CITY & HACKNEY POPULATION HEALTH HUB

BRIEFING TO HEALTH IN HACKNEY HEALTH SCRUTINY COMMISSION

31 MARCH 2021

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BACKGROUND AND CONTEXT

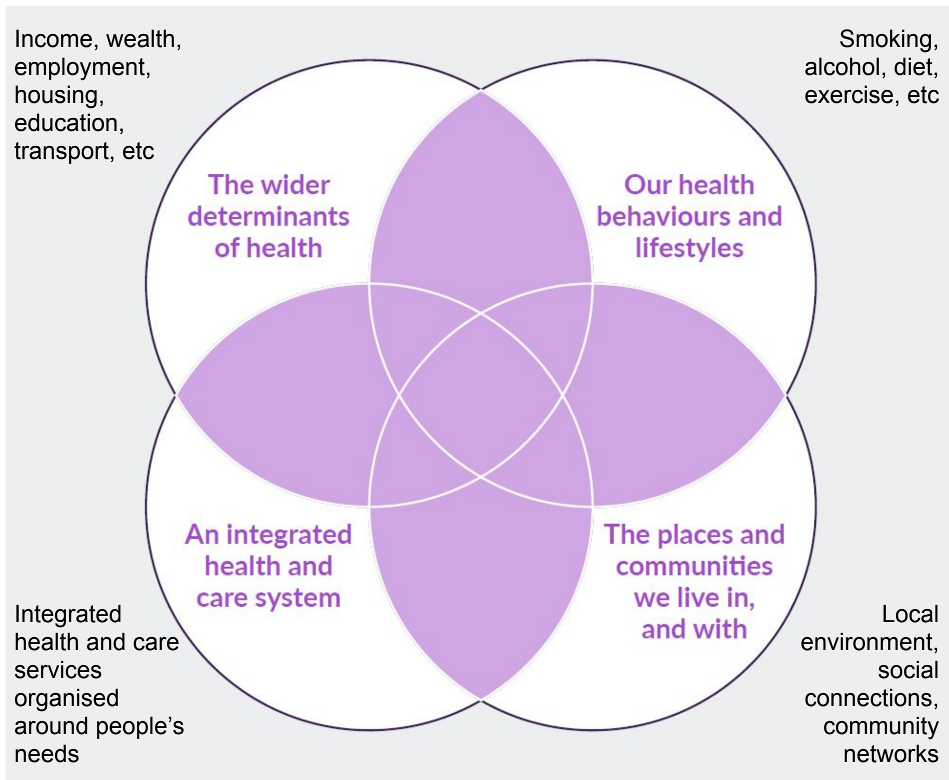
In August 2020, City and Hackney ICB approved the dissolution of the Prevention Workstream (one of four workstreams established to deliver transformation programmes in support of the objectives of the City & Hackney integrated care system) and endorsed the recommendation to create a new Population Health 'Hub'.

Around the same time, both Health and Wellbeing Boards (in the City and Hackney), as well as City & Hackney ICB, adopted the King's Fund population health framework to guide local action to improve population health and reduce inequalities.

Since then, a new City & Hackney Health Inequalities Steering Group has been convened, focused initially on mitigating the inequalities impacts of COVID-19. The Steering Group has identified a number of priorities for action that fall within the scope of the proposed Population Health Hub.

This scoping paper sets out initial proposals on the purpose, functions and required resources for the new Population Health Hub. Detailed work will be undertaken over the coming weeks and months to firm up and implement these proposals - including governance arrangements.

POPULATION HEALTH FRAMEWORK



Source: King's Fund

Population health is described by the King's Fund as...

"...an approach that aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population. Improving population health and reducing health inequalities requires action across all 'four pillars' of a population health system."

Taking a population health approach means:

- rebalancing investment across the four 'pillars'
- focusing attention in the areas of overlap and intersection (the 'rose petals') - where there are the greatest opportunities for impact
- system partners taking shared responsibility for improving population health.

Effective, system-wide action requires a common understanding of population health drivers, outcomes and effective interventions.

PURPOSE

The proposed City and Hackney Population Health Hub will be a **shared, system resource** with the following broad aim.

- To provide timely and actionable intelligence, develop practical tools and lead specific projects to influence and support system partners to improve population health and reduce health inequalities.

It will do this by:

1. supporting the development and implementation of both the City's and Hackney's Health and Wellbeing Strategies
2. supporting the C&H Integrated Care Partnership to take a population health approach in the design and delivery of health and care services for local people - enabling more efficient use of system resources and improving outcomes
3. supporting the development and implementation of Neighbourhood population health plans
4. working in partnership with the C&H Health Inequalities Steering Group to support delivery of its priority action plans
5. leading on the delivery of key population health programmes and initiatives (incl Make Every Contact Count, Prevention Investment Standard, community health champions).

