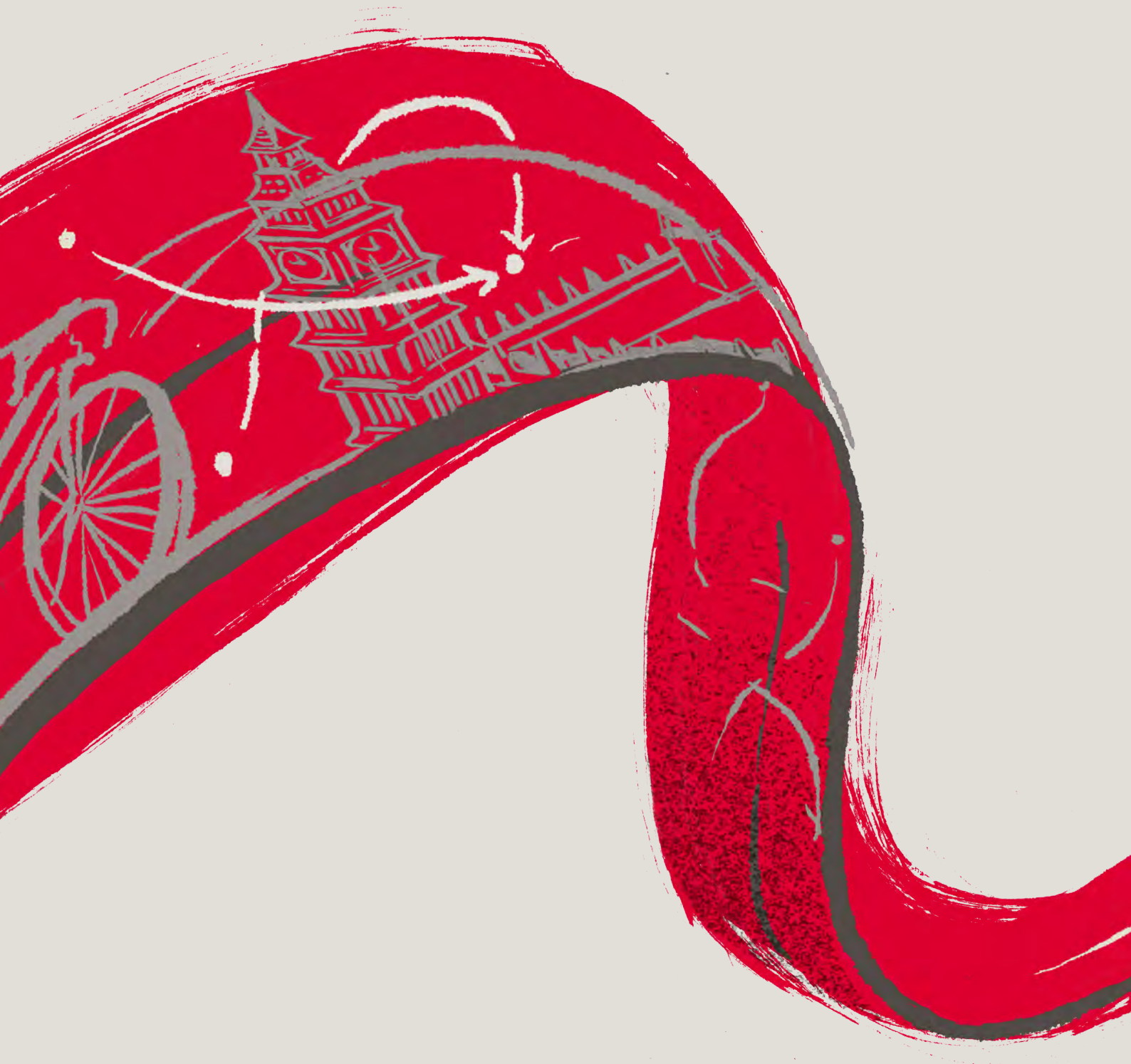


Annual report

For the year ended 31 December 2021

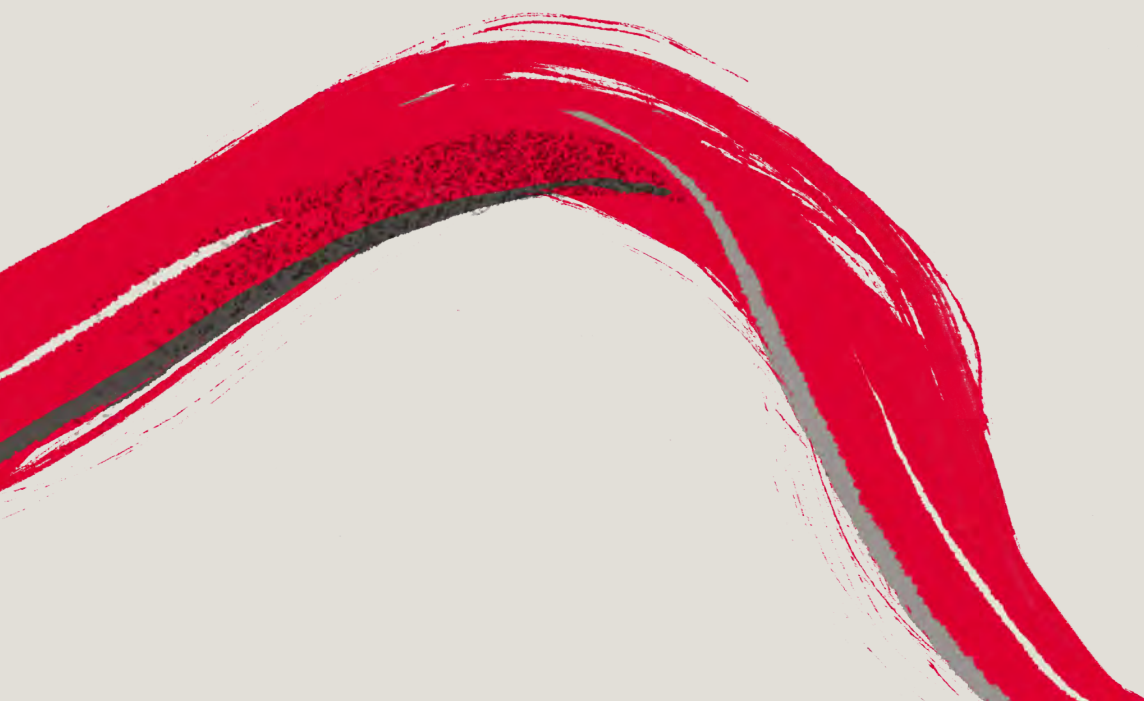


**The
Health
Foundation**



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Improving people's health

Introduction from the Chief Executive and Chair

Clearly there continued to be significant challenges for health and care in 2021. With the NHS facing unprecedented backlogs, public services under pressure, the nation's health reeling from the direct and indirect effects of the pandemic, the economy weakened, and turbulence in government, there is a valuable role for foundations in identifying solutions and keeping a focus on the long term. The Health Foundation doesn't deliver care directly – health care, social care or public health services. So how can we help?

The Health Foundation makes a contribution to improving health and care for the UK population in a number of ways, and working with numerous other organisations. As a foundation we are concerned with immediate challenges and needs – especially in a pandemic. But importantly we also support longer term goals that lay foundations for a better future. Our 2021 annual report shares some of the highlights from our work and looks ahead to our plans for 2022.

In 2021, as in 2020, we were unusually focused on the near term given the pandemic. We continued to make progress through: research and analysis; grants for new centres; large programmes and projects on the ground; building capacity through supporting fellowships and networks, and increasingly using influence as investors via our endowment to make change. As last year, we also gave donations for emergency assistance – donating £2.2m overall in 2021 to Comic Relief, Children in Need, UNICEF UK and Pathway. And all this while working with others to maximise impact.

Our research and analysis remain a central strand of our work, generating robust evidence to influence policy and practice. In 2021, our online traffic continued to increase significantly, with several major outputs allowing us to reach wider audiences and gain media traction. These included analysis on 'levelling up' health, the elective care gap, and real-terms cuts to the public health grant and to Universal Credit. The high-profile launch of our COVID-19 impact inquiry provided landmark evidence of the unequal impacts of the pandemic and enabled us to engage policymakers and media on the levelling up agenda. Meanwhile our quantitative analysis has supported SAGE, and funding and staffing projections from the REAL Centre fed into NHS and DHSC discussions in advance of the September

