Report

THE LONDON DEEP END HEALTH EQUITY[1] MOVEMENT SEPT 2020 – AUG 2023

Growing leaders for fairer systems and healthier places during the Covid-19 Syndemic

London Deep End Health Equity

"I took on the new health equity lead role in my local training hub in November 2020 and joined the West London Deep End programme.
This learning experience enabled me to explore many of the issues I witnessed in my daily work and to consider how I could, individually and collaboratively, act to improve health equity.
Alongside the WhatsApp group, these sessions provided a safe space for me to connect with colleagues, share experiences and seek inspiration.
I have led a local change project to support all GP surgeries in the borough to sign up to the Doctors of the World Safe Surgeries Initiative to promote inclusive primary care. I also contributed to the Equity Festival in February 2021.
Overall, this experience has restored my hope and equipped me with the skills and confidence to step up and work collaboratively in my locality to develop and deliver projects that improve health equity".

Newham Health Equity Lead Lucy Langford

BUILDING KNOWLEDGE AND RECOMMENDATIONS

- The virtual London Deep End Health Equity distributed leadership group which started in Sept 2020 is now established with a logo lodged with the Scottish Deep End. It has been based on support, learning, improvement, and advocacy
- The aim was to provide an opportunity for digital social innovation[2] for health equity during Covid-19 and advocate for fairer systems and healthier places based on populations and not providers
- Key moments which have shaped this leadership journey since the onset of Covid-19 have been the Black Lives Matter movement after the death of George Floyd in June 2020[3] and the coroner ruling in Dec 2020[4] that the medical cause of death was air pollution which contributed to the death from asthma of Ella Adoo Kissi-Debrah
- Climate health creation has been an overriding theme arising from shared learning and evidence over the past twenty-eight months.
- Improvement ideas took the form of Health Equity Festivals which led to conceptual shifts towards a Syndemics framework and climate health creation
- WhatsApp platform continues to provide immediacy of connection and community around ideas and shared values for social justice
- As of August 2023, there were 218 people on the WhatsApp group >70% of whom read posts. 60% (>100 people) are in age 30-45y and have >10-20 years ahead as leaders so this is a critical formative environment. >50% of members are also part of the London Greener Practice[5] movement
- The 'permission architecture' has been inclusive i.e., secondary care, wider extended practice team, lay partners. All members have administrative rights and can bring others into the group
- Momentum has been driven by the NWL Deep End curriculum with three cohorts run since Sep 2020, Trauma informed work at a clinical and system level, initiatives at QMUL in the establishment of the Community Diagnosis and Flourishing modules for medical students, testing of Health Equity Leads linked to HEE training Hubs, Climate Heath Creation and through collaborative Health Equity Festivals facilitated through the RCGP NEL Faculty. Festivals have involved NHS CCG/ICS, HEE Training Hubs, NHSE, NHS Acute Trusts and Voluntary Sector and have been the PDSA cycles to grow the movement
- Smaller geographical groups have started and may be the best way to connect around projects and activism as this is about strength of relationships, trust, and safety
- It may be necessary to encourage break off communities of values and practice that can shape system practically at different levels in the Integrated Care Board geography i.e., Practice level, PCN, Acute Care
- Face to face events carry weight and are opportunities to meet
- Change needs to be rooted and targeted in multiple small-scale initiatives. An online platform such as Fairhealth platform could be a place to demonstrate small scale change projects
- Momentum is still evident and informal conversations have captured that it is a place to consult/ share ideas and build knowledge. ('Oracle of Delphi'[6])
- May need a period of questions:
    - What do systems need to be fairer and have healthier populations?
    - Where is stakeholder mapping happening?
    - Who is getting meaningful data on deprivation at a ward level?
    - What data would make a difference in building knowledge for fairer systems and healthier places?
    - Increasing improvement through testing ideas of change
- Transitional reference group to be established: Terms of reference are to provide informal mentorship as the group transitions into the system in an institution/s or online.

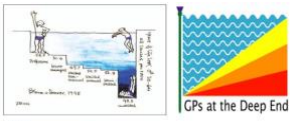
OVERVIEW

Several initiatives addressing the inverse care law[7] have their origins in the University of Glasgow 'Deep End' Project[8] and focus on supporting communities of practice in areas of socio-economic deprivation. The Inverse Care Law manifests in patients consulting more yet feeling less enabled after consultations and primary care teams are left more stressed. In some areas both patients and primary care teams breathe the worst air quality in London. Prior to Covid-19 Syndemic (March 2019), an inclusive, formative social movement for health equity was facilitated in North West London, drawing from the 'Deep End' Project, which had started to deliver a curriculum linked to a change program.

The combination of the disproportionate impact of Covid-19 in the North East London community and the Black Lives Matter movement prompted a small group of leaders from the RCGP NEL Faculty to own the problem and respond to longstanding structural racism, deprivation, and exclusion. Leaders with values of social justice felt isolated, powerless, anxious, and hopeless. There was a loss of trust in the system at every level. The leadership task was to share ownership of the pre-existing problems of racism, deprivation, and the impact of Covid-19.

Six local leaders connected to facilitate a supportive safe, space for others to share support and information on WhatsApp. Using the virtual connecting opportunities offered by the Covid-19 Syndemic, local healthcare leaders could start to focus on advocacy. The initial team was a group of leaders from the RCGP North East London (NEL) Faculty who connected with other local leaders in NHS organisations (NHS Integrated Care Systems, NHSE, HEE) and the medical school (QMUL). The target group were local leaders and activists from primary care, community health and the third sector with shared values around social justice and health equity.

There was an appreciation of the allostatic load[9], moral distress, loneliness, loss of trust and perceived helplessness of those working in areas of deprivation. The WhatsApp platform was an easy, quick way to connect, exchange information and share dialogue. The goal was to promote a culture of support, inclusion, and belonging for GPs and teams, and to move to a Syndemics[10] narrative to understand the impact of Covid-19 and structural racism and exclusion. This involved integrating environmental, social, and medical causation with a vision of health equity (Marmot Informed[11]) through climate health creation[12] for fairer systems and healthier places.



