POPULATION HEALTH MANAGEMENT – PROGRESS AND NEXT STEPS

Relevant Board Member(s)	Councillor Jane Palmer Kelly O'Neill – Interim DPH
Organisation	London Borough of Hillingdon
Report author	Kelly O'Neill, Interim DPH, LB Hillingdon
Papers with report	None

1. HEADLINE INFORMATION

Summary	This paper sets out: • Progress of implementing Population Health Management (PHM) at Place • Current status of the PHM programme commissioned by NWL ICS supported by Optum in the Borough • The prospective plan for embedding PHM as an approach to system working and the opportunities afforded by the NHSE Health Inequalities funding allocated to the ICB • Planning for using a PHM approach to improve the outcomes of the NHS Health Checks programme and a 'Whole System Approach' to Obesity
Contribution to plans and strategies	Joint Health and Wellbeing Strategy 2022-2025 HHCP Transformation Plans Public Health Service Plan
Financial Cost	None
Relevant Select Committee	N/A
Ward(s) affected	N/A

2. RECOMMENDATIONS

That the Health and Wellbeing Board is informed and aware of:

1. **the current status of the place-based PHM programme on falls and frailty commissioned by NWL in the Borough.**
2. **discussions at the Health Protection Board that proposes how we embed population health management in wider projects. How this approach can more efficiently become a systematic tool for improving outcomes in defined communities. How we can best use the opportunities presented as part of the NWL ICB consultation on investing in PHM to tackle health inequalities at Borough level.**
3. **Two examples of public health focused work that is starting to use PHM as an**

approach to achieving improved outcomes – and offer a different approach to two long-standing health needs to achieve more impact:

a) **The NHS Health Checks Programme – this programme is a screening tool for long-term conditions that would benefit from increased uptake and improved process' to support residents with greater health risk**
b) **Whole System Approach to Obesity – using a place-based approach to work with communities to tackle the causes, of the causes of obesity.**

Both projects headline information will be presented at the Board meeting and the Board is asked to support the development of these two programmes, and periodically check-in on progress as part of the quality improvement role of the board.