Rather than a formalised group with associated governance structures, it is envisaged that the Hub will be a collaborative of existing and new capacity and resources that will combine to develop and implement a programme of work as part of a City and Hackney population health framework.

The Hub will ensure effective deployment of appropriate analytical resources in response to system needs.

PROPOSED FUNCTIONS OF THE HUB

	ACTIVITIES TO SUPPORT POPULATION HEALTH OBJECTIVES	Role of Hub
1 Intelligence & analysis	● Timely analysis of data (including linked individual-level data, in accordance with Caldicott principles) to inform decision making ● Integrate qualitative and quantitative intel to create actionable insights ● Utilise existing population health intelligence (JSNA, Neighbourhood Profiles, etc) and community insight to produce recommendations for action ● Produce/maintain accessible and interactive dashboards for users to produce their own intelligence ● Undertake population health needs assessments, service monitoring and evaluation, health/equality impact assessments, health equity audits, etc ● Training function to build wider system analytical capacity ● Health economic analysis	Lead
2 Evidence & guidance	● Proactive and reactive literature reviews to inform service redesign, commissioning and wider strategy development ● Rapid evidence reviews to inform timely decision-making; full lit reviews as part of longer-term strategic planning ● Leverage wider knowledge management resources e.g. from Public Health England ● Ensure planning informed by latest evidence-based guidelines (from NICE etc)	Lead
3 Research & evaluation	● Agree priorities for research and use to establish/cement academic partnerships, and collaborate on funding bids, for population health research & evaluation. Ensure research is locally relevant and results implemented for improvement	Lead
4 Community insight	● Expertise and support in the design of community insight and research activity ● Analysis and interpretation of community insight on population health needs and assets	Support
5 Service improvement	● Use of population health intelligence, evidence and research as part of an enhanced Quality Improvement approach that drives innovation through whole service/pathway improvement	Support
6 Embed prevention & health equity in local decision-making	● Development of tools, resources and interventions to (a) leverage a shift in focus and investment towards prevention (b) incentivise and facilitate routine consideration of health equity in decision making and service planning	Lead/support

EXISTING RESOURCES & SUPPORTIVE INFRASTRUCTURE

PEOPLE / GROUPS — DATA & INSIGHTS — DATABASES, SYSTEMS, PLATFORMS

CITY & HACKNEY

People / Groups

C&H System Intelligence Group
- C&H Public Health Intelligence Team
- LBH Data & Insights Team
- NHS Information and Performance teams (CCG, Homerton, ELFT, ?GPC)
- LBH and CoL Information & Performance teams (adults, children)

C&H Public Health specialist staff
NHS Quality (Improvement) Teams C&H IC comms & engagement group
IT Enabler

Data & Insights

JSNA, Neighbourhood/PCN Profiles, Ward Profiles
Population needs assessments
Service evaluations and audits
Commissioned services activity/performance data
NHS acute, community, primary care data
LBH Policy & Strategic Delivery insights
City, Hackney Healthwatch resident feedback
NHS, local authority comms & engagement team insights
HCVS/VCSE community insights

Databases, Systems, Platforms

PH COVID-19 Tableau dashboard
C&H JSNA website
NHS patient databases/systems
CoPlug
Qlik, Mosaic (LBH)

NEL

People / Groups

NEL Inequalities Intelligence & Insights Group
NEL analysts group (informal)
CEG (WEL, C&H)
WEL Financial Strategy Team
NEL CSU
NHSE ICS Pop Health Management Development Programme - NEL group

Databases, Systems, Platforms

CoPlug?
East London primary care database (CEG)
Discovery
NEL CCG data warehouse/repository
NEL COVID-19 Recovery & Resilience and Leading Indicators dashboards

LONDON & NATIONAL

People / Groups

PHE London Knowledge & Evidence Specialist

Databases, Systems, Platforms

GLA Datastore
PHE Fingertips

RESOURCE REQUIREMENTS - CORE TEAM/CAPACITY

ROLE/FUNCTION	RESOURCED FROM
Accountable Officer (DPH)	Public Health
Lead Public Health Consultant for Population Health	Public Health
??Senior day-to-day strategic programme lead (1xFTE)??	TBC
Pop Health programme manager (1xFTE)	Public Health
C&H ICP Head of Performance & Pop Health input	CCG/ICP
Principal Public Health Analyst input	Public Health
Population health analyst (1xFTE)	TBC
Qualitative research/community insight methods expertise	TBC
Behavioural science expertise	LB Hackney Change Support Team
Health economics expertise	TBC
Knowledge management/evidence review expertise	TBC
Quality improvement expertise and capacity	TBC
Academic partnership(s)	UEL/QMU/UCLP/TBC
Population health project officer (specific projects TBD) x2	TBC
Admin support	TBC

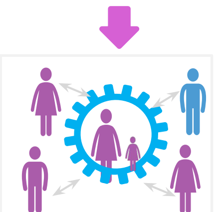
CASE STUDY EXAMPLE:
Benefits of a C&H Population Health Hub resource

ANTICIPATORY CARE APPROACH IN NEIGHBOURHOODS

1. We need to understand the numbers and breakdown of people living with multiple long-term conditions within each Neighbourhood
e.g. numbers living with 2+, 3+, 4+, 5+ LTCs and the breakdown by age, ethnicity and list of LTCs.