GPs at the Deep End

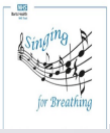
INVERSE CARE LAW

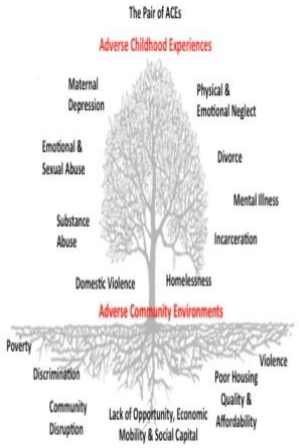
Julian Tudor Hart 1971

Kenneth 36y

I have come for my repeat anti-depressant script and my tramadol, it sometimes helps but I have not been able to get a repeat in time, I often forget to take it. The pain is really bad at night. I am on Universal Credit but it is a very small amount of money and I am struggling to buy food. I am due to be evicted as I am in arrears and there is a court meeting in December. I am having dental work and will have all my teeth removed. I missed my appointment with the substance misuse counsellor last week. I felt low a few months ago when my 6-year-old son was taken into care but lifted more recently when my 16-year-old daughter who lives with me, had her baby. I had a difficult childhood with a lot of violence and both my parents are now dead. I have no other family. I also need a referral to the foodbank.

November 2019





The Annual Report of the Director of Public Health 2018: **Adverse Childhood Experiences, Resilience and Trauma Informed Care: A Public Health Approach to Understanding and Responding to Adversity**

LONDON DEEP END HEALTH EQUITY

Fairer systems and healthier places

London Deep End Health Equity

PLACE MATTERS

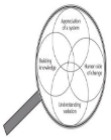
(Syndemic = synergy Covid-19 with pre-existing conditions)

- People can expect to spend more of their lives in poor health (Ella Kissi-Debrah)
- Improvements to life expectancy have stalled, and declined for the poorest 10% of women
- The health gap has grown between wealthy and deprived areas
- Place matters – living in a deprived area of the North East of England is worse for your health than living in a similarly deprived area in London, to the extent that life expectancy is nearly five years less
- Deprivation domains: Income, Employment, Education, Health, Crime, Barriers to Housing and Services, Living Environment

CLIMATE HEALTH CREATION MATTERS

(Blue /Green/Social prescribing =
Clean air, Access to green space, social connectedness)

- Giving every child the best start in life
- Enabling all people to maximise their capabilities and have control over their lives
- Ensuring a healthy standard of living for all
- Creating fair employment and good work for all
- Creating and developing healthy and sustainable places and communities



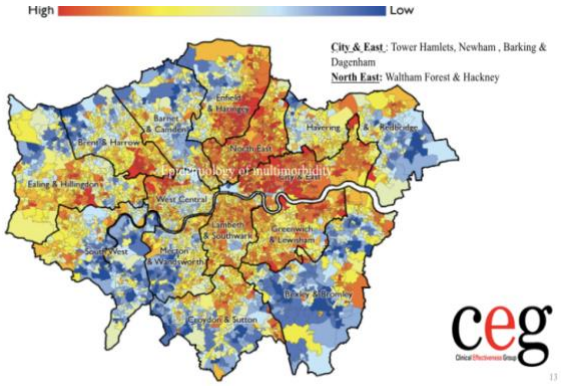
WE MATTER AS THE NHS WORKFORCE

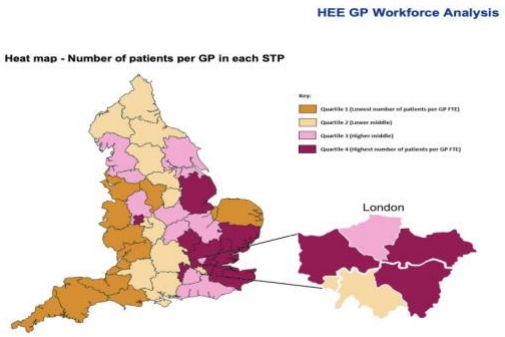
(Love and Courage)

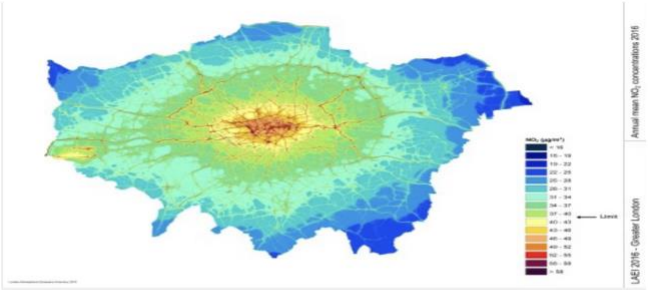
fairhealth
HEALTH EQUITY ACTION AND LEARNING

APPRECIATING LONDON DEEP END

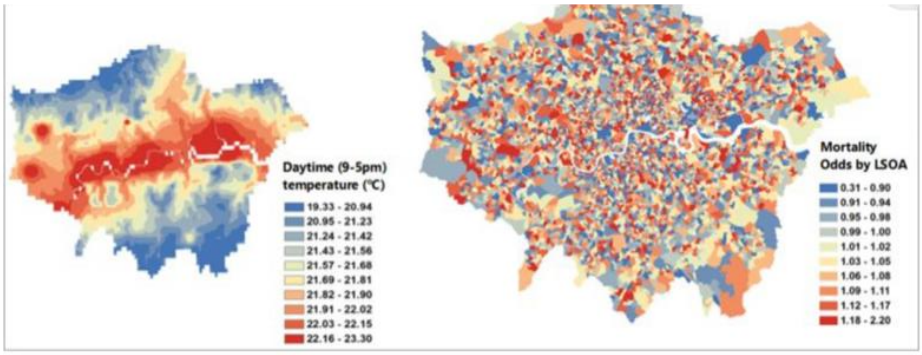
Indices of multiple deprivation (CEG), GP Workforce analysis (HEE), Air Quality, Heat, London Language Diversity



