

POPULATION HEALTH MANAGEMENT (PHM) UPDATE

Relevant Board Member(s)	Councillor Jane Palmer Keith Spencer Kelly O'Neill
Organisation	London Borough of Hillingdon North West London Integrated Care Board (NWL ICB)
Report author	Kelly O'Neill, LBH Melanie Foody, NWL ICB
Papers with report	None

HEADLINE INFORMATION

Summary	This report provides an update on: <ol style="list-style-type: none">Progress towards implementing the population health management process, focusing on the:<ul style="list-style-type: none">Optum falls and frailty projectWhole-System Approach (WSA) to ObesityBuilding PHM capacity and capabilityplanning for the London Borough of Hillingdon allocation of the NHS England (NHSE) Health Inequalities funding 2022/23 and 2023/24
Contribution to plans and strategies	<ul style="list-style-type: none">The Joint Health and Wellbeing StrategyHHCP Delivery and Health Protection BoardsNWL ICS Health Inequalities StrategyProactive Population Health Management and Inequalities Programme
Financial Cost	Investment of NHSE Inequalities funding allocated to the London Borough of Hillingdon: <ul style="list-style-type: none">Non-recurrent: £358,8242022/23: In year: £256,3032023/24: FYE: £ 615,127
Ward(s) affected	All

RECOMMENDATIONS

That the Health and Wellbeing Board:

- notes the progress of the Falls and Frailty project and the Whole System Approach to obesity (presented to the Board in September 2022);
- is aware of the current training focused on building of capacity and capability across HHCP organisations; and
- recognises the opportunities of ongoing investment for current projects and future planned projects that meet the criteria for NHSE health inequalities funding.

INFORMATION

1. Current PHM Projects:

1.1 Falls and Frailty: The Optum supported PHM project focused on reducing frailty-associated falls is in the process of implementing interventions and confirming monitoring and evaluation measures to determine impact. The slide deck of current focus is embedded and was used as part of the final action learning set.



V1 Final System ALS
5 PHM PLACE HHCP

1.2 Whole System Approach (WSA) Obesity: A project reference group and operational task and finish group have been established to develop the foundations of the PHM project. The process of project initiation and profiling is nearly complete.



PID Template WSA
V1 (002).docx



WHOLE SYSTEMS
APPROACH TO OBES

2. Progress towards building PHM capacity and capability:

Outside of the experience learning from the Optum project, there has been focused GP Confederation training led by Public Health (PH) and the GP Confederation training team. The title of three sessions were:

1. What is PHM? 29 September 2022
2. PHM, your PCN priorities: 6 October 2022
3. Sharing ideas and know-how: 13 October 2022

HILLINGDON POPULATION HEALTH Interactive Sessions

Interactive Webinar Sessions

THE TRAINING We do Train, Learn & Thrive HILLINGDON PRIMARY CARE Making Hillingdon the place to work.

Hillingdon Health and Care Partners

The Confederation

WHAT IS POPULATION HEALTH MANAGEMENT?

1-2 pm Thursday 29 Sept 2022

Facilitators: Public Health Team

Using population data and intelligence to improve health care

1. Exemplar: Using population data to transform children's services (CNWL)
2. Exemplar: Falls and Frailty
3. Exemplar: Population Health Project (HH Collaborative PCN team)

POPULATION HEALTH: YOUR PCN PRIORITIES

1-2.30 pm Thursday 06 October 2022

Facilitators: Public Health Team

Breakout rooms & joint discussion

What are the top priorities for your PCN?

Addressing these priorities

SHARING IDEAS & KNOW-HOW

1-2 pm Thursday 13 October 2022

Facilitators: Public Health Team

Open Forum

Sharing know-how, ideas & best practice

Addressing challenges and resources

Identifying next steps

Start your journey to address health inequalities and improve the health & wellbeing of Hillingdon residents



PHM Training 29 09
22.pptx



PHM%20Session%20
06.10.%2022%20-%20



PHM Training 13 10
22 - FINAL.pptx

PH has also started officer training in the team to develop specialist skills to support HHCP projects.

