NHS
Imperial College Healthcare
NHS Trust

IHI Experience Day
Imperial College Healthcare NHS Trust
Wednesday 10th April 2024

Registration and networking:

- Introduce yourself to someone you haven't meet
- Share your reasons for attending this experience day
- What are you hopes for learning
- What you would like to gain from attending

Warm welcome and introductions:

NHS
Imperial College Healthcare
NHS Trust

Dr Francesca Cleugh

Dr Ben Holden

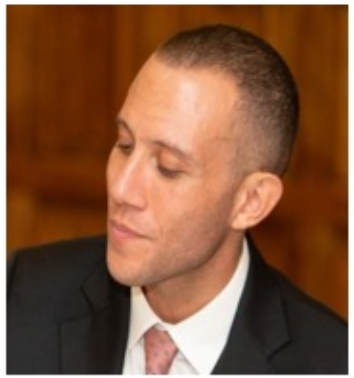
Sharon Poon

Dr Suki Mistry

Elizabeth Bennett

Lara Ritchie

Jessica Cunliffe



Andre Johnsen

Abe Brago

Claire Godwin

Christine Guirguis

Social media:

We will be taking photos, do let us know if you don't want to be photographed

- Forum Hashtag: **#Quality2024**
- Forum handle: **@QualityForum**
- IHI Handle: **@TheIHI**
- Imperial twitter handle: **@ImperialNHS**

Agenda:

Time	Session
09:45-10:15	Registration, coffee, networking
10:15-10:30	• Welcome and sharing Imperial innovation and improvement story • Overview of the healthcare system
10:30-10:55	Vision of 'better health for life' for our patients and communities in North West London and improving inequities in health and care.
11-12:30	Group 1: Innovation & digital walk Group 2 & 3: Paddington partnership walk, visiting • St Mary's Church - they run a social supermarket and lunch for the homeless. • Penfold Community Hub - activity hub for older people, many with dementia. Group 4: Westminster community walk visiting • Church street Market • Westminster Wheels
1230-12:45	15 minutes spare time to ensure colleagues return to St Mary's
12:45-13:00	Feedback and reflections from the walk
13:00-13:45	Lunch and networking
13:45:14:25	#2035 presentation
14:25-15:05	Equity and DNA presentation
15:05-15:30	Open discussion
15:30	Thank you and close

Innovation and Improvement at Imperial

Imperial College Healthcare NHS Trust

Dr Francesca Cleugh, Deputy Director Innovation and Improvement

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Trust in numbers 2022/23

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Our services*

1,339,000
Patient contacts
(including inpatients, outpatients and day cases)

264,000
Emergency attendees
(including A&E and ambulatory emergency care)

9,400
Babies born

32,600
Operations

96%
Positive overall rating of care for inpatients

*all figures rounded

Our staff

2,108 Admin and clerical	777 Allied health professionals (qualified)	123 Allied health professionals (support)
1090 Ancillary (hotel services)	48 Doctor (career grade)	1,294 Doctor (consultant)
1,913 Doctor (Trust and training grade)	4,325 Nursing and midwifery (qualified)	1,260 Nursing and midwifery (support)
159 Pharmacist	9 Physician associate	888 Scientific and technical (qualified)
437 Scientific and technical (support)	782 Senior managers	15,213 Trust total

Our students

1,221
Medical students

572
Nurses in education pre-registration

Our finances

£0.2m surplus
Out-turn
(deficit of £32.2m before adjustments for impairments etc.*)

£1.6bn
Turnover

£15.8m
Efficiencies**

£141.7m
Capital investments including buildings, infrastructure and IT

Our research

1,000
Clinical research studies

*NHS Improvement monitors NHS trust financial performance using an adjusted measure, which is derived from its surplus/ (deficit), but is adjusted for impairments and reversal of prior year impairments to property, plant, equipment and elimination of income and expenditure arising from donations and donated assets, as these are not considered to be part of the organisation's operating position.
** Efficiencies represent cost improvements achieved in the year to support the delivery of the break-even plan with the unmitigated gap offset through one-off non-recurrent measures.

One of our strategic goals is to build learning, improvement and innovation into everything we do

Imperial College Healthcare NHS Trust

Our vision

Better health, for life

Our values

Kind · Collaborative · Expert · Aspirational

Strategic goals

To help create a **high quality integrated care** system with the population of north west London

To develop a **sustainable** portfolio of **outstanding services**

To build **learning, improvement and innovation** into everything we do

Objectives for 2023-25

Measurable steps towards our strategic goals that recognise our current challenges and opportunities

- To build a values-led organisational culture
- To improve outcomes for patients and local communities
- To reduce waits and delays for our patients
- To achieve sustainable, financial balance

Key programmes for 2023-25

Major organisation-wide change programmes that are key to the delivery of our objectives

- Patient-centred safety
- Outpatient improvement
- Theatres efficiency
- Engaging for equity and inclusion
- Improvement for all
- Estates optimisation and redevelopment
- Private care reset

NHS quality assurance and improvement

NHS
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NICE National Institute for Health and Care Excellence

Care Quality Commission

General Medical Council
Regulating doctors
Ensuring good medical practice

GIRFT
GETTING IT RIGHT FIRST TIME

Academy of Medical Royal Colleges

CQUIN's

NHS IMPACT
Improving Patient Care Together
LEADERSHIP
CAPABILITY
PEOPLE
CULTURE
COLLABORATION
DELIVERY

NMC Nursing & Midwifery Council

What is NHS IMPACT? – the 5 components

Imperial College Healthcare NHS Trust

NHS IMPACT (Improving Patient Care Together) – a shared approach to improvement for the NHS

NHS England

How can we strive to be the best we can possibly be?

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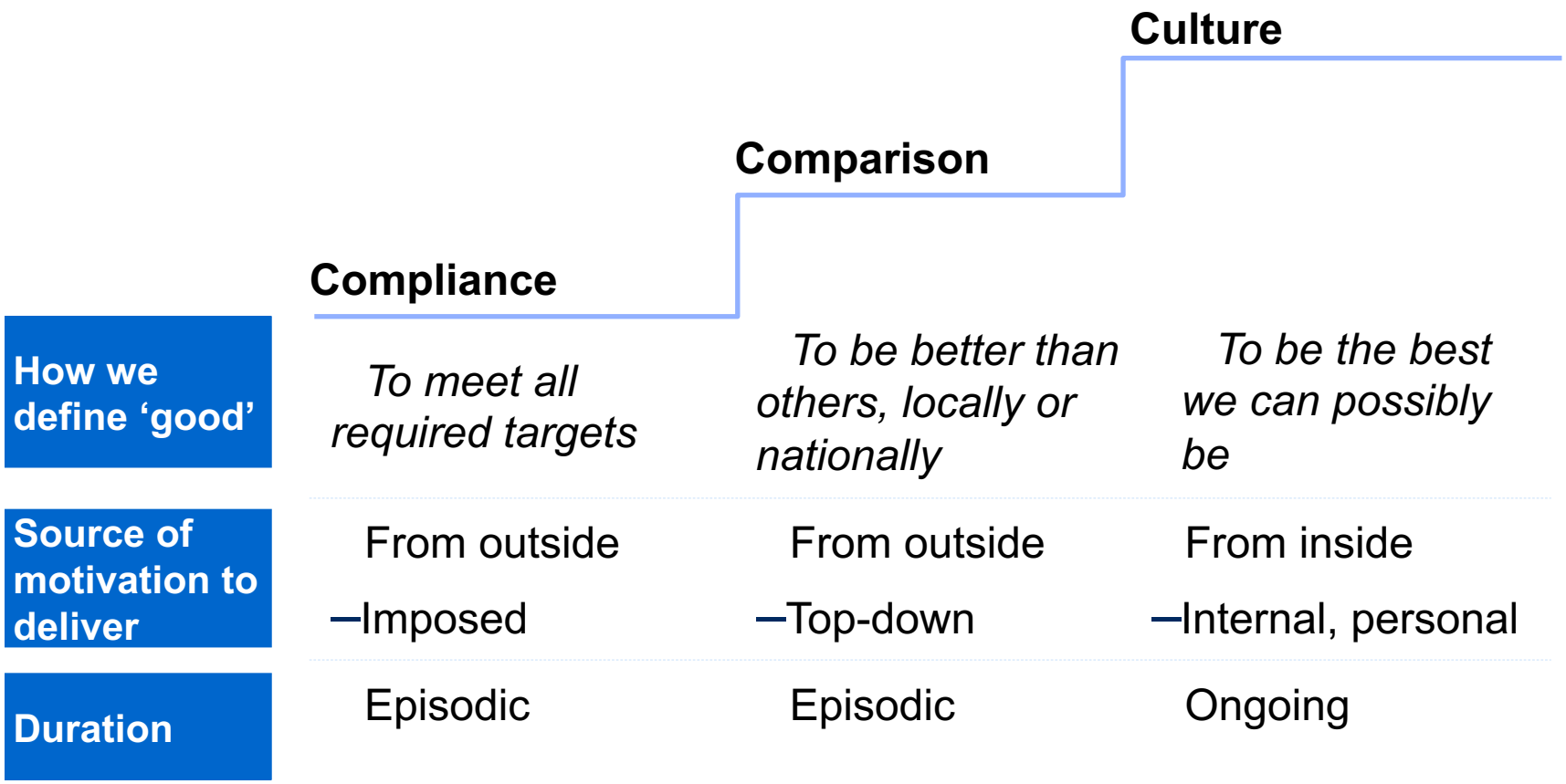
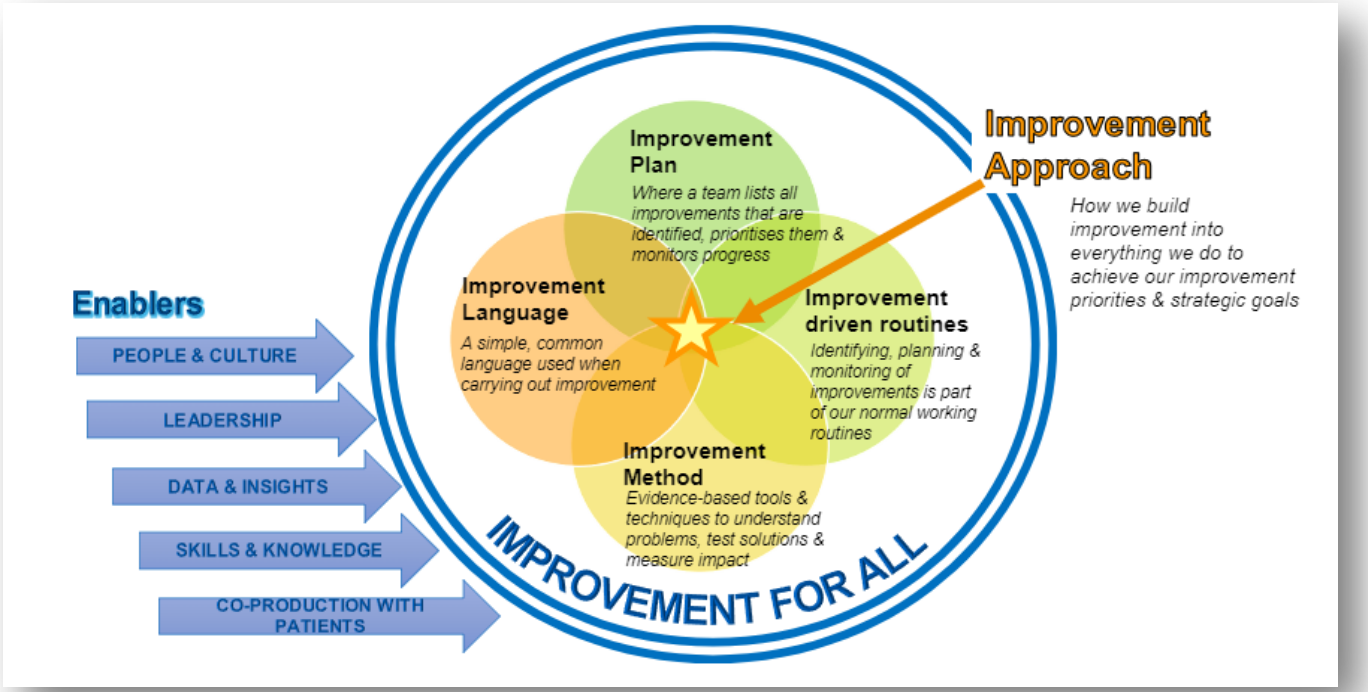