3. INFORMATION

3.1 Context:

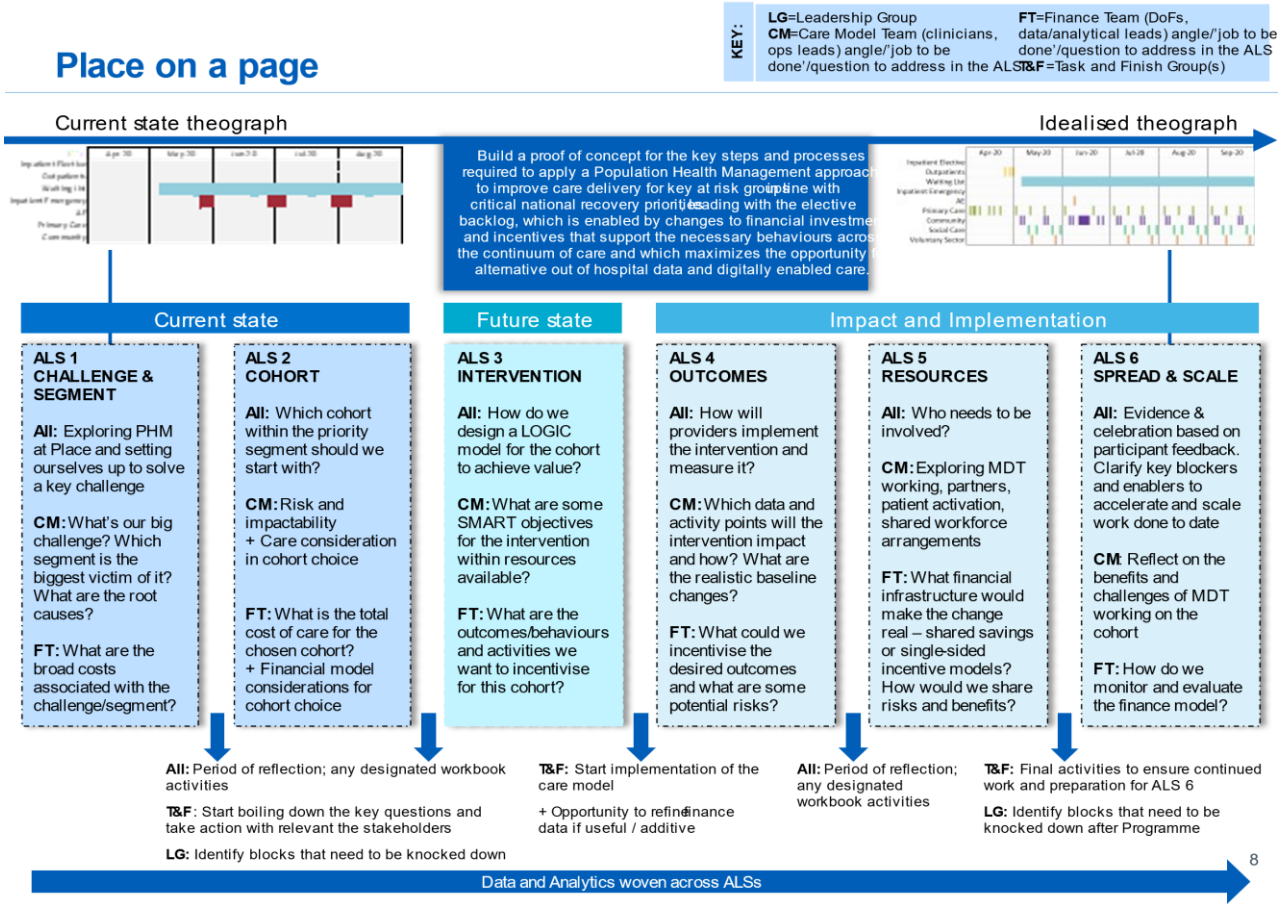
The Board has previously been updated on the supported implementation of PHM projects commissioned by NWL ICS and delivered by Optum in support of targeted place-based problems to tackle long-standing health challenges that data indicates need targeted intervention. The Hillingdon project is the only borough-level PHM programme in NWL.

PHM is a term used to describe approaches to develop health and care quality improvement whilst managing costs, and a tool for organisations to find more efficient and effective ways to deliver better long-term health and care outcomes for populations. The need to focus on service and health improvements for defined populations is increasingly important for providers and commissioners of services. Methods to identify and care for segments of the population that are (high) users of service by leveraging the capabilities of information technologies to obtain timely information about individuals and their care progress. Population health management programmes with the potential to integrate quality improvement goals with cost saving goals can have a significant impact on longer-term care delivery and outcomes.

The project has brought system partners and stakeholders together as part of a 22-week programme, creating a partnership working to understand and respond to an area of health and care challenge. Whilst the programme is still in progress, HHCP are looking forward to how the PHM approach can be embedded in a more effective and efficient way and used wider to demonstrate ways to do-new to achieve different, better, sustained outcomes.

3.2 Place-based PHM programme on falls and frailty – progress update:

The programme is about to complete the last of the 6 Action Learning Sets having gone through the process set out in the graphic below:



The group has been a committed and consistent membership supported by additional specialists that have invested their expert knowledge at specific stages of the project relevant to their area of specialism.

Target Group: The project has targeted a group of 1560 people aged between 60 and 79 years who have a history of falls with one or more A&E attendances within the last 12 months. The aim is to prevent falls, and the recurrence of a fall, improve this groups health and wellbeing and for those who fall, they have a good recovery, maintain confidence and independence.

