

**Report to Health and Wellbeing Board (H&WBB)
Population Health Management (PHM) Programme in Northumberland
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Introduction.

Life expectancy in England has increased significantly over the last 100 years, however this country still lags behind other countries on many key health outcomes. The key to improvement has been to turn away from a system which focusses just upon improving health care and towards the promotion of wellbeing and prevention.

Population Health Management (PHM) is a well established approach to improve health outcomes by focusing upon those wider issues which impact upon health: these are called social determinants. These wider determinants include lifestyle choices such as excessive alcohol consumption, smoking and poor diet as well as other factors such as poor housing, unemployment or poor paid jobs, low educational attainment, impact of pollution and greater access to green spaces. In 2016 the impact of health inequalities upon health care was estimated at £4.8 billion and upon productivity at £31 billion in 2010.

The COVID-19 pandemic has further highlighted the need for concerted action as the excess deaths rates seen have been attributed largely to the health inequalities that already existed in the North East.

Northumberland's System Transformation Board (STB) laid out six key Flagship Programmes to address this agenda of improving population health in our county. They are: Our children and young people, our workforce, our communities, our connectivity and finally our culture.

Related to this last point on culture, there is a strong history of partnership working in Northumberland. This needs to be further built upon so that all of those with statutory and financial responsibility actively promote and support a more distributive model for leadership whereby our communities genuinely and effectively develop solutions for themselves.

What has been happening in Northumberland?

Over the last 2 years, Northumberland Clinical Commissioning Group (CCG) has been involved in several work areas to support the Population Health Management agenda. In 2019, the CCG formed a Health Improvement Group (HIG) with partners from across the Northumberland system. This group has discussed priority areas for the Northumberland system to focus upon, however during COVID-19 this group was stood down due to pressures in the system. In early 2021, the group started to meet more regularly. A standing agenda item was to ask each partner/provider about the areas they are focusing on to address population health priorities and reduce inequalities.

During the winter of 2020/21, the Northumberland system was offered the chance to be involved with the NHS England/Improvement (NHSE/I) commissioned Optum programme. This ultimately offered training to providers and commissioners in the system about the tools and techniques available through a Population Health Management approach. At the time of



delivery, there were still variable levels of engagement in the workshops, mostly due to COVID-19 pandemic still being a particular focus for providers and commissioners alike.

Commitment to take forwards PHM and the £1 million.

In May 2021, the CCG Clinical Management Board (CMB) approved a £1 million non-recurrent budget to support initiatives related to PHM improvements. A paper was presented to both CMB and STB which outlined the direction of travel across the Northumberland system. This was well received by both groups. Previous discussions at STB had received similar positivity although resourcing commitments in terms of staffing and finances have mainly fallen to the CCG to deliver. The rest of the system remains focused on recovery from COVID-19 and looking to support the next winter.

The £1 million non-recurrent budget was outlined to be spent on elements of infrastructure, intelligence and interventions to support the agenda. The expenditure of the fund to date has included:

- The resourcing of a social prescribing tool called Frontline to support the monitoring and evaluation of Voluntary Community Sector (c.£23k).
- The resourcing of the “Understanding Our Communities” section of the Primary Care commissioned services – to enable a series of workshops and education to all Primary Care colleagues to understand the agenda alongside Primary Care Networks (PCN) (£170k).
- The resourcing of a workshop for Best Start in Life – this event invited a range of individuals across the Health and Care section to understand more about substance misuse (c.£2k).
- The resourcing of an Alcohol and Health workshop which is a follow on from the Best Start in Life workshop to help the system understand more about the approach we are taking in this area and possible development of new initiatives if required (c.£5k).
- The resourcing of a set of workshops for the Voluntary and Community Sector around future joint working arrangements (c.£5k).

Future plans for fund include a budget to support the Voluntary and Community Sector with projects which support the PHM agenda (c.£250k).

National direction of travel.

PHM is seen as a critical building block for an Integrated Care System (ICS) and to enable Primary Care Networks to help deliver with their local partners, truly Personalised Care. The three P's (PHM, PCNs and Personalised Care) are seen as the core offer for local people to ensure care is tailored to their personal need and deliver as close to home as possible. Nationally, PHM is seen as a way to ensure better partnership working between health, care and voluntary sectors to ensure the right care is delivered, outcomes are improved and duplication is reduced thereby using resources more effectively.

From a North East and North Cumbria (NENC) ICS perspective, PHM is a high priority area that will enable delivery of the four key objectives of the ICS and especially the reduction of inequalities. There is currently a PHM Management Steering Group and PHM Operational Group as well as a whole workstream dedicated to reducing inequalities that will all be integrated in the new ICS.