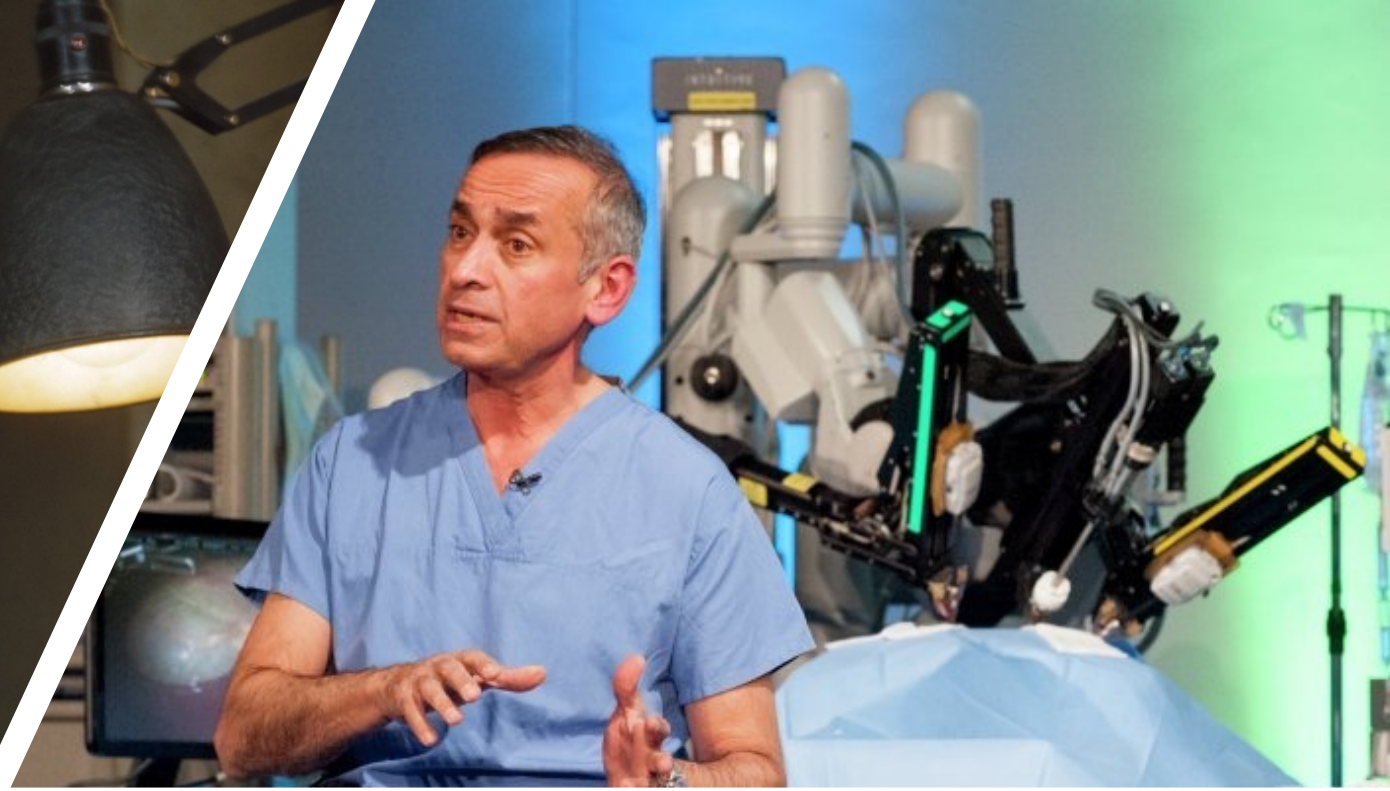
Building a culture of continuous improvement since 2015

Imperial College Healthcare NHS Trust

https://www.youtube.com/watch?v=MxTwqdXsIdE

Quality Improvement is a method for designing, testing and implementing changes





Some examples of current innovation work

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NIHR | Imperial Biomedical Research Centre

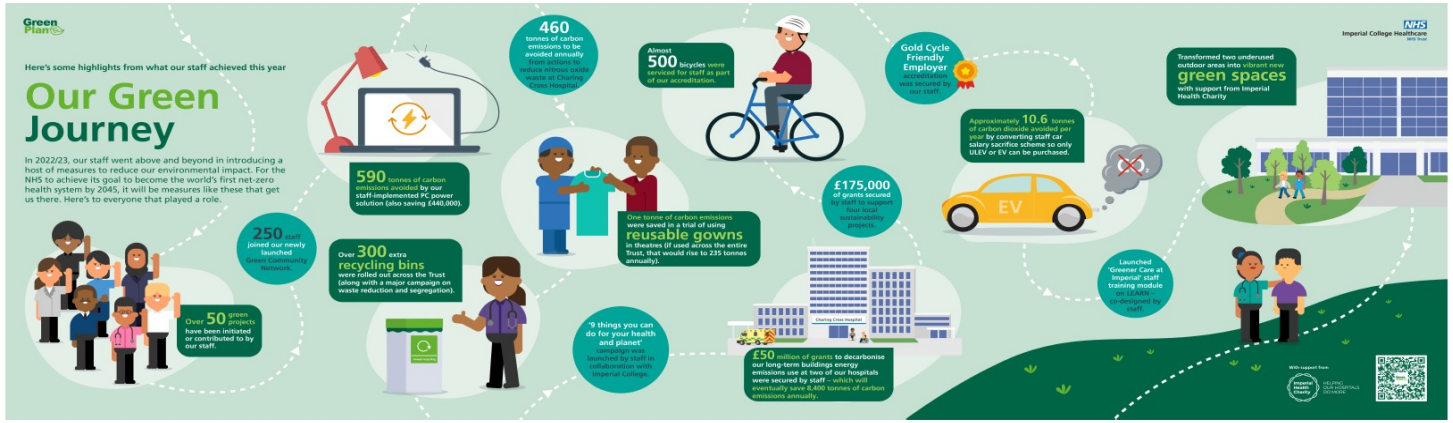
Largest BRC grant in UK, hosted by the Trust in partnership with Imperial College London
Harnessing world-leading discovery science and clinical expertise to develop innovative therapeutics, devices and diagnostics for healthcare

Imperial Health Charity
HELPING OUR HOSPITALS DO MORE

Funding innovations across the Trust supporting staff develop new and innovative ideas for improving patient care

Artificial Intelligence Framework
in development

Green Plan



Between 2019/20 and 2022/23 our NHS carbon footprint has fallen by 14 per cent, from 55,724 to 48,139 tCO2

Our innovation approach

under development

Imperial College Healthcare NHS Trust

We aim to:

1. Make innovation integral to how the organisation runs, underpinned by an aptitude for clearly articulated problems and solution-seeking curiosity culture
2. Build capability and capacity for innovation through training, fellowships, embedding into existing roles and routines
3. Streamline processes and systems to support and prioritise innovation across the pipeline, allowing seamless navigation
4. Pull the health innovation ecosystem closer to ICHT's frontline, playing an integral connector role, forming deep partnerships, opening up networking and participation opportunities for staff

Innovation pipeline

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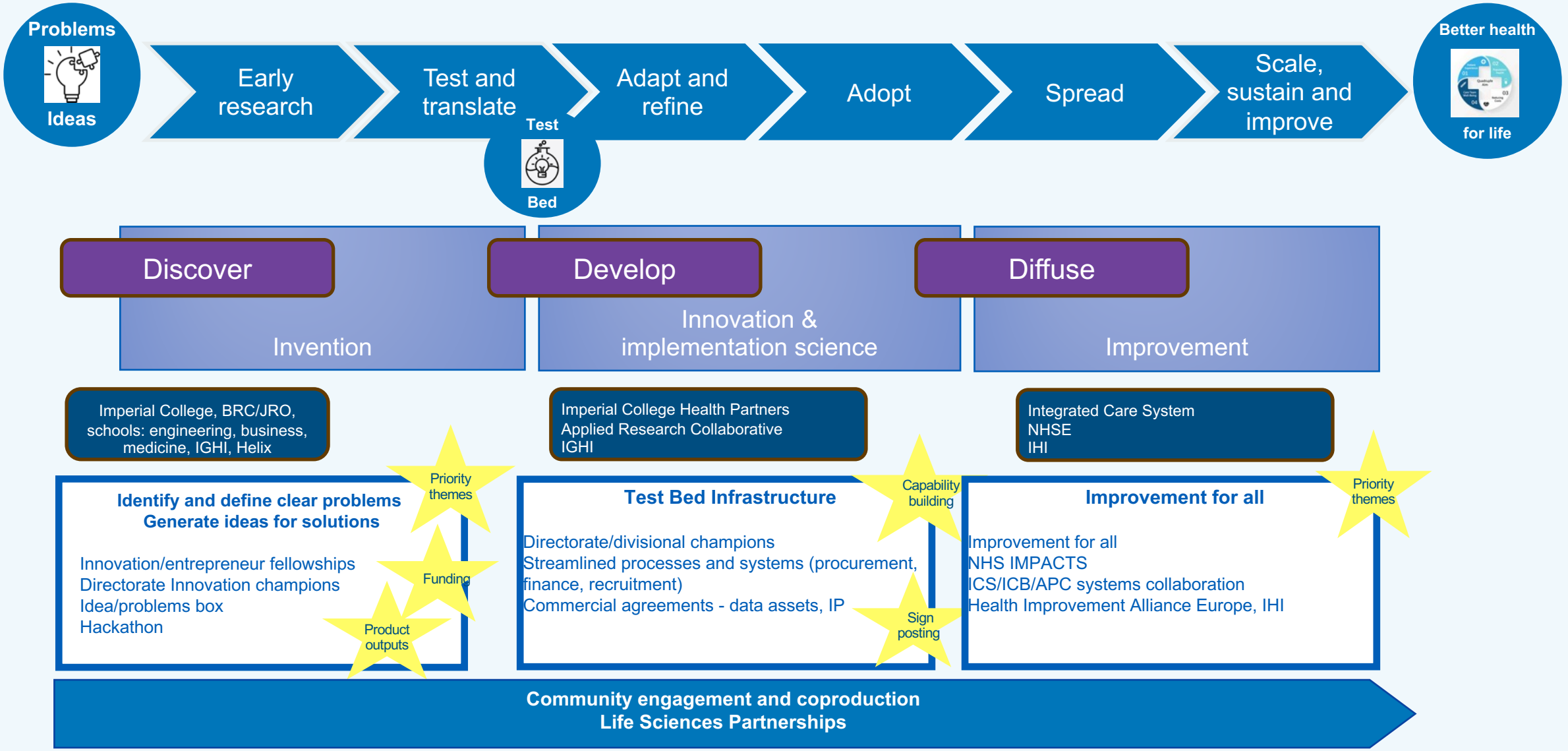

Vision of ‘better health for life’ for our patients and communities in North West London and improving inequities in health and care

Imperial College Healthcare NHS Trust

Dr Ben Holden, Public health consultant

One of the safest hospitals but……

“We know what creates health and well-being. It’s not the healthcare repair shop – Don Berwick”

Institute for Healthcare Improvement

Health care professionals can, and should, play a major role in seeking to improve health outcomes for disadvantaged populations.”


