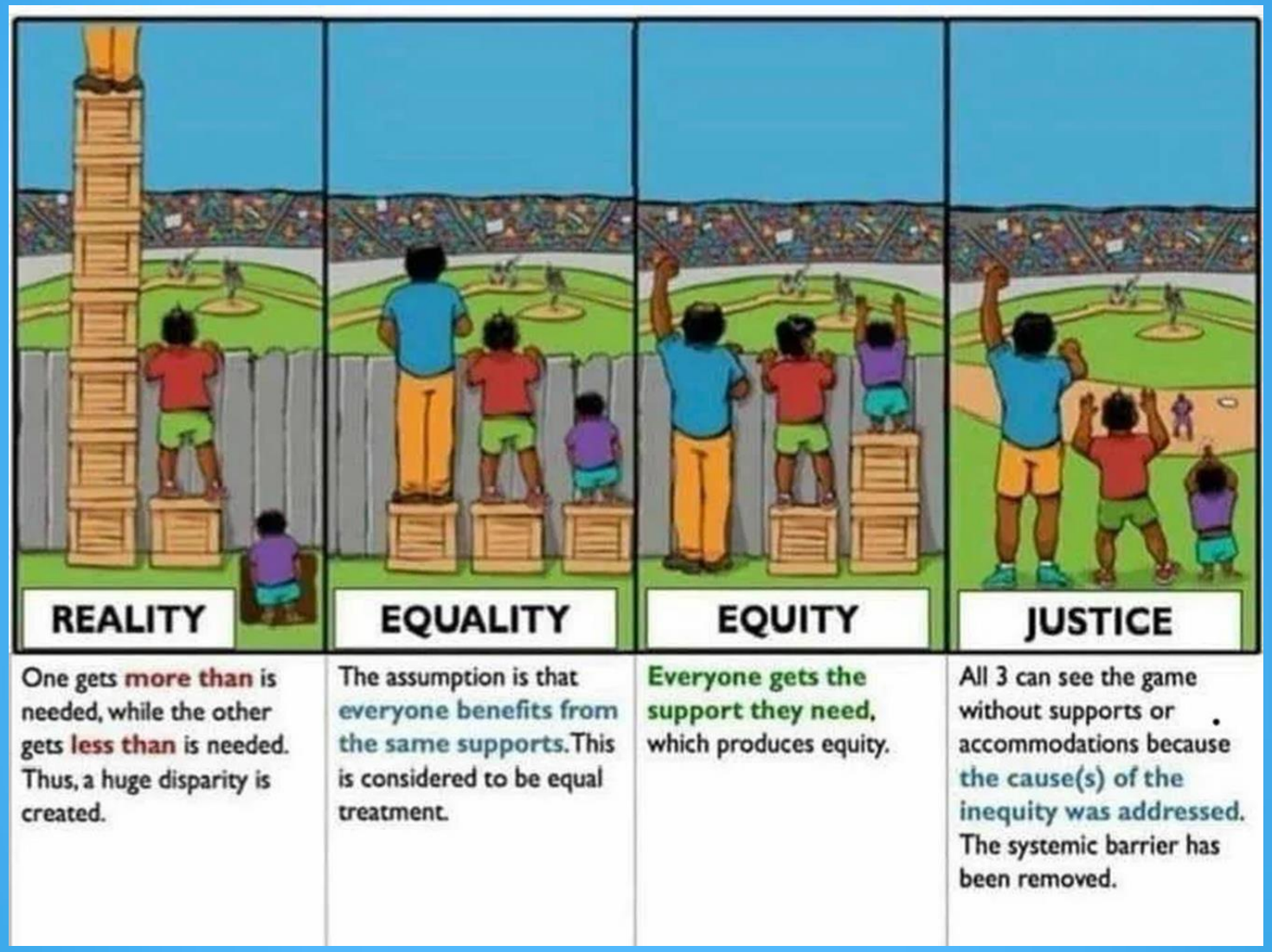
Custom cohort 'A' (124 people)

Description

Older people (65+) with single or multiple long term conditions who are overweight and high risk of future hospitalisation

Challenges

Whilst this cohort don't have the highest rate of emergency admissions amongst our different custom cohorts they do have the greatest length of stay in hospital and they have the highest volume of GP appointments. Does this represent an opportunity for a more integrated approach?


REALITY
EQUALITY
EQUITY
JUSTICE
One gets more than is needed, while the other gets less than is needed. Thus, a huge disparity is created.
The assumption is that everyone benefits from the same supports. This is considered to be equal treatment.
Everyone gets the support they need, which produces equity.
All 3 can see the game without supports or accommodations because the cause(s) of the inequity was addressed. The systemic barrier has been removed.

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THANK YOU

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ASSISTANT DIRECTOR FOR POPULATION HEALTH MANAGEMENT,
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PANEL DEBATE

”Leadership and Management Panel Debate"

Jane Johnson

Head of PHM & Executive Director
Surrey Heartlands ICS & AphA

Prof. Edward Kunonga

Director of Population Health Management & Public Health Consultant – **North England Care System Support (NECS)**

David Howell

Joint Director for Strategic Business Intelligence & Analytics
Surrey Heartlands ICS

Alis Rasul

Project Lead
Birmingham Community Healthcare

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Q&A PANEL

Bevleigh Evans

Assistant Director of Population Health|
Aneurin Bevan University Health Board

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Morning Break, Networking & Refreshments

WiFi Name: CMCC Members
Password: Chamber_Members

Population Health Conference North

Chairs Morning Reflection

Dr Maslah Amin

National Clinical Advisor & Associate Director – **NHS England**

UP NEXT...

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HOW APPS CAN HELP PROTECT AND CONNECT YOUR CITIZENS WITH THEIR COMMUNITIES AND PARTNERS.

Chris Elkin
Head of Healthcare

Piota

Hello my name is Chris

- 20+ years within the digital media industry
- 10 years NHS experience
  - Producing online mandatory learning content/ systems
  - Learning passport and nurse re-validation apps
  - Trust website & intranet management
  - Digital communications and engagement
- Particular interest in the User Experience (UX)
  - “Making it easy…”
  - “Don’t make me think”

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“A leading provider of patient support apps to the NHS…”

Chris Elkin
Head of Healthcare

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A Selection of Our NHS Clients

NHS England

GIG CYMRU NHS WALES

NHS Chesterfield Royal Hospital NHS Foundation Trust

NHS Fife

NHS West Hertfordshire Hospitals NHS Trust

NHS University Hospitals of Derby and Burton NHS Foundation Trust

NHS The Dudley Group NHS Foundation Trust

NHS St Helens and Knowsley Teaching Hospitals NHS Trust

NHS University Hospitals Birmingham NHS Foundation Trust

NHS Buckinghamshire Healthcare NHS Trust

NHS Liverpool University Hospitals NHS Foundation Trust

NHS Grampian

NHS Birmingham Women's and Children's NHS Foundation Trust

NHS University Hospitals of Morecambe Bay NHS Foundation Trust

NHS Ayrshire & Arran

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10:53
Home
NHS
NURSING AMBASSADOR NETWORK
Welcome
Primary
Secondary
Regions
Surveys
National
Events
Alerts
More
Transforming the perception of nursing careers

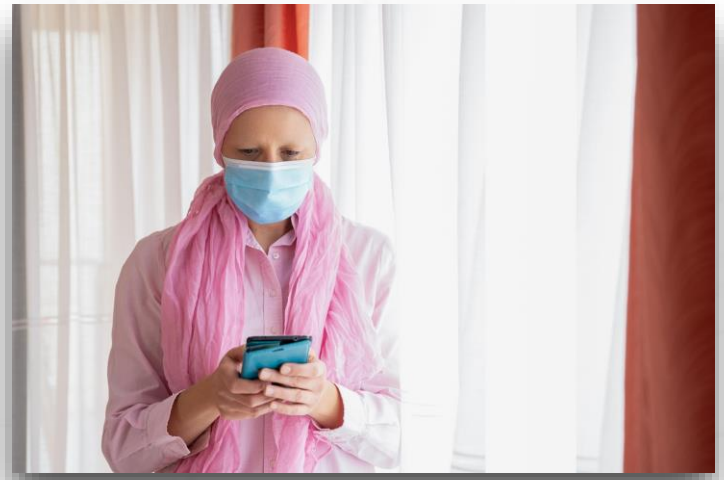
Piota

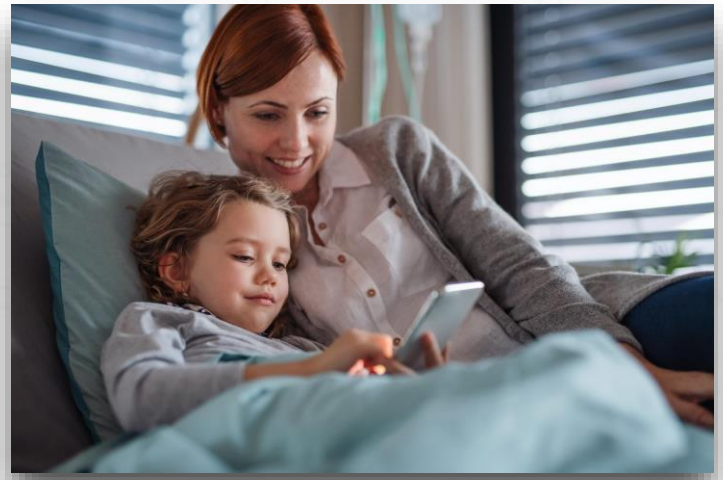
“Improving the Patient Experience”