Local direction of travel.

1) The Health Improvement Group continues to meet and actively encourage all partners in our system to attend and engage. This is a key mechanism to take forwards PHM and build system relationships. Ultimately this group is seen as the breeding ground for support and shared learning to take place. The most important element for Northumberland is ensuring our partners within the Local Authority, Voluntary Sector, Mental Health and Acute Trusts are onboard with the agenda.

2) General practice and their networks at a local level. The first priority for the CCG is to ensure practices and PCNs are supported with the PHM agenda. This has been a significant challenge owing the immense pressures upon general practices who have delivered a highly successful COVID-19 vaccination programme in addition to caring for their patients throughout the pandemic.

A series of the three workshops are planned as part of a GP incentive scheme to ensure education and knowledge is shared. The first workshop took place in October with two lunchtime sessions involving a range of local stakeholders and PCN Leads to explain more about the agenda and ensure all practices are on the same page. The subsequent workshops will look to support development of local partnerships to improve connectivity and ensure that relevant data is made available to practices so that interventions can be developed. This includes the development of an offer of analytical support to PCNs from our local Public Health team.

3) The Voluntary and Community Sector (VCSE). The CCG is working closely with the Local Authority and work is being progressed with Northumberland Communities Together. For any work to be meaningful the PHM agenda must work hand in hand with our communities and residents.

A new VCSE sector support commission builds upon existing networks and partnerships to optimise representation and open dialogue. This will require a paradigm shift in our culture as our system adapts to working differently, through sharing and agreeing priorities for a mixed workforce. This can only occur through building relationships and trust and by exploring new ways of working that draw out the best potential for all partners involved. The key opportunity we have will be how to harness the ideas and energy of those closest to our communities and enabling them to lead the system towards effective solutions

The work within the VCSE will be visible through a new tool called Frontline which is an interagency and self-referral platform which will also become a service directory. The connectivity which this platform offers will promote interagency working as well as it becoming a data repository to further inform the health and social care needs in our community as we join this up with other health and social care data.

A key objective on the PHM programme will be to support our workforce and volunteers. The work of the “good neighbour” volunteers during the pandemic needs to be harnessed again and further built upon with a renewed focus and supportive training offer. Again, there is a digital solution which will enable cross agency volunteering and task setting called “Volunteero”.

A series of three workshops in November discussed how to support the sector and look to offer joined up ways of working in future. The use of the Frontline social prescribing tool will be promoted as part of this work to ensure valuable VSCE work is captured and outcomes



understood. Social prescribing will be a key communication link between what is happening in the community with the health and social care partners.

4) Local NHS Commissioning. From April 2022 all CCGs are to be abolished and superseded by a new Integrated Care System framework. It is envisioned that many of the existing commissioning relationships will be preserved within Northumberland through this transition. A CCG commissioning staff workshop is planned for November to further embed PHM ways of working in all areas of commissioned healthcare. The commissioning staff are all highly experienced and the workshop will further develop their skillset.

5) Population Health Academy. A proposal in development will be the creation of a PHM Academy for Northumberland. This will be responsible for creating the skills, knowledge and capacity we need to secure greater investment of system resources in prevention, early intervention and the proactive reduction of health inequalities. It will be the vehicle by which all strands of the PHM can be brought together. This will include:

- **Data Intelligence and Information Governance.** Develop a single shared data architecture for our system. This should encompass all of our NHS providers, the Local Authority and wider determinants of health as a minimum. The system will have the capacity to match records at patient level and allow us to segment and stratify our population into cohorts based on health risks. The CCG is in the process of negotiating with North East Commissioning Support (NECS) about how they can support this work in the future.
- **Education, Training and Skills in PHM.** Our Academy will embed the knowledge, skills and capacity we need to turn data into intelligence and effective interventions. We will train and maintain communities of practice in PHM, foster a network of Community Health Champions, and promote a 'Making Every Contact Count-Based' approach to health inequalities and the wider determinants of health.
- **Design, Testing and Evaluation.** The Academy will facilitate the design, delivery and evaluation of interventions to improve population health. It will also foster a 'best practice' to evaluation within the wider health economy, drawing together evidence to support further investment in proactive, preventative and care.
- **Communication and Co-production.** Proactively engage with professionals, stakeholders and members of the public to generate greater awareness of health inequalities and population health. The Academy will be recognised as a Centre of Excellence in PHM. The principle of co-production and meaningful engagement will also be woven through all of its work.

It is essential that our communities should identify themselves as being integral to the development of the academy and it is an ambition that all will have an opportunity to experience what it has to offer while at the same identify with the “brand” which should be future proofed and not vulnerable to changing acronyms and fleeting trends.