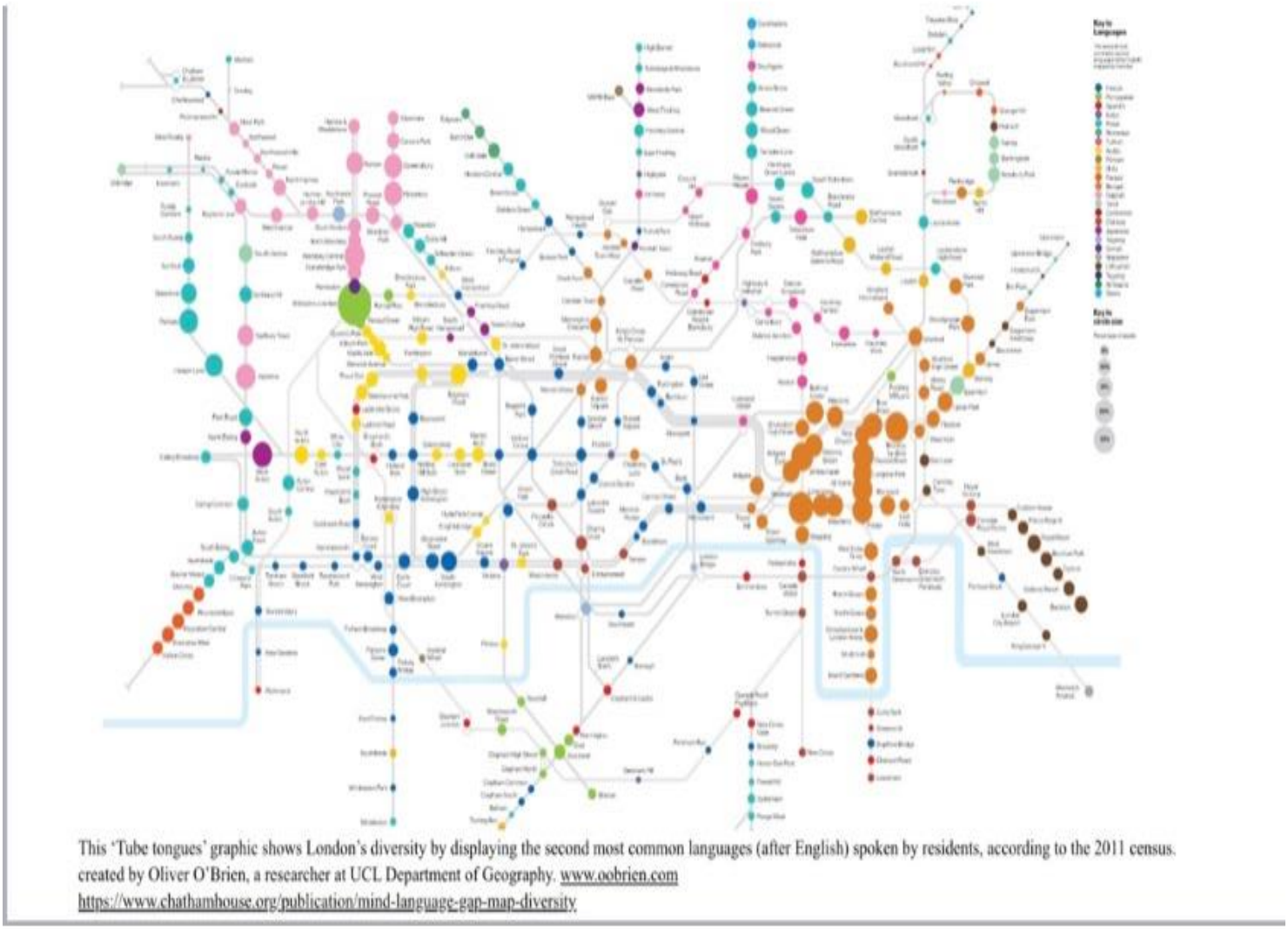




Picture: Map showing areas of London with the highest levels of nitrogen dioxide. Annual mean NO2 concentrations, 2016 – London Atmospheric Emissions Inventory, 2016



(A–B) – Comparing the distribution of daytime temperatures (°C) against heat related mortality (OR, 95%CI). (A) daily temperature (9–5 pm) on July 1st 2015. (B) heat-related mortality odds estimated at Lower Super Output Areas (LSOA) level from conditional logistic regression models used within a case-crossover framework.



This 'Tube tongues' graphic shows London's diversity by displaying the second most common languages (after English) spoken by residents, according to the 2011 census. created by Oliver O'Brien, a researcher at UCL Department of Geography. www.oobrien.com
https://www.chathamhouse.org/publication/mind-language-gap-map-diversity

SUPPORT AND THE HUMAN SIDE OF CHANGE

Leadership approaches

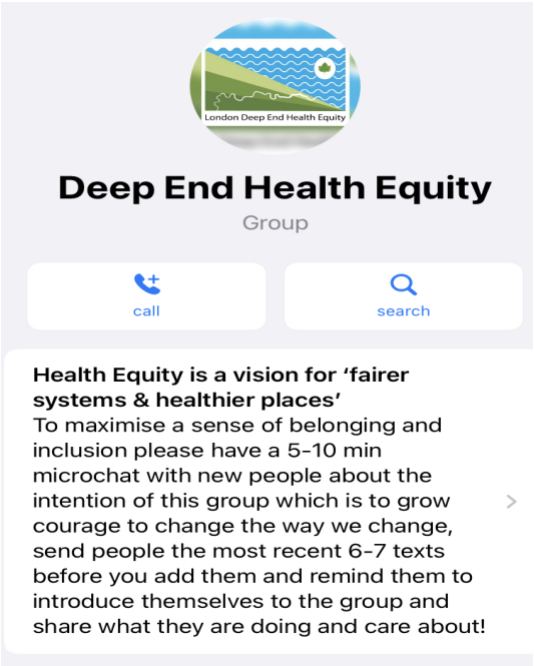
High levels of mistrust predated Covid-19 Syndemic. Ansell and Gash's work on Collaborative Governance theory was one of the earliest posts. To restore trust, they identified "a series of factors that are crucial within the collaborative process itself. These factors include face-to-face dialogue, trust building, and the development of commitment and shared understanding. We found that a virtuous cycle of collaboration tends to develop when collaborative forums focus on "small wins" that deepen trust, commitment, and shared understanding" [13]

The WhatsApp group grew through word of mouth and social networks to establish collaboration. At the first NWL Deep End Curriculum on 3/11/2020, the emotional impact of unmitigated social complexity and deprivation on professionals was captured.

The 'collaborative governance' approach informed the concept of the 'microchat' which was a timed 5-10min initial phone call to connect, to feel known and to establish a sense of belonging before being added to the group.
The intention of this brief conversation was to increase trust by 10% in every conversation in the context of virtual working in time poor contexts.