Piota

Improving the Patient Experience

Providing key, local information,
in a quick, easy, timely and targeted fashion





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NHS Ayrshire & Arran

Healthy Weight App

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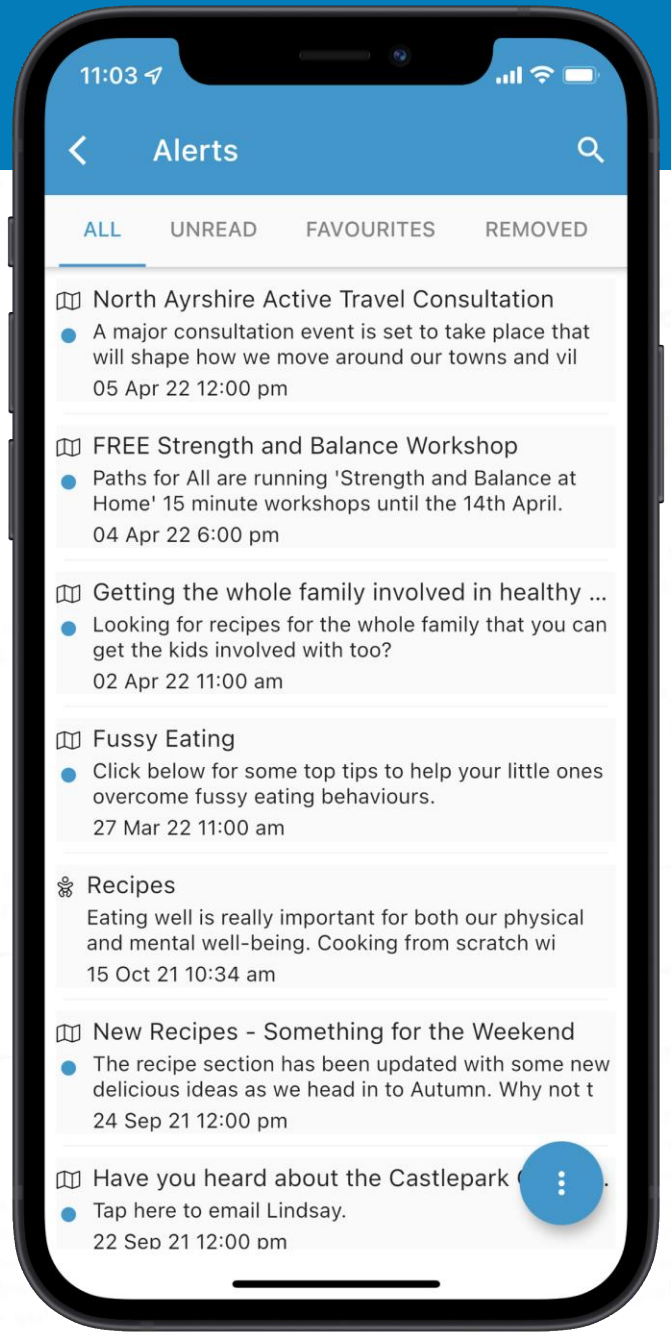
11:03
Alerts
ALL
UNREAD
FAVOURITES
REMOVED
North Ayrshire Active Travel Consultation
A major consultation event is set to take place that will shape how we move around our towns and vil
05 Apr 22 12:00 pm
FREE Strength and Balance Workshop
Paths for All are running 'Strength and Balance at Home' 15 minute workshops until the 14th April.
04 Apr 22 6:00 pm
Getting the whole family involved in healthy ...
Looking for recipes for the whole family that you can get the kids involved with too?
02 Apr 22 11:00 am
Fussy Eating
Click below for some top tips to help your little ones overcome fussy eating behaviours.
27 Mar 22 11:00 am
Recipes
Eating well is really important for both our physical and mental well-being. Cooking from scratch wi
15 Oct 21 10:34 am
New Recipes - Something for the Weekend
The recipe section has been updated with some new delicious ideas as we head in to Autumn. Why not t
24 Sep 21 12:00 pm
Have you heard about the Castlepark
Tap here to email Lindsay.
22 Sep 21 12:00 pm

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Chesterfield Royal Hospital NHS Foundation Trust

The Macmillan Information and Support Centre App

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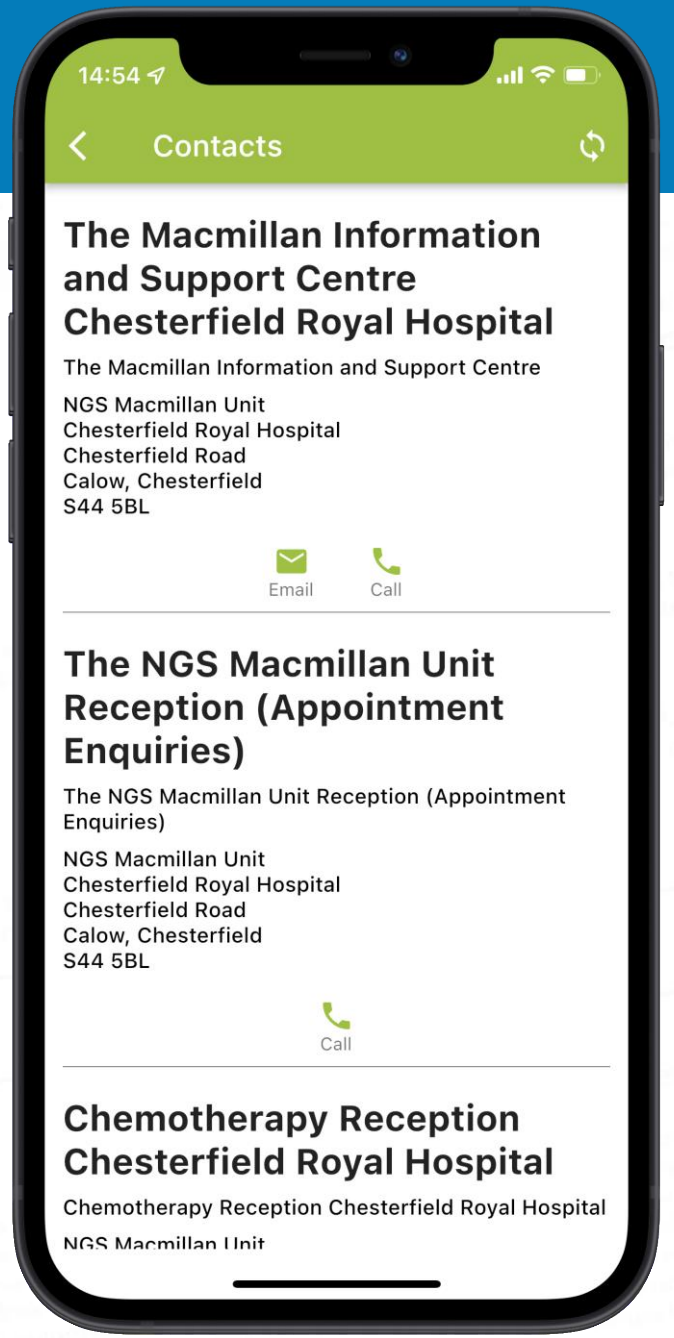
14:54
Contacts
The Macmillan Information and Support Centre Chesterfield Royal Hospital
The Macmillan Information and Support Centre
NGS Macmillan Unit
Chesterfield Royal Hospital
Chesterfield Road
Calow, Chesterfield
S44 5BL
Email
Call
The NGS Macmillan Unit Reception (Appointment Enquiries)
The NGS Macmillan Unit Reception (Appointment Enquiries)
NGS Macmillan Unit
Chesterfield Royal Hospital
Chesterfield Road
Calow, Chesterfield
S44 5BL
Call
Chemotherapy Reception Chesterfield Royal Hospital
Chemotherapy Reception Chesterfield Royal Hospital
NGS Macmillan Unit

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“Increasing Information Efficiency”

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Dudley Group NHS Foundation Trust

ED Team App

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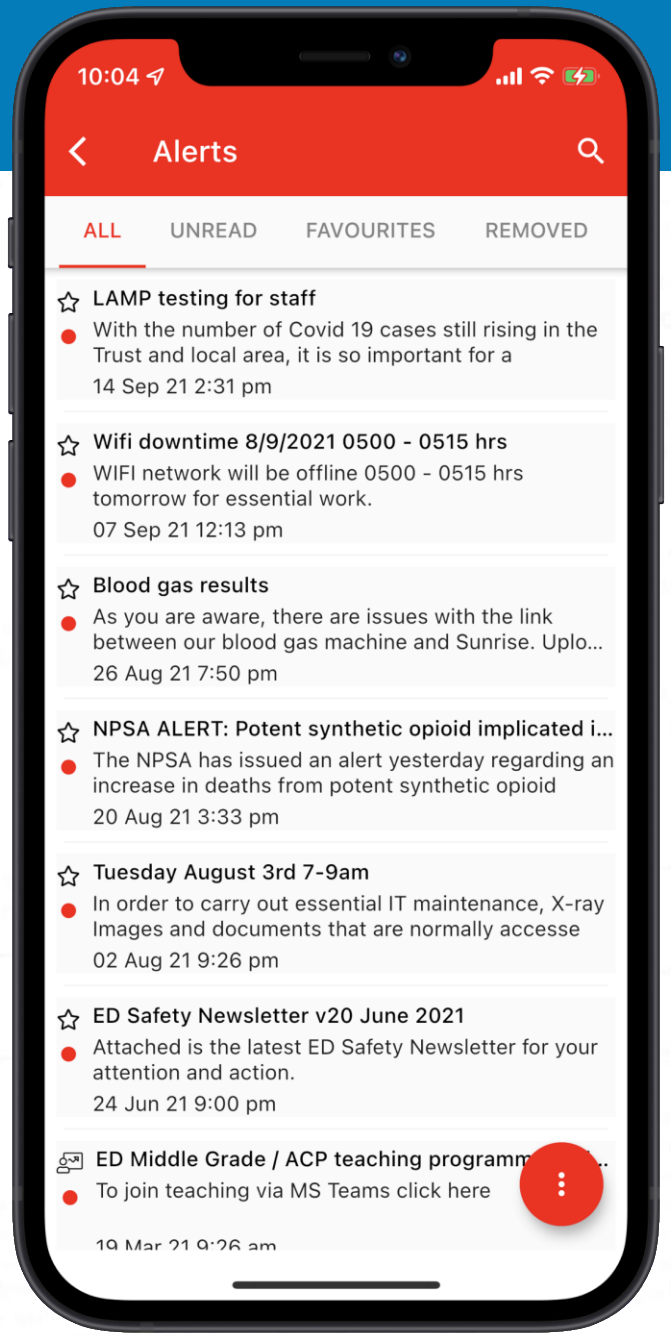
10:04
Alerts
ALL
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FAVOURITES
REMOVED
LAMP testing for staff
With the number of Covid 19 cases still rising in the Trust and local area, it is so important for a
14 Sep 21 2:31 pm
Wifi downtime 8/9/2021 0500 - 0515 hrs
WIFI network will be offline 0500 - 0515 hrs tomorrow for essential work.
07 Sep 21 12:13 pm
Blood gas results
As you are aware, there are issues with the link between our blood gas machine and Sunrise. Uplo...
26 Aug 21 7:50 pm
NPSA ALERT: Potent synthetic opioid implicated i...
The NPSA has issued an alert yesterday regarding an increase in deaths from potent synthetic opioid
20 Aug 21 3:33 pm
Tuesday August 3rd 7-9am
In order to carry out essential IT maintenance, X-ray Images and documents that are normally accesse
02 Aug 21 9:26 pm
ED Safety Newsletter v20 June 2021
Attached is the latest ED Safety Newsletter for your attention and action.
24 Jun 21 9:00 pm
ED Middle Grade / ACP teaching programm
To join teaching via MS Teams click here
19 Mar 21 9:26 am

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“Connecting Communities”