announcement of health and social care funding, and the Spending Review in October. These pages contain more noteworthy highlights and short case studies highlighting impact within each of our strategic priority areas.

As a foundation, our impact comes also from the projects, programmes and award-winning innovations we fund. Through our Q Exchange programme we funded 30 projects to embed some of the positive changes emerging through new collaborations and partnerships during the pandemic. This included projects to make remote consultations more inclusive and to upskill staff. Other projects included the scaling up of an initiative to provide psychological support for staff, which has been integrated as a core part of the new North Bristol NHS Trust staff trauma support pathway. Also in response to the pandemic, The Healthcare Improvement Studies (THIS) Institute, hosted by the University of Cambridge and funded by the Health Foundation, has adjusted its portfolio to support the NHS. This included leveraging its online research platform, THIScovery, to enable wider contributions to research from service users, NHS staff and others. The Institute also published a practical framework for organisations on asymptomatic COVID-19 testing programmes in their workplaces.

It can take time for the full impact of our funding programmes to become clear. Our funding of a quality improvement intervention to scale up PReCePT2 – aiming to reduce brain injury in new-born babies by improving uptake of magnesium sulphate in preterm deliveries – ran between 2018 and 2020. Results of the trial’s primary and secondary outcome measures were published in May 2021. PReCePT has now been adopted by all 152 maternity units in England and magnesium sulphate uptake has increased to over 85% for eligible mothers. As a result, 48 cases of cerebral palsy were prevented between 2018 and 2021, saving £38.4m in lifetime health and social care costs. (See Case study: Reducing brain injury through PReCePT.)

Closer to home, our internal development programme is continuing to ensure that we have a well-supported workforce, efficient business processes, resilient infrastructure and a strong focus on our role as a modern and socially responsible foundation. 2021 saw us successfully establish hybrid working, responding to staff preferences on office and home working. And, following Board agreement on a responsible investment policy in late 2020, in 2021 all investment managers reported on environmental, social and governance (ESG) credentials for the funds they invest in. ESG is now a major consideration for the investment committee and the Board.