Home < Learning & Networking < Health Inequities < Berwick: US Health System Still Too Focused on Being a 'Repair Shop'

Berwick: US Health System Still Too Focused on Being a ‘Repair Shop’

Post Date: June 2, 2021


Our vision
Better health, for life
NHS
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Our values
Kind
Expert
Collaborative
Aspirationa
Our strategic goals
To help create a high quality integrated care
To develop a sustainable portfolio
To build learning, improvement and

Mapping inequity across our organisation

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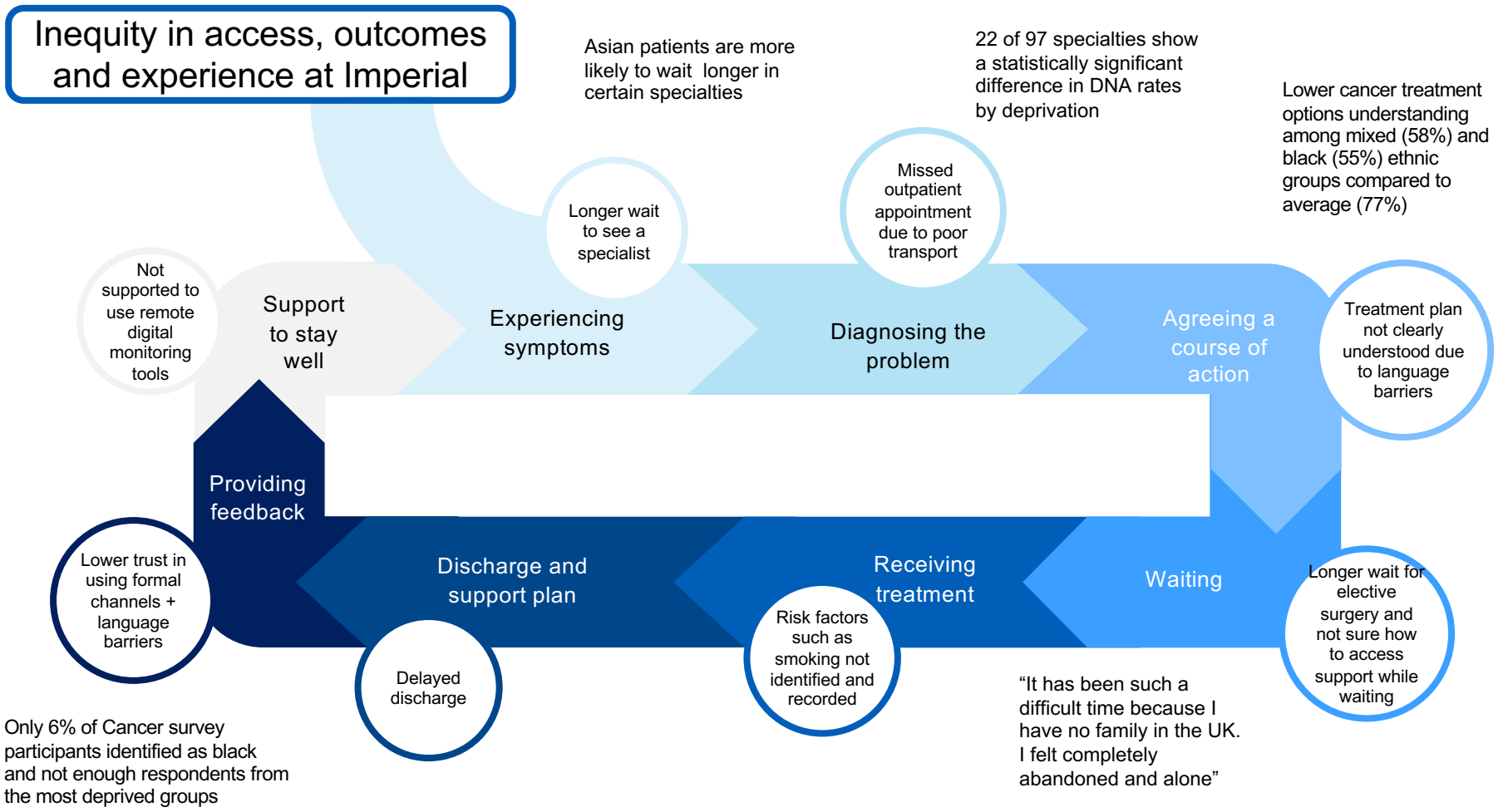

Using a fishbone to look at causes & opportunities for action

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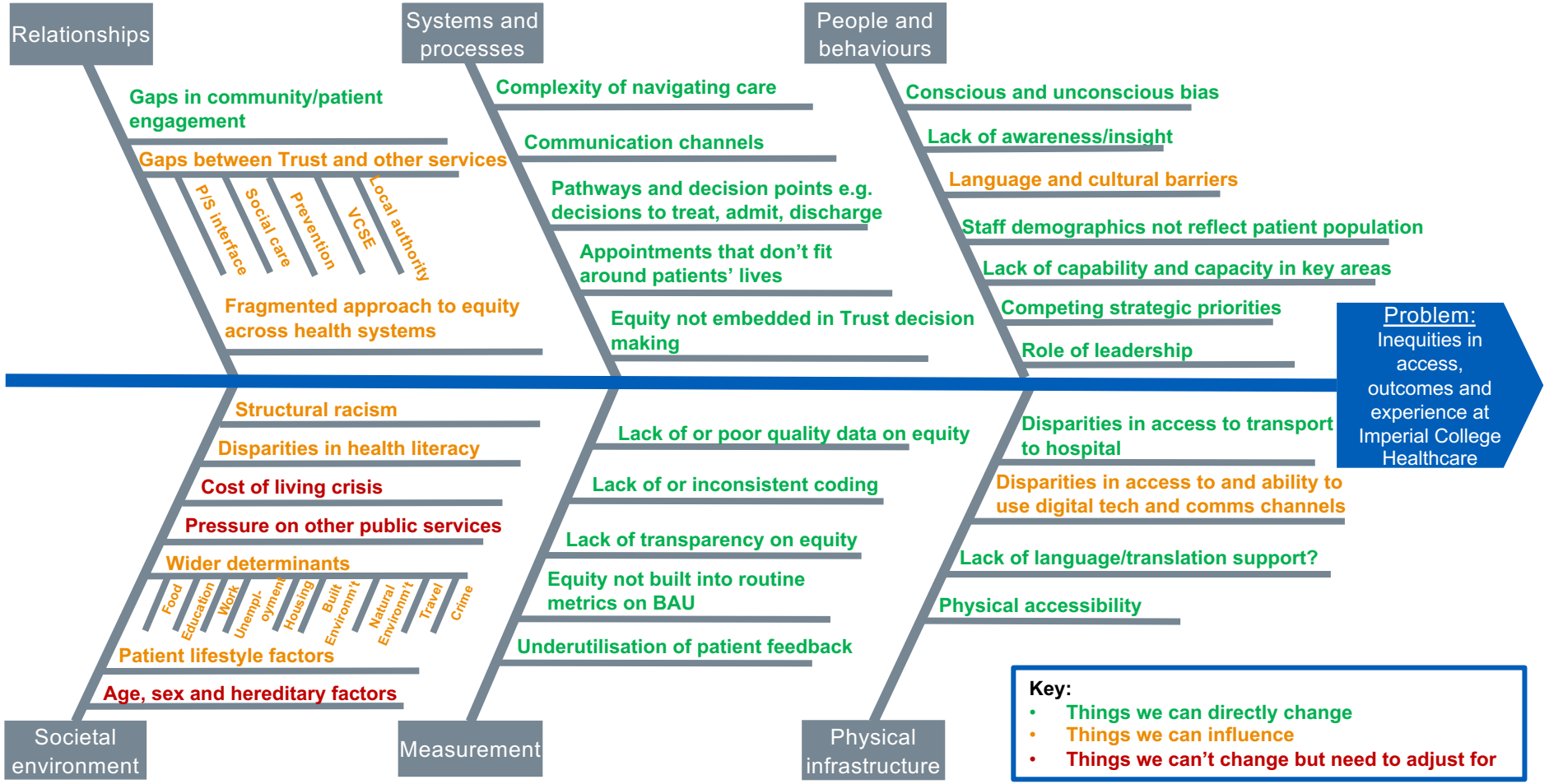
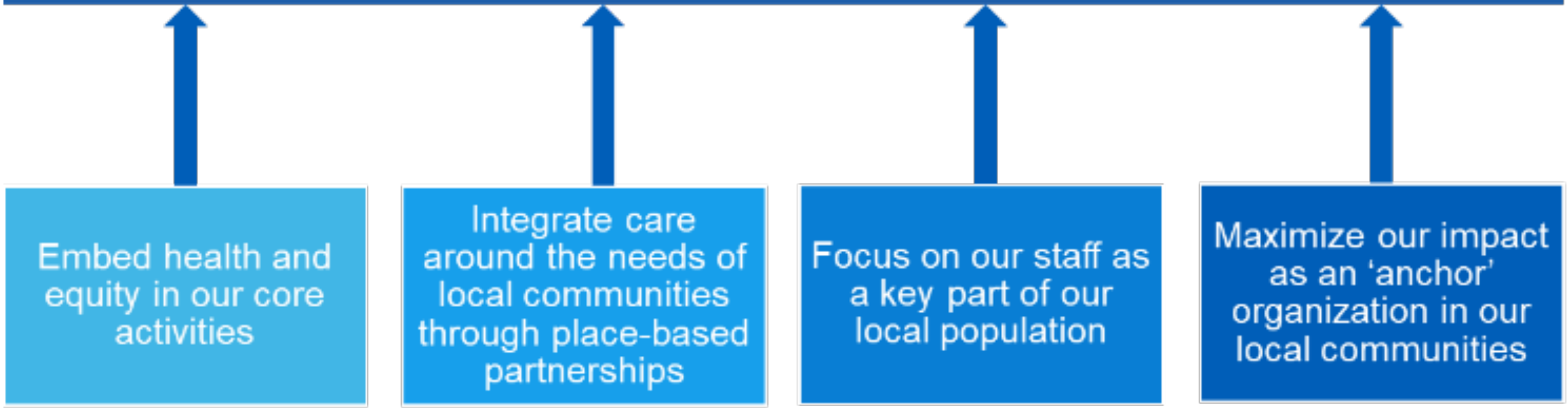


Aim: To improve health, wealth, wellbeing and equity within our local communities



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Home > About us > Improving health and equity – everybody's business

Trust blog

Improving health and equity – everybody's business

29 Jul 2022

For long-standing observers of healthcare policy, rising interest in population health and health inequalities may feel like Groundhog Day. But it has to be different this time, argue Dr Bob Klaber, paediatrician and Imperial College Healthcare director of strategy, research and innovation, and Dr Dominique Allwood, public health consultant and director of population health. They explain the approach they are leading across Imperial College Healthcare and call on everyone in the NHS – including in our acute hospitals – to be part of the change.

https://www.imperial.nhs.uk/about-us/blog/improving-health-and-equity

Engaging differently with patients & communities

Imperial College Healthcare NHS Trust

> In contrast to previous engagement events I had run by video link, where we really struggled to get ethnic minority women to turn their cameras on and speak, most of the champions and mums were people of colour.

Blog post · 03 Mar 2023

Co-creating a Big Room with families in west London

How do we harness the power of community partnership and bring together primary and secondary care with the third sector and community members to improve the health of a local population? Sabrina uses the Big Room method in the Golborne Estate in West London.

Read comments (2)

Sabrina Das

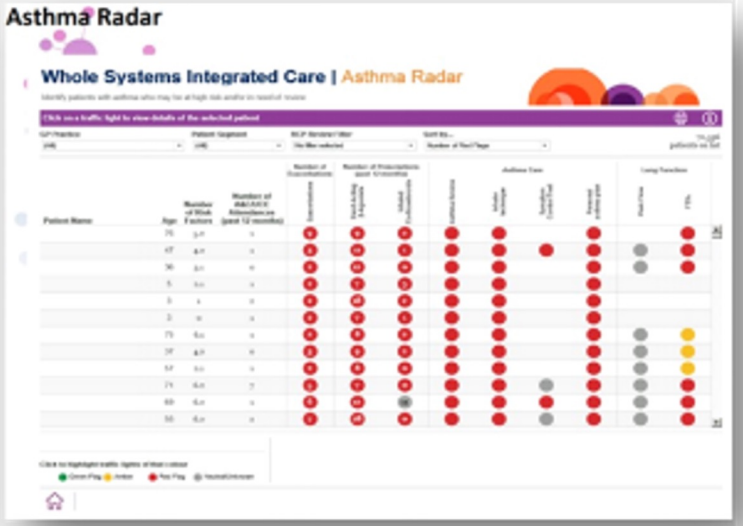
Redesigning our models of care

Imperial College Healthcare NHS Trust

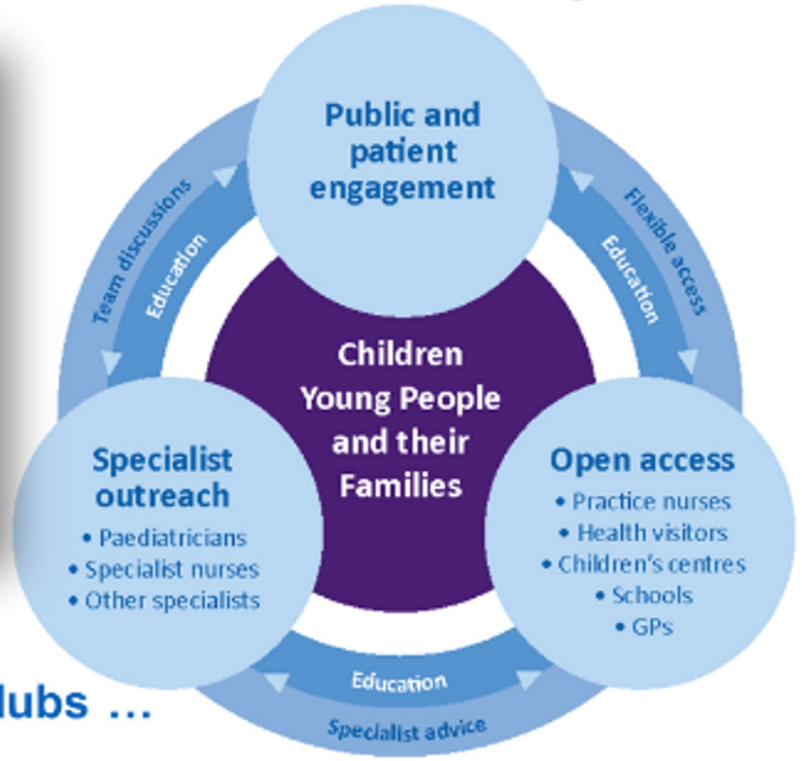
Identified & segmented the population

- Healthy Child
- Child with single long-term condition
- Child with complex health needs
- Acutely mild-to-moderately unwell child
- Acutely severely unwell child

Empowered clinicians to use data



Tested new models of care delivery



What we saw happening in the Hubs …

Observed reduction in activity:

Outpatient	81%
A&E	22%
Admissions	17%

Changing culture - Staff community walks & Induction

Staff visiting Westminster Wheels, a social enterprise that trains previously unemployed residents to achieve a City & Guild level 2 certificate in cycle mechanics and provides work placements.