3. Investment of the Hillingdon allocated NHSE Health Inequalities funding 22/23 and 23/24

In previous meetings, we have discussed the NHSE funding to tackle inequalities and, for NWL ICS, this is a recurrent annual investment of £7.022M additional resource of which, through regional agreement, 60% will be allocated directly to borough-based partnerships, 15% for cross system infrastructure, and 25% is for flexible use for additional schemes. The level of funding is stated to be based on population size and need and business cases need to be submitted either by 5 December or 9 January that meet the criteria below.

Business cases demonstrate	PPHMI Principles	NHS England Requirements
<ul style="list-style-type: none"> Use of local evidence Strategic fit with BBP priorities Fit with PPHMI principles and NHSE requirements Clear intended impact Commitment to share learning 	<ul style="list-style-type: none"> Aligned to three pillars: 1. Identifies and tackles inequalities, 2. PHM building blocks, 3. Partnership working on wider determinant Aligned to three categories: 1. Infrastructure, 2. Innovative partnerships, 3. Coproduction Clear strategic ownership: at System, Borough and Neighbourhood level Leverage existing funding opportunities and assets by mapping, integrating, and enhancing existing capabilities (this is for multiyear schemes) Accelerate delivery of existing priorities aligned to Core20plus5 and inequalities priorities Clear and proportionate accountability for expected outcomes, spend, and reviews of impact Clear governance to manage conflicts of interest Commitment to share learning (ensuring any small-scale initiatives lead to system improvement, rather than wider variation and inequality of care) 	<p>Show whether the investment/ spend supports:</p> <ul style="list-style-type: none"> Development of the NWL ICB health inequality framework and ambitions Delivery of interventions as part of Core20plus5 Improvement in population health management approach capabilities (engagement, analysis, methodical coproduction facilitation, health economics) Improvement in preventative care Improvement in equity in health service restoration Building of qualitative evidence (case studies, experiences of residents, patient journeys)

The allocation from the £7,022M allocated to the London Borough of Hillingdon is based on a non-recurrent allocation (the process to access this funding is yet to be confirmed), an in year 2022/23 investment and then a recurrent allocation:

Non-recurrent	£358,824
2022/23	£256,303
2023/24	£ 615,127

The process taken to date to determine how this funding is prioritised is an iterative one. A small senior group of the Health Protection Board initially met to develop a long list, and a discussion paper was presented to the Health Protection Board on 15 November 2022. A further informed plan was discussed at the HHCP Delivery Board on 17 November 2022. In the interim, a meeting has been set up with Brunel University Health Economics Research Group to determine whether there are opportunities to use an economic basis to prioritise whether some projects could achieve greater inequalities outcomes and financial impact.

A task and finish group of HHCP partners will work together on the business cases. Initially discussed areas include:

- Health of asylum seekers and focused health resilience and improvement of other vulnerable communities
- Maintaining momentum and focus on the falls and frailty PHM project and the neighbourhood project in Hayes and Harlington focused on mental health and obesity and broadening that project to other areas

- Mental health of the 16–35-year-old population
- Improving oral health
- Whole system approach to obesity
- Reducing acute urgent presentations of working aged men with chest pain

There is a clear understanding that these projects need to link with the Health and Wellbeing principles of improved access to services, and experience from services, and outcomes achieved.

It is expected that, by April 2023, every system should have in place the technical capability required for population health management. This should have longitudinal linked data available to enable population segmentation and risk stratification, using data and analytics to redesign care pathways and measure outcomes with a focus on improving access and health equity for underserved communities.

Systems are encouraged to work together to share data and analytic capabilities – we have the opportunity for shared projects based on shared risks.

4. Finance

The financial implications of this report are associated with the NHSE investment into the borough-based partnership.