In 2021 we continued to organise our work through five strategic priority areas to help us respond to the key challenges in health and care for people in the UK. In 2022 we will be looking ahead and refreshing our strategy for the following 3 years. We will be exploring how we deliver better health and health care from 2023–26 within three main areas relevant to our work and mission: improving health and reducing inequalities; faster improvement in care; and better policymaking.

In each area, we have an ambitious and innovative portfolio of work, in-house and externally commissioned. Our impact in 2021 is due to the hard work and commitment of staff, governors and the people we work with across health and care. We are very grateful for their support, in what have continued to be challenging circumstances. We look forward to making progress in 2022 and beyond – always for the benefit of the UK population and, in particular, the most vulnerable in society.

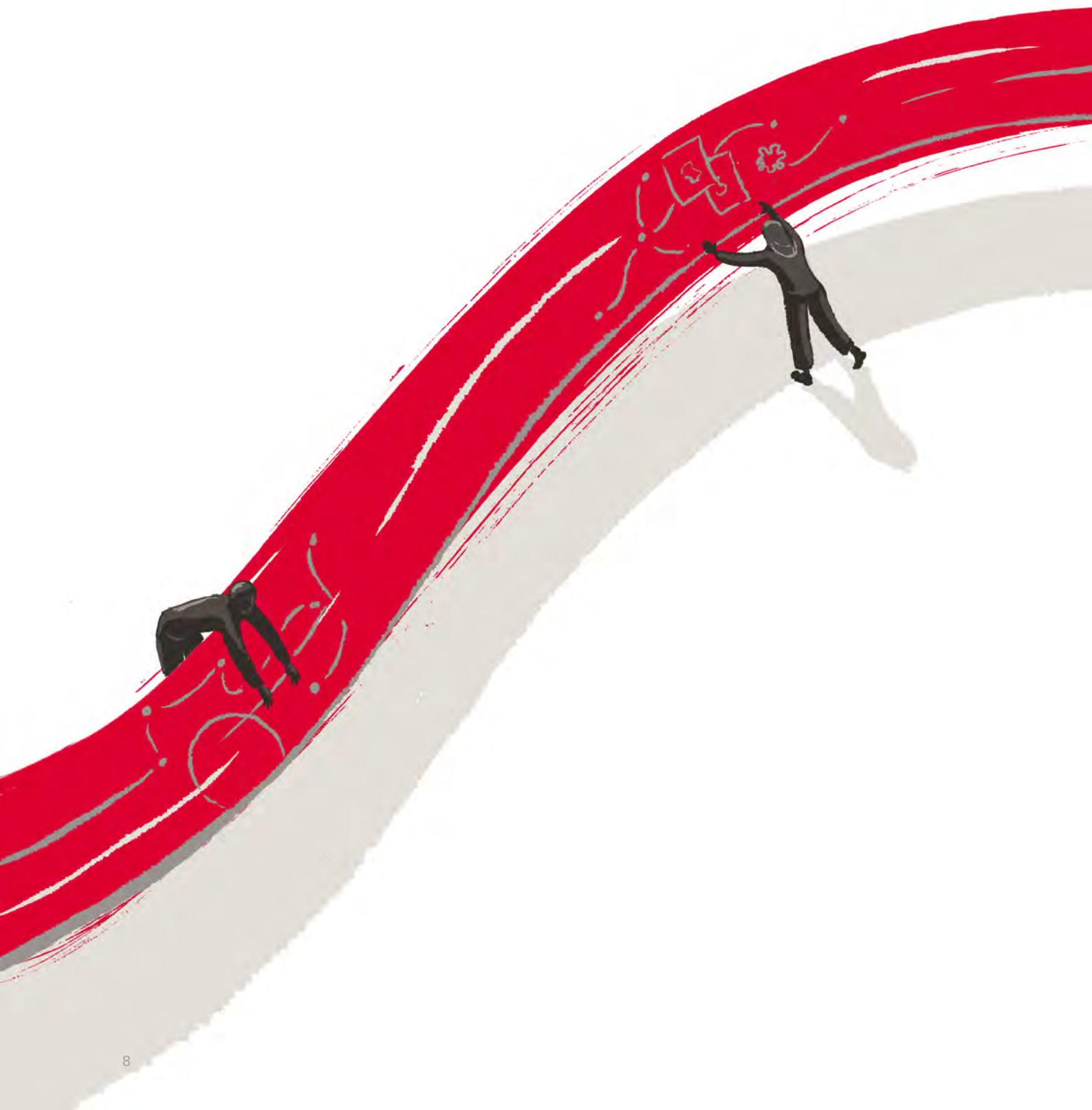


Dr Jennifer Dixon
Chief Executive



Sir Hugh Taylor
Chair





2021: Year in review



Promote healthy lives for all



Good health is vital for a thriving country – allowing people to play an active role in their communities and at work.

We have raised awareness of health inequalities and the role that good health plays in supporting economic prosperity. We have influenced national policy commitments to address health inequalities and established the Foundation as a leading authority in this area.

Key highlights



Large-scale grant programmes: This year local authority teams began work on our first large grant programmes to explore the actions places can take to influence the circumstances that shape our health. Shaping Places for Healthier Lives is a joint programme with the Local Government Association and is funding five local partnership teams to change local systems in order to improve physical and mental health. We invested £0.7m in this programme. Secondly, Economies for Healthier Lives has invested £1.9m of grant programme funding in four local authority teams to explore effective ways to incorporate health and wellbeing into local economic strategies.



