

A large crowd of diverse people, including men, women, and children of various ages and ethnicities, are arranged to form the letters 'HEALTHY' on a white background. The crowd is dense and colorful, with people wearing various clothing. Some individuals are also seen walking or riding bicycles around the main formation. The overall scene is bright and positive, symbolizing a healthy and empowered community.

The Centre for Healthy Empowered Communities

Strategy 2023 – 26

www.hec.kmpt.nhs.uk



The Centre for
**Healthy
Empowered
Communities**

www.hec.kmpt.nhs.uk

Established in the late 1990s, our speciality is supporting research and development projects for the health and social care sector with the ultimate aim of achieving better health outcomes.

*Mission Statement:
to generate evidence
of what works to reduce
health inequalities
through collaborative
research.*

The Centre for Healthy Empowered Communities (HEC):

- formerly the Health and Europe Centre
- is an independent, not for profit organisation, operating for over twenty years
- exists to benefit patients and communities across Kent and Medway
- establishes and leads multi-agency partnerships that undertake research to improve health and wellbeing and reduce health inequalities, regionally and nationally
- furthers the development of understanding, knowledge and practical expertise of the health and social care sector, leading to system change and service improvements.

When the UK was a member of the EU HEC secured European funding to finance its collaborative research work. Since 2014 HEC was responsible for successfully bidding for, and managing, in excess of €70m to finance practical health and social care action research projects.

HEC has become a key player in the development of new ways of working across the health and social care sector that improve outcomes for individuals and communities within Kent, Medway, the wider UK and across Europe, establishing successful multi-agency collaborative research partnerships.

Partners and stakeholders have come from the UK and Europe from a range of different healthcare systems, public sector and local/regional government organisations, academic institutions, voluntary and community sector bodies as well as commercial entities.

HEC has significant credibility and expertise in managing complex partnerships with a wide range of partners from different sectors, systems and cultures, which result in the identification and testing of improvements to health and wellbeing systems and services. HEC is unique in its ability to achieve this through creating and maintaining research collaborations.

HEC has been responsible for:

- bidding and securing funding
- bringing partner agencies together
- all aspects of project management from set up and monitoring to reporting
- ensuring evaluation is thorough and dissemination of research happens.

Skills, Achievements and Strengths

HEC is not a health service provider but is seen as a trusted independent facilitator, enabling increased collaboration and multi-agency working and learning, delivering benefits for patients, communities and staff. These achievements and their impact have been evidenced through independently gathered stakeholder feedback.

Stakeholder feedback highlighted a range of ‘softer’ skills – establishing and maintaining multi-agency partnerships, acting as an ‘honest broker’, not promoting its own organisational agenda or services, its neutrality. This was seen as key to building trust between partner agencies and allowed for productive working relationships.

Our stakeholders also identified a range of ‘hard’ HEC competencies and skills – understanding the funding environment for research and securing that funding, project management, evaluation and dissemination.

Stakeholders know both sets of skills will be important in the future, highlighting HEC’s potential value to the new systems and structures being developed across the UK in health and social care and in particular to the Integrated Care Board and the new medical school within Kent. Whilst not an academic institution itself HEC has expertise and a successful track record working with providers, academics and policy makers. HEC is well placed to address the national health and social care policy agenda in practical ways that will support these new bodies to deliver their responsibilities.



The Centre for

**Healthy
Empowered
Communities**

HEC has at its heart a commitment to the empowerment of individuals and communities in terms of their own health and to the wider public health agenda of addressing health inequalities through system and service delivery change, involving multi agency partnerships and research collaborations. We look forward to developing this work in partnership with others over the coming years.

HEC's model is:

- founded on the ideas, concerns and issues of frontline staff and their managers
- an efficient and effective use of resources ensuring research focusses on priorities that are identified in collaboration on the ground, not setting priorities in isolation.