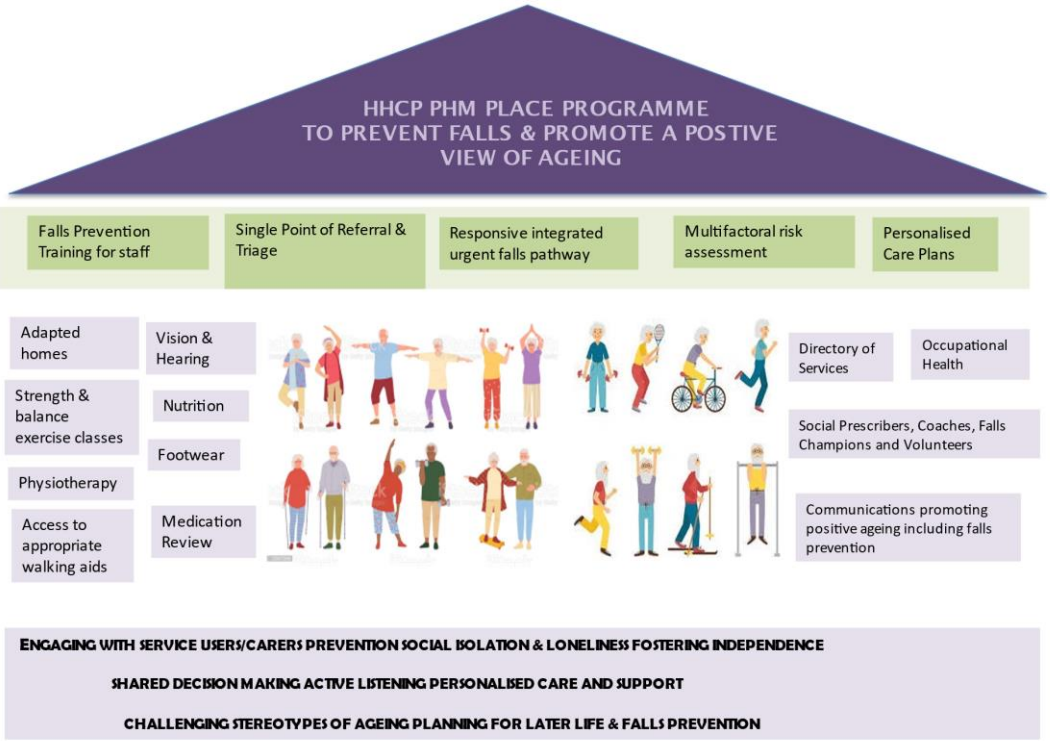
The rationale for focusing on this group was based on robust data and insight, including information relating to the cost to the system, and the impact that could be achieved for the groups health and quality of life through effective action and intervention. This was also an opportunity to build on an existing programme of falls prevention work that is being delivered in care homes in the borough.

The Group has gone through a process of development and drafted outcomes and interventions (activities) with a sound evidence base supported by engagement with communities in two phases, firstly, engagement with service users who have experience of using the services and phase two, engaging service users on outcomes and interventions, with clear insight from those who have fallen, their view on what caused the fall, the impact of the fall and what helped. Interventions were prioritised by the group with lead clinicians and that include:

- Development and implementation of a HHCP service specification for a single point of referral and triage supported by an agreed Decision Support Tool
- Develop a multi-factorial assessment tool to reduce risk of falls and manage frailty and personalised care plan

- Review current borough falls prevention pathway to optimise an integrated urgent response to a fall
- Develop a falls prevention training programme for staff across services
- Directory of services for those at risk including, home assessment and adaptation programme, greater access to strengths and balance courses for those at risk
- Increased number of mobility assessments
- Ongoing engagement that increases understanding of risk of falls and how they can be prevented

Which led to the development of infographics to inform the programme:



The group now focuses on overseeing the implementation of the interventions, confirming SROs for each intervention, to develop detailed project implementation plans that state how the intervention will respond to the needs of people in the cohort group. Service user engagement will continue in line with phase 2. Aligned to this will be the finance and resource planning and any contract changes required for service delivery.