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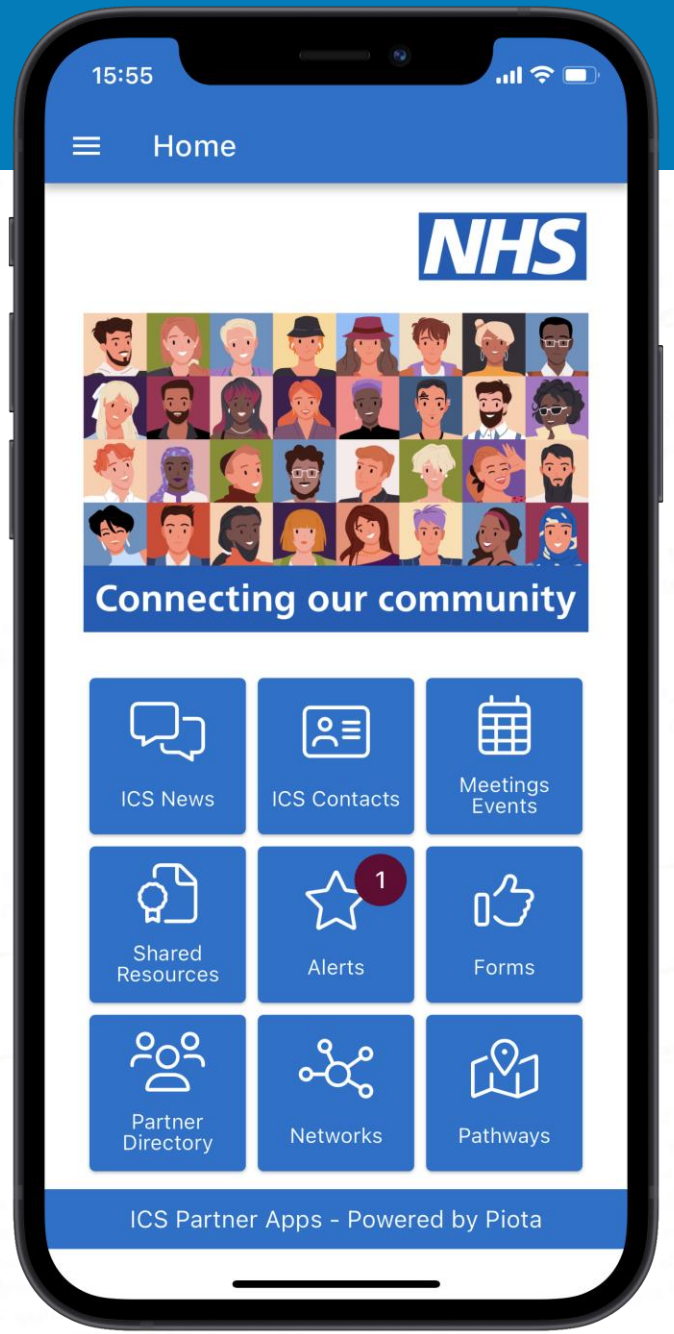
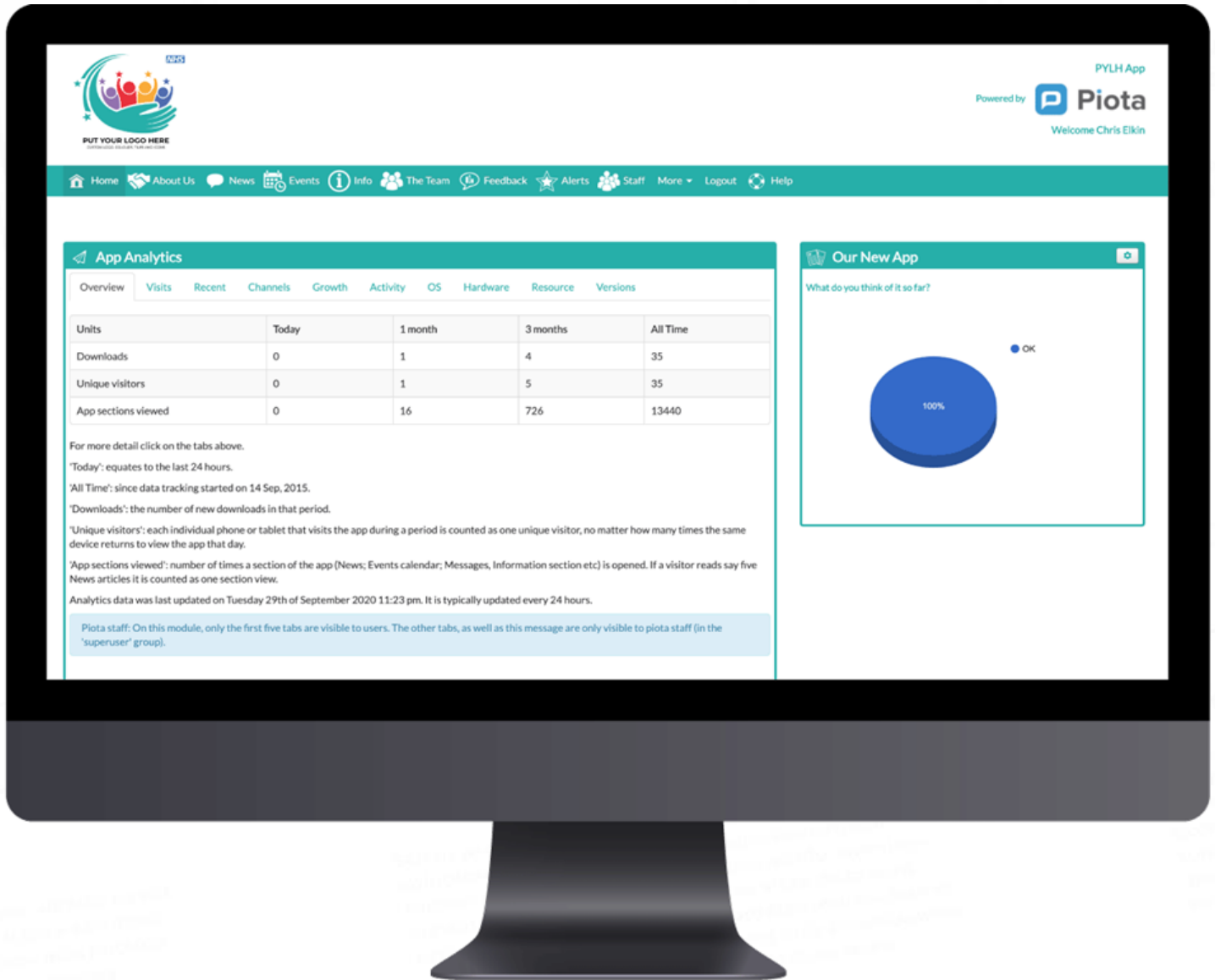
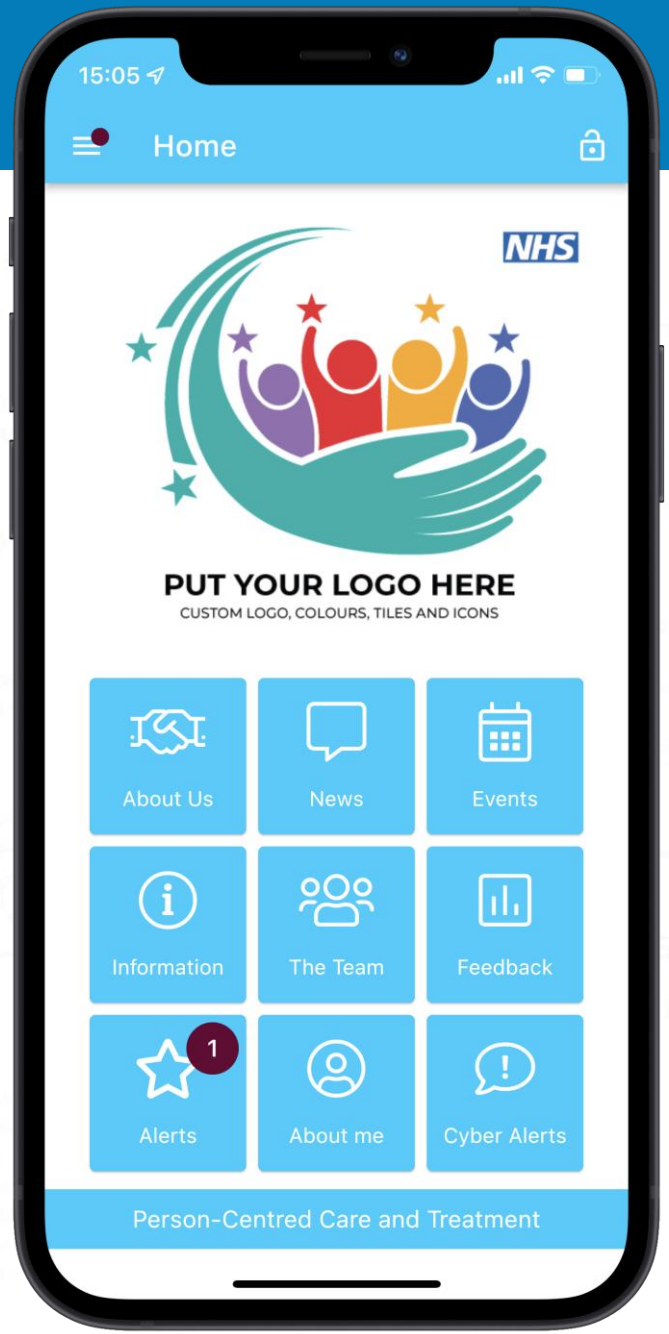

15:55
Home
NHS
Connecting our community
ICS News
ICS Contacts
Meetings Events
Shared Resources
Alerts
1
Forms
Partner Directory
Networks
Pathways
ICS Partner Apps - Powered by Piota