This model ensures that projects are rooted in practice. Resources are therefore spent on the priorities of those operating services. This has led to:

- System change and service improvements being successfully trialled and delivering benefits to individuals and communities
- Individual staff and organisational learning being facilitated through access to resources and research programmes that might not otherwise have been available
- Greater understanding of organisational difference and commonality gained through collaboration
- Evidence gained being used to influence policy makers across the EU and nationally to bring about positive change for patients, communities, staff and organisations.

Involvement in HEC programmes has enabled organisations to bring new ideas and ways of working. One stakeholder described “transformation” of services and ways of working and another mentioned the benefits of “understanding the variation and complexity of health systems.”

NHS England's “Maximising the benefits of research: Guidance for integrated care systems” states: “Research in the health and care system is important because it underpins all advances in health and care and is the basis for evidence-based practice. Engaging clinicians and healthcare organisations in research is associated with improvements in delivery of healthcare. To benefit service users and the public, the NHS and local government, and achieve return on investment, it is vital that research is disseminated, shared and translated into practice.”

Strategic Content

NHS: Research as a priority

The NHS highlights the essential importance of embedding research, recognising that it provides the evidence necessary to transform services, improve outcomes and tackle health inequalities through new models of care. At a regional level the Kent and Medway Integrated Care Board (ICB) identifies research as one of its key priorities. The NHS emphasises that in order to reduce health inequalities there is a place-based approach coupled with an understanding of the social determinants of health.

HEC has experience in addressing this agenda through its research collaborations and is well placed to address and participate in NHS research and the local Integrated Care System (ICS) and ICB plan. Integrated care boards are made up of partners across a wide range of agencies in recognition that the healthcare system is not simply the NHS but rather a range of organisations that have a role and responsibility to prevent ill health and deliver health services. HEC has successfully brought many of these partners together previously to collaborate on research, recognising that wellbeing and ill health are influenced by many different aspects of people's lives – see Kent and Medway ICS priorities below.

Kent and Medway ICS broad priorities are:

1. Improving outcomes in population health and healthcare
2. Tackling inequalities in outcomes, experience and access
3. Enhancing productivity and value for money
4. Supporting broader social and economic development

The Health and Care Act 2022 places a duty on ICBs to “promote and facilitate” research “relevant” to the NHS and a duty to use “evidence obtained from research”. ICB plans must include research. The NHS sees research as essential for the transformation of services and to improve outcomes through the generation of new models of care. There is also an emphasis on increasing diversity of participation in research and the development of new or existing stakeholder networks which will include the local voluntary sector and communities. The type of research that ICBs should commission includes social care and applied research and it is recognised that collaborative partnerships are the best way to design and deliver research including engagement with existing research networks.



Demographic Context

Data identified by the Health and Wellbeing Board for Kent strategy document highlighted key population demographics:

- Kent is the UK county with the largest population and population growth rate is above the national average
- By 2026 the number of over 65-year olds will have increased by over 40%
- The number of 10 – 19-year olds is above the national average, as are those 45 years and over
- The population of Kent experiences diverse health outcomes
- Action to address health inequalities needs to consist of “evidence-based cost-effective interventions [that] link physical and mental health”.

The Medway Health and Strategy Board has identified key goals including improving mental and physical health, noting that employment is an issue that has a significant impact on health and wellbeing and preventing ill health through the provision of health and care services. The strategy recognises that ‘the wider determinants of health’ need to be addressed. Key data quoted in the strategy, which highlights the difference in outcomes as compared to the rest of England includes the following:

- The prevalence of obesity, smoking, depression, hypertension and diabetes is higher than the average for England
- Unemployment is higher
- Life expectancy is worse than the average for England with higher levels of premature death especially from cancer and cardiovascular disease.
- There are health inequalities within the population of Medway
- ONS data indicates that between 2001 and 2019 the population grew by 11.6% and that there had been growth in older age groups (65+).