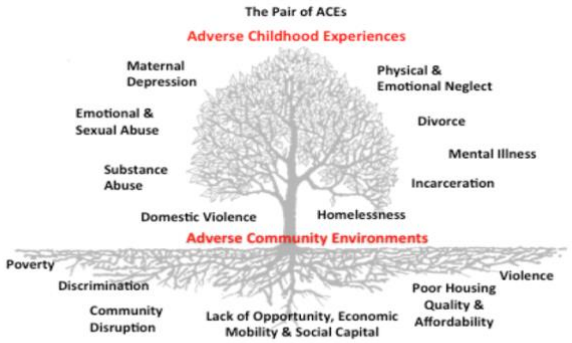
The microchat approach was summarised on the WhatsApp Group Info page to support administrators in how to maximise inclusion with an easy link to send out to others to join
https://chat.whatsapp.com/HQaCSvQY2OQHPV41z4xKGm

By Feb 2023 all 174 members had been given administrator status. The "permission architecture" of the group aimed to maximise agency and to encourage new groups through a distributed leadership approach.
Padlet, which is a virtual feature accessible on WhatsApp, was b introduced to capture views, lived experience, and build connections.



Restoring trust

Building and restoring trust, at the outset, focused on the appreciation of adversity in childhood with the aim of building resilient communities[14]. A trauma informed servant leadership[15] approach was adopted based on the evidence that Covid-19 posed complex leadership challenges in supporting a demoralised health care workforce faced with acute on chronic loss of meaning in work, exclusion based on structural racism especially for those working in areas of deprivation. Trauma informed leadership encourages reflective practice; makes meaning out of the past, is orientated towards growth and prevention, is collaborative, equitable and accountable and works in relationship with other leaders[16] and aims to minimise re-traumatisation [17] in healthcare and to develop a real-world commissioning approach based on inclusion and healing for staff and patients[18].



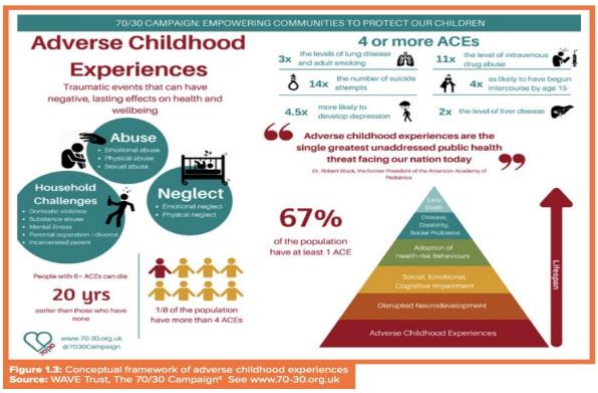
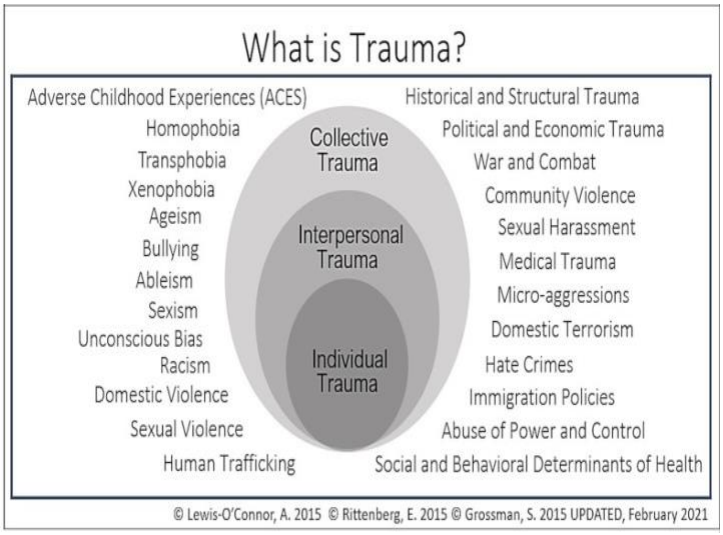
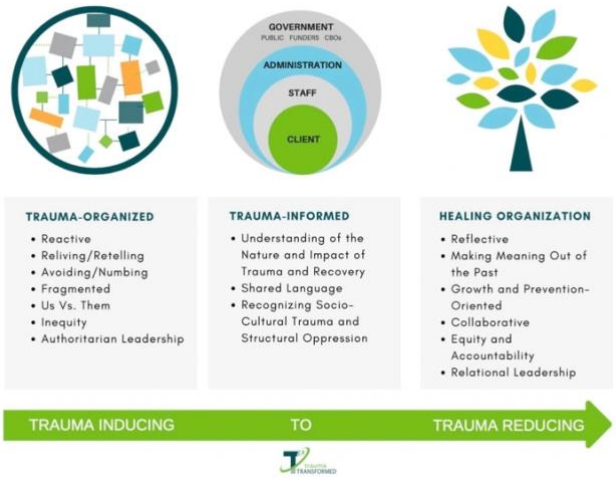
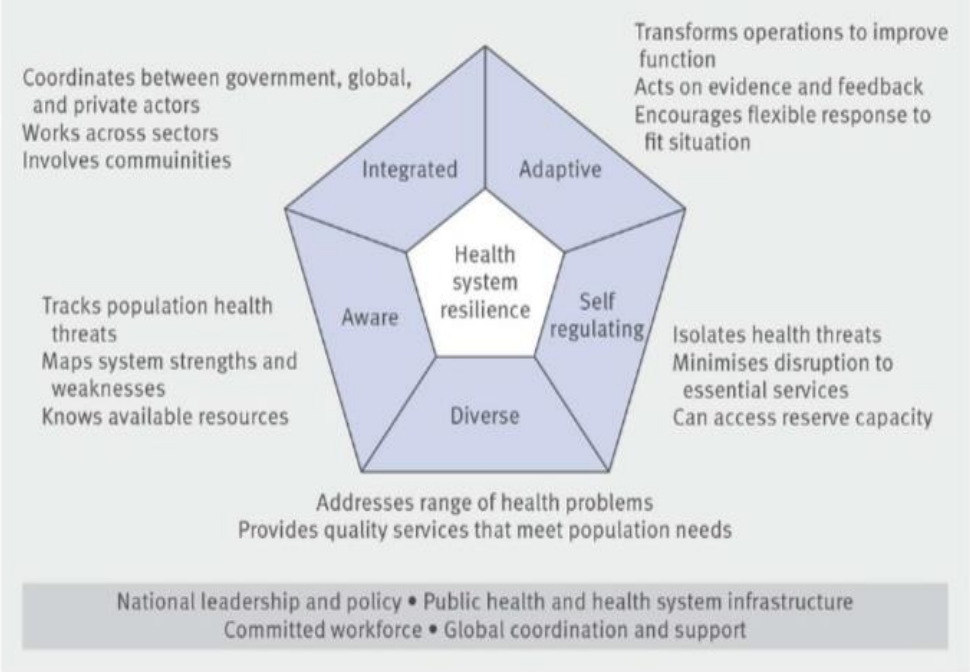


