**WHAM’s Theory of Change**

WHAM believes that change starts small.

Our approach aims to embed an ‘improvement mindset’ focussed on addressing health inequalities into the health system. We believe improvement should be ‘business as usual’ in the health service, not a special activity for special individuals. In this way, WHAM hopes to shift the medical profession away from the current siloed way of working that has gone on for far too long, and which is serving neither our patients nor the people who work in the health system.

We are conscious that the responsibility to address health inequality does not rest solely with clinicians or their patients. Rather, WHAM seeks to empower both clinicians and their patients to be **change makers**. Ultimately, clinicians need to be empowered to be able to stand with our patients and other partners who should have influence on the social determinants – such as education, youth services, social services, police, probation etc - to call for a better world for our children to grow up in. We hope our project will sow the seeds for the necessary transformation that is required in the medical profession.

**Empowering Service Users + Clinicians Equitable Health Systems**

**Powering Up Delivery Plan**

\* We will take an agile, iterative approach to 'adopt and adapt' ideas (See Delivery Plan) Powering Up is a project aimed at co-producing solutions to the problems raised by health inequalities for young people with chronic conditions. This column merely hints at some of the issues we may cover, but of course, it will be the YP themselves who will determine the course of this project.

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| **ACTIVITY** | **POSSIBLE AIMS & CHANGE IDEAS\*** | **COLLABORATORS** | **CONSIDERATIONS** |
| **‘Listen Up’ – ENGAGEMENT EVENTS** | Understand what good health and wellness looks like to YP; Develop a PROM to help determine if health services meet YP needs; Identify YP 'Community Lightning Bolts' to champion the project and provide peer-support | [“Whose Shoes”](http://nutshellcomms.co.uk/) and [#TeenTalk](https://www.researchgate.net/publication/348081509_PG23_Teentalk_evaluation_of_a_novel_young-person_led_role-reversal_simulation_for_improving_communication_skills_with_young_people) for guidance on models of facilitation.  We will use the learning from the [Health Foundation report](https://www.health.org.uk/publications/reports/reframing-the-conversation-on-the-social-determinants-of-health) on communicating on the social determinants and the [Health Equals campaign](https://healthequals.org.uk/) to help frame our engagement events in the best language. | To avoid exacerbating inequalities our Young Advisors will champion the idea in their local areas with a view to bringing in their contacts who might otherwise not engage. We will enlist the BAME networks in our own trusts, and the BLACHIR network that already straddles Birmingham and London. We will also ensure that we seek representation from young people whose families do not speak English as a first language. A Health Navigator will increase disability access. |
| **‘Back it Up’ – DIGITAL CREATIVITY** | YP to populate WHAM health inequalities Heatmap with YP relevant resources; Bespoke Social Screening questionnaire for YP | Leading organisations in the 3rd sector including 4in10 and Barnados as well as the Royal College of Paediatrics and Child Health | Considering digital exclusion factors that may face certain users but not others (e.g. visual, hearing or other impairments; special educational needs etc), we will seek specialist digital expertise on the team, perhaps even securing these skills through our Young Programmers. |
| **‘Power Up’ – The WHAM METHOD** | Formation of mixed YP:Clinician 'Adopt & Adapt' Teams to test change ideas; Develop WHAM Method: how to coach YP through health inequality | Rather than the traditional didactic, paternalistic model of health education, we want clinicians to see through the lens of health coaching. This will improve adherence to treatment but also improve the quality of the clinician-patient relationship. The clinician’s role will shift from educator to facilitator working in partnership with their patients to help them address what matters to them.  We will have input from Dr Penny Newman (formerly of NHS England Accelerator Programme) and the NHS Youth Forum to ensure it meets service-user’s and coaching needs and think about embedding the WHAM method into health professional training. | We are aiming to use the model for improvement to coproduce with young people and continuously improve the WHAM method. |