Ongoing connection to Europe

The UK's relationship with EU research programmes may change over time; recently agreement on participation in the Horizon research programme has been reached. It may be that the UK will be able to participate in further Europe-wide research in the medium term. HEC is well placed to re-engage with EU funding programmes and bring research resources back into Kent and the wider UK.

WHO Europe is committed to the principle of a “wellbeing economy” defined as one which “...places people and planet at the centre of creating healthy and fairer and more prosperous societies.” This echoes the work of the UK centres researching and addressing health inequalities, such as the UCL Institute of Health Equity.



Financial Context

The providers of services which impact on population health and wellbeing are operating at a time and in an environment where resources are limited. Covid-19 and the economic impact of the war in Ukraine are just two factors affecting organisations and individual communities as cost of living increases push up costs. This arguably comes on top of decades of underinvestment. At a national, regional and local level publicly funded bodies face difficult choices as to where to put their resources in order to deliver maximum benefit to the populations they serve. Targeted research that is designed to identify what works in delivering health improvements and a reduction in health inequalities, as well as reducing costs in the health system overall, is an effective use of limited resources and can take pressure off acute care as levels of health and wellbeing are improved.

HEC stakeholders have identified a range of benefits that involvement with HEC has brought to their organisations and their staff. These include developing knowledge and understanding as a result of networking and partnership working of different healthcare systems and processes and organisational cultures and being part of the creation of new knowledge and service delivery models, some of which are already being implemented.

Future Direction

HEC is an independent organisation focussed on health and care research with expertise in partnership building, securing funding and project managing complex large-scale action research programmes that deliver evidence that can be used to improve systems, services and health outcomes. It has an excellent reputation within both the UK and Europe and is recognised as a leader in its field, providing efficiency and effectiveness in its collaborative partnership delivery model that recognise existing research structures.

There is a strong business case for investment and engagement in research as it can provide the necessary evidence for service and system wide change. Trialling examples of change through research before wider implementation is cost effective and reduces risk. HEC has provided such an evidence base across multiple projects.

Kent and Medway represent a considerable population of people for research purposes. Given the identified health inequalities, the understanding of the importance of place-based approaches and the social determinants of health (and wellbeing), HEC's extensive knowledge of the region coupled with strong collaborative research relationships mean that HEC will focus its attention on Kent and Medway in the first instance.

Recognising the changing strategic, organisational and financial context, and that population health is split 80:20 across wellbeing (housing/employment/education/environment etc) and front-line health services, HEC will continue its work by bringing together organisations from different sectors in Kent and Medway including:

- NHS and social care
- Local government
- Education
- University and research organisations, including the Kent Medical School
- Other public services
- Voluntary sector
- Private sector

to cooperate on thematic approaches to research in areas of mutual interest, using multiple funding sources to support system-wide front-line research, evaluated and published to evidence change and improvement.

Stakeholders generally have an interest in being partners in new research projects that address their organisational priorities. New sources of funding mentioned included NIHR and ICB's as commissioners of potential future research in public health.

Research evidence will inform commissioning decisions to improve experience and outcomes.

HEC will:

- focus its work on addressing health inequalities through a varied programme of research, working in partnership with other research structures to set collective priorities
- seek funding locally/nationally from stakeholders and other bodies which support research into health inequalities
- keep a watching brief on discussions involving the UK/EU about the future of research programmes - should the current situation change HEC will be able to take advantage of EU funding again
- engage with the NHS, local authorities, the voluntary and community sector and the business sector in a 'health in all policies' approach to improving health and social care services and outcomes across all relevant sectors, including for example housing, education and employment.

HEC has at its heart a commitment to the empowerment of individuals and communities in terms of their own health and to the wider public health agenda of addressing health inequalities through system and service delivery change, involving multi agency partnerships and research collaborations. We look forward to developing this work in partnership with others over the coming years.

Summary of recent projects



ASPIRE

Addressed obesity, improving wellbeing and employability in coastal France and the Channel area in the UK. This was done by combining health, wellbeing and upskilling in one holistic programme.