Taking a whole-government approach to improving health: Published in October, our briefing argues that concerted and holistic action needs to be taken to create the conditions that improve health. It calls for an ambitious cross-government strategy that places improving health at the heart of the government's agenda, led by the Prime Minister, with targets, funding and evaluation metrics. This report has provided a robust platform to influence and shape the levelling up agenda and health disparities white paper, working with various government departments.

£1.9m

For four local authorities to explore how best to incorporate health into their economic strategies

21

Events our experts were invited to speak at about healthy lives

£2.6m

Total invested in our programmes Economies for Healthier Lives and Shaping Places for Healthier Lives in 2021



Launching our evidence hub: *What drives health*

inequalities? brings together data, insight and analysis that highlight how the circumstances in which we live shape

our opportunities for healthy lives. Our evidence long reads have been effective in driving engagement: for example, the long read on housing and health has been cited in parliament, featured in several House of Commons debate packs, and in policy documents such as the Scottish government's Housing 2040 strategy.



Funding work to create impact: Our grant holders from our Social and Economic Value of Health and COVID-19 funding programmes appeared before the Work and Pensions Select Committee. Our young people's inquiry post holders have also

produced impactful reports, been invited to speak at conferences and given advice to government departments.



Recognising our expertise: Our expertise is increasingly

sought after, with invitations to sit on eight advisory groups and to speak at 21 events in 2021. This included speaking at events

organised by the WHO and OECD. There were also a series of invitations to contribute to the work of other organisations as they develop their work on health and health inequalities.

“The inquiry was mentioned in parliament by Sajid Javid on its launch day, and former health secretary Jeremy Hunt also agreed to meet to discuss the inquiry report.”

3.7×

In England, COVID-19 mortality rates were 3.7 times higher for people younger than 65 from the most deprived 10% of areas (compared with the least deprived)



Case study

Unequal pandemic, fairer recovery

The UK entered the pandemic with life expectancy stalling for the first time in a century and falling for some. Following the 2008 financial crisis, public services have been eroded and the underlying economy and social fabric frayed. Published in July 2021, our COVID-19 impact inquiry reviewed the factors that fuelled the UK's COVID-19 death toll.

The inquiry found that poor health and existing inequalities left parts of the UK vulnerable to the virus and defined the contours of its devastating impact. The pandemic has revealed stark differences in the health of the working age population – those younger than 65 in the poorest 10% of areas in England were almost four times more likely to die from COVID-19 than those in wealthiest. Our report highlighted that the recovery needs to prioritise creating opportunities for good health – a vital asset needed to 'level up' and rebuild the UK economy.

The inquiry was mentioned in parliament by Sajid Javid on its launch day, and former health secretary Jeremy Hunt also agreed to meet to discuss the inquiry report. The report received a wide range of media pickup – with 55 pieces of coverage including *The Guardian*, *The Times*, *Sky News*, *Times Radio*, *The Independent*, and *The Scotsman*. It was widely shared on social media and via other organisations' websites, social channels and newsletters. The inquiry team were invited to contribute to a ministerial roundtable on long COVID, and a written submission drawing on the inquiry report was cited multiple times in the Health and Social Care Committee's *Coronavirus: lessons learned to date* report.

Supporting health care improvement



Through our improving care strategic priority we have supported the development and spread of innovative care improvements, while influencing the external environment to shift improvement from the margins of health care into mainstream policy thinking.

Key highlights



Publishing research on technology in health care: During 2021 we published *Securing a positive health care technology legacy from COVID-19*, which explored the challenges of implementing health care technologies during the first phase of the pandemic. It achieved high levels of engagement online and was covered by the *Mail Online* and ITV News. Our research report *Switched on* looked at harnessing the potential of AI and automation to improve health care, and was covered in *The Independent*. Following these publications, we were invited to join a research project within the national AI Ethics Initiative on building confidence among NHS staff in using AI. We were also invited to work with NHSX to inform the National Strategy for AI in Health and Social Care.



Building awareness of quality improvement: We published a new edition of our *Quality improvement made simple* quick guide, which remains one of the Foundation's most widely read titles. The updated guide reflects recent changes in quality improvement and will be especially useful to anyone thinking about how to restart, re-design or develop new processes, pathways and services – particularly as services recover from COVID-19. We also continued to work with *The BMJ* to publish a series of articles about quality improvement, including practical advice to health care professionals new to the field.

30

Projects funded
through Q Exchange

4

Support hubs funded
through our Adopting
Innovation programme

4,600

Members of Q



Supporting innovation in local health systems: We

launched a new funding programme, Adopting Innovation, to support promising ideas become practice by developing support hubs across the country. We announced the selection of four hubs – led by the Bradford, Cambridgeshire and Peterborough, Manchester and Dorset integrated care systems.



THIS Institute: In response to the pandemic, The Healthcare Improvement Studies (THIS) Institute, hosted by the University of Cambridge and funded by the Health Foundation, adjusted its portfolio to support the NHS. This included leveraging its online research platform, THIScovery, which aims to enable wider contributions to research by crowdsourcing perspectives from service users, NHS staff and others. For example, the Institute published a practical framework for organisations using asymptomatic COVID-19 testing programmes in their workplaces. Following the success of its work on maternity safety, THIS Institute was also appointed to work in partnership with the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives to deliver the first phase of the Avoiding Brain injuries in Childbirth (ABC) Collaboration.



