APPENDIX D

KEY MESSAGES ABOUT POPULATION HEALTH MANAGEMENT

Population Health...

...is an approach aimed at **improving the health of an entire population**

It is about improving the physical and mental health outcomes and wellbeing of people, whilst reducing health inequalities within and across a defined population

It includes action to reduce the occurrence of ill-health, including addressing wider determinants of health, and requires working with communities and partner agencies

Population Health *Management*...

...improves population health by **data driven planning and delivery of proactive care to achieve maximum impact**

It includes segmentation, stratification and impactabilty modelling to identify local 'at risk' cohorts - and, in turn, designing and targeting interventions to prevent ill-health and to improve care and support for people with ongoing health conditions and reducing unwarranted variations in outcomes

- Taking a population health management approach is intended to achieve better health and care outcomes and tackle inequalities.

- PHM is not a separate process or project. It is about the way we work and collaborate at all 3 tiers of the health and care system to achieve the best possible outcomes for our population(s) - e.g. LLR - wide, in the Place of Leicestershire, or at the Neighbourhood level.

- PHM is not new. However the NHS Long Term Plan and the move to Integrated Care Systems means we need to adopt this approach much more successfully and systematically than before – which involves:
    - Reaching a better understanding of the characteristics and needs of our population(s), using data and insights gathered from across multiple agencies
    - Segmenting the population, to identify groupings for targeted interventions
    - Applying the most optimum and cost effective interventions to our population(s), whether these are to be targeted or universally applied
    - Changing health and care pathways, and the way our workforce operates, to deliver the optimum interventions
    - Measuring the impact on population health and wellbeing outcomes

- In LLR, we operate in a highly complex system with many interdependencies, across a whole range of populations, priorities, services and settings of care.

- There are inherent inequalities experienced by LLR residents, often these are attributable to socio-economic factors, the wider determinants of health and wellbeing. These factors impact on the overall life opportunities for our residents and their health and wellbeing outcomes. Further inequality in outcomes can be caused by variations in how health and care services are planned, accessed and delivered across the LLR system.

- There is a vast amount of evidence, nationally and internationally, as to the interventions that are most effective and impactful in order to achieve better health and wellbeing outcomes and to tackle inequalities. The majority of the evidence tends to lie with interventions for those with single disease problems rather than for those with frailty or multi-morbidity, while the largest challenges for health and care systems lie in providing effective support for those with more than one chronic illness.

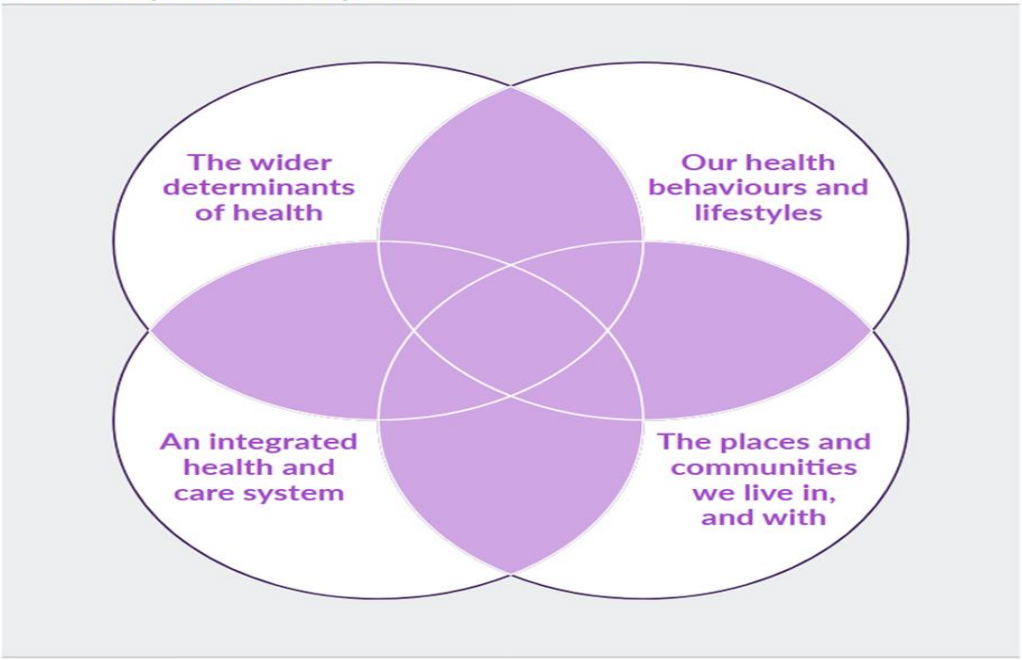
- The PHM approach challenges us to use a range of data and evidence to consider if we have adequately assessed our populations, how the LLR health and care system really is operating, the way in which we allocate resources in light of these insights, and if we are systematically applying the interventions that will achieve the best results for our populations across the different care pathways and settings of care in LLR.

- We are already undertaking some elements of the PHM approach in LLR, so we are not starting from scratch. Examples would be the production and application of JSNA analysis, such as the frailty and multimorbidity chapter of the Leicestershire JSNA, or the production of risk stratified patient information to GP practices using the ACG tool.

- During 2019 we have been examining how to develop a more comprehensive approach to PHM for LLR, how to communicate and implement this locally, and be clear on next steps across LLR. In summary the PHM approach should:
    - Lead to a greater and more in depth understanding of our populations in LLR, their segmentation, characteristics, needs, and inequalities.
    - Help partners operating within complex multiagency systems such as LLR to consider the impact the current design of the health and care system has, and how the changes in our health and care system over the next 4 years, including how resources are allocated, can best be planned and delivered in order to achieve a greater, positive impact for our residents.

What makes for success at place? (King's Fund Diagram)

Figure 11 A population health system that recognises and maximises the activity in the overlaps between the pillars



HWB DEVELOPMENT SESSION DECEMBER 5, 2019

GROUP WORK

HWB Development Session Group Work Questions

1. Do we have enough insights and analysis about the Leicestershire-wide data already for our existing priorities, or should we undertake any further focused work in addition?
2. Do we have a shared view of these insights - via integrated data and/or establishing one version of the truth? Are there further actions you recommend to improve this?
3. What should our joint priorities for improving our populations' health and wellbeing across Leicestershire be (using national policy, insights from our placed based data etc.)?
4. Are the ones in our current Joint HWB Board Strategy still the right ones?
5. Are there still key gaps?

Potential Areas for the HWB Board to consider

- Our continued focus on improving mental health and wellbeing outcomes (per JSNA analysis and inequalities/parity of esteem)
- Delivering the optimum interventions and outcomes for those with multimorbidity and frailty (per JSNA analysis)
- Other Leicestershire "outlier outcomes" (breast feeding initiation, hip fractures)

- Tackling known variations in care/gaps in care pathways across Leicestershire to achieve more consistent delivery and outcomes across the population (involves close working with PCNs)
- The ongoing integration of health and social care (measuring the outcomes of improved integrated care in the community, via for example Home First, Neighbourhood Teams and social prescribing (NHS Plan)
- Leicestershire's Growth Plan (housing outcomes, a key part of wider determinants)
- Adverse Childhood Experiences (early intervention to improve outcomes over the life course)
- Violence Reduction (new measures and outcomes per National