2. With practitioner / clinical input we need to define a manageable cohort (of those with multiple LTCs) that would benefit from proactive and coordinated care in the community and associated numbers e.g. people in a particular high risk cohort (severe COPD) + more than 2 LTCs.

3. The Neighbourhood Team (inc. care coordinators) need to run a list of these residents for proactive contact (risk stratification) e.g. run a list from EMIS (across the Neighbourhood / PCN as a whole rather than GP Practice) to identify patients. Referrals by professionals into MDTs will continue.



4. The Neighbourhood Team (including care coordinators) will focus on person-centred engagement with residents. This will focus on what matters to people and develop a person-centred care plan. It will be supported by evidence-based interventions and bring together the MDT to deliver coordinated support.

Anticipatory care is about taking a population-health approach to supporting residents within Neighbourhoods. It will (in due course) become a core contract requirement for Primary Care Networks - but requires work from all system partners to be successful.

We are already progressing with this approach in City and Hackney because it is key to delivering Neighbourhoods. It will build on the Neighbourhood Multi-Disciplinary Meetings which were established last year.

This approach involves:

- A focus on holistic person-centred care (rather than supporting individual long-term condition pathways).
- A proactive and preventative approach that identifies a specific cohort of residents within a Neighbourhood with rising needs. They will often have long-term care needs in the community.
- Person-centred discussions with residents which focus on what matters to them.

Over time we would want to develop a more sophisticated approach which takes into account wider social factors.

The population health hub can support in the areas highlighted on the following slide.

ANTICIPATORY CARE: HOW POPULATION HEALTH HUB CAN ASSIST

The Population Health Hub can support the delivery of anticipatory care in the following areas

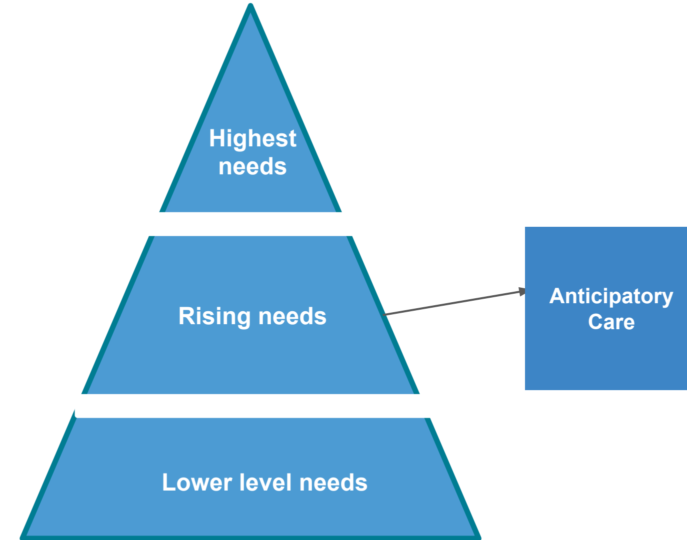
1. **Evidence based research** into approaches that support people with multiple long-term conditions i.e. what evidence of impact locally, regionally and nationally that supports people at an earlier stage.

2. **Initial analytical modelling (alongside clinician and practitioner input) to define the cohort of residents** (in this case people with multiple long-term conditions) that can be supported through the anticipatory care approach.

3. **Support the development of a theory of change and evaluation framework** (working alongside Cordis Bright who are providing input to this).

4. **Three part data review which (taking the identified cohort) considers:**
    a. **Data analysis of the cohort of residents across City and Hackney** and by each Neighbourhood - including breakdown by population characteristics (ethnicity, age, gender etc.)
    b. **Resident engagement which identifies what matters to people** and real world challenges
    c. **Engagement with care teams and professional** providing care or supporting the population to understand their perspective on the cohorts needs and assets

5. **Throughout - intelligence and evidence-led service design / quality improvement methodologies** to deliver on the project.



Anticipatory care is about focusing on those residents with rising and supporting them at an earlier stage to manage their needs well in the community.

Case finding (be it electronically and via professional judgement) will focus on those at risk of escalation rather than those for whom the crisis episode is happening.

It is about holistic person-centred needs rather than individual long-term condition pathway management.

QUESTIONS, COMMENTS?