Figure 1.3: Conceptual framework of adverse childhood experiences
Source: WAVE Trust, The 70/30 Campaign[4]. See www.70-30.org.uk





Trauma informed servant leadership[19] was central to modelling the atmosphere on the WhatsApp group. This is a 'unique focus on emotional healing, service to others as the first priority, in addition to the growth, well-being and personal and professional development of key stakeholders.' Encouragement to invite other super-connectors[20] to join was based on 'first follower' principles in the necessity of nurturing the first follower[21] and eco- leadership[22]. The former encourages nurturing the 'early adopters' which has shown that in ensuring the success of the first follower, leaders can improve the probability of change taking place. The latter conceptualizes organizations as 'ecosystems within wider ecosystems with attention to networks, connectivity, and interdependence, breaking down barriers and distributing leadership widely. Membership of the group organically grew beyond the original definition of the Glasgow 'GPs in the Deep End' and north east London is now pan-London. Leadership grew, based on work done on health system resilience[23], where connections with colleagues who share values for health equity were encouraged in the Acute care sector, voluntary sector, wider primary care team and not just GPs.



Nine thematic phases emerged over a 28 -month period which matched the emotional trajectory of the Covid-19 Syndemic[24]

https://features.kingsfund.org.uk/2021/02/covid-19-recovery-resilience-health-care/

Phase 1	**Proliferation of virtual connections**	WhatsApp allows easy connecting and sharing of information

Phase 2	**Sense making**	Covid-19 death data highlight disproportionate impact of racism and deprivation on outcomes
Phase 3	**Fragility of trust**	Emergence of a new social justice movement after from Black Lives Matter
Phase 4	**Owning the problem**	Agreement to initiate a Deep End movement in September 2020 inclusive of support; learning; improvement and advocacy. Six people connect on 10/9/20 to for a virtual network for leaders on WhatsApp
Phase 5	**Beacon in the storm**	Fortnightly nurturing Deep End Change Program starts which allows for connection and catharsis. Aim to increase trust by 10% in every conversation**.** Three Boroughs agree to test funding Health Equity leads to attend Deep End Program in Nov 2020. The Medical School initiates a Community Diagnosis Health Equity Module
Phase 6	**Integrating Narratives**	Climate Health becomes a theme. Name of WhatsApp group changes to Deep End/Health Equity
Phase 7	**Restoring hope**	Evidence of high levels of social capital in communities in response to Covid-19 emerges. Curation starts for a first Health Equity Festival in Feb 2021 (PDSA 1). Virtual group opens to include wider primary care team – nurses, social prescribers, commissioners, secondary care but still within the local geography
Phase 8	**Harvesting sustainable seeds of change**	Completion of Deep End programme prompts a second Health Equity Festival in Oct 2021 located in two sites which have established health creation: The Story Garden and Bromley by Bow. Group widens geographically to become London wide.
Phase 9	**Regeneration and restoring trust**	Trauma informed resilience-orientated approach defines the third Health Creation Festival in May 2022 (PDSA 3) with a focus on healing from individuals to the climate. A symposium on Syndemics & Health Creation (PDSA 4) is held in October 2022. In Nov 2022 a reflective event is held on Compassionate Equitable Appraisal focusing GMC Appraisal Domain 4 (PDSA 5). A final event Health Equity Festival of the Future Now: Hospital without walls (PDSA 6) is held on 29/11/22

LEARNING

Assessment of issue and analysis of its causes

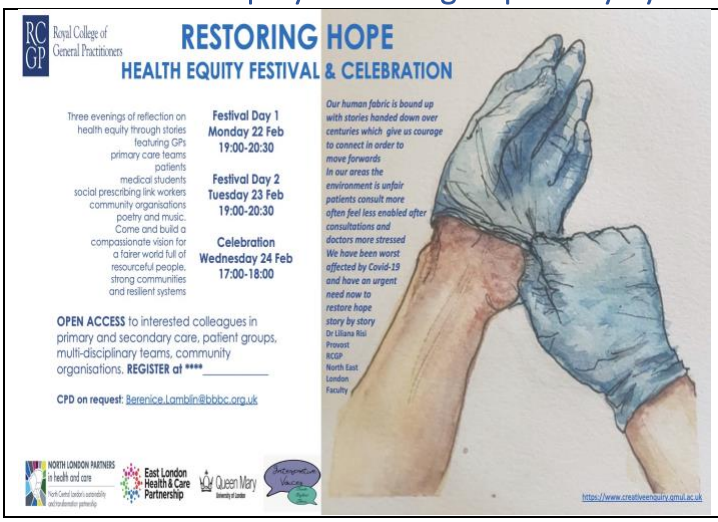
Key stakeholders were local leaders with shared values identified through community connections who were invited to attend an open access “Deep End” online course in North West London for primary care workers while simultaneously participating in the WhatsApp group.

Topics included:
Understanding complexity: life in the 'deep end'; The power of consultations: the impact of empathy; Understanding vulnerability: domains of resilience; Understanding dependence: creation of demand; Self-care and wellness: rational choice & agency; Access and candidacy: literacy & digital exclusion; Promoting continuity: narrative & relational approaches; Mental health and wellbeing: 'depression' & loneliness; Advocacy: power, privilege, status & passivity; Financial wellbeing: social capital & resilience; Food poverty: the social gradient to diabetes & obesity; Living in pain: pain as the expression of social distress; Trauma informed care: cycles of adverse experiences; Care in the last years of life: dying in poverty & compassion; Data and research: community participatory research; Peer support: communities & professional resilience.