Q community: We funded 30 projects through our Q Exchange programme on the theme of embedding positive changes emerging through new collaborations or partnerships during COVID-19. The programme included projects to

develop remote consultations that are inclusive of non-English speaking communities and to upskill staff to make the most of new technologies. Other projects include scale up of the ‘Start Well>End Well’ procedure to provide psychological support for staff, which has been integrated as a core part of the new North Bristol NHS Trust staff trauma support pathway. We also launched a new Q Lab project with NHSX to explore how to build staff and patient trust and confidence in remote monitoring technologies, to support national scale. The project brings together people with digital expertise and improvement expertise to create sustainable models that make progress on this vital challenge for the system.

48

Cases of cerebral palsy were prevented between 2018 and 2021



Case study

Reducing brain injury through PReCePT

In the UK, around 60,000 babies are born prematurely each year and are at greater risk of brain damage and conditions such as cerebral palsy, which affects 500 pre-term babies annually. Evidence shows that mothers at risk of premature delivery who take magnesium sulphate during pre-term labour and before birth – at a cost of less than £1 per dose – can reduce the risk of their babies developing cerebral palsy by a third.

From 2014 to 2015, the PReCePT1 project (Prevention of cerebral palsy in pre-term labour) was implemented in five West of England maternity units. During the project, maternity units and mothers co-developed and delivered a quality improvement toolkit with practical tools and training to increase knowledge and awareness of using magnesium sulphate. As a result, the number of women receiving the preventative treatment increased by an average of 25%.

Following this success, NHS England and NHS Improvement rolled PReCePT out nationally through the AHSN Network between 2018 and 2020. As part of this, the Foundation provided additional funding for an enhanced quality improvement intervention, which included bespoke coaching and extra time for local clinical champions.

PReCePT has now been adopted by all 152 maternity units in England and magnesium sulphate uptake has increased to over 85% for eligible mothers. As a result, 48 cases of cerebral palsy were prevented between 2018 and 2021, saving £38.4m in lifetime health and social care costs.

Influencing health and social care policy



We have built constructive relationships with policymakers, influenced national policy and contributed to understanding about health and care policy and performance in England.

This work has proved central to the Foundation's ability to influence change and inform wider debate, bridging the gap between policy and practice. Much has been done to track and analyse national policies in England, with a particular focus on the overall direction of the health system and how it is performing.

Key highlights



Assessing the impact of COVID-19 on elective care: In April we published *Longer waits, missing patients and catching up*, looking at the impact of the second wave of the pandemic on elective care in England. While the NHS had delivered a remarkable amount of elective treatment, the analysis warned the waiting list could still grow substantially depending on how and when 'missing patients' are belatedly added. In September further analysis showed access to elective care falling further in more deprived areas compared with the least deprived.



Learning lessons from government's social care response: May saw the publication of our second assessment of the national policy response in social care during the pandemic – this time covering the period after the first wave (June 2020 to March 2021). It found that the response had improved in some areas, but government policy on social care was often fragmented and short term. This supported our influencing work on social care reform and will be a key part of our evidence we will share with the UK COVID-19 Inquiry.

140,000⁺

—
Times that our policy trackers
were viewed since launch



Tracking policy developments: Our NHS Test and Trace (NHSTT) tracker monitored the performance of NHSTT up until May 2021. Meanwhile we launched our COVID-19 policy tracker – an overall timeline of national policy and health system responses to COVID-19 in England during 2020. These tracking tools were used widely by policymakers, the media, academics, and others – and viewed over 140,000 times in total since their launch in 2020.



Developing our public polling work: In January we published the final wave of polling carried out by Ipsos on public perceptions of the NHS and social care in light of COVID-19. We also co-hosted a webinar with Ipsos *How will the public mood shape care after the pandemic?* in April. In October, during the lead up to COP26 in Glasgow, we published findings of Ipsos polling on public perceptions of climate change and health. This work produced unique insights that were used by policymakers, covered by a diverse range of media, and informed and enriched our in-house analysis.



The NHS Long Term Plan and COVID-19: In September we published our comprehensive analysis looking at progress on the main pledges in the NHS Long Term Plan in the wake of the pandemic. Our analysis found that the core principles set out in the plan remain as relevant now as ever, but their implementation has been derailed – with no part of the plan unaffected. The report will stand as an authoritative assessment of NHS delivery and how the pandemic blew the plan off course through disruption, delay and increased demand.

“When the bill was published in July, we briefed MPs and Lords on the legislation and how it could be strengthened.”



Case study

Influencing NHS reform

Proposals emerged in late 2020 for changes to the organisation and structure of the NHS in England. We published analysis assessing the initial proposals in *The BMJ* – drawing on our long history of work on integrated care and approaches to NHS reform – and submitted evidence to national NHS bodies. We set out our views on the risks of reform and how the plans could be improved. While encouraging collaboration to improve health makes sense, we were concerned that the benefits of the proposed changes were overstated and the risks of reorganisation underplayed.

In February 2021, the government’s white paper on the reforms included plans to increase central political control over the day-to-day running of the NHS. We responded to the proposals in the media – setting out the risks of politically motivated changes to the organisation of the NHS – and held a webinar to help people working in health and care understand and assess the reform plans.