I've worked for the Trust for almost 15 years and been based at St. Mary's for the past 9 or 10 years and had no idea this community was just on our doorstep. Thank you'

Front of House manager

Influencing health of our communities as an anchor institution

Imperial College Healthcare NHS Trust

Improving hiring practices in the community

Training & growth opportunities for employees

Offering out facilities to underserved communities

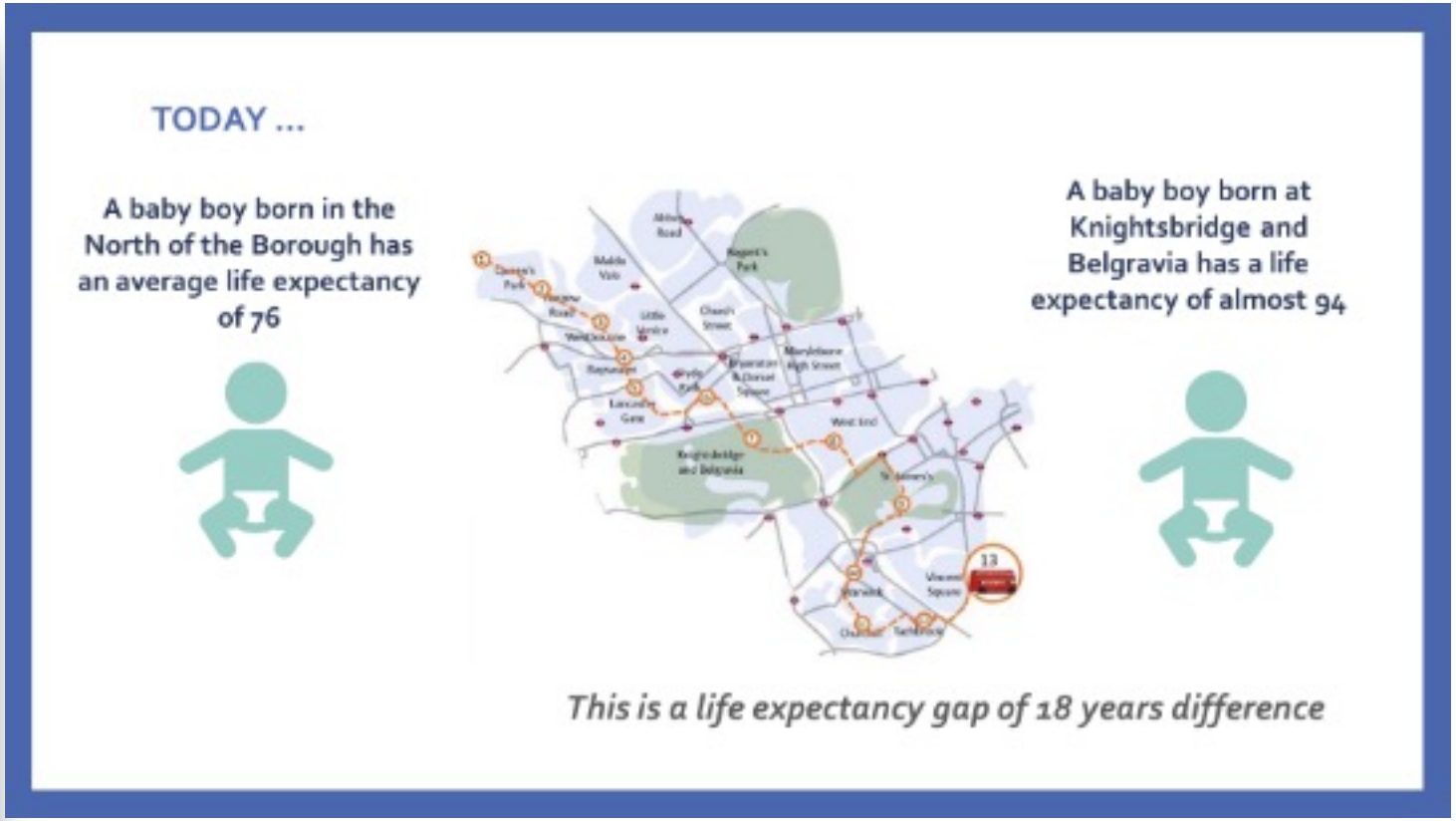
Working with diverse partners

Investing back into the community

Use diverse pool of contractors and suppliers

Learning from others and partnering for equity

Imperial College Healthcare NHS Trust



#2035

Listen Connect Amplify Accelerate

No wonder its complex……

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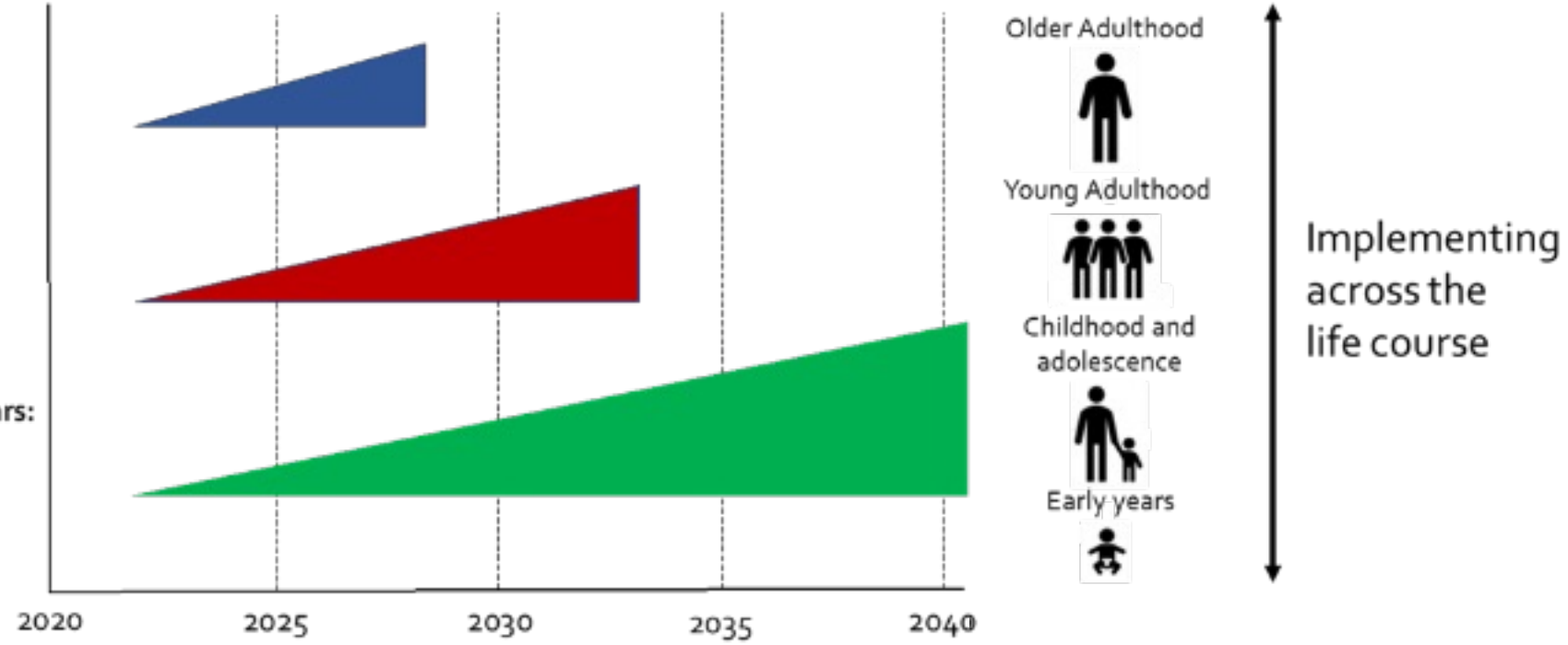
A **Impact in 3 to 5 years:** manage hypertension, cardiovascular risk, diabetes, identify cancer early

B **Greater impact in 8 to 10 years:** Reduce smoking, reduce alcohol harm, physical activity and diet

C **Substantial impact in 12 to 15 years:** Good work and skills, education reduce poverty, improve housing, air quality



Before the walls → Within the hospital → Beyond the walls

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Q&A

Community Walks:

Imperial College Healthcare NHS Trust

Walk 1 – ***Digital & Innovation Walk:***

- From the hospital through the life science eco system into the community

Walk 2 & 3 – ***Imperial community Walk:***

- The purpose of this walk is to learn more about the local population the hospital serves, including the diversity, health needs and inequities faced by the local community. We will be visiting two local organisations: St Mary's Church and Penfold Community Hub.

Walk 4 –***North Paddington & the #2035 Ambition Walk:***

- We will be joined by colleagues from local government as we explore the local area around St Mary's Hospital. We will visit some of the services provided by Westminster City Council and other community organisations.

Lunch

Imperial College Healthcare NHS Trust

- The Marylebone Project provides a life-changing service for homeless women and is the largest and longest-running centre of its kind in London and the UK with over 90 years of experience.
- Munch in Marylebone is a catering business, providing delicious homemade food for lunches and events. Our food is freshly prepared by our professional chef and a team of women from the project.
- Some of the dishes on the menu are recipes that the women have shared
- Provides opportunities for women at the Marylebone Project to gain catering skills and qualifications, by volunteering in our Munch kitchen and taking part in our catering programme and classes.

Marylebone Project

Helix Centre

Imperial College Healthcare NHS Trust

UK Research and Innovation

Improving equity in outpatients by reducing missed appointments (DNAs)

IHI experience day

April 2024

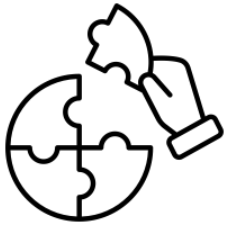
Project background

First outpatient appointments are a vital way of accessing health services and managing long-term health conditions.

ICHT found that **"Did Not Attend" (DNA) rates** – which indicate the percentage of missed scheduled appointments – **are up to 50% higher across patients living in the most deprived areas and those who are part of specific minority ethnic groups.**

50%

Our goal is to increase appointment attendance by identifying and testing ways that we can support people from these groups to attend their appointment, so that we can prevent further health inequity caused by missing a first appointment.