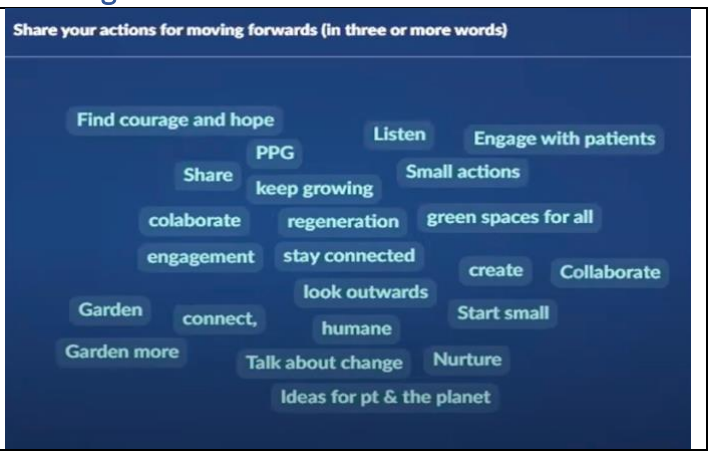
IMPROVEMENT AND CHANGE IDEAS (PDSA: PLAN/ DO/ STUDY/ ACT)

The Health Equity Festivals[25] were initially virtual and then hybrid to encourage 'face-to-face dialogue, trust building, and the development of commitment and shared understanding and focused on "small wins" that deepened trust, commitment, and shared understanding'[26] Word clouds asked for actions for moving forwards were captured at each festival and informed the planning for the next cycle and numbers increased after each festival from six leaders (Sept 2020) to 174 (Feb 2023)

PDSA 1: Health Equity: Restoring Hope story by story[27]

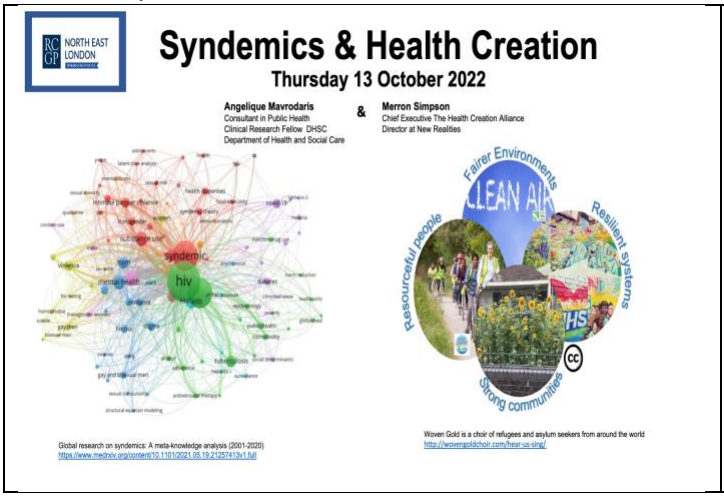


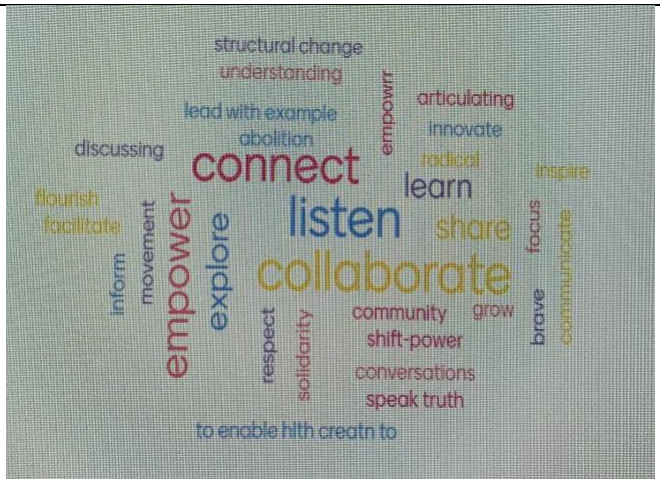
PDSA 2: Health Equity: Harvesting sustainable seeds of change[28]



PDSA 3: Health Creation: Regenerating ourselves, our systems, our world[29]

PDSA 4: Syndemics and Health Creation[30]

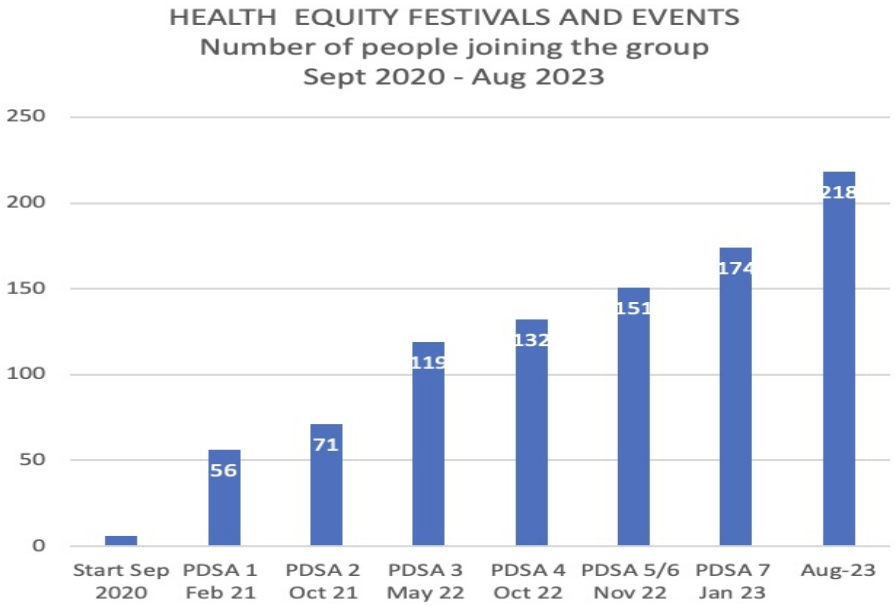




PDSA 5: Compassionate Equitable Appraisal - GMC Domain 4 Maintaining Trust[31]

PDSA 6: Health Equity Festival of the Future Now- Hospital without walls[32]

PDSA 7: Circulation HEE Health Equity Report Growing leaders for fairer systems and healthier places during the Covid-19 Syndemic



BUILDING KNOWLEDGE

The Community diagnosis[33] module is now established at QMUL. It has been an effective cross-collaborative approach between primary care and public health and a practical application to build on previous theoretical public health learning with evidence of transformational learning for the students, helping them to understand the impact of health inequities. A vision for transforming education for a new kind of doctor is being developed in the Community Based Medical Education Department at QMUL. Padlet, which is a virtual feature accessible on WhatsApp, was b introduced to capture views, lived experience, and build connections.

