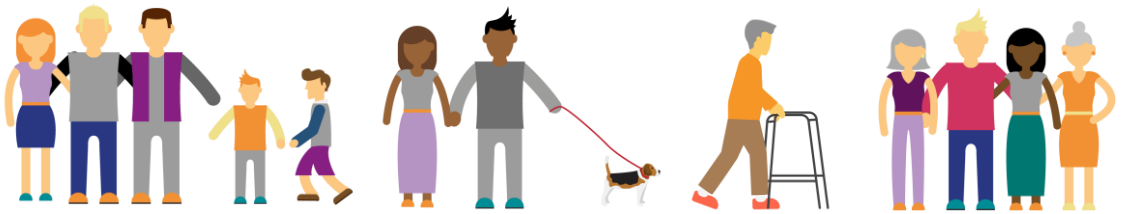
Northamptonshire
Health and Care Partnership

Population Health Strategy
2021 - 2023



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What Affects How Healthy We Are?

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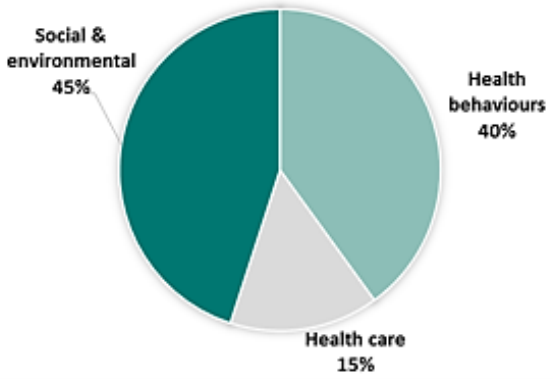
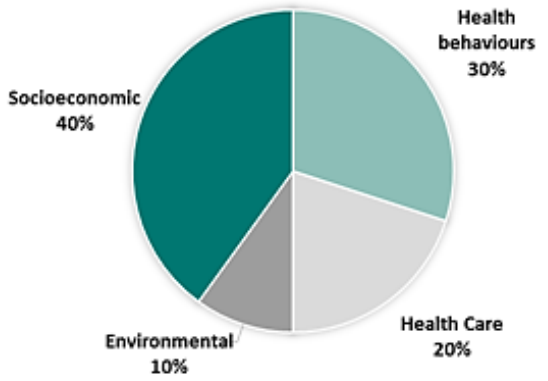
The National Health Service has become an illness service, with the focus of activity and funding on 'treatment' (managing symptoms) rather than on 'health' (avoiding the need for treatment in the first place).

It is well evidenced that a range of factors affect people's health and wellbeing outcomes, however our current commissioning and financial strategies do not reflect the relative impact of these different factors. As illustrated on the right, healthcare services were found to be attributable for as little as 15% of people's health outcomes while wider 'Determinants of Health', such as health behaviours, environmental factors and socioeconomic circumstances.

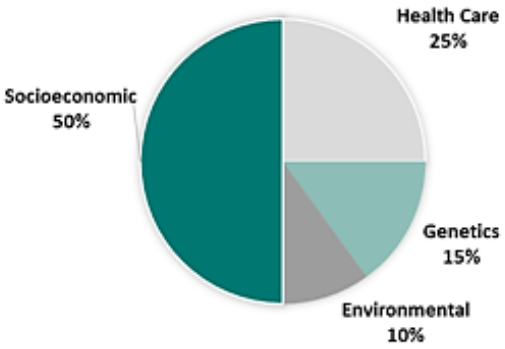
MCGINNIS *ET AL* 2002



BOOSKE *ET AL* 2014



CANADIAN INSTITUTE OF ADVANCED RESEARCH 2012



BUNKER *ET AL* 1995

What is Population Health Management?