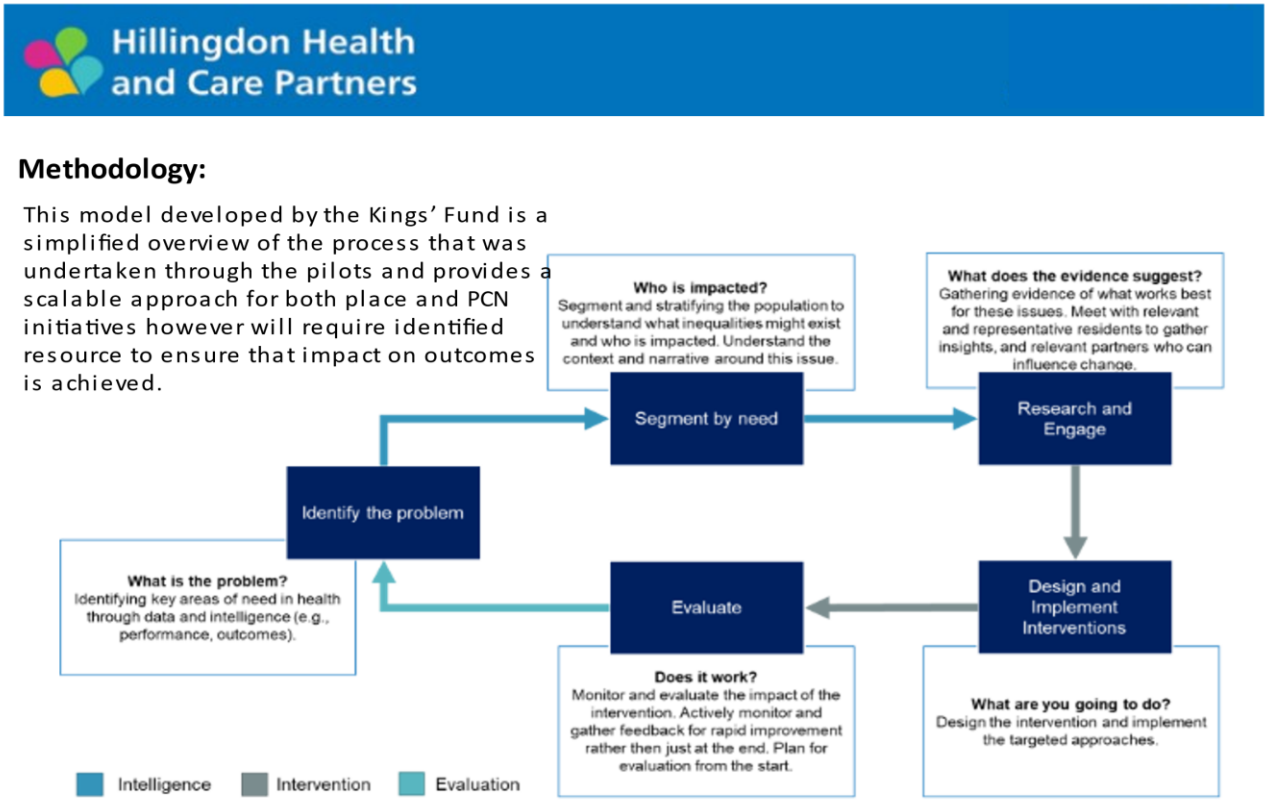
We are in the process of embedding this project as new business as usual and determining how we robustly measure and demonstrate the outcomes, impact and the difference made to the lives of those affected through this approach.