We gave evidence to the Health and Social Care Select Committee’s inquiry into government’s reforms. When the bill published in July, we briefed MPs and Lords on the legislation and how it could be strengthened. We also worked with others in the health and care system to try to inform amendments to the legislation including on workforce planning and health inequalities. And we helped shape amendments to legislation related to NHS data collection on health inequalities. In 2022 we will be working to encourage amendments on workforce planning and social care.

The sustainability of health and social care funding



Through the REAL Centre we have increased understanding of the requirements for future service sustainability, influenced national policy commitments and helped to hold government to account. We have established the Foundation as leading experts on NHS and social care supply and demand issues.

Key highlights



Exploring a radical new vision for social care: In November, at our second REAL Challenge annual lecture, acclaimed author and social innovator Hilary Cottam reexamined the way we think about social care. The well-attended and lively debate considered how we should care for one another, and what might it take to turn our current thinking about care and the care system on its head.



Analysing how ageing affects health and care need in England: In December we published our insight report, *Our ageing population*. It explored how health and care needs change with age, how the relationship between need and age has changed over time and how long-term conditions and social care needs interact. The report included five key insights for policymakers, and we successfully used interactive graphics to communicate the findings in a timely and effective way.

1,000⁺

—
People attended the REAL Challenge lecture on Hilary Cottam's radical new vision for social care

£63bn—
£72bn

—
Projected as additional annual funding needed for health care in 2030/31 compared with 2018/19



Setting out health and social care funding projections

for the next 10 years: Our research in this area was a huge success for the REAL Centre in 2021. By engaging early with key stakeholders we built credibility and it enabled us to adapt to a rapidly changing external environment. We published on the morning of the government's NHS funding announcement, which meant we gained widespread coverage (including the *FT*, *The Telegraph* and Channel 4). We focused on different areas – funding and workforce – and used multiple outputs to maximise our reach and impact.



Researching changes to the social care cap:

During 2021, as government moved towards social care reform, we looked at the social care cap proposals. Our analysis presented different scenarios, highlighting that the value of the cap has the greatest proportionate impact on those with lower levels of wealth. One key chart from the analysis (illustrating the impact of changes to the cap) was used by Sir Andrew Dilnot in evidence to the Treasury Select Committee. It was also widely covered by national media, across the broadsheets and tabloids, aiding public understanding of the issue.



Influencing the Spending Review:

REAL Centre analysis contributed significantly to our influencing work, including underpinning three of the four priorities for health that we set out ahead of the Spending Review.

“Over the summer of 2021, we were then approached by DHSC to help inform their report to SAGE on the direct and indirect health impacts of COVID-19 in England.”



Case study

The impact of the pandemic on non-COVID patients

In 2021 the REAL Centre had a unique opportunity to answer critical questions about the impact of the pandemic on non-COVID patients. This was a continuation of the bespoke analysis about primary care access we provided to the Department of Health and Social Care, NHS England and the Number 10 delivery unit in 2020.

Our research used data not available to government or NHS England on patient-level primary care records. This allowed us to understand the reduction in access to primary care, referral to secondary care, and diagnosis of new (non-COVID) illness for patients of different ages, genders, ethnicities and socioeconomic backgrounds. This information was vital in assessing the implications of the pandemic and informing how to enable NHS recovery.

We were not the only research unit with access this information. However, our research was so impactful because of our ability to adapt, our flexible data permission, our existing links into the Department of Health and Social Care and NHS England, and our willingness to consult with and directly inform policymakers. Instead of publishing via the usual Health Foundation channels, we targeted academic publication (in *BMJ Open*) for a specific analysis on the impact of the pandemic on cancer diagnosis.

Over the summer of 2021, we were then approached by DHSC to help inform their report to SAGE on the direct and indirect health impacts of COVID-19 in England. The final analysis resulted in a letter of thanks to the REAL Centre from the Chief Scientific Adviser for DHSC. We have also since been asked to contribute to a further report informing the pandemic recovery, focusing on missing diagnosis of long-term illness in primary care.

Data analytics for better health



In 2021 we continued to generate data-driven insights to help improve understanding and inform decision making about major health and care challenges, including those exacerbated by the COVID-19 pandemic. We're a trusted voice on national policy and system design issues relating to analytics and data-driven technology, and we're working to create a future where everyone can benefit from developments in these areas.

Key highlights



Undertaking sophisticated quantitative evaluation:

The Improvement Analytics Unit (IAU) continued to evaluate complex local initiatives to support learning in health care in 2021. In October, the IAU team published research looking at whether integrated care programmes have reduced emergency admissions, sharing important lessons for policymakers and system leaders. Direct engagement with key stakeholders was particularly positive and valuable for this work.



Developing data analytics partnerships for local insights:

Gathering steam in 2021, the Networked Data Lab (NDL) continued its pioneering work on analytics of linked data. We analysed datasets held by NDL partners, this year focusing on exploring the impact of the pandemic on clinically extremely vulnerable people who were advised to shield. The findings supported local stakeholders in prioritising support and services for this group, enabled by the embedded nature and strong local ties of this programme. The briefing we published in October was reported by multiple media outlets, including *The BMJ* and *The Independent*, showing strong national interest in this work.