Piota

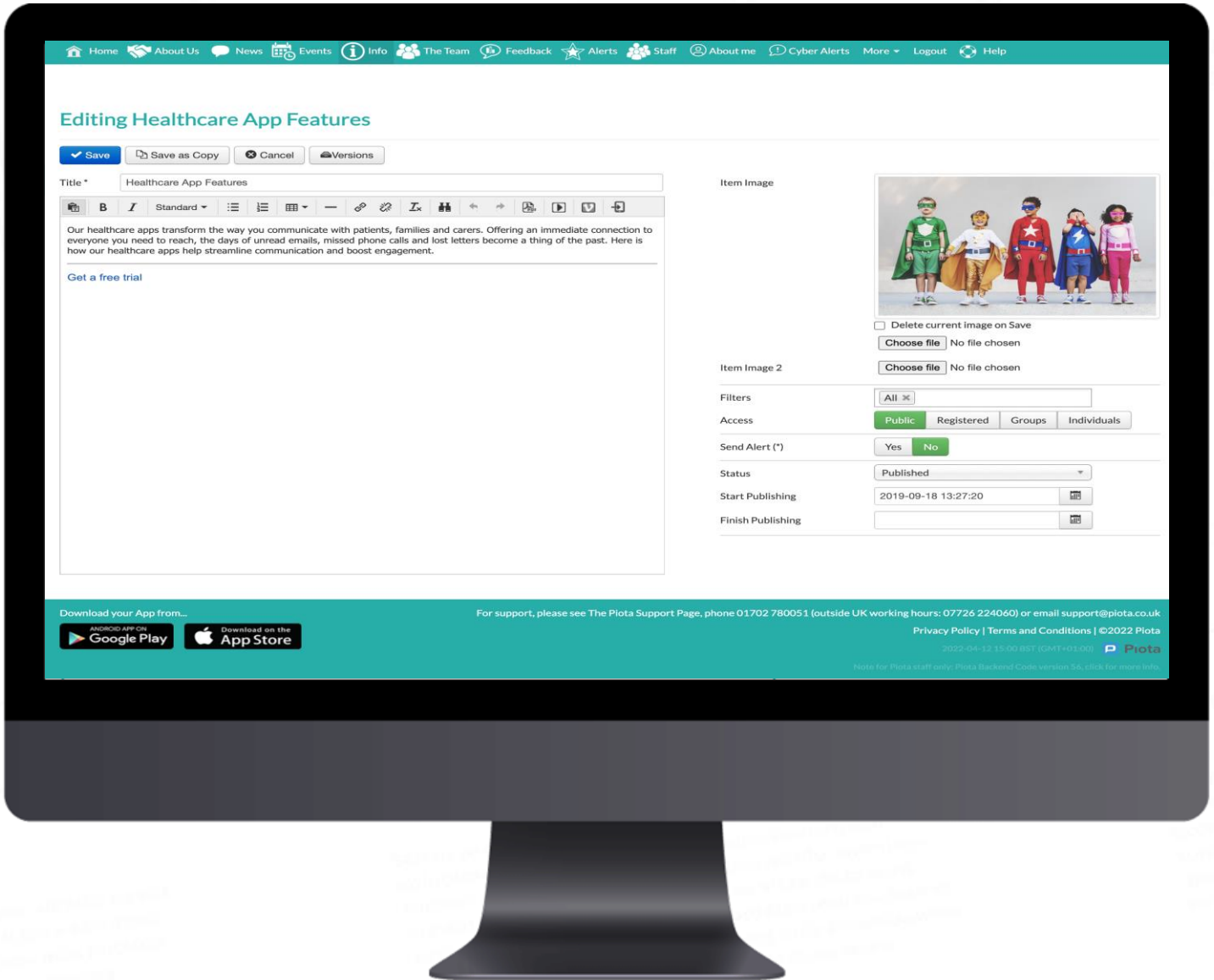
The Piota App Platform

Piota


PUT YOUR LOGO HERE
PYLH App
Powered by Piota
Welcome Chris Elkin
Home
About Us
News
Events
Info
The Team
Feedback
Alerts
Staff
More
Logout
Help
App Analytics
Overview
Visits
Recent
Channels
Growth
Activity
OS
Hardware
Resource
Versions
Units | Today | 1 month | 3 months | All Time
Downloads | 0 | 1 | 4 | 35
Unique visitors | 0 | 1 | 5 | 35
App sections viewed | 0 | 16 | 726 | 13440
For more detail click on the tabs above.
'Today': equates to the last 24 hours.
'All Time': since data tracking started on 14 Sep, 2015.
'Downloads': the number of new downloads in that period.
'Unique visitors': each individual phone or tablet that visits the app during a period is counted as one unique visitor, no matter how many times the same device returns to view the app that day.
'App sections viewed': number of times a section of the app (News; Events calendar; Messages, Information section etc) is opened. If a visitor reads say five News articles it is counted as one section view.
Analytics data was last updated on Tuesday 29th of September 2020 11:23 pm. It is typically updated every 24 hours.
Piota staff: On this module, only the first five tabs are visible to users. The other tabs, as well as this message are only visible to piota staff (in the 'superuser' group).
Our New App
What do you think of it so far?
OK
100%


15:05
Home
NHS
PUT YOUR LOGO HERE
CUSTOM LOGO, COLOURS, TILES AND ICONS
About Us
News
Events
Information
The Team
Feedback
1
Alerts
About me
Cyber Alerts
Person-Centred Care and Treatment

Piota


Home
About Us
News
Events
Info
The Team
Feedback
Alerts
Staff
About me
Cyber Alerts
More
Logout
Help
Editing Healthcare App Features
Save
Save as Copy
Cancel
Versions
Title *
Healthcare App Features
Standard
Our healthcare apps transform the way you communicate with patients, families and carers. Offering an immediate connection to everyone you need to reach, the days of unread emails, missed phone calls and lost letters become a thing of the past. Here is how our healthcare apps help streamline communication and boost engagement.
Get a free trial
Item Image
Delete current image on Save
Choose file
No file chosen
Item Image 2
Choose file
No file chosen
Filters
All
Access
Public
Registered
Groups
Individuals
Send Alert (*)
Yes
No
Status
Published
Start Publishing
2019-09-18 13:27:20
Finish Publishing
Download your App from...
Google Play
Download on the App Store
For support, please see The Piota Support Page, phone 01702 780051 (outside UK working hours: 07726 224060) or email support@piota.co.uk
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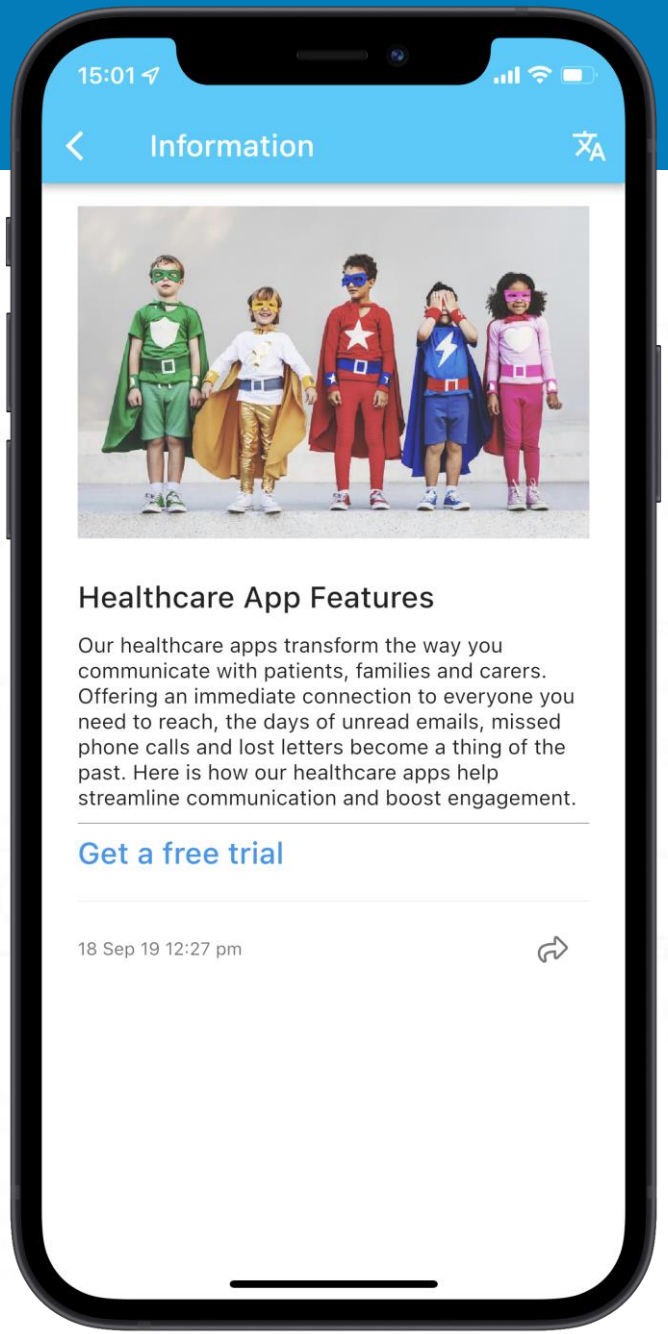

15:01
Information
Healthcare App Features
Our healthcare apps transform the way you communicate with patients, families and carers. Offering an immediate connection to everyone you need to reach, the days of unread emails, missed phone calls and lost letters become a thing of the past. Here is how our healthcare apps help streamline communication and boost engagement.
Get a free trial
18 Sep 19 12:27 pm

Piota

Typical App Process

Initial Enquiry
Teams / Google Hangouts

Produce Free Trial,
Deliver Initial Training
Submit Proposal

Demonstrate Trial App
Staff, Colleagues, Patients etc.

Get Agreement
from organisation.
Raise a PO/ Invoice

Project Kick off

> “The team at Piota were able to produce our COVID-19 Communication App within hours of our initial request. The app has provided us with a quick and easy platform ensuring our Care Home managers and staff are kept up-to date with current local policy and procedural updates, an absolute must in this fast moving, transient world we now find ourselves in. Thanks again Piota for your ongoing support - it has been absolutely fantastic, the responsiveness has been second to none.”

Yvonne Higgins
Deputy Chief Nurse, Wolverhampton CCG

Piota

Questions

Piota

Thank you

UP NEXT...

BetterPoints

Population Health Conference North

SPEAKING NOW

Hannah McCarthy

Chief Behavioural Scientist
BetterPoints Ltd

I will be discussing…

”Using Data to Identify Barriers, Motivate Change and Adapt Digital Interventions in Response to Evolving Behaviours"

BetterPoints

Using Data to Motivate Change

Hannah McCarthy
Chief Behavioural Scientist,
BetterPoints Ltd

BetterPoints

- Behaviour change company – 10 years old
- Award winning technology and programmes
- Underpinned by behavioural science
- Combined with communications
- Motivates and rewards positive lifestyle choices
- Measures and evaluates outcomes
- Continuous improvement
- Case studies here

BetterPoints

Segmentation and data

Hounslow case study

- London Borough of Hounslow Public Health team Commissioned BetterPoints in July 2021
- 12-month programme
- 1000 participants
- Programme was extended for two years in July 2022