3.3 Embedding PHM: Recommendations of the Health Protection Board:

The August Health Protection Board reviewed a discussion paper about how we embed PHM. The paper 'Building an integrated population health management model, a discussion paper' presents how PHM can contribute to the HHCP ambition to improve the health and wellbeing outcomes of our population as well as to reduce the variation that currently exists across those outcomes that requires new ways of working driven by data, shaped by the experiences and needs of our residents, unconstrained by organisational boundaries. The paper recognises that

PHM is not a stand-alone intervention but a methodology that can be applied to any priority or cohort, to identify need and variation, segment the populations impacted, and design, implement and evaluate a response.

The Board will be familiar with the developing framework we are using.



This framework is iterative and as we use it, ongoing improvements that will help us refine this approach to be more efficient and effective will be made. This will be supported by a series of population health webinars during September/October in partnership with the training hub team.

The recommendation for scope of use of this framework includes a range of national, regional and local initiatives and using this population health approach will allow us to underpin the delivery of these initiatives in a coherent, joined up way that will help target resources and enhance the impact of our programmes on health and care outcomes. The national, regional and local initiatives for consideration include:

- Core 20+5
- Recommendations from the Fuller report
- Elements of the PCN DES for 22-23
- NHSE population health pilots at PCN and place (supported by Optum)
- The NW London ICB health inequalities programme
- Hillingdon Health and Wellbeing Strategy
- Elements of our 6 HHCP transformation programmes

The discussion paper also recommends a focus on five national priorities which are current Hillingdon transformation programmes where a focused PHM methodology could allow us to change the way we tackle an entrenched issue, including:

- Childhood obesity

- Childhood vaccination uptake
- Dental decay in children
- Cervical screening uptake
- Covid and flu vaccination uptake

The Health Protection Board agreed to initially use existing governance structures under the H&WB Board, Health Protection Board and Neighbourhood Programme Board to drive forward PHM, identify ways to bring together data and information capacity and capability to support the BI resource needed, to increase our focus on engagement, and determine any gaps to add resource. Also discussed was the importance of maximising the current expertise and leadership in the system, and prioritising our resources.

3.3.1 NWL ICB consultation on investing in PHM to tackle health inequalities

NWL ICB are currently in a 3-week consultation with boroughs for the allocation of a £7M Health Inequalities investment from NHSE that creates an opportunity to build resources as a foundation for further developing Population Health Management across NWL as part of the NHS operating plan 22/23.

The proposal by the ICB has the stated ambition to 'build health inequality infrastructure, radically improve coproduction with residents, and encourage innovation partnerships', underpinned by four principles: equitable funding; empowering BBPs in decisions; robust learning and evaluation; and, to retain focus through alignment to existing priorities by establishing PHM building blocks, which they suggest will be enabled through a blend of targeted support and structural investments.

Included is a proposal for a learning network as an intervention that contributes to wider learning, so we learn from and replicate relevant to the needs of each area and reduces duplication.

The proposal for the structural investment is to build capacity and capability within the borough-based partnerships. The options are focused on how that happens and where that investment is best spent to lead to better partnership working and outcomes.

The consultation of the options is about how we get the best resourcing for the borough to achieve our ambitions. To be considered is the employment of centralised specialist staff, alternatively a devolved budget to boroughs for local determination of what resources are required, and what offers the best opportunity to allow HHCP to respond to borough needs and priorities that accelerate how we tackle the health inequalities in the borough.

The 3-week consultation period does not allow sufficient time for BBPs to plan how a locally devolved budget will be spent, however there are borough health and wellbeing strategy priorities as set out in the HPB discussion paper, the JSNA, and the HHCP deliver priorities that will benefit from resourced PHM action.

Our ambition for Hillingdon is to identify which option is most likely to deliver the greatest impact in how we tackle health inequalities through the BBP, and best enable action at Borough place level where partners understand the need of residents and neighbourhoods and are responsible for making sustained positive change.