45

Peer review journal publications and pre-prints across the Foundation

1,000⁺ members

Of the NHS-R Community, funded by the Foundation to promote the use of open-source data tools



Collaborating on international comparisons of health care

systems: We jointly funded, and produced the English analysis for, the International Collaborative on Costs, Outcomes and Needs in Care (ICCONIC). This work uses patient-level data to

advance international comparisons across whole care pathways – which our research shows is essential to improving care for older patients with complex needs, who often require services that cross many settings. The ICCONIC findings provide policymakers with useful information on how different strategies might influence care quality and cost, and offer the potential for mutual learning and policy transfer.



Strengthening social care analytics in the wake of the

pandemic: In 2021 we announced our funding and support

for five projects developing innovative analytics to tackle pressing challenges in social care. These projects, which all have

a focus on engaging and involving service users, are already demonstrating impact on improving care and are helping to demonstrate the value of data analytics and information sharing in social care.



Helping ensure AI addresses racial and ethnic inequalities

in health: In partnership with the NHS AI Lab, we launched

an important new research call in 2021. Projects led by the University of Westminster, Loughborough University,

University Hospitals Birmingham NHS Foundation Trust, and St George's University, London will help address racial and ethnic health inequalities using artificial intelligence. This will be achieved through improving understanding of opportunities to use AI to address health inequalities, optimising datasets, and improving AI development, testing and deployment.

“We launched an important new research call... to address racial and ethnic health inequalities using artificial intelligence.”



Case study

Taking a longer term view

A key objective of our work over the past 6 years has been to influence national strategy on the use of analytics across the health and care system. Our publications *Understanding analytical capability in health care* (2016) and *Untapped potential: Investing in health and care data analytics* (2019) shone a light on the importance of analytical capability and the actions needed to strengthen this. This has built on our investment in exemplar projects in health and social care (Advancing Applied Analytics, Strengthening Social Care Analytics and our Better Care Catalyst partnership with Health Data Research UK), and our support for networks such as Apha, NHS-R and the Welsh Modelling Collaborative.

The impact of this work on national strategy became evident in June 2021, when government published its draft data strategy for health and social care (*Data Saves Lives*). This pledged to implement many of our recommendations – committing to building the profile of the analyst profession, to providing competency frameworks, and to improving understanding of the professional learning and development needs of health and care analysts. Our work on social care data – as part of the NIHR-funded DACHA study – was also recognised as an example of the efforts needed to improve the use of data in adult social care.

Work to improve the Foundation



Our programme of internal development enables us to deliver our strategy by investing in our people, how we work together, the tools we use, and the space we work in.

2021 was a continuation of a challenging working environment for everyone. By supporting each other, we got through these challenges. We found the time to continue our internal development with some notable achievements.



Key highlights



People's wellbeing and flexible working: We engaged colleagues across the organisation on wellbeing and how they wanted to work in the future. We responded by giving everyone working at the Foundation more choice over where and when they work, within a broad framework, based on high trust and high support, with continuing support for our wellbeing. We part re-opened our office for those that needed it, laying the foundations for hybrid working in 2022. We continued to support learning and development and resumed our leadership programme.



Strengthening our cyber and data security: We strengthened our IT networks, achieved cyber security essentials plus accreditation, renewed our information security management system accreditation for our secure data environment (ISO 27001) and started to develop a new platform for analysts. We introduced a compliance team to help raise awareness and train people, which helped us remain compliant with the Data Protection Act 2018.



Striving to build a more equitable, diverse and inclusive organisation:

We delivered the organisation's first inclusion survey, which identified areas for improvement including: reviewing our internal processes; developing our internal learning and engagement; discussions on the role of the board and linking it to our external-facing work. We also set up an Inclusion Panel so that a range of people with varying lived experiences, knowledge and skills have the opportunity to influence health and social care research.



Embedding environmental sustainability:

This has included leveraging our role as a provider of analysis and research, reviewing how we give grants, being a responsible investor, running events and managing our workplace.





Our plans ahead



Promote healthy lives for all

We will be continuing to explore how the circumstances in which we live shape our health.

- In 2022 we will launch a landmark review into health inequalities in Scotland.
- We will be adding new data, insight and analysis to our *What drives health inequalities?* evidence hub, including a new section on neighbourhoods.
- Local and regional authorities have a central role in improving health. Over 2022, we will explore what some of the key factors might be to improve health in a place.
- We will share materials to improve public understanding of and support for wider action to improve health, including findings from the Frameworks Institute.
- We will continue our work to ensure the whole of government works together to improve health and health equity. And we will outline the evidence-based policy approaches that can be taken to improve health across the whole of the UK.
- We are also working with a range of organisations to strengthen the policy agenda for young people's future health and to launch an open call to fund research on emotional support.
- We are working with ShareAction to promote positive action on health among businesses and investors.
- The Collaboration for Wellbeing and Health will move into its action phase, recruiting a wider group of cross-sector allies, and launching its first campaign to influence policy and amplify the case for action on the wider determinants of health.

Supporting health care improvement

Our supporting improvement work aims to influence approaches to system recovery, demonstrate how better management and improvement approaches can improve quality and productivity, and how innovation and technology can enable new models of care.