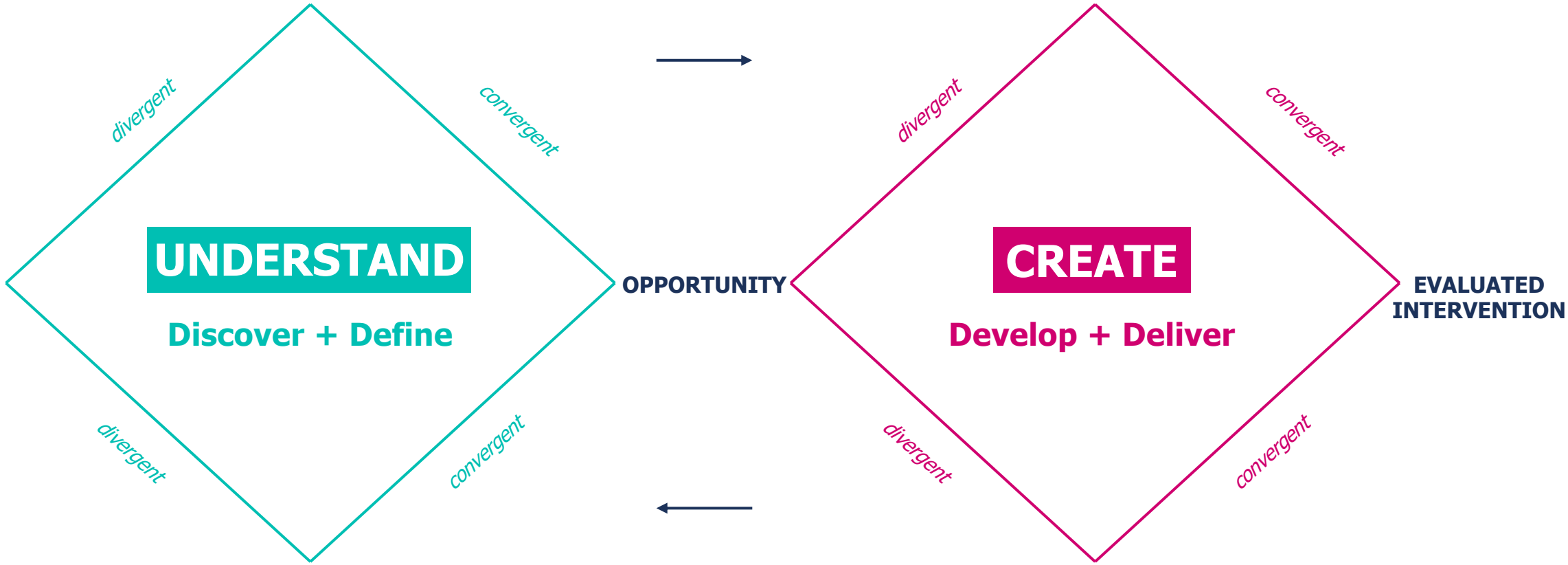
We are drawing on **human-centred design and behavioural science methods previously successful in other areas,** e.g., increasing screening and vaccination uptake

Applying human-centred design to Trust challenges - double-diamond approach

PROBLEM

Equity of access in outpatients

Disparity in DNA rates for ethnicity and deprivation



Helix Centre

NHS Imperial College Healthcare NHS Trust

UK Research and Innovation

Source: Adapted Double Diamond, Design Council

To understand the problem further, we needed to find out more about the people, systems and opportunities

Discover

- Chose clinical specialties
- Researched background literature
- Carried out staff and patient interviews
- Shadowed staff and appointment booking processes

Define

- Identified issues and barriers to appointment attendance
- Mapped barriers to behavioural science framework
- Developed a service map

Public involvement

- Established a Public Steering Group with 8 public members who were from relevant ethnic groups or lived in an area with a high level of deprivation

A disjointed appointment booking process that doesn't work for patients or staff

Speaking to patients and staff, we mapped out the appointment booking process from both perspectives and found a **complex, disjointed service**.

Every stage of the journey had the opportunity for a **poor patient experience** that could lead to a missed appointment.

From the **staff perspective**, **complicated and manual processes** could lead to error or confusion.

Sample snapshot of a stage in the patient journey:

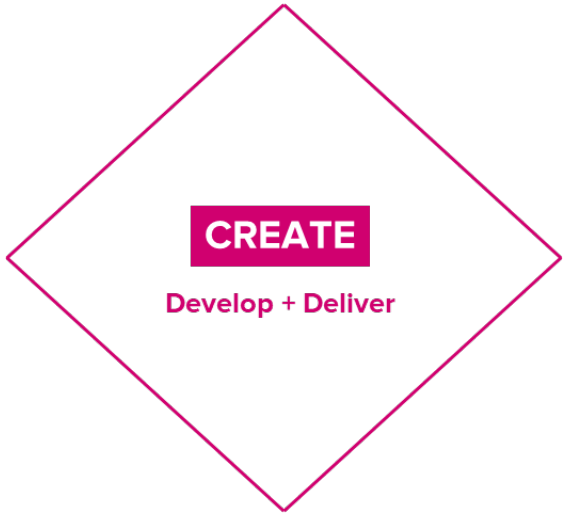
Awareness of appointment

The findings can be summarised into nine main categories

High-level summary of key findings

Issues that arise when **communicating appointment information to patients**	Issues related to the **various communication methods** used to inform people about appointments	**Appointment factors**, e.g., time, type and the inability of patients to self-book or reschedule easily
Perception of NHS, language and tone of communications	Issues related to **patient transport** to the appointment	**Supporting unique personal circumstances** of patients
Issues with the **wider healthcare system** such as waiting lists, referrals	Trust system issues related to **organisation and processes**	**System errors** that result in **incorrect recording of DNAs**

We co-created several solutions that could be used by the Trust to support people in attending their appointment



Develop

- Held co-design workshops with local community members
- Brainstormed > 100 ideas to overcome barriers using "How Might We" questions
- Co-designed & iterated 5 concepts with workshop group

Deliver

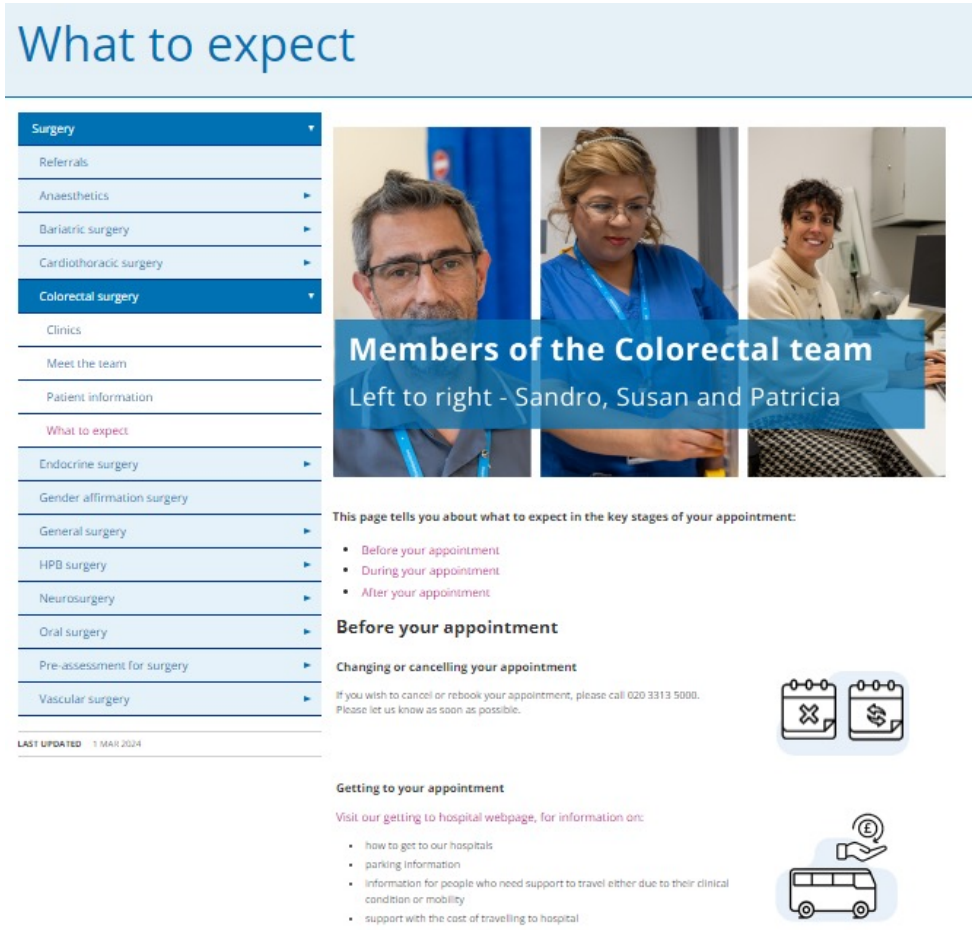
- Carrying out research study (non-randomised controlled trial) in 2024 to test 3 text message-based interventions
- Sharing project learnings and process with wider Trust colleagues

Public involvement

- Prioritised barriers to include in co-design workshops
- Co-designed concepts and study interventions with research team

There are three text messages being tested in the research study to see if they help people to attend their appointments

Each text message links to a new web page that provides tailored support to the relevant barrier




Thank you
f.odriscoll@imperial.ac.uk
Helix Centre

Waiting well

Imperial College Healthcare NHS Trust

Sharon Poon – Health Equity Programme Manager

Context - What does addressing health inequities through elective recovery mean?

Imperial College Healthcare NHS Trust

- Use waiting list data to identify disparities in relation to the bottom 20% by Index of Multiple Deprivation and black and minority ethnic populations
- Prioritise service delivery by taking account of the bottom 20% by IMD and black and minority ethnic populations for patients on the waiting list and not on the waiting list, including through proactive case finding
- Use system performance frameworks to measure access, experience and outcomes for black and minority ethnic populations and those in the bottom 20% of IMD scores
- Evaluate the impact of elective recovery plans on addressing pre-pandemic and pandemic-related disparities in waiting lists
- Demonstrate how the ICS's senior responsible officer for health inequalities will work with Board and partner organisations to use local population data to identify the needs of communities experiencing inequalities in access, experience and outcomes and ensure that performance reporting allows monitoring of progress in addressing these inequalities.

Source: NHS 2021/22 priorities and operational planning guidance

Waiting well - Orthopaedics

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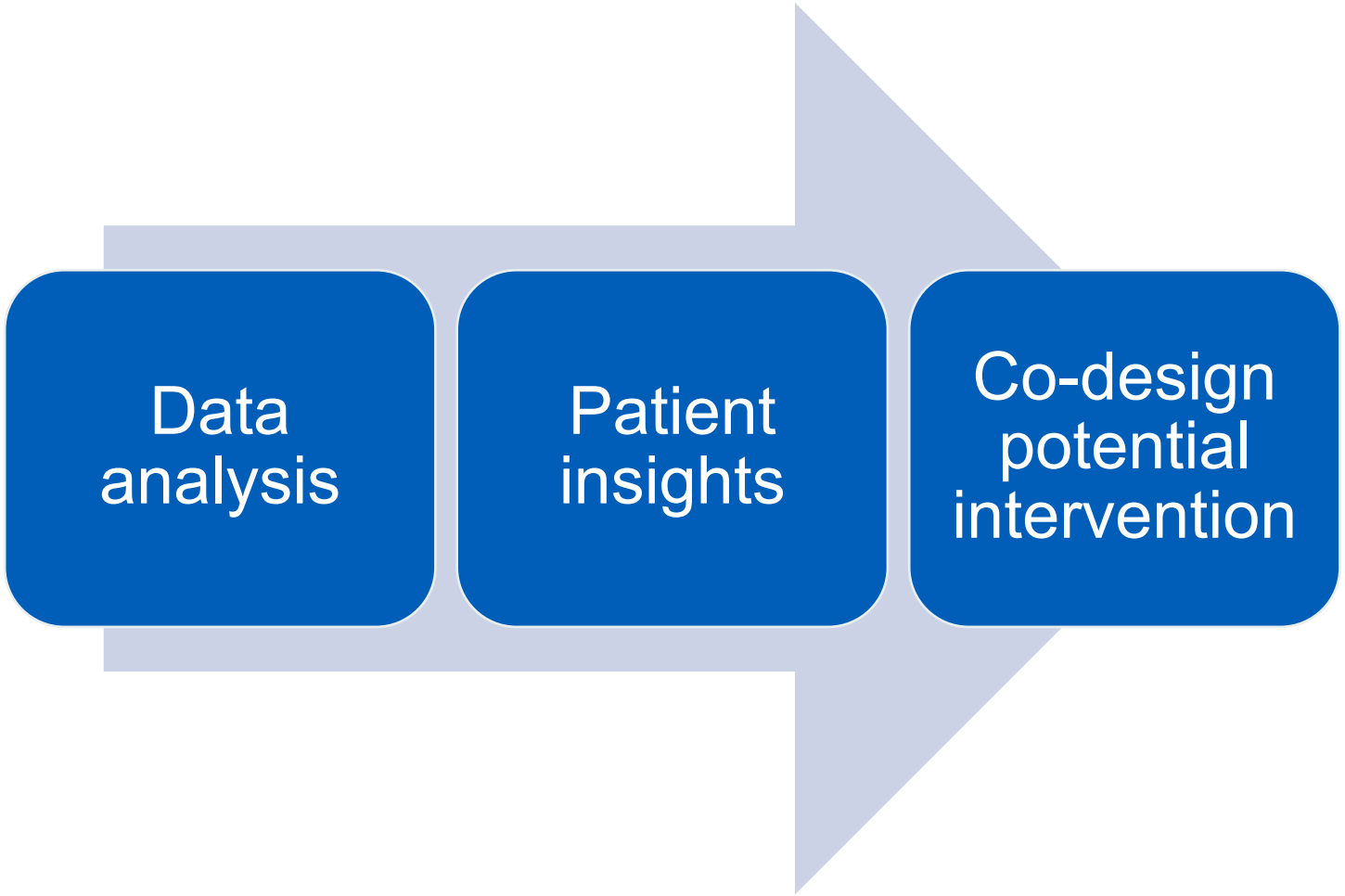

Data analysis - Methodology

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Data filters applied
• Treatment function code: 110 (Trauma & orthopaedics) • Elective inpatient • Daycase • All patients discharged between April 2021 to 30 September 2023

OPCS Group	Number of procedures
Joint replacement	994
Fracture	278
Other (everything else outside of fracture and joint replacement, e.g. fixation of bone, repair of tendon, reduction of traumatic dislocation)	2428
Null	9
Total	3709