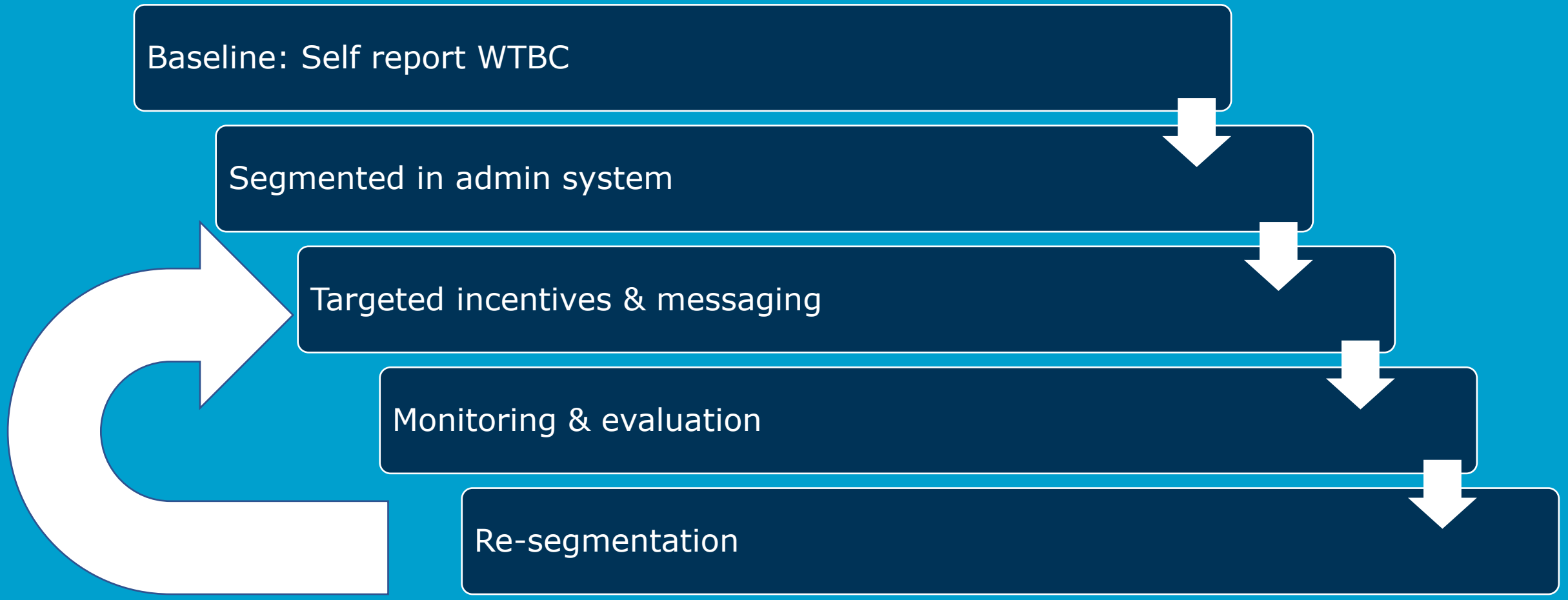
BetterPoints

“Want to… but can’t”

The Want To But Can't group was identified from previous market profiling and segmentation work by the London Borough of Hounslow and London Sport

BetterPoints

Segmentation currently a hybrid manual-digital cycle



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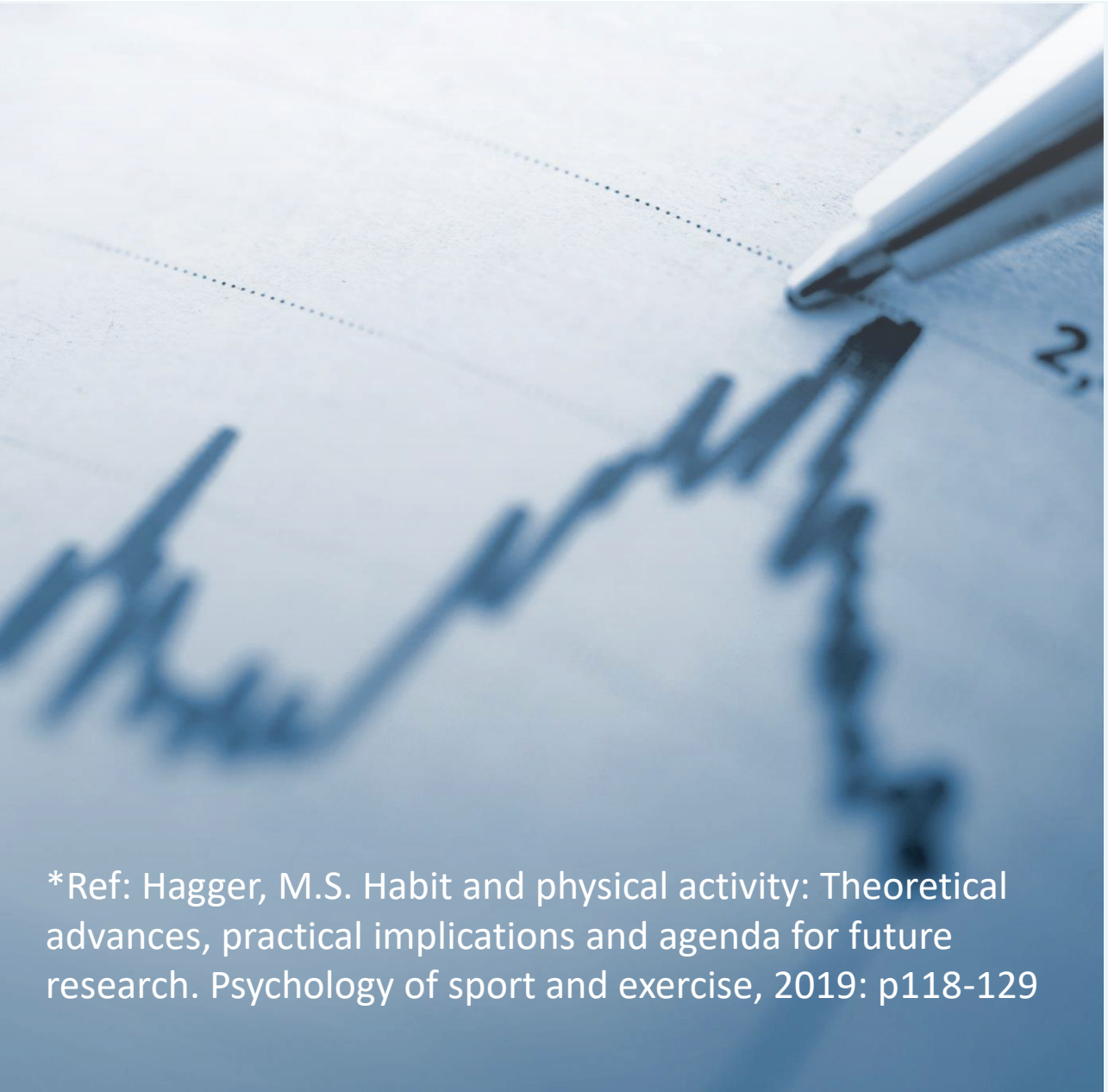
Questions to identify “Want to but can’ts” (WTBC’s)

BetterPoints

Segmenting the data & targeting rewards

- Participants who answered 'yes' to any of the questions were added to the *Want To But Can't* group
- Offered boosted rewards and extra messaging to encourage them to reach 150 minutes of activity per week
- This exercise was repeated once a month to segment new users

BetterPoints



*Ref: Hagger, M.S. Habit and physical activity: Theoretical advances, practical implications and agenda for future research. Psychology of sport and exercise, 2019: p118-129

Monitoring Outcomes – behaviour change

- Outcomes: weekly minutes of tracked physical activity
- Identified those who had achieved 150 minutes plus of physical activity per week in 6 of the last 9 weeks* (n=362 out of 1098 or 33%)
- Moved these participants into a maintenance group

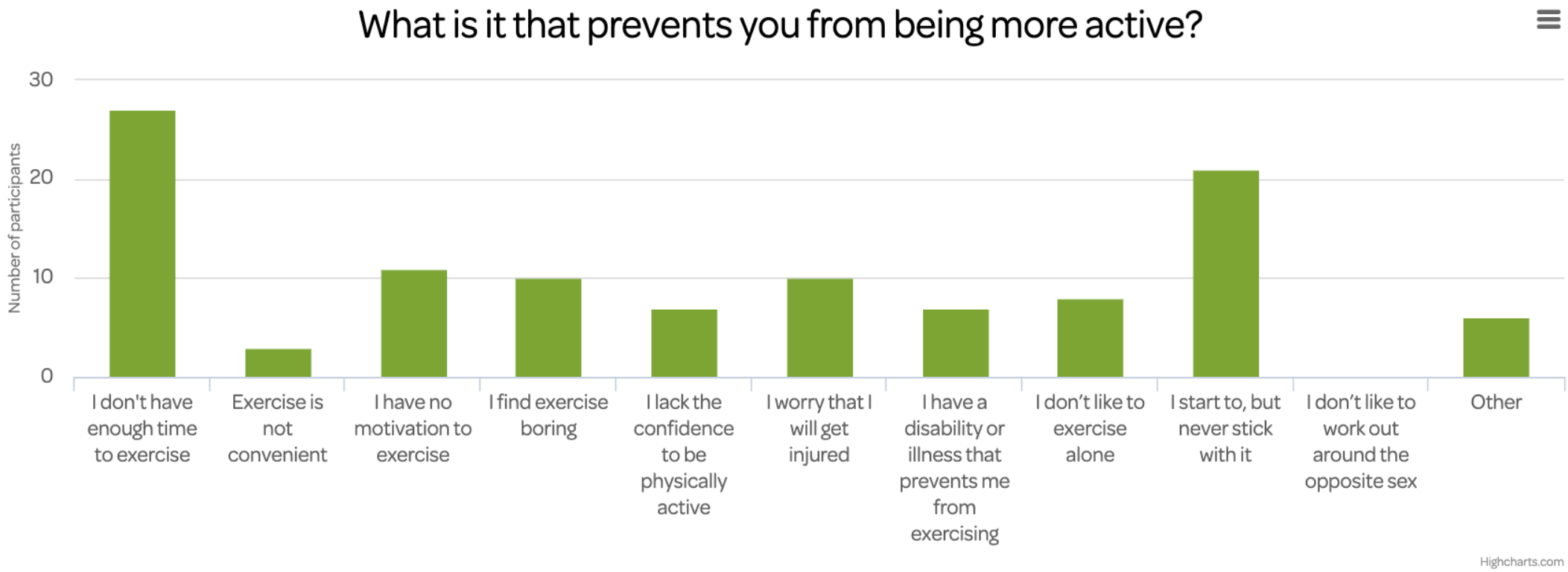
BetterPoints

Group	Description	Treatment
Group 1	Inactive at baseline plus 'Want to but can't'	Daily bonus for completing 23 mins per day of PA.
Group 2	All users inactive at baseline	Extra Messaging no boosted rewards
Group 3	All users fairly active at baseline	Extra Messaging no boosted rewards.
Maintenance group	Met criteria of 150 mins of PA in 6 of the last 9 weeks	Offered shopping vouchers prize draw

BetterPoints

Next Steps:

Identify barriers among the 2/3rd WTBC group who did not achieve 150 minutes



BetterPoints

Annar

" Being active with BetterPoints app has helped me tremendously with managing my weight gain and knee pain due to arthritis. I am now back down to my target weight of 80kg again.

My mood has really improved, and I sleep so much better.

I have donated my

and I love the competitions and challenges.

BetterPoints

Tamar

" Using the BetterPoints app means I'm walking more.

Being outdoors helps me with my anxiety and general well-being…

…despite having issues with my feet I'm getting stronger and walking better.

Tamar gives points to Hounslow Community FoodBox and uses them for free swimming at Lampton Leisure centres.

BetterPoints

Sneddon

" Before I joined BetterPoints I was not motivated to walk or cycle. It motivates me to do more so I can earn more and achieve the set targets.

What I love about this app is that it pushes you to do more with little challenges.

Every time I see people winning from just walking, running or cycling it is very inspiring.

BetterPoints

Sam

" I found out about the BetterPoints Stop Smoking rewards on a poster after having my first Stop Smoking session.

I was delighted to see that not only could I receive points for attending Stop Smoking sessions, but also by walking more.