- 2022 will see continued investment in some of our existing initiatives, including the Flow Coaching Academy, the Common Ambition programme and the Health Anchors Learning Network. We will also continue to develop more recent initiatives, including the new IMPACT Centre and our Adopting Innovation programme.
- We will be launching a funding programme to support the use of technology to enable new models of care, particularly those that support more care at home or in the community. We will also undertake new research on this topic, as well as sharing learning through our insight work on learning health systems, NHS management, elective recovery, and the innovation landscape.
- Expected to reach the milestone of 5,000 members in 2022, our Q initiative also has big plans. We are supporting peer-learning for national and regional leaders in improvement, providing support for learning and innovation through Special Interest Groups and our events programme.
- Q Lab and Q Exchange also have exciting work underway, bridging the worlds and methods of improvement and digital (with Q Lab UK looking at what is needed for staff and patient confidence in tech-enabled remote monitoring).
- We will work with THIS Institute as they plan their future strategy at a 5-year review point in the Foundation's funding. This will include work to develop their online research platform, THIScovery.



Influencing health and social care policy

We want to support the development of more evidence-informed policies on health and social care in England, contributing to better population health and higher quality care.

- In 2022, we will continue to produce responsive analysis on some aspects of the national COVID-19 policy response – focusing on lessons from the pandemic for future health and care policy. But the main focus of our work will be on broader policy issues related to health system recovery and reform, including analysis of changes to NHS structures and policies on prevention and inequalities.
- Look out for new work synthesising evidence on approaches to NHS reform and national policies to reduce inequalities in general practice. We will also be producing analysis on the current reorganisation of the NHS in England, including the development of integrated care systems and the approaches they are developing to improve population health.
- We will maintain a focus on international comparisons of health system policies and performance, continuing to fund major external programmes in this area, including Sciana, Harkness Fellowships, QualityWatch, and the European Observatory on Health Systems and Policies.
- Other areas of focus will include analysis of national health and care performance data, analysis of international survey data on primary care physicians and a new programme of long-term public polling on attitudes to health policy and performance.



The sustainability of health and social care funding

The REAL Centre (Research and Economic Analysis for the Long term) produces research and analysis to help make health and care services more sustainable, enhancing our understanding of trends in health care supply and demand, and supporting better long-term decision making.

- Our work on workforce projections will look at the outlook for both the demand and supply of health care staff over the next decade. Our work will look in detail at the impact of trends in nursing and general practice. We will also look at health care demand, and will do a deep dive into healthy life expectancy. This is part of the foundational work to develop a comprehensive health care demand model in partnership with the University of Liverpool. The final model will allow us to link risk factors to morbidity and health care activity, providing an improved base for future funding projections reports.

- With projects from our Efficiency Research Programme coming to an end, we'll be sharing their knowledge and learning on technology and productivity.
- We will also host the third in our REAL Challenge lecture series, where prominent speakers share innovative thinking and ideas on the key challenges facing health and social care in our annual lecture and associated thought paper.
- We will launch a major funding call for two new REAL Centre research units. With total funding of £14 million, the units will develop research programmes in our areas of interest (demand for and supply of health and social care) and support the development of a linked fellowship programme.



Data analytics for better health

We want to ensure that everybody's health and care benefits from advances in analytics and data-driven technology such as AI. So, we will continue to drive forward innovations in analytics in 2022, informing the national conversation about data and health.

- Look out for studies on multiple long-term conditions, international comparisons of health care quality with international partners, and our NIHR-funded project to define a national minimum data set for care homes.
- We're also planning new work using novel techniques to improve understanding of poor health outcomes for people living in more deprived areas.
- Our work will continue to develop and enhance skills and capacity in analytics across the health and social care system through our grants and support, including for the NHS-R Community.
- We will also be active through our existing partnerships. Our work with the Ada Lovelace Institute will examine the impacts of data-driven technologies on inequalities, and our research programme with the NHSX AI Lab includes supporting a community of practice on AI and racial inequalities.
- In 2022, the Improvement Analytics Unit (our innovative partnership with NHS England) will complete studies on digital first primary care and integrated care. We'll also begin a new strand of evaluation work, potentially looking at how AI can help to address the NHS backlog.
- Meanwhile, our Networked Data Lab will be publishing findings from a project around inequalities in access to children and young people's mental health services, and beginning a new project on social care.

Work to improve the Foundation


Our work to develop the Foundation and support our strategy continues, by investing in our people, how we work, the tools we use and the place we work in. 2022 will be dominated by a change in working patterns, following the removal of the need for social distancing.

- People's wellbeing and flexible working: In 2021 we created a new hybrid framework that offers people more choice over where and when they work. In 2022, we will test this in practice. Our office is open and people are using it more intentionally, appreciating the need to reconnect in person and the social value of work. We recognise it will take time for people to recover from the mental toll of the past few years, so we will be patient in our return to the office and continue to support colleagues' wellbeing. We will provide the skills and tools people need to work seamlessly between home, office and online. Our leadership programme will be rolled out to more people with opportunities to develop other skills.
- Improving our operational effectiveness and resilience: We strengthened our recruitment to respond to global churn. We will review our benefits to ensure we remain attractive to new and existing employees. Our investment in tools and skills includes new systems for managing grants, tools and training for analysts, project management, data visualisation and data and cyber security.
- Building a more equitable, diverse and inclusive organisation: We continue to raise awareness, improve engagement and learning, while benchmarking our internal processes and linking our internal work to our strategy refresh.
- Embedding environmental sustainability: As a responsible investor, we are strengthening engagement with our public equity managers and like-minded coalitions. As a consumer, we are building a picture of our footprint and developing ways to lighten it.

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