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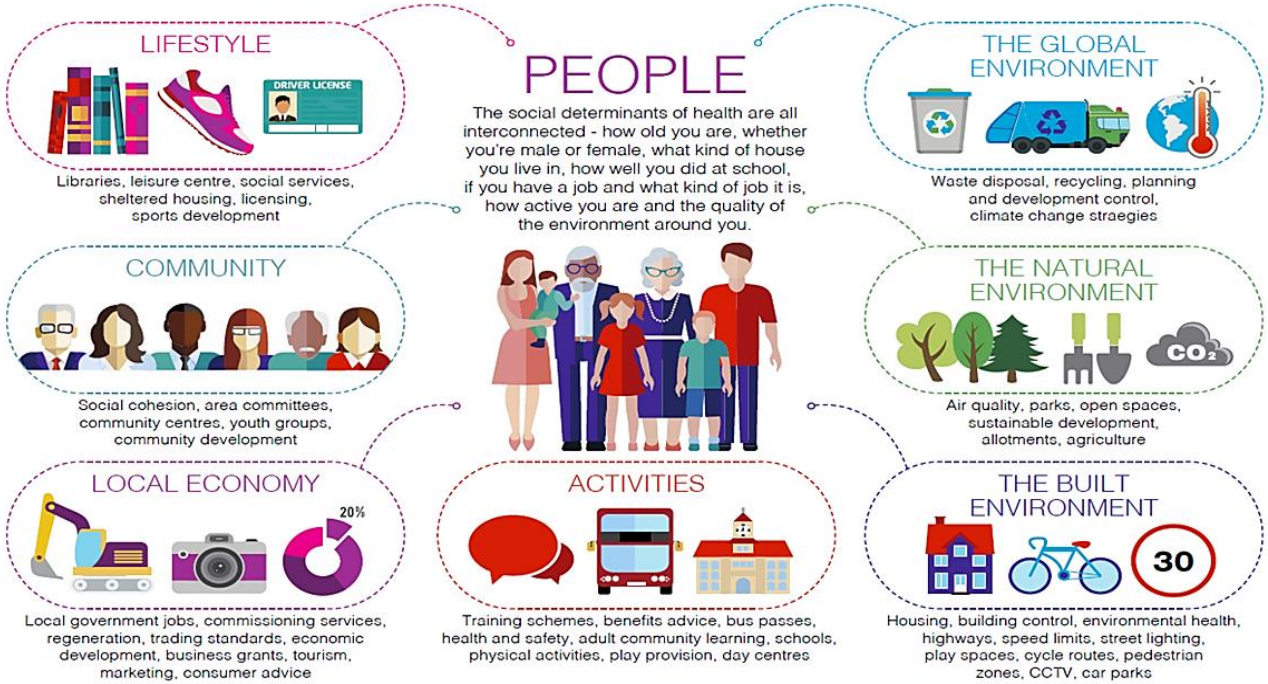
Population health management (PHM) is based on the principle that there are a range of lifestyle, economic and environmental factors (*Determinants of Health*) that have a substantial role in preventing poor health and can be improved to achieve better health outcomes for individuals and populations, thereby reducing demand on health and care resources.

Resources can be shared across a range of local authority and health agencies. Shared resources can include information, intelligence, expertise and finances. These can be used to identify specific sub-groups of the population that may have a more beneficial health outcome through particular (clinical and non-clinical) interventions for certain pre-determined problems or conditions.



What Does PHM Mean for Northamptonshire?

Northamptonshire Health and Care Partnership

By using this method, it may be possible to have a more meaningful impact on the health and wellbeing of the population, lower overall demand on resources, reduce inequalities and provide a more holistic and personalised experience of care for patients and service users. This is the ambition of the Northamptonshire Health and Care Partnership (NHCP).

Vision

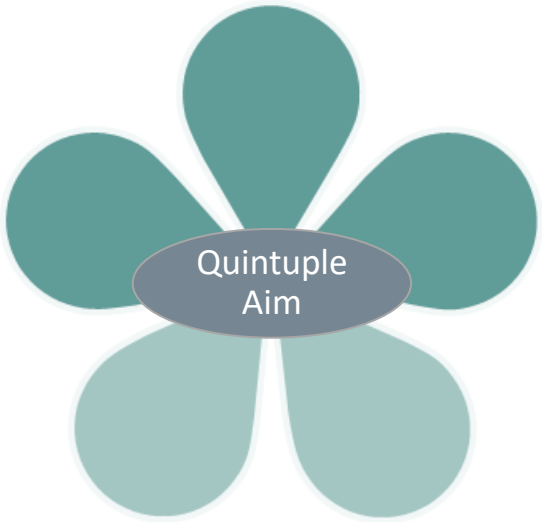
To develop population health management skills, insights and expertise across Northamptonshire Health and Care Partnership (NHCP) to impact positively on local determinants of health, and subsequently the physical and mental health of the local population.

NHCP will be able to gauge the effects of interventions accurately and rapidly, and at a range of different population levels, allowing the tailoring of interventions and incentives to deliver both the highest impact and best use of resources.

Aims

The aims of the programme, in line with NHS England's aims for population health, are to:

1. Improve the health and wellbeing of the population
2. Enhance the experience of care
3. Reduce the per capita cost of health and care services and improve productivity
4. Address health and care inequalities
5. Increase the wellbeing and engagement of the workforce



What is a PHM System?