3.4 Using PHM to improve outcomes for Public Health Programmes:

The areas discussed in section 3.3 are the transformation priorities HHCP are focused on. Two areas where PH have started to change the approach to achieve better outcomes through PHM are the NHS Health Checks programme, initially by aggregating the data, understanding what is being delivered, and achieved, and prospectively looking at how we improve residents' outcomes, preventing and intervening early to reduce the health impact of long-term conditions, and the associated burden and cost for the individual affected and the health and care system. The second programme started using a PHM framework is how we tackle unhealthy weight and make our population healthier and fitter.

3.4.1 The NHS Health Checks programme

The paper attached is a starting point for using a PHM approach to improve the NHS Health Check programme commissioned by LBH PH Team, and the initial data analysis from 5 years of NHS health check information submitted by General Practices as part of the aligned information dataset.

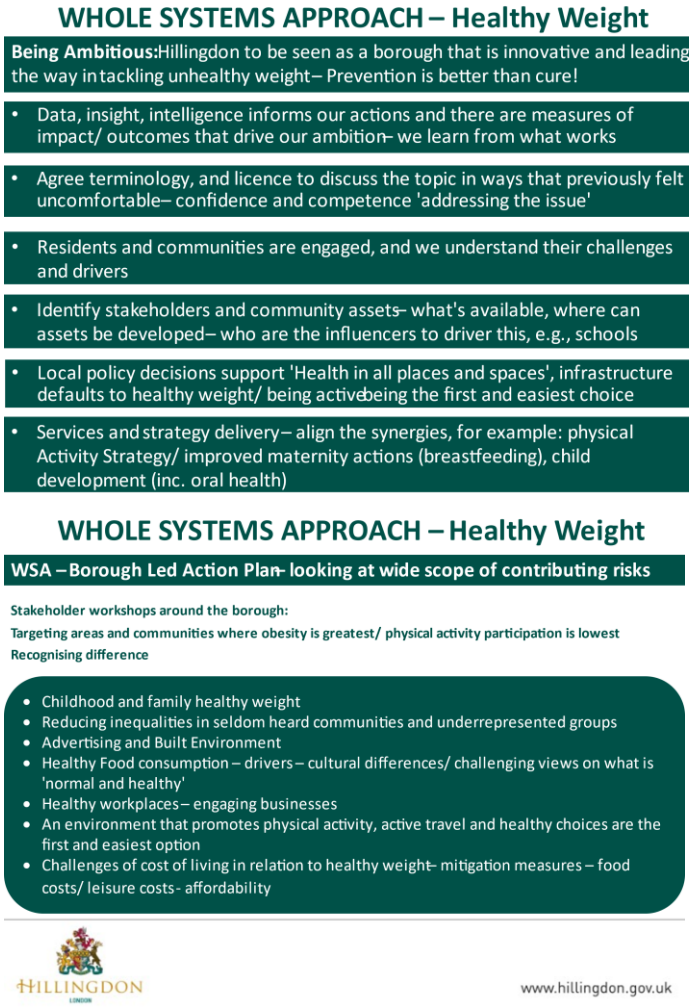
The NHS Health Checks Programme is a screening tool for long-term conditions that would contribute greater benefit to the health and care system outcomes if there was increased uptake, especially targeted uptake in higher risk communities and improved process' to support residents with greater health risk through healthier lifestyle and behaviour interventions.

Public Health as the commissioner will lead on the development of this project and scope the PHM programme, engaging GP providers, and wider stakeholders and service users.

3.4.2 Whole-system approach to obesity

The Board has consistently recognised obesity as a major contributor to poor heath in the borough. The approaches employed by the borough, whilst consistent with other boroughs in London and across the country, all areas trying to tackle what has become an intractable challenge, there has been an overall lack of improvement in obesity levels, nationally and in the borough.

The Board is asked to support a different approach rather than continue to deliver the same interventions without the impact needed. The plan is to implement a 'Whole System Approach to Obesity', a place-based approach to work with communities to tackle the causes of the causes of obesity. The initial draft ambitions are based on those that are being piloted in 5 London boroughs that we are replicating:



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