Stories of change from members of the Deep End Health Equity WhatsApp Group

Story 1: Local GP Leader (LR)	I have always wanted to be involved with the Deep End Project. I worked in an area like those communities in Glasgow, yet nobody seemed engaged with trauma informed care or other Deep End concepts of change. I noticed that the inverse care law played out at multiple levels. Patients consulted more, we felt disconnected from each other and together with our patients we breathed polluted air. Doctors in our area were exposed to racism, received more complaints and were more likely to be referred to the General Medical Council. We felt misunderstood and censored by regulatory organisations who did not appreciate the burden of work in areas of deprivation. Our relentless fear of error and blame made us feel lonely, passive, and powerless. There was a loss of trust and confidence in the system to enable us to provide healing care. Repeated attempts asking for system educators to deliver a GP Deep End learning and change program failed. The combination of Covid-19 and the evidence of longstanding structural racism in my professional organisation catalysed me into owning the problem. I was aware of an existing Deep End curriculum and colleagues who were working in a trauma informed way as well as initiatives at the medical school. I had read that it took about 3% of people in a system to make change. So as a super connector I used my role as a local leader to link with other leaders whom I had known over the years with the aim of building a social justice movement for fairer systems and healthier places. Pragmatically, my role was to facilitate support through time sensitive connections and in testing a “community of ideas” forum with established and emerging leaders. I knew that if leaders were well informed and felt safe with a sense of belonging then they would feel empowered to implement change and lead upwards.
Story 2: GP Health Equity Fellow (LL)	I took on the new health equity lead role in my local training hub and joined the West London Deep End programme. This learning experience enabled me to explore many of the issues I witnessed in my daily work and to consider how I could, individually and collaboratively, act to improve health equity. Alongside the WhatsApp group, these sessions provided a safe space for me to connect with colleagues, share experiences and seek inspiration. I have led a local change project to support all GP surgeries in the borough to sign up to the Doctors of the World Safe Surgeries Initiative to promote inclusive primary care. I also contributed to the Equity Festival in February 2021.Overall, this experience has restored my hope and equipped me with the skills and confidence to step up and work collaboratively in my locality to develop and deliver projects that improve health equity.
Story 3: Secondary Care Doctor (AM)	I joined the Deep End group in mid-2021 to learn more about links between health equity and sustainable healthcare. The context for the group was clear and I understood the urgency of work, but much of the content was new to me – terms such as the “inverse care law”, “trauma” and “adverse childhood experiences” kept popping up and I initially found it hard to connect with them. A lot of what I read seemed to relate more to primary care than my area of work as a respiratory doctor in secondary care. I felt very peripheral, looking in – to something I wasn’t really part of. As I read and absorbed, the WhatsApp format enabling me to choose what to engage with and when, my eyes were opened to new ways of understanding health and healthcare, and what we risk missing in our secondary care setting. A key moment was reading a message containing the phrase “held hostage by your sympathetic nervous system” in between patients in my breathlessness clinic. Something clicked into place. For the first time I saw the need for trauma informed care; to counteract the potential damage done by our relentless, biomedical drive to investigate, diagnose and fix with drugs. This approach is so prevalent in secondary care, and so often prevents us appreciating and addressing the real underlying causes; poor housing, hunger, abuse, precarious, poorly paid employment… I realised the urgent need to share this learning with colleagues in secondary care but also started to recognise this approach and understanding in others from my trust. The facilitatory approach of the group’s admin team meant that as I learned I was able to move from peripheral involvement to active participation:

	inviting secondary care colleagues to join the group, meeting locally to establish our own organisational network, and contributing to the Spring London Health Creation Festival with a short talk on my experience of engaging with trauma in people coming to our breathlessness clinic.
Story 4: Medical School Leader (JB)	Medical students were asking us what we as an institution were going to do in terms of curriculum content following on from COVID-19 and Black Lives Matter. We developed a "Community Diagnosis" module, that ran for the first time in the autumn of 2020. Students used large public health datasets to identify inequities in the areas they lived and consider community level interventions to address them. Feedback for this new module showed students experienced "transformative learning": they saw areas that they knew via new lenses. Feedback from GP tutors was also extremely positive-despite their own working conditions being particularly challenging at that time, they reported feeling energised and motivated by being involved in the teaching. Specific health equity teaching has now expanded to further academic years in the medical school, and across Primary Care, Public Health and Sociology teaching.
Story 5: Emergent leader (JW)	As the Deep End group grew and developed as a forum, I joined with other trainees. This was an immersive experience that was distinct from other elements of training in which we found ourselves more connected across our region and part of a greater body of general practitioners spanning regions and lifetimes of experience. It also crucially demonstrated the lack of health equity content within our own formal training. What was also notable was the lack of connectivity felt across the geographical area due to the absence of a forum or network like this one which could act as a community for local practitioners with these comment interests. This was also a stark contrast to our own regional trainee groups or smaller practices and at times could be overwhelming. To help enable trainees to ask questions in a more comfortable or smaller environment we created a Deep End Trainees group. This allowed us to have a separate, additional platform in which we could interact, enquire, and reflect on discussion in the main group or on things shared there. It also enabled us to ask questions that we may have felt unable to do in the main group or to explore our own experiences before sharing them in the primary group. Often, we also identified differences in our generational experiences of health equity, training and crucially our feelings around having the power to be agents of change in systems where trainees or newly qualified GPs we were less empowered than other more senior colleagues. This different context played a big part in our discussions and experiences of acting to deliver change locally and nationally. It also served as a forum for sharing opportunities for learning, training or roles that would enable our development. I suspect that as the community continues to grow and develop, small groups like may be needed to help create safe spaces for members to have more 'small scale' discussions that act as a bridge toward activity on the larger primary group'.