Note: Cleaned up data, e.g. deleted data where waiting time was negative (7% of patients were not able to be analysed – no bias identified based on ethnicity)

Data analysis - Results

Imperial College Healthcare NHS Trust

- No notable difference in waiting times for 'fracture' but there is significant difference in waiting times for 'joint replacement' and 'other' when looking at the data by ethnic category.
- Black and Asian patients wait on average 3 months longer than White patients for joint replacement surgery.
- Patients in Index of Multiple Deprivation quintile 1 (most deprived) are waiting nearly six months longer than patients in IMD quintile 5 (least deprived).
- 85% of patients come from IMD quintile 2-4. 10% of patients are from IMD quintile 1 (most deprived). 5% of patients are from IMD quintile 5.
- Patients in 50-59 years wait on average 9 weeks longer than patients in 70-79 years.
- No notable difference in waiting time by sex
- No notable difference in length of stay by sex, ethnicity, deprivation

Clinical records review of 50 patients from IMD 1 (most deprived)

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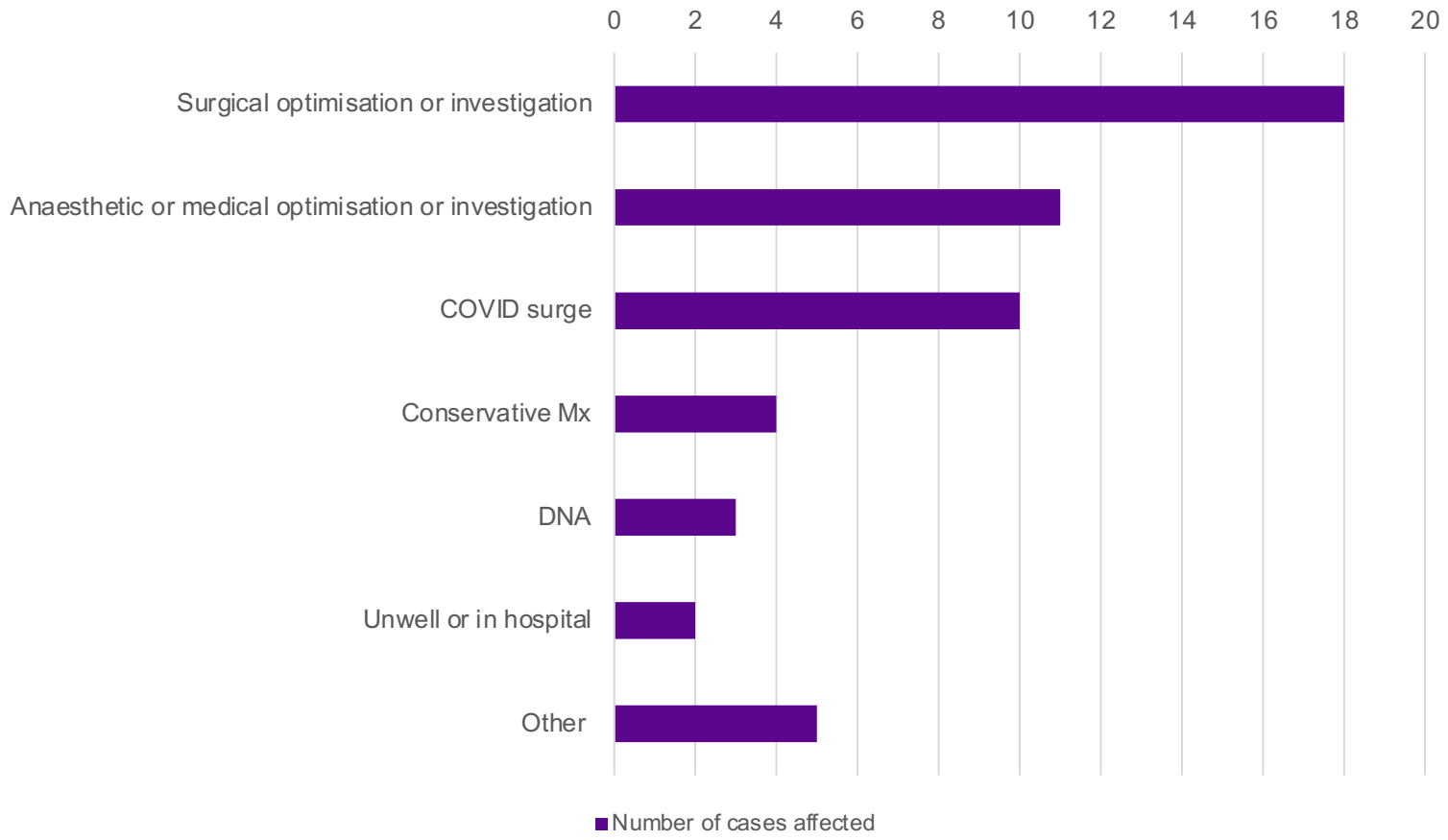

In most cases, there was not one single contributing factor. In 10/50 (20%) of cases, no reasons for delay could be identified from the notes. 8% of cases were related to interpreting, 40% of cases had a Body Mass Index >30, 26% of patients were smokers. Lots of data quality issues.

Number of appointments between first attendance and decision to admit by ethnic group

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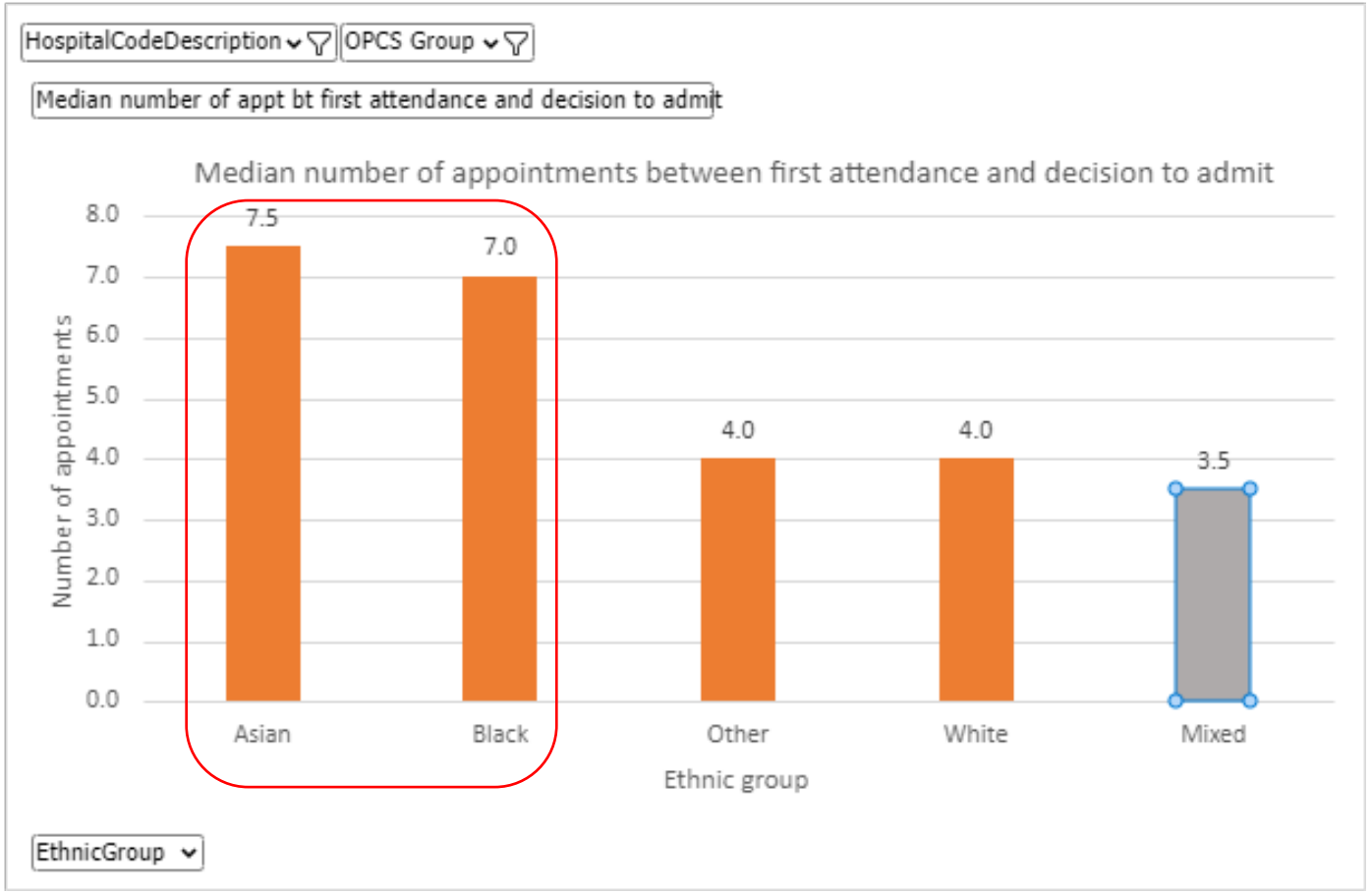

This graph suggests that Asian and Black patients have on average 75% more appointments before they receive a decision to admit compared to White patients.

Getting patient insights

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- £35k for the Trust to procure Helix Centre (Imperial College London) to do patient involvement work
- Purpose: To engage with patients from deprived communities (Index of Multiple Deprivation 1) to understand what would help them stay physically and mentally well while they are waiting for orthopaedic treatment
- Target: 10 interviews with patients from these backgrounds and 1 workshop to further develop themes identified through the interviews
- Recruited 2 public partners to develop interview guides with appropriate language, analyse transcripts
- Conducted 7 interviews with patients from IMD 1 and Black, White and mixed ethnic background (dropout rate of 50%)
- Challenge to recruit Asian patients

Patient insights - Themes

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Source: Helix Centre

Learning and Reflections

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- Resource intensive to identify variations in waiting times
- Not one single contributing factor that affected patient's waiting times; very nuanced
- Patient recruitment – NHS data useful to reach a specific cohort but dropout rate was higher compared to recruitment through the community
- Much richer insights from patients by scheduling a one-hour interview at a later date compared to interviewing on the spot

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Q&A

#2035

Working together for a healthier and fairer Westminster by 2035

10 April 2024

Westminster currently has the largest life expectancy gap for males in the Country

Imperial College Healthcare NHS Trust

A baby boy born in the North of the Borough has an average life expectancy of 76

A baby boy born at Knightsbridge and Belgravia has a life expectancy of almost 94

#2035

This is a life expectancy gap of 18 years

#2035

Measuring level of deprivation across Westminster

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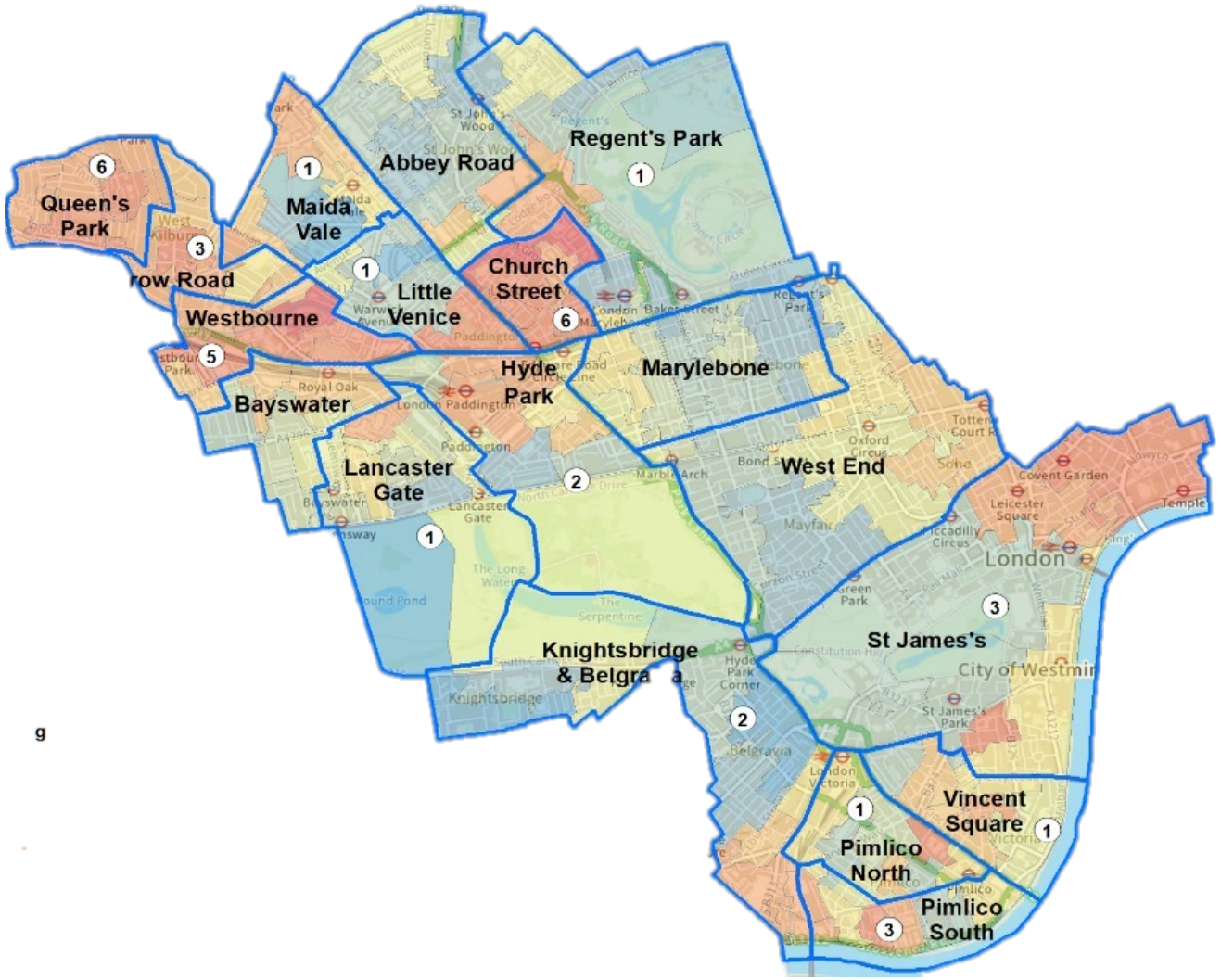
mperial College Healthcare
NHS Trust