All of this together has helped motivate me even more, not only to finally quit smoking, but also to keep active too.

BetterPoints

Hannah McCarthy

Chief Behavioural Scientist,
BetterPoints Ltd

hannah.mccarthy@betterpoints.uk

07487 680514

www.betterpoints.ltd

betterpoints

Population Health Conference North

SPEAKING NOW

David Sgorbati

Chief Analyst
Health Economics Unit

I will be discussing…

”Tackling Health Inequalities – The Rising STAR. Using Allocative Efficiency to Tackle Inequalities"

Health Economics Unit

NHS
Midlands and Lancashire
Commissioning Support Unit

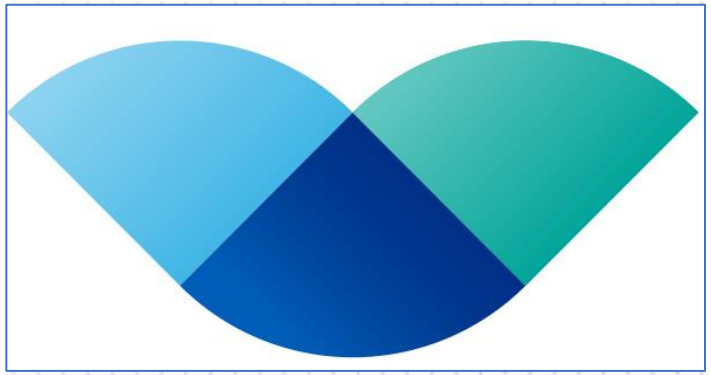
Population Health Management
Evidence VS Biases

david.sgorbati@nhs.net

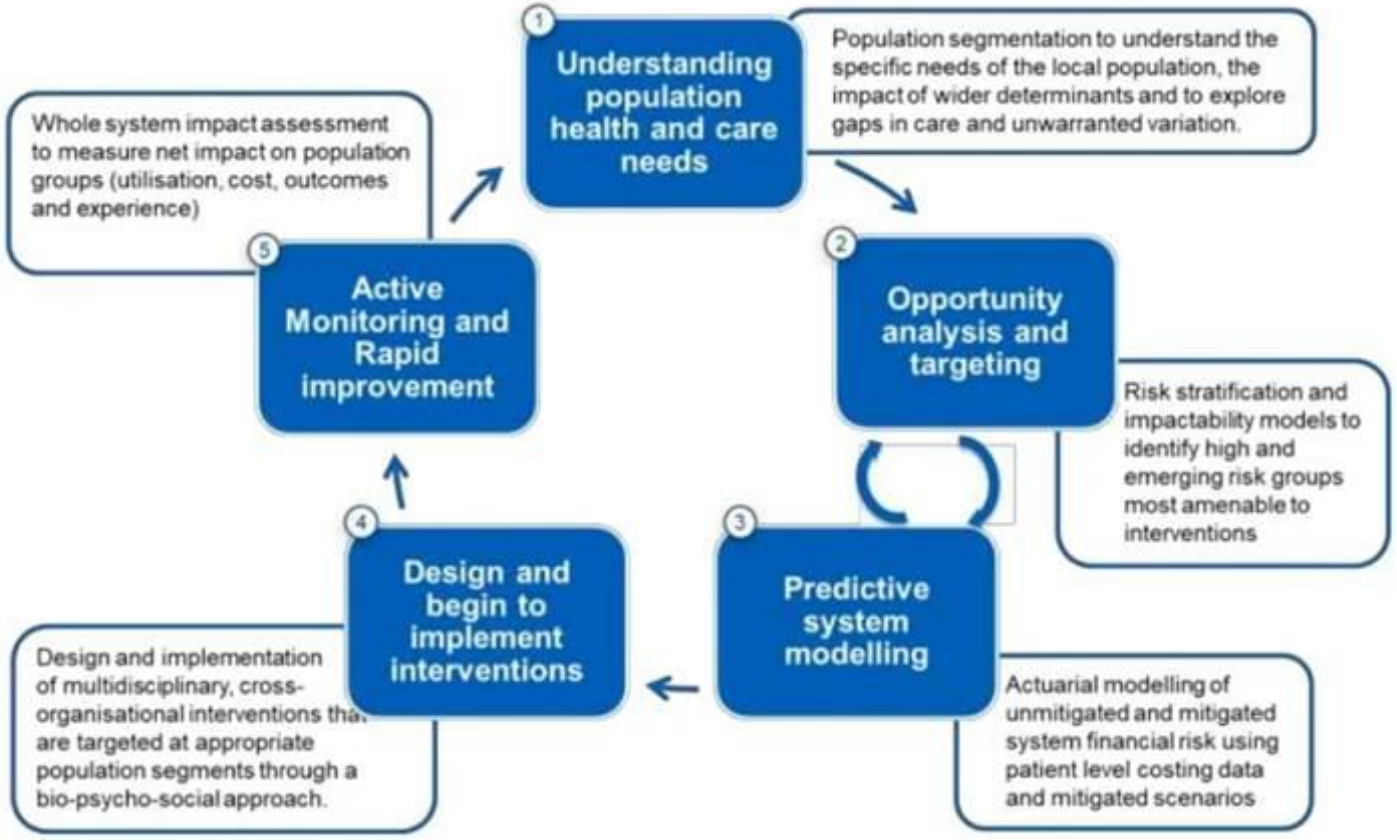
https://healtheconomicsunit.nhs.uk/

Hello, My Name Is David

- I work at the Health Economics Unit
  - NHS internal consultancy team
  - Part of Midlands and Lancashire CSU
  - Data scientists, data engineers, and health economists
  - Work with NHS, academia, and commercial sector
- I'm David
  - I'm a computer scientist
  - Start-up and NHS experience
  - I love my job



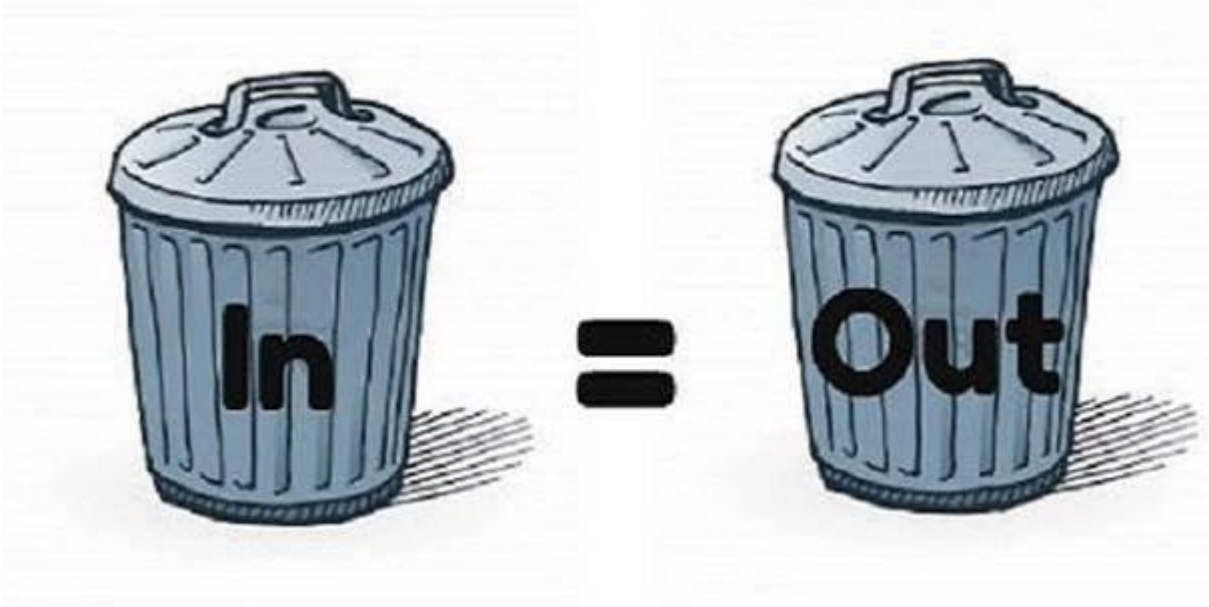
PHM can be illustrated as an ongoing cycle of intelligence-led care design



- Population Health Management should, as much as possible, intelligence-driven
- Much of how we deliver is driven by the relationships we have
- One of our key objectives is always to reduce health inequalities
- But does it reliably work?

The Rubbish

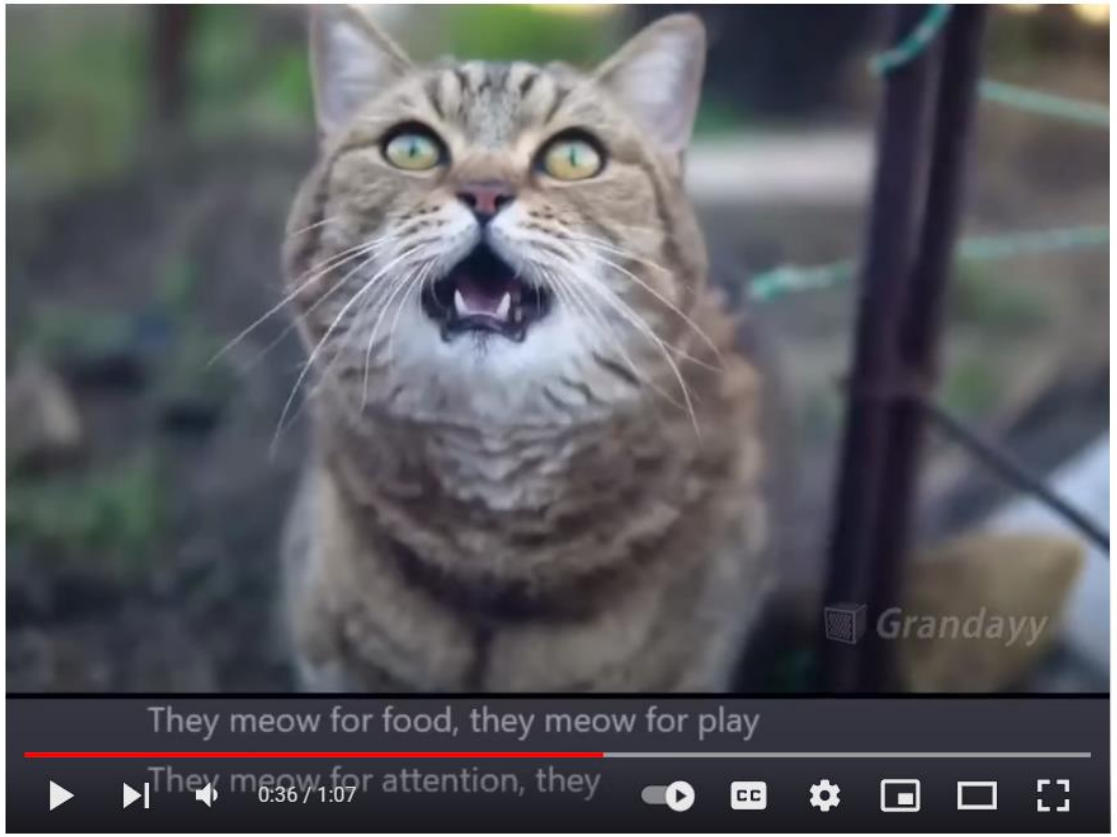
- The old saying goes “rubbish in, rubbish out” (or “garbage in, garbage out”)
- We know data quality is essential for our calculations to be helpful
- We also know data quality is an aspect of digital and analytics we are still trying to iron out across health and social care
- Most of us have probably seen this in practice!