[1] The 'London Deep End Health Equity' logo captures the shades of green, which is climate health creation, the curve of the Thames from West to East, from pocket to blanket deprivation and the leaf of the plane tree which is all over London is valued for its ability to adapt to urban conditions and for its resistance to pollution. It has the largest leaf area of all tree species in Inner London, potentially bringing the most benefits for air quality and shade. The logo name also includes the starting point 'Deep End' i.e., areas of deprivation and the destination 'Health Equity'. It is also a broader movement than General Practice to capture population rather than provider driven health

[2] Digital social innovation: how healthcare ecosystems face Covid-19 challenges
https://www.tandfonline.com/doi/abs/10.1080/09537325.2022.2111117
Social innovation for the promotion of health equity
https://academic.oup.com/heapro/article/30/suppl_2/ii116/646178

[3] Black Lives Matter https://en.wikipedia.org/wiki/Black_Lives_Matter

[4] Coroner ruling https://www.judiciary.uk/wp-content/uploads/2021/04/Ella-Kissi-Debrah-2021-0113-1.pdf

[5] London Greener Practice Movement https://www.greenerpractice.co.uk/join-our-network/local-groups/north-london/

[6] Dating back to 1400 BC, the Oracle of Delphi was the most important shrine in all Greece, and in theory all Greeks respected its independence. Built around a sacred spring, Delphi was the omphalos - the centre (literally navel) of the world". And the navel of the London Deep End Health Equity movement is building knowledge for 'fairer systems and healthier places'

[7] Inverse Care Law https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(71)92410-X/fulltext

[8] The Scottish Deep End Project https://www.gla.ac.uk/schools/healthwellbeing/research/generalpractice/deepend/

[9] Allostatic Load and Its Impact on Health: A Systematic Review https://www.karger.com/Article/FullText/510696

[10] Covid-19 is not a pandemic it is a Syndemic https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32000-6/fulltext

[11] Health Equity in England: The Marmot Review 10 Years On https://www.health.org.uk/publications/reports/the-marmot-review-10-years-on

[12] The Health Creation Alliance https://thehealthcreationalliance.org/

[13] Collaborative Governance on theory and practice https://academic.oup.com/jpart/article/18/4/543/1090370

[14] A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience Model
https://pubmed.ncbi.nlm.nih.gov/28865665/

[15] Trauma-informed servant leadership in health and social care settings
https://www.emerald.com/insight/content/doi/10.1108/MHSI-05-2021-0023/full/html

[16] Measuring the Impact of Trauma-Informed Primary Care: Are We Missing the Forest for the Trees?
https://www.chcs.org/resource/measuring-the-impact-of-trauma-informed-primary-care-are-we-missing-the-forest-for-the-trees/
https://traumatransformed.org/documents/Healing-Organization-Chart.pdf

[17] Trauma-informed care: recognizing and resisting re-traumatization in health care
https://tsaco.bmj.com/content/6/1/e000815

[18] Developing real world system capability in trauma informed care: learning from good practice https://www.ahsn-nenc.org.uk/wp-content/uploads/2021/06/Summit-Report-Developing-real-world-system-capability-in-TIC-learning-from-good-practice.pdf
[19] Trauma-informed servant leadership in health and social care settings https://www.emerald.com/insight/content/doi/10.1108/MHSI-05-2021-0023/full/html
[20] Social media revolutions: The influence of secondary stakeholders https://www.sciencedirect.com/science/article/abs/pii/S0007681315001524
[21] Leadership in quality improvement https://www.sciencedirect.com/science/article/abs/pii/S1538544218300786
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[23] Building resilient health systems: a proposal for a resilience index https://www.bmj.com/content/357/bmj.j2323
[24] Covid-19 recovery and resilience: what can health and care learn from other disasters? https://features.kingsfund.org.uk/2021/02/covid-19-recovery-resilience-health-care/
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[26] Collaborative Governance in Theory and Practice https://academic.oup.com/jpart/article/18/4/543/1090370
[27] Health Equity Celebration and Festival: Restoring Hope: Story by Story https://www.bbbc.org.uk/insights/news-and-resources/news-and-resources-health-equity-festival/
[28] Health Equity: Harvesting Sustainable seeds of change https://www.bbbc.org.uk/insights/news-and-resources/news-resources-health-equity-london-festival/
[29] Health Creation Festival: Regenerating ourselves, our systems our world https://www.bbbc.org.uk/insights/news-and-resources/health-creation-festival/
[30] Syndemics & Health Creation: https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Frcgp-org-uk.zoom.us%2Frec%2Fshare%2Fm7UHIoE9jPa97EV8RvHlWeuqBLgVKk-UH0klGZ29c7GRFEDaxbnrwbUrKsMPlyDe.-rzsJCXJDYM6HxDq&data=05%7C01%7Clrisi%40nhs.net%7Cbfe2a948851c4b7bc6b308dafeedde1d%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638102594836316700%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=ZJ1kKRCAjCoZgfGVhFZh49TNOwzvG21ACGMRFf5l3vI%3D&reserved=0
[31] Compassionate Appraisal: https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Frcgp-org-uk.zoom.us%2Frec%2Fshare%2F6F9dgd8haJb7kOlnGY_2yDILs92QQgqg-cnRSYHcWuUemI-sjCO1iX2-oUy-X1M2.U2lhPfxQzjCK_5ER&data=05%7C01%7Clrisi%40nhs.net%7Cbfe2a948851c4b7bc6b308dafeedde1d%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638102594836316700%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=xVadL%2BFTwdtF7GgO6XXU449m%2F6KlnCIoK1fpglfWN18%3D&reserved=0
[32] Hospital without walls: https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Frcgp-org-uk.zoom.us%2Frec%2Fshare%2FV0JSfBLYAHDGgz98BPnhxHQ7JHNVRU42e8sQY8LLQaUytWCYnSLfovW64jy8NYt4.uRYXND-xMNOrGYmV&data=05%7C01%7Clrisi%40nhs.net%7Cbfe2a948851c4b7bc6b308dafeedde1d%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638102594836316700%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=iaI81608tHT3Jy9VHS4bCB0EtfRgm8QRIWIacrP4fqU%3D&reserved=0
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