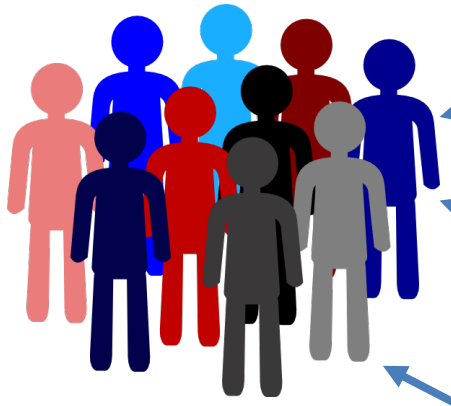


Dark red and orange areas indicate the most deprived areas of Westminster

City of Westminster Council. 2022.


HEALTH & WELLBEING FOR OUR COMMUNITY MEANS
FRIENDSHIPS
GREEN SPACES
COMMUNITY CELEBRATIONS
A SAFE HOME
A GP YOU RECOGNISE
GOOD FOOD
GOOD COMMUNICATION
GOOD AIR
PEOPLE & COMMUNITIES WORKING TOGETHER CAN REALLY MAKE A DIFFERENCE
SERVICES HAVE TO BE DESIGNED & DELIVERED TOGETHER TO HAVE A REAL IMPACT
NEIGHBOURHOODS
LEISURE
FAMILY HUB
HEALTH CENTRE
TOWN HALL
LIBRARY
HOSPITAL
SERVICES
LOCAL BUSINESSES
COMMUNITY HUB
VOLUNTEER HUB
VIRTUAL SPACES
LINKING UP
OUR HEALTH IS DETERMINED BY MANY DIFFERENT FACTORS INTERACTING
THESE ARE CALLED WIDER SOCIAL DETERMINANTS
AIR
WATER
SOIL
ENVIRONMENT
HOUSING
EDUCATION
WORK
LIFESTYLE
SOCIAL NETWORKS
CLIMATE CHANGE
REDUCING HEALTH INEQUALITIES INVOLVES EVERYONE
TRUST
BELONGING
CONNECTION
OUR SYSTEM FITS AROUND THE PERSON
NOT THE OTHER WAY AROUND!
MEDICAL
SOCIAL
SERVICES
SUPPORT
MENTAL HEALTH
COMMUNI-CATION
@SOMANG LEE STUDIO

Health and Wellbeing



Physiological impacts

- High blood pressure
- High cholesterol
- Anxiety/depression
- Obesity

A

Health behaviours

- Smoking
- Diet
- Physical activity

B

Wider determinants of health

- Income and debt
- Employment/quality of work
- Housing
- Education and skills
- Natural and built environment
- Access to goods/services
- Power and discrimination

Psycho-social factors

- Isolation
- Social support
- Social networks
- Self-esteem and self-worth
- Perceived level of control
- Meaning/purpose of life

C

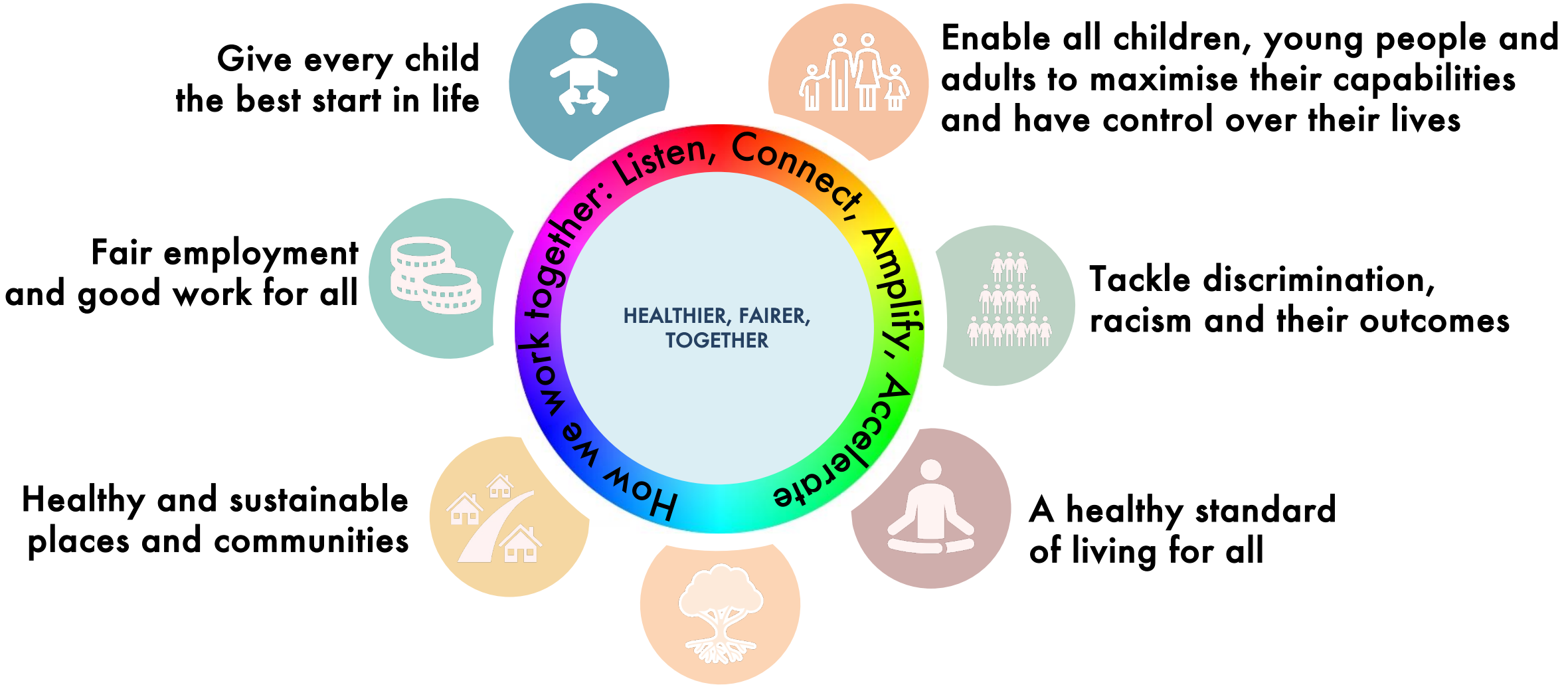
Public Health England.
Reducing health inequalities: system, scale and sustainability. 2017.

Marmot principles: the foundations
Impact on the wider determinants

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention
- Tackle discrimination, racism and their outcomes
- Pursue environmental sustainability and health equity together

#2035 will be based on Prof Sir Michael Marmot's Principles

#2035



Institute of Health Equity
https://www.instituteofhealthequity.org

Three most common broad causes of death in the older age groups in the most deprived 20% of areas of Westminster

Cardiovascular disease

Heart disease Stroke

Lung disease

Lung cancer COPD

Dementia

Global burden of disease study (2019)
Top 5 risk factor drivers of disability adjusted life years in Westminster

- Smoking
- High BMI
- High fasting glucose
- Alcohol use
- High blood pressure

City of Westminster Council. Public Health analysis. 2024.

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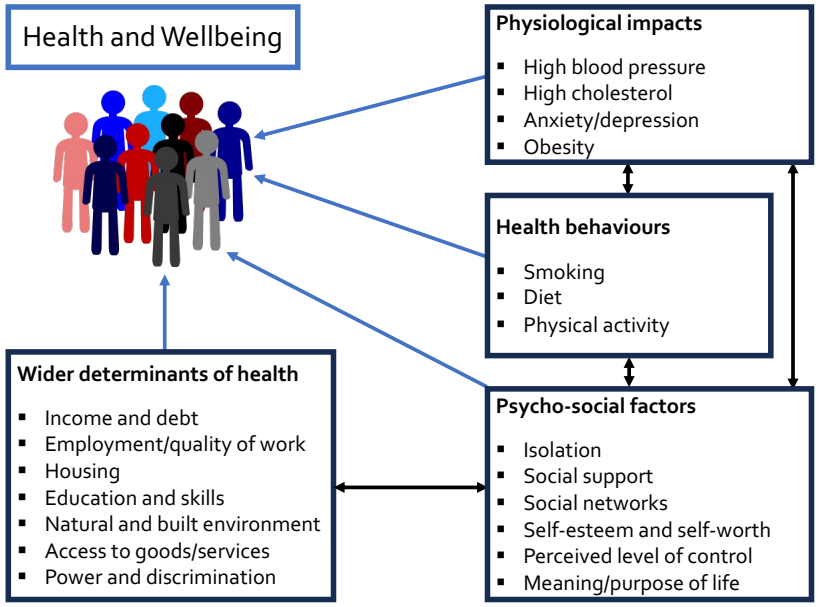
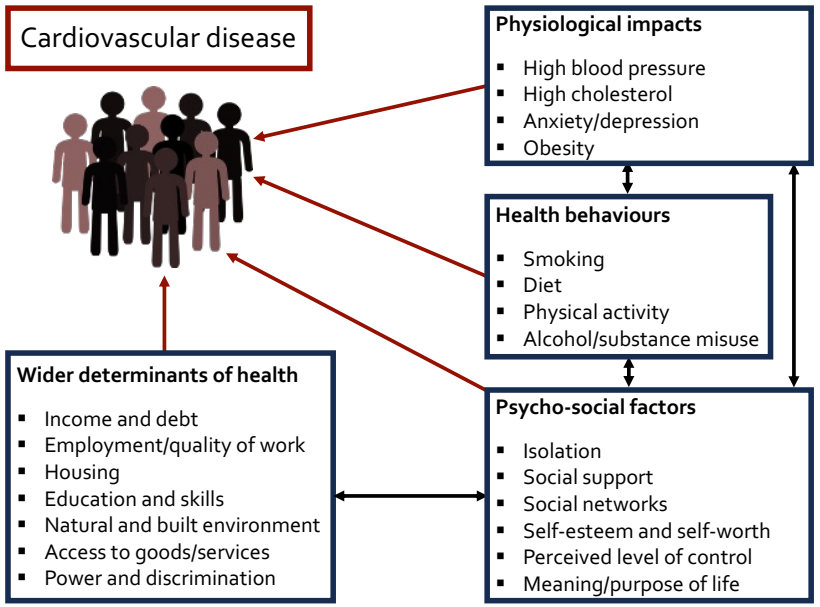
Westminster - Drivers of the life expectancy gap