Eminem Is Still a Better Rapper than ChatGPT

- Poor data will produce poor results
- Insufficiently sophisticated algorithms will miss key aspects of the problem we are trying to solve

- When we are writing rap songs, that's OK



Advanced Analytics + Rubbish = Danger!

- In some applications, the cost of failure is much higher
- Training models is not only about the rubbish, it's also about the balance in our dataset and the details which may be trivial but make a huge differe

(a) Clark nevus (b) Melanoma in situ (c) Melanoma 0.76–1.5 mm

FIGURE 1: "Naked eye" images of melanocytic lesions [3].

Our Biases and Data Gaps Feed Our Machines

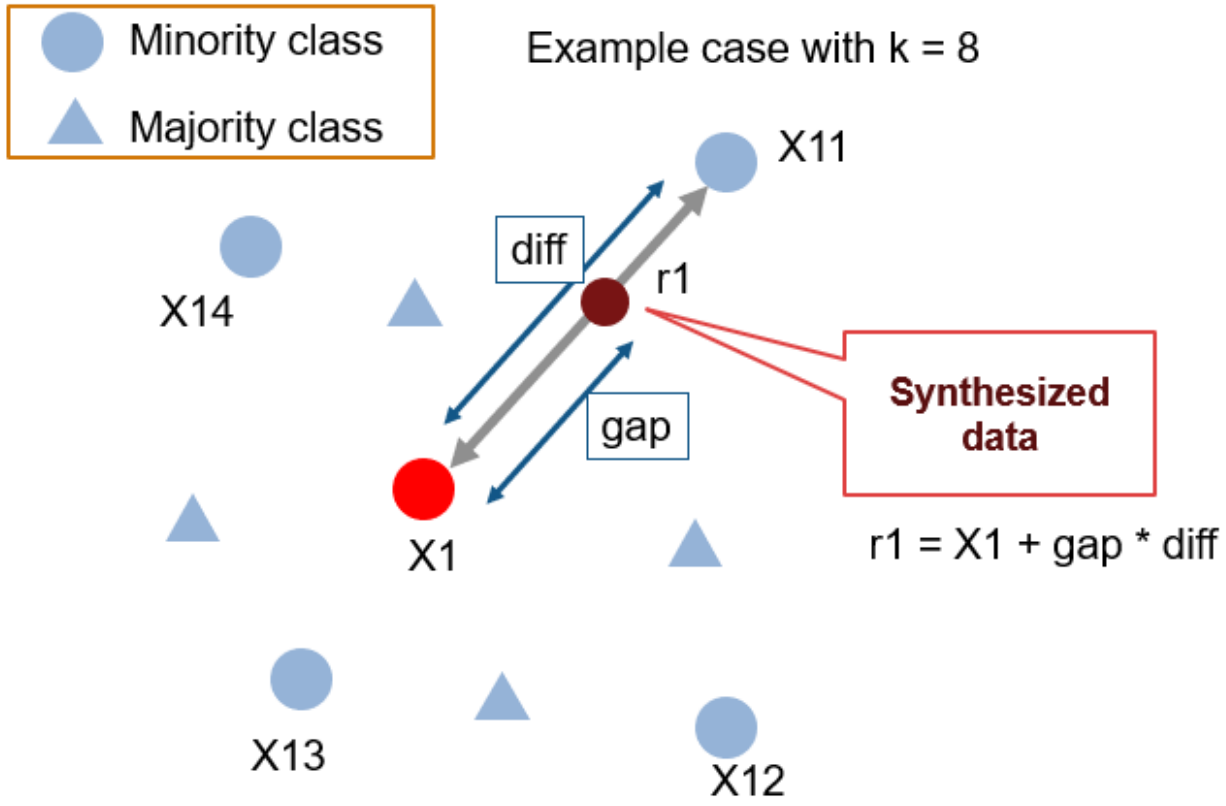
- Some groups in our population tend to have worse health outcomes than others
- Those are groups we usually interact with the least
- Those are also groups we tend to have least data for
- Training our models on biased data…

"The availability of good medical care tends to vary inversely with the need for it in the population served."

Inverse Care Law

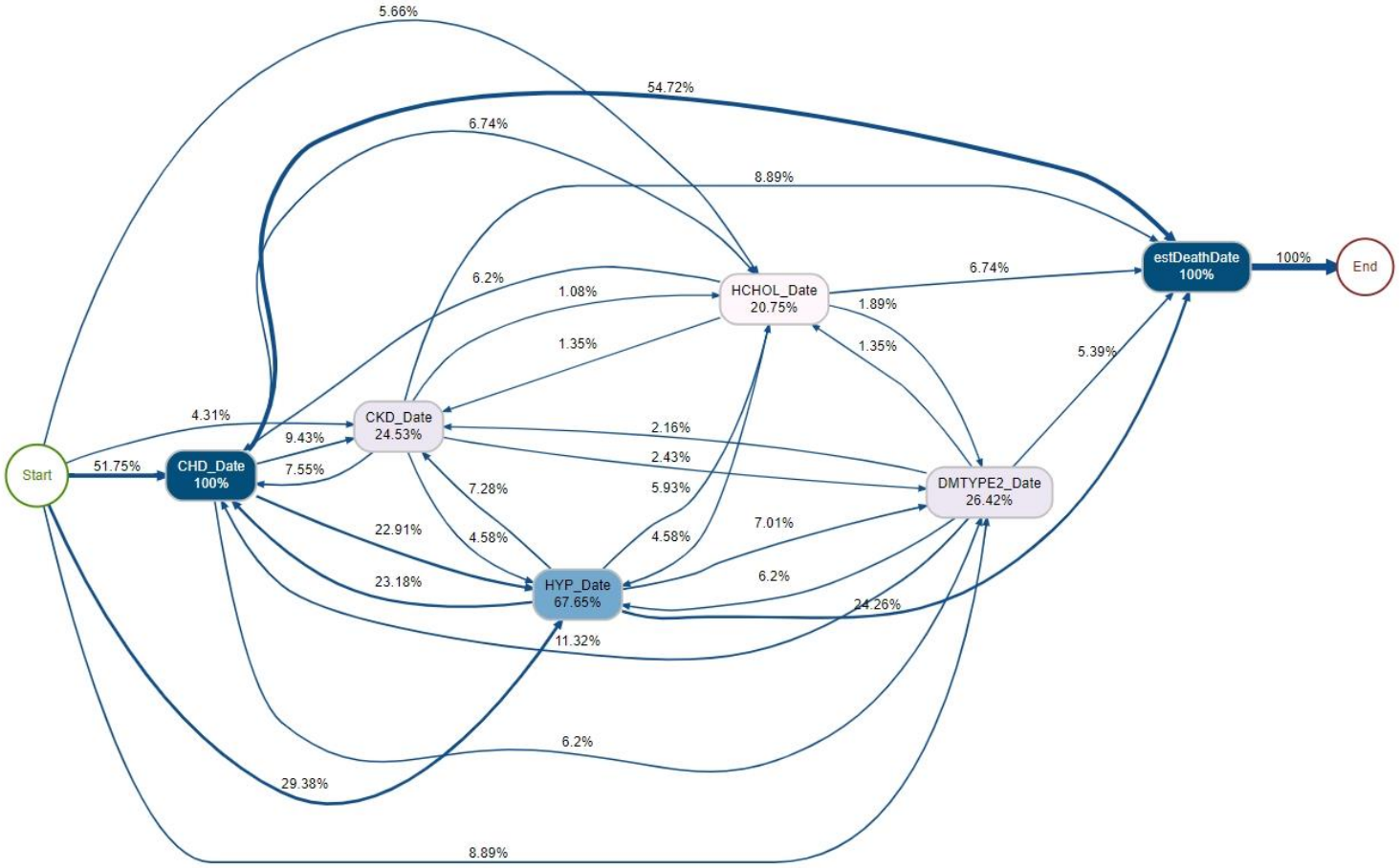
How Can We Work with This?

- There are many techniques which can help us solve this problem
- We can't underestimate the importance of having a great data scientist by your side!
- Some examples include oversampling, synthetic augmentation and hyperparameter tuning
- For more specific questions about our population, other techniques such as matched cohort studies can help