CASCADE

A person-centred approach to dementia care for the elderly, promoting independence so people could live in their communities for as long as possible, with staff from a wide range of agencies taking an enabling role rather than just a caring one.



DWELL

Addressed Type 2 diabetes through a 12-week holistic patient support programme covering education, nutrition, physical activity and wellbeing.



EMPOWERCARE

A holistic, community asset- based approach to increase resilient communities and reduce individual frailty and loneliness, focusing on the over 65s and those over 50 with one or more chronic health conditions.



ENSURE

Worked to break the cycle of disadvantage which prevents vulnerable people from being socially included via a model for implementing peer support for the most vulnerable.



PATH

Addressing perinatal mental health by raising awareness and destigmatising the condition, developing resources and face-to-face training sessions for healthcare professionals and employers, an online support hub, support sessions for parents and parents-to-be and peer support training.



SBS

SBS developed a model to improve men's poor health and wellbeing and isolation, which included community space, a new model of community health service for men, a gaming-based tool and training programmes.



SHIFT

Improved the sexual health and wellbeing of people over 45, especially those vulnerable to poor sexual health outcomes, raising awareness and reducing stigma, addressing the issues of those finding it hard to access sexual health services.



TICC

Systemic change in health and social care, providing services better suited to an ageing population by addressing their needs in a holistic way. Key elements were a new home care model, changing data systems and improving communications between professionals, and a blueprint for overcoming barriers and challenges to achieve large scale bottom-up change.

Key People



Cedi Frederick, Chair

Cedi was elected Chair of the Centre for Healthy Empowered Communities in 2022. In a career of over forty years in the public, not-for-profit and private sectors, Cedi has held a series of senior positions in a local authority and housing associations, including four years as Managing Director of a BAME-led housing association. This was followed by twelve years as Chief Executive of a London based, multi-regional charity that supported people with learning disabilities, autism and mental health problems. Cedi then spent over five years as Chief Executive of a Kent based not-for-profit organisation employing 2,500 staff that cared for and supported over 3,000 people a year through its residential homes and home care support for older people, as well as delivering children, young people and families services. Cedi has over thirty years' experience as a member of the boards of housing, social care and sporting national governing bodies, several housing associations and voluntary organisations. This experience includes over twelve years as a Non-Executive Director of two specialist NHS Mental Health Trusts, two years as Chair of an NHS Hospital Trust and eight years as a Governor of Canterbury Christ Church University. Cedi is currently Chair of NHS Kent and Medway, Chair of NHS London's Vaccine Legacy Equity Group and is a Non-Executive Director of Sage Housing Ltd. Cedi has been named on four separate occasions as one of Britain's '100 Most Influential Black People'; described as 'unsung hero of the third sector, who has changed as many lives in his life outside of work as he has in his job'. In 2015, Cedi was recognised as one of the '1,000 Black & Asian Heroes 1950-2010' by Our Heritage TV.



Alice Chapman-Hatchett, Director

Alice was appointed Director in 2010 and has been responsible for growing and developing the Centre to its current form. Alice has extensive experience in building and managing multi-sector collaborative research projects and partnerships. She has 15 years' experience of working in the public health field, convening different actors to improve health and wellbeing outcomes in areas such as diabetes, dementia, sexual health, mental health and social inclusion. Under her direction, the Centre has grown to manage a multi-million pound research portfolio. In December 2020 Alice was elected President of the European Public Health Alliance.

Governance

The Centre is an independent not for profit company with a Board of Directors drawn primarily from its stakeholders. Our Board members have senior roles within, and represent, a range of major health and social care organisations in Kent including NHS bodies and Kent County Council. The Board provides advice, direction, and is the highest decision-making and governance authority. Highly experienced in health, social care, wellbeing and research, the board members represent the interests of the Centre and assist its team by setting the annual work programme of the organisation, setting priorities and targets to support collective goals, and reviewing the Centre's financial management and annual accounts.