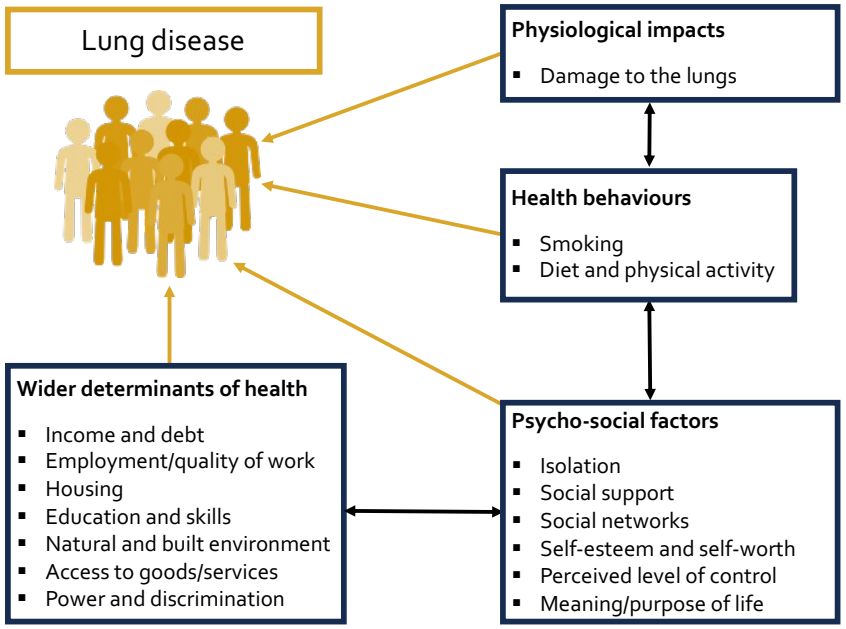
Drivers of ill health in Westminster



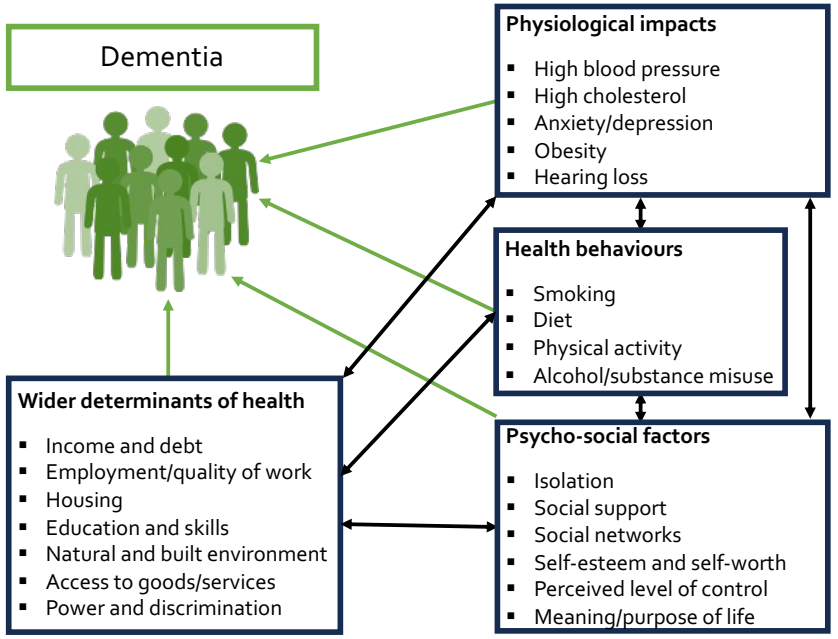
Drivers of cardiovascular disease



Drivers of lung disease



Drivers of dementia



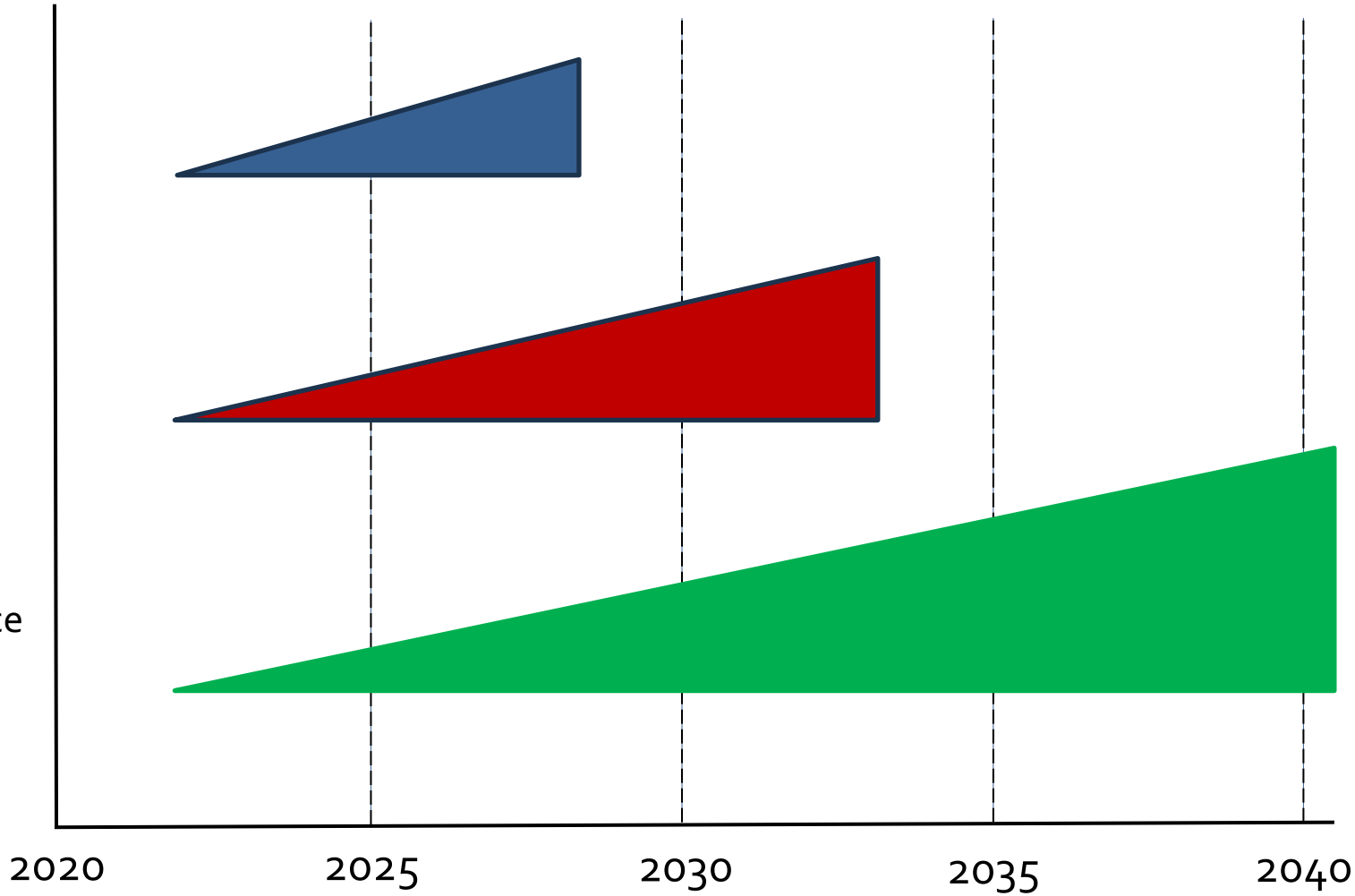
Public Health England. Reducing health inequalities: system, scale and sustainability. 2017.

Combine short, medium and long-term interventions to have the biggest impact

A **Impact in 3 to 5 years:**
manage hypertension, cardiovascular risk, diabetes, identify cancer early

B **Greater impact in 8 to 10 years:**
Reduce smoking, reduce alcohol harm, physical activity and diet

C **Substantial impact in 12 to 15 years:**
Good work and skills, education reduce poverty, improve housing, air quality



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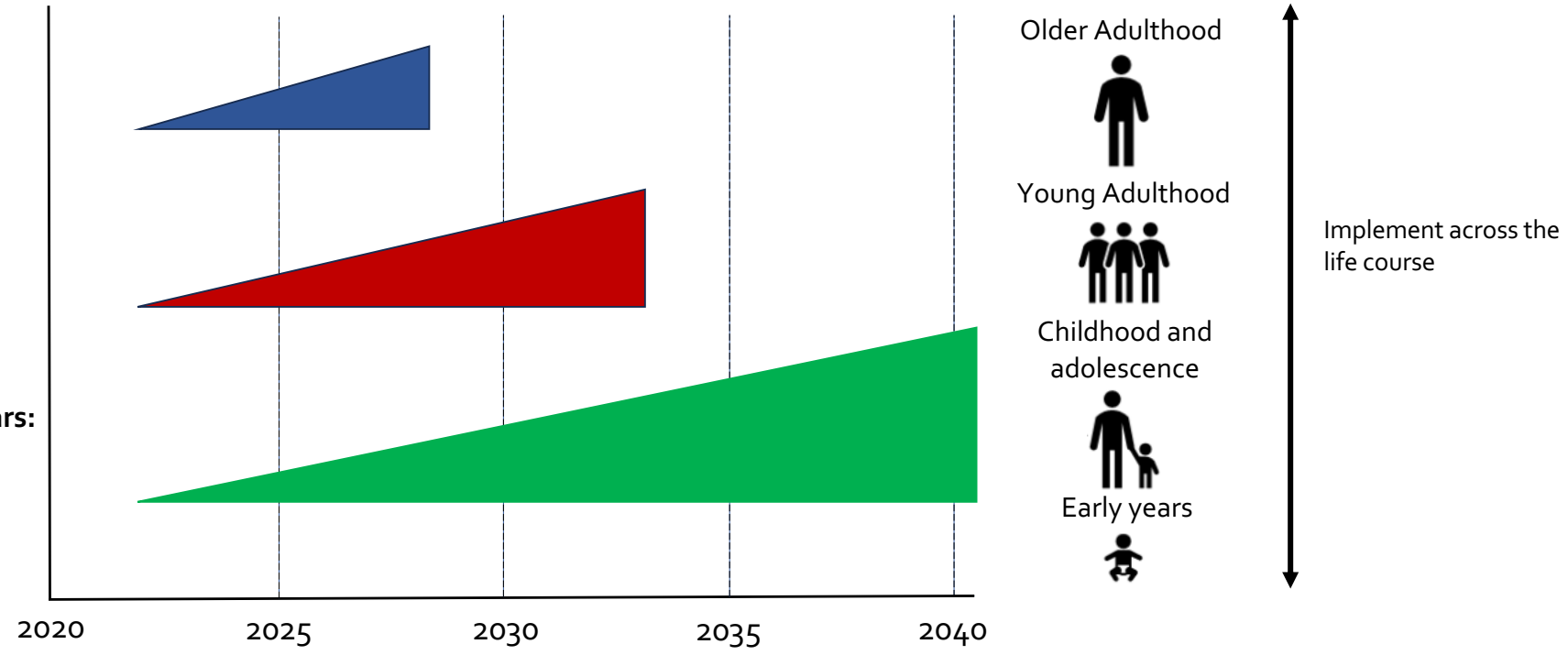

Public Health England. Reducing health inequalities: system, scale and sustainability. 2017.

Learning from others and partnering for equity

TODAY ...

A baby boy born in the North of the Borough has an average life expectancy of 76

A baby boy born at Knightsbridge and Belgravia has a life expectancy of almost 94

This is a life expectancy gap of 18 years difference

#2035

Listen Connect Amplify Accelerate

#2035

Working together in a different way

For the population of Westbourne,
the risk of dying under the age of 75 is over
25% greater than the England average,
and much greater than
the Westminster average.

How do we reduce the **risk of dying early** (under the age of 75) for all areas of Westminster?

Area	Value
England	100.0
Westminster	72.1
Westbourne	125.9
Maida Hill	111.2
Church Street	99.4
Millbank	98.1
Queen's Park Gardens	96.3
Victoria	91.7
Central Westminster	89.9
Pimlico South	84.6
Maida Vale	80.6
Fitzrovia West & Soho	78.7
Strand, St James & Mayfair	77.2
Westbourne Grove	73.0
Queensway	68.5
Pimlico North	65.9
St John's Wood South	65.8
Bayswater East	54.0
Paddington & St George's Fields	53.9
Abbey Road	49.3
Little Venice	48.0
Bryanston & Dorset Square	42.6
Regent's Park	42.1
St John's Wood North	41.9
Knightsbridge, Belgravia & Hyde Park	37.0
Marylebone & Park Lane	30.6

OHID Local Health Indicator
Deaths from causes considered preventable, under 75 years, standardised mortality ratio, 2016 – 20
Indirectly standardised ratio - per 100

Listen: local people described the changes that would meet their needs *(themes collated in 2022)*

City of Westminster Council. 2022..

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Give every child the best start in life

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Fair employment and good work for all

Tackle discrimination, racism and their outcomes

Healthy and sustainable places and communities

A healthy standard of living for all

Pursue environmental sustainability and health equity through climate change

Institute of Health Equity
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#2035

NHS
Imperial College Healthcare
NHS Trust

Q&A

Feedback and reflections exercise

Imperial College Healthcare NHS Trust

- Sticky wall:
- Picture representations

- Pink = A challenge which resonates with you and your local communities

- Blue = An key insight and take away

- White = 3 things you are going to do in the next week e.g. contact someone, steal an idea, try something new


Thank
you!!!