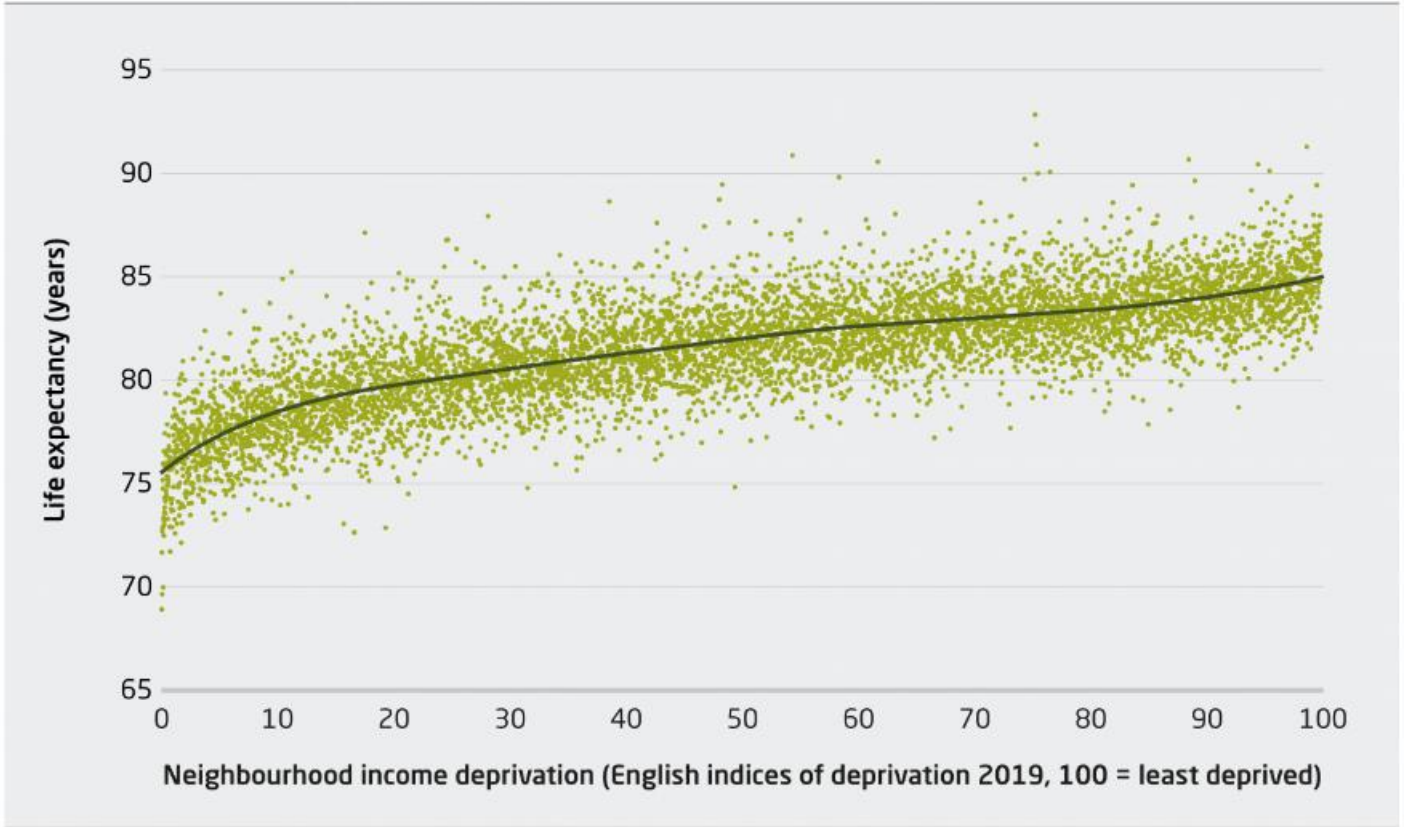


Inequalities in CVD Pathways

- Deprivation and ethnicity are correlated to health outcomes
- Anecdotal evidence suggests there are differences in pathways based on ethnicity and deprivation
- A matched cohort study will soon be published to show our results
- The evidence is stark, but the data challenges were a huge part of our learning



Inequalities in CVD Pathways



- A PHM approach is key to tackling health inequalities
- But we need to be careful, each technique we use has the potential to make the situation worse
- Data and algorithms can be biased too!

I Hope You Enjoyed This Session

Population Health Conference North

SPEAKING NOW

Dr Zahid Chauhan OBE, FRCGP

Councillor
Deputy Mayor Oldham Council

I will be discussing…

”Transforming Ideas into Policy Change"

POPULATION HEALTH AND EFFECTIVE CHANGE MANAGEMENT

"Postcode should never determine the quality and longevity of life and we need to do much more to improve provision in poorer neighbourhoods and reduce the stresses, strains and influences that blight peoples' health there."

Dr Zahid Chauhan OBE, FRCGP

www.zahidchauhan.co.uk

@ChauhanZahid

Zahid Chauhan OBE, FRCGP

£2.85
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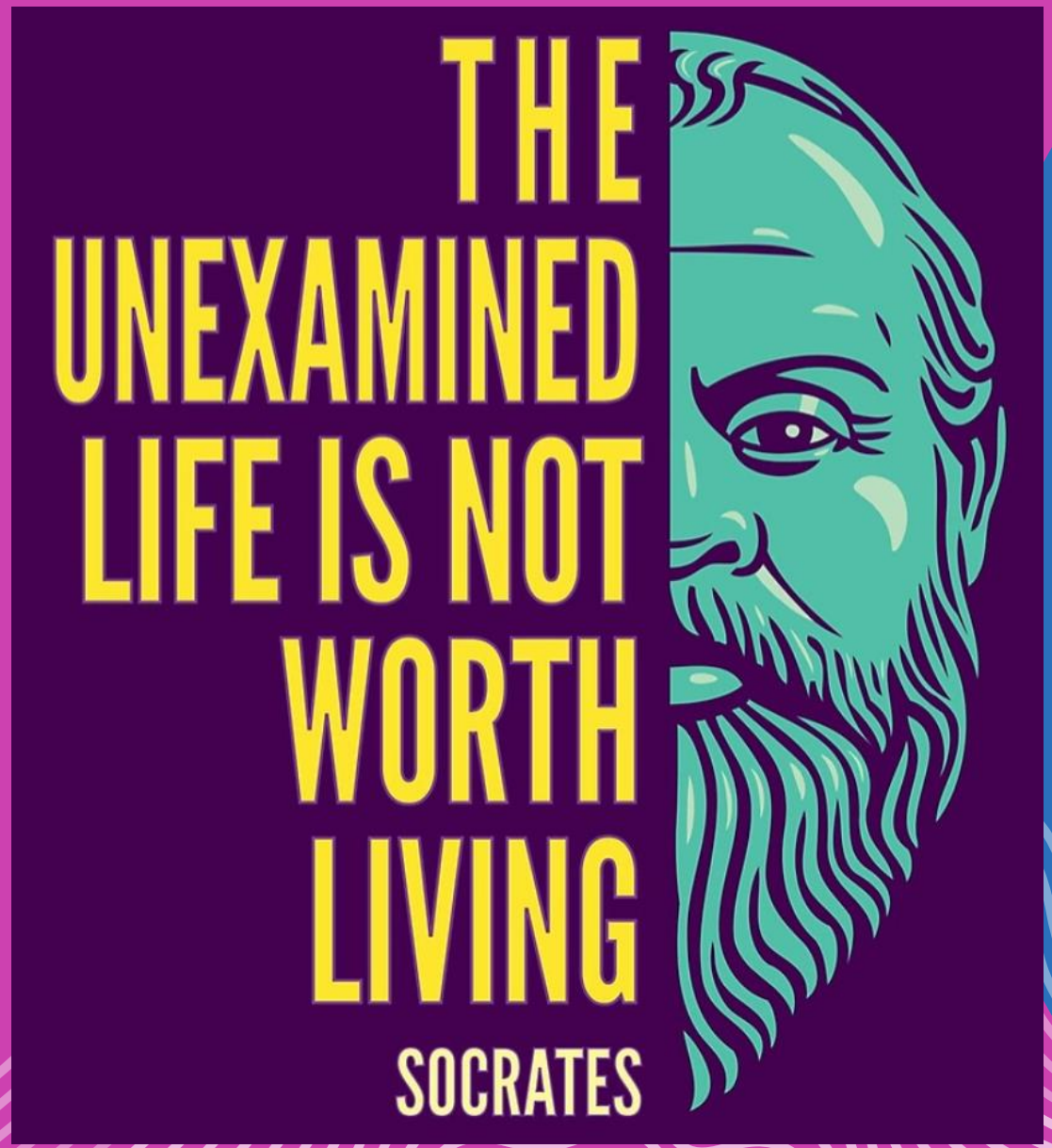
FOOD BANK
HOMELESS FRIENDLY



The NHS crisis continues to see hospitals at breaking point and GP surgeries busier than ever before.

We need to think what will happen in 10 years to our residents...

Who smoke?
Who are overweight?
Who are living longer due to advances?

While the health and social care system is on its knees.

Health inequalities is everybody's business so it is crucial that everyone in society plays their part.

Improving population health relies on leadership not just in health and care.

Collaboration between partners across health, care services, public health, and the voluntary sector can overcome competing objectives and separate funding flows to help address health inequalities for our communities.

The impact of poverty, low health literacy, homelessness, unemployment, lack of social support and other factors making it harder for people to seek support, understand and engage with their care, navigate the various services that can help meet their needs, take preventive action early, and live life as healthily as possible for as long as possible.

www.zahidchauhan.co.uk @ChauhanZahid Zahid Chauhan OBE, FRCGP

BBC
@ChauhanZahid
DR ZAHID CHAUHAN OBE, FRCGP

CABINET MEMBER FOR HEALTH AND SOCIAL CARE IN OLDHAM 2018-2022

- Launch of the ground-breaking Oldham Health Check. - the initiative aims to build on the existing free national NHS Health Checks, which see GPs inviting people aged 40-74 without a pre-existing condition for checks to identify their risk of developing a heart or circulation problem in the next decade, plus tailored advice and management plans.
- Mental Health – Better Mental health access for Oldham residents.
- Carers prescriptions.
- COVID vaccination engagement.
- Wrote to PM calling to deploy more resource's into Primary Care due to the current energy and health crisis.

HOMELESS FRIENDLY

- Range of complex issues behind why everyone from rough sleepers to sofa surfers don't present themselves at a general practice - inaccessibility to services, total disengagement with the state, chaotic lives, a fear of discovery and a mistrust of authority.
- As a GP and passionate campaigner against health inequalities, I find it abhorrent that anyone in our society should be refused medical care, especially when that person comes from one of the most unsupported groups who need it the most – people experiencing Homelessness. This crosses a barrier and calls for all of us in health and social care to address what is clearly unjust.
- Set up charity Homeless Friendly to make access to services easier for people who are homeless – started with healthcare and has since expanded.

www.zahidchauhan.co.uk @ChauhanZahid Zahid Chauhan OBE, FRCGP

- People who are homeless are still treated unfairly when it comes to healthcare but as a Leader trying to campaign on this vulnerable groups behalf.
- Oldham borough became first in the UK and thought to be the world to vaccinate people who are homeless. Clinics held at locations known to vulnerable communities to help break barriers. This shifted the debate nationally and achieved an eventual change in policy.
- Hygiene Kits for people who are homeless – over 1,000 across GM.
- Most recently new initiative Warm Kits – 100 kits distributed in December.
- Food bank for surgeries scheme – 7 food banks set up.
- Asylum seekers in Oldham – healthcare offer
- Annual flu and COVID clinics – running multiple sessions in Oldham.
- Stakeholder with NICE – contributed to guideline on 'integrated health and social care for people experiencing homelessness'.

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FOOD BANK
HOMELESS FRIENDLY

POPULATION HEALTH IS EVERYONES BUSINESS

www.zahidchauhan.co.uk @ChauhanZahid Zahid Chauhan OBE, FRCGP

Population Health Conference North

Q&A PANEL

Hannah McCarthy

Chief Behavioural Scientist

BetterPoints Ltd

David Sgorbati

Chief Analyst

Health Economics Unit

Dr Zahid Chauhan OBE

Councillor

Deputy Mayor Oldham Council

Networking and Lunch

Population Health Conference North

Chairs Afternoon Address

Dr Maslah Amin

National Clinical Advisor & Associate Director – **NHS England**

Population Health Conference North

PANEL DEBATE

”Leadership and Management Panel Debate"

David Sgorbati

Chief Analyst
Health Economics Unit

Miss Rachel McIlroy CSta

Senior Programme Lead
NHS England

Vicki Kong

Havering Clinical Lead for
Population Health Management
NHS North East London

Alis Rasul

Project Lead
Birmingham Community Healthcare

Population Health Conference North

SPEAKING NOW

Hannah Montgomery

Founder – Marketing and Social Care Lead
Grace Cares

I will be discussing…

”Transforming Ideas into Policy Change"

https://prezi.com/view/6qPTcDCFjSvrTuhzqrWp/

THANKS FOR ATTENDING

NHS Population Health Conference North

CONVENZIS

REGISTER FOR OUR UPCOMING CONFERENCES HERE!

Drinks Reception, Networking and End of Day