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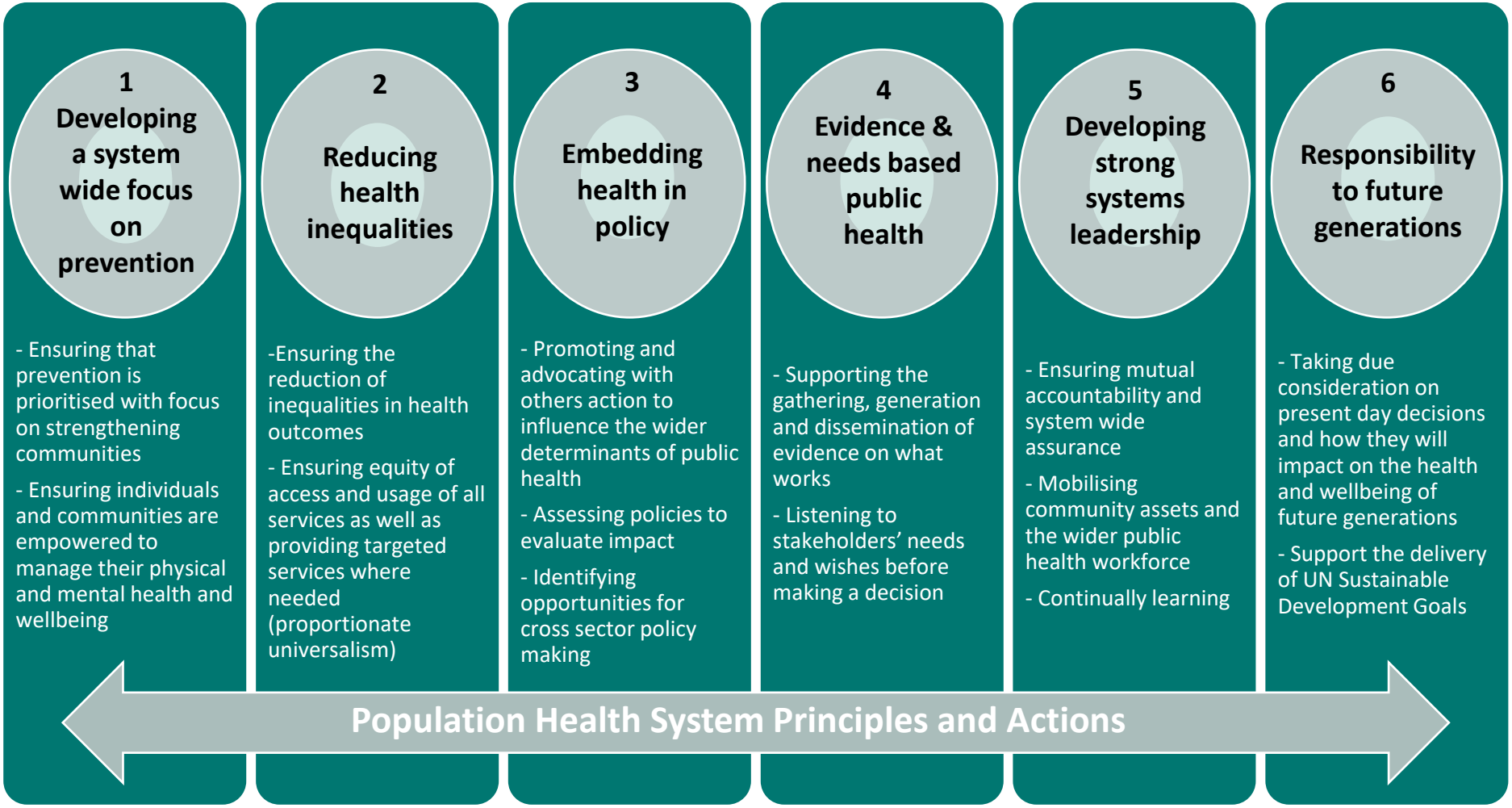
In order for a system to adopt a PHM approach to decision-making, there are principles that need embedding and actions that needs to be agreed, planned and delivered. NHCP will provide oversight and challenge on the PHM principles, while the actions will be the remit of the Population Health Programme Board (PHPB).



Adapted from the Public Health System Group (2019)

What Are the Benefits of a PHM Approach?

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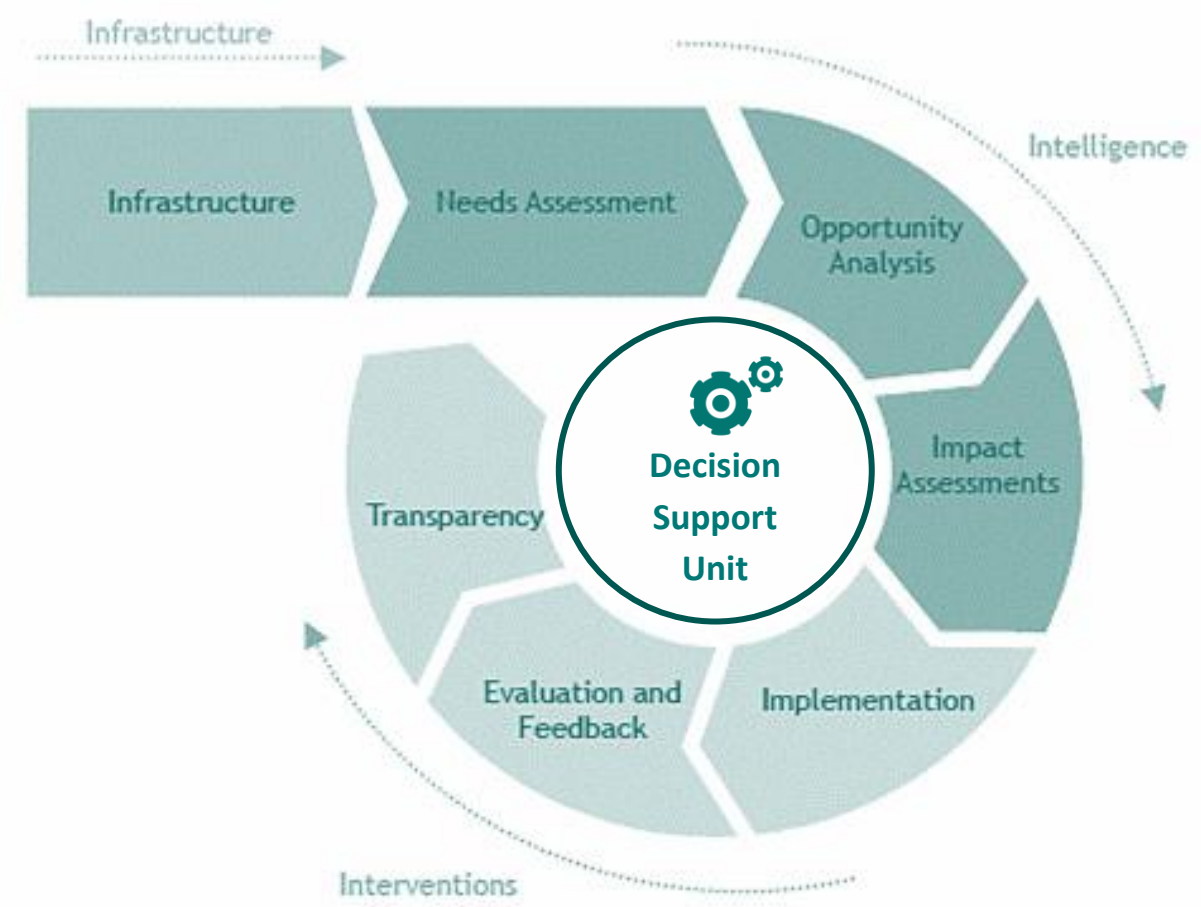
By adopting a PHM approach in Northamptonshire, utilising an ICS 'Decision Support Unit' to provide assistance and insights throughout the commissioning process, NHCP will be able to improve the involvement of patients and the public in decision-making and the personalisation of their own care, better prioritise finite resource allocation and ensure timely and innovative research and evaluation of projects and programmes.



Core support services in unit:

- Insights, including core data analysis, needs assessments including qualitative and quantitative data collection, risk stratification, economic and actuarial services, etc.
- Communications
- Engagement
- Evidence review and summary
- Commissioning support
- Evaluation
- Research and innovation projects/opportunities horizon scanning and bid development
- Support to create NHS 'Anchor institutions'

What Are the Benefits of a PHM Approach?

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PREVENTION AND THE WIDER DETERMINANTS OF HEALTH

Population Health Management (PHM) can be used as part of a whole system approach to support prevention. Design and delivery of interventions should cover the spectrum of prevention.

Aimed at those with diagnosed conditions who would benefit from interventions to support them to be as healthy as they can be (e.g. pulmonary or stroke rehabilitation). Tertiary prevention is the current mainstay of NHS services.

Tertiary Prevention
Condition Management

An approach used to help treat, delay or reduce any disease symptoms or care needs. An underlying disease or need exists, but is amenable to intervention to avoid escalating treatment/care (e.g. basis of screening).

Secondary Prevention
Early Detection

A programme of work to identify disease risk factors to inform preventative action before a disease is present (e.g. smoking cessation/weight management services).

Primary Prevention
Risk Factor Reduction

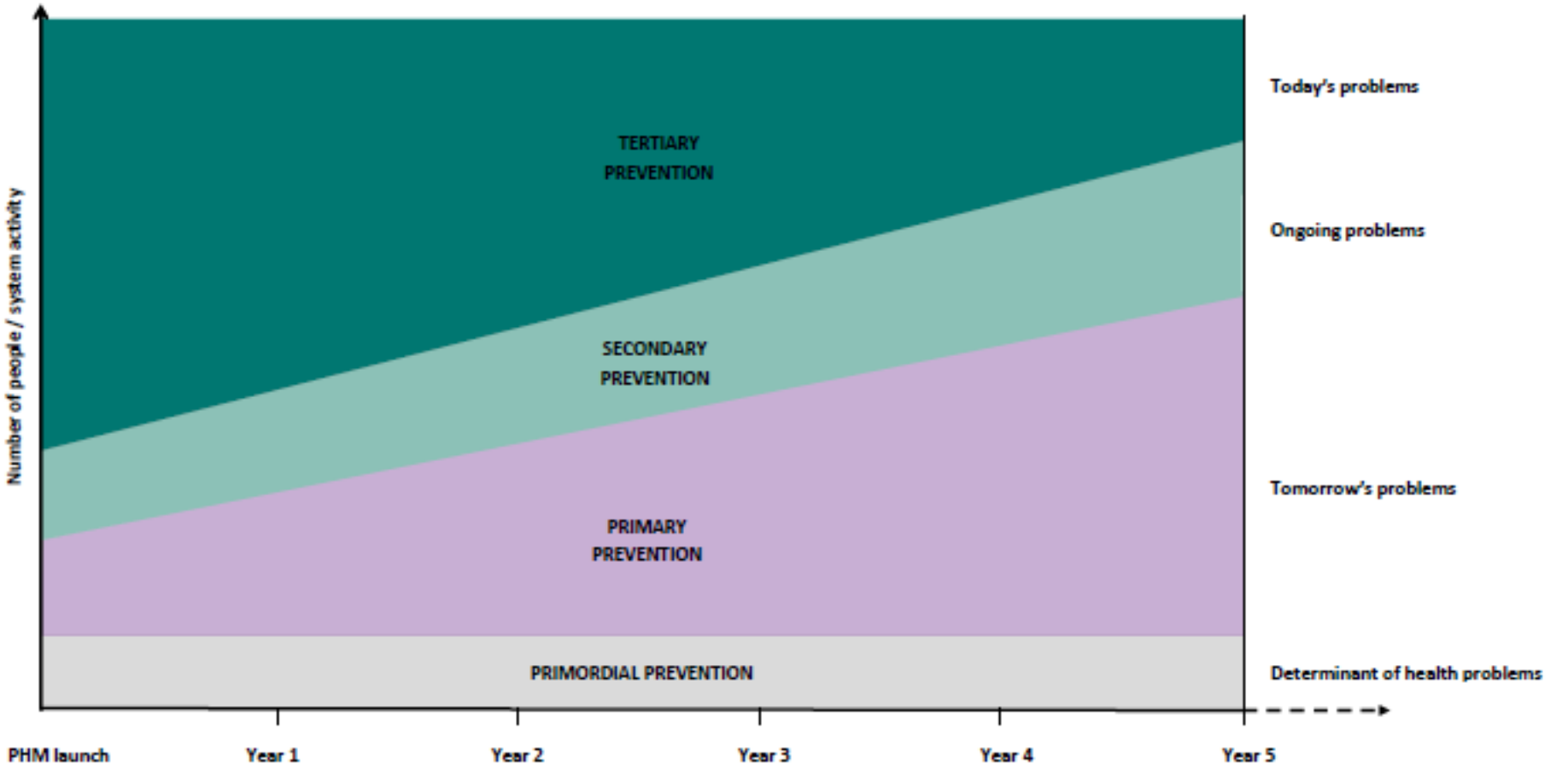
An approach to better understand and address what makes communities or individuals susceptible to poor health. This helps strengthen population health opportunities and capitalise on community assets.

Primordial Prevention
Wider Determinants

What Are the Benefits of a PHM Approach?

Northamptonshire Health and Care Partnership

PHM enables systems and local teams to understand and look for the best solutions to people's needs – not just medically but also socially - including the determinants of health. As this approach tackles the root causes of ill-health, the benefits are delivered in the short, medium and long term, so system commitment is required. Once fully established, a PHM approach facilitates a shift in focus and resource to prevention and early intervention.



What Does PHM Mean to Partners?

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RESIDENTS & PATIENTS

- Health risk assessments to support lifestyle choices and behaviour change
- Increased knowledge, skills and confidence to optimise health and wellbeing – self care
- Reduced duplication in interactions with multiple services
- Uploaded data and goals to record via apps and devices
- Ability to access personal health record
- Opportunity to digitally interact with care professionals
- Direct booking ability from home

CARE PROFESSIONALS & CLINICAL TEAMS

- Clinically-based decision-making tools at the point of care
- Access re-identification services to support individual intervention
- Access to shared care records across the continuum of care to reduce risk
- Access intelligence to understand if patients receive the right level of care, in the right setting, at the right time
- Reduced overall cost of health and care services without compromising quality of input or outcome
- Opportunity to develop public sector 'anchor organisations' to invest in staff capability and capacity

WIDER PUBLIC SECTOR ORGANISATIONS

- Access to information to promote accountability and service improvement
- Identification of efficiency improvements to increase value for money
- Improved understanding of variation through comparison to improve outcomes
- Provide information to support joint working between multiple organisations
- Use of data to take long term planning decisions which ensure sustainability and evaluate decisions fairly
- Commitment to use and strengthen our use of community resources
- Raise research/innovation opportunities

HOSPITALS

- Clearer role in MDT case management for those with LTCs
- Reduced demand on general medical beds through improved preventative care
- Increased capacity to manage planned care and emergency care demand
- Greater flexibility on contracting and funding with potential risk/gain share agreements to promote early intervention and management in the community
- Increased opportunity for portfolio career
- Improved research and development opportunities for staff

PRIMARY CARE

- Access to insights on patients/cohorts at high risk of deterioration/admission
- Collaborative working arrangements with wider public and VCSE sector partners to address wider determinant causes of ill-health and inequality
- Opportunity to invest in services to address non-clinical need (e.g. social prescribing)
- Louder patient voice and co-design input
- Specialist support in the community to advise on patient crises and avoid admissions/escalation
- Increased opportunity for portfolio career

COMMUNITY PROVIDERS

- Clear role in case management for those with LTCs, with an emphasis on preventative care
- A focus on care provision in the patients own home, or as close to home as possible, with support from adaptations, AI and digital solutions
- A genuine commitment to parity of esteem
- Opportunities to upskill staff to manage higher acuity in the community – increasing staff morale, employment opportunities and retention

How Will We Do It?

Northamptonshire Health and Care Partnership

In order to facilitate a PHM approach in Northamptonshire, the PHPB will be responsible for planning and delivering the ICS 'Decision Support Unit' on behalf of NHCP. The programme will consist of six components:

INFRASTRUCTURE

Infrastructure: *what are the basic building blocks that must be in place?*
1. Organisational factors – defined population, shared leadership and decision making structure
2. Digitalised care providers and common longitudinal patient record
3. Integrated data architecture and single version of the truth
4. Information Governance that ensures data is shared safely, securely and legally

INTELLIGENCE

Intelligence: *opportunities to improve care quality, efficiency and equity* (EVOLVING TO 'INSIGHTS' WHEN MATURE)
1. Supporting capabilities such as advanced analytical tools/software and system wide MD analytical teams, supplemented by specialist skills
2. Analyses – to understand H&WB needs of the population, opportunities to improve care and manage risk
3. Reporting the performance of the ICS as a whole in a range of different formats
4. Outcomes based – moving from performance to outcome based reporting

INTERVENTIONS

Interventions: *proactive clinical and non-clinical interventions to prevent illness, reduce the risk of hosptialisation and address inequalities in access and outcomes*
1. Workforce development – upskilling teams, realigning and creating new roles
2. Community wellbeing approaches, social prescribing and social value projects
3. Service redesign to ensure best practice
4. Assistive technologies, machine learning and digital tools to empower patients and smooth care transitions

How Will We Do It?

Northamptonshire Health and Care Partnership

INCENTIVES

Incentives (funding and risk): *introducing new funding models to support the development of population-centred, outcome based care, while also developing arrangements for risk sharing*

1. Governance model – agree on risk sharing and managing funds. Responsive to risk
2. Assistive technologies and digital tools to empower patients and smooth care transitions
3. Incentives alignment, ROI modelling and risk sharing mechanisms
4. Confidence within the intelligence analysis
5. Resilience and sustainability of providers – not an additional burden but added value

INNOVATION

Innovation (research development and delivery): *establishing relationships with local, national and international research and innovation organisations to develop the workforce, increase employment opportunities and attractiveness, and test new service design and ways of working*

1. Identifying relevant organisations with which to partner
2. Horizon scanning – proactively seeking research opportunities and funding
3. Upskilling of the local workforce in research skills and knowledge sharing
4. Aligning to and driving continuous quality improvement of new services

INEQUALITIES

Inequalities: *ensuring our planning, service delivery and resource allocation proactively addresses disparities in outcomes for different populations*

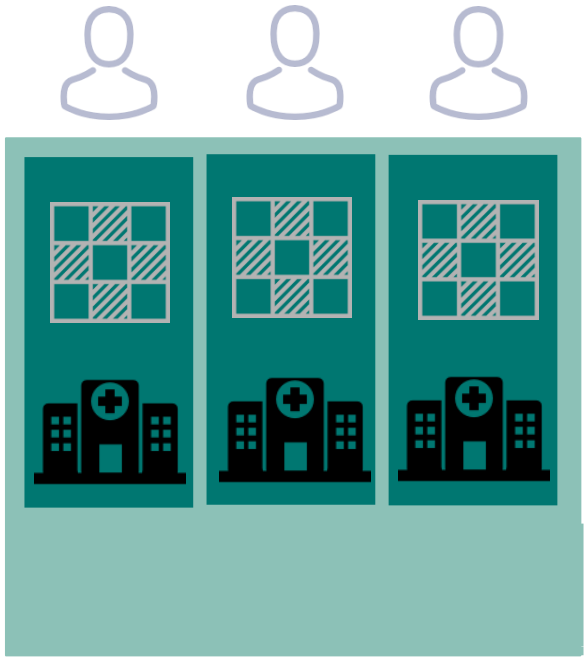
1. Identifying populations experiencing inequalities in service access and/or outcomes – creating a single plan to address with clear objectives co-designed with those who experience inequalities most
2. Creating insights to understand barriers to access/engagement in services, using qualitative and quantitative data
3. Increasing awareness across the system of inequalities, including providing resources to help services 'own' the agenda collectively (e.g. inequalities toolkit)
4. Employ behaviour change methodology to support communities to play their part in reducing inequalities

Local Delivery Approach

Northamptonshire Health and Care Partnership

The five components will provide support at different geographical levels:

The principles of PHM across the different geographical levels in Northamptonshire should be the same but the purpose, process and delivery will differ to be relevant and appropriate to the different population groupings.



Individual

Neighbourhood: ~ 50k

Place: ~ 250 – 500k

ICS: ~ 750k

Region: 1m +

At the **individual** level PHM can be used to help personalise care according to need

At the **neighbourhood** level care pathways and interventions should be considered (PCN)

At the **place** level PHM techniques should inform integrated care design

At the **Integrated Care System (ICS)** level PHM techniques can inform strategic planning of large scale prevention or tertiary services. Our ICS footprint covers the county of Northamptonshire

At the **regional** level PHM approaches require collaboration across other ICS footprints and NHSE to provide insights and commission specialist care services

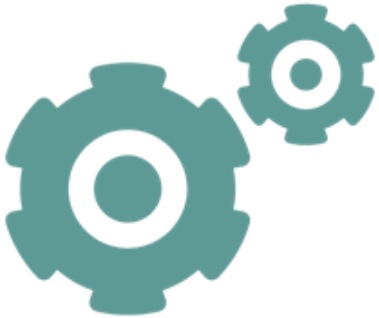
What Will Good Look Like?

Northamptonshire Health and Care Partnership

INFRASTRUCTURE
- Strong leadership & support for a PHM approach across the ICS
- Digitally capable system that meets evolving system needs
- Assistive technology employed
- System automation utilised where possible/ appropriate
- Appropriate use of data sharing/IG to support decision-making

INEQUALITIES
- Communities & individuals at risk of experiencing inequalities are known to the system & actively engaged in programmes
- Commissioners & providers apply a universal proportionalist approach to delivery to ensure those in most need get the support required to achieve the same outcomes as others
- Services regularly revisit need analysis & service design with communities & individuals to ensure changes in need are identified & addressed

INSIGHTS
- Clearly defined places & populations, within which clearly defined target/high risk groups
- High quality linked data sets that include qualitative data provided to partners on a regular basis
- Real time data & patient tracking
- Cost of care understood & factored into insights & decision-making
- Regular & effective evaluation to inform QI



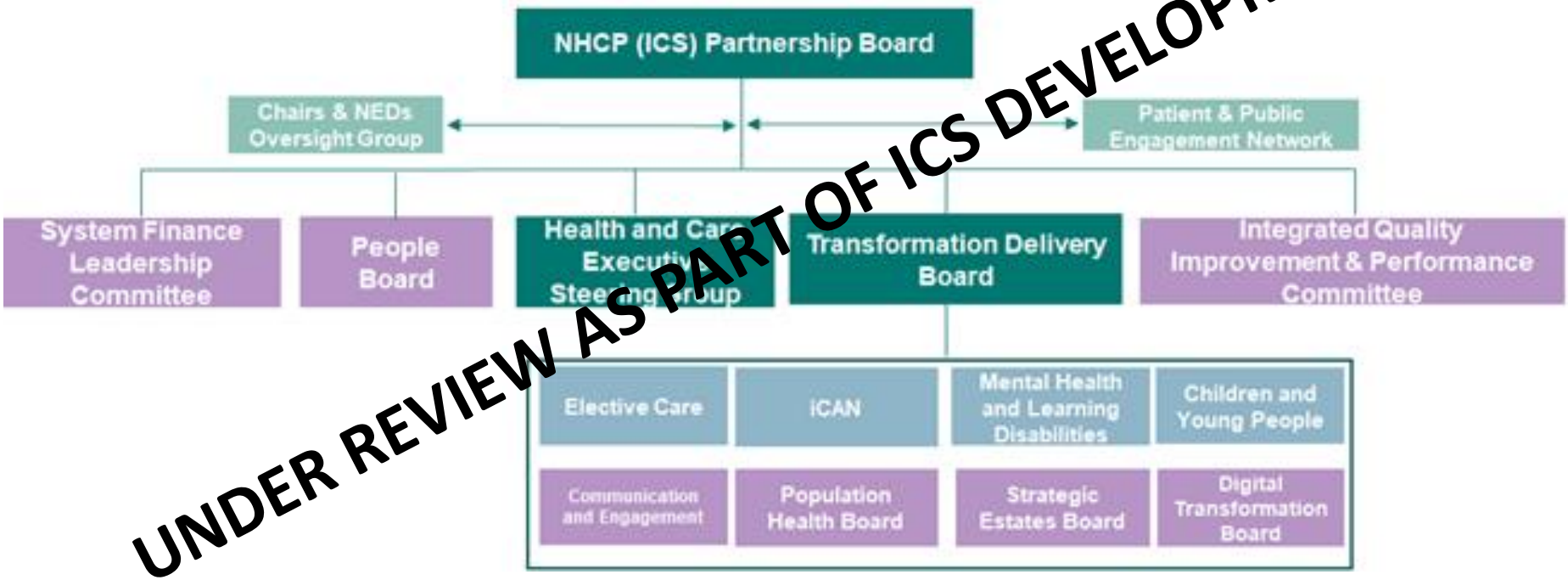
INNOVATION
- Active system R&D network that brings academics, professionals, clinicians & the population together to answer local research questions
- Comprehensive register of local research projects
- Support to test innovations in the ICS & develop exemplar practices/services
- Proactive horizon-scanning capacity to identify & pursue research & development opportunities

INCENTIVES
- Clear contractual & financial framework to incentivise service change
- Population incentivisation programme in place to support behaviour change
- System control total approach to financial management allows movement of resources to prevention & early intervention, thereby reducing long term system demand

INTERVENTIONS
- Comprehensive evidence-based logic modelling underpinning service design/redesign
- Co-design of services with service users & professionals
- Established processes to personalise care
- Determinants of health that cause poor outcomes addressed systematically & collaboratively
- Services integrated wherever possible to improve outcomes, deliver locally & reduce cost

PHM Governance

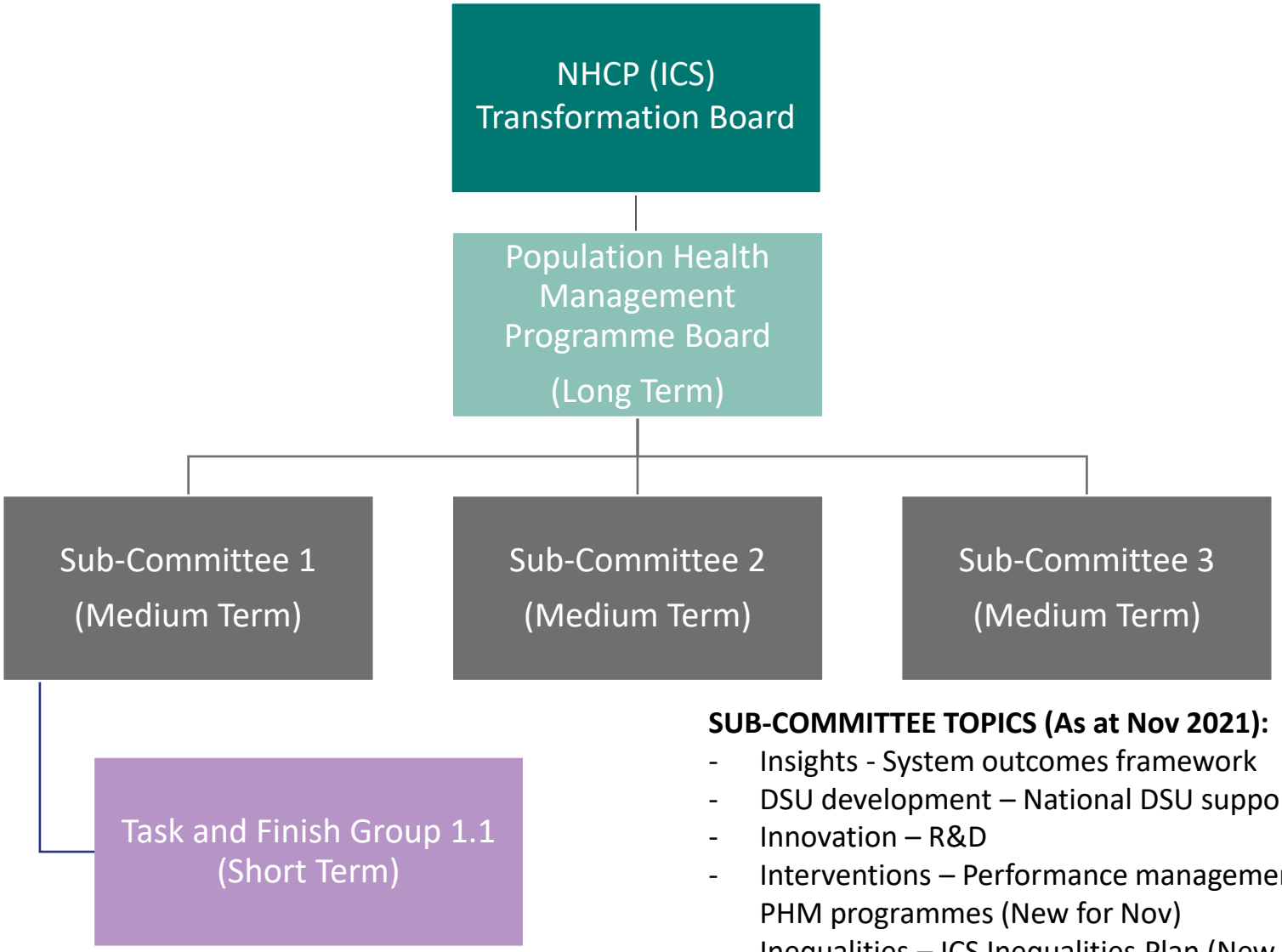
Northamptonshire Health and Care Partnership



UNDER REVIEW AS PART OF ICS DEVELOPMENT

PHM Governance

Northamptonshire Health and Care Partnership



SUB-COMMITTEE TOPICS (As at Nov 2021):

- Insights - System outcomes framework
- DSU development – National DSU support
- Innovation – R&D
- Interventions – Performance management of PHM programmes (New for Nov)
- Inequalities – ICS Inequalities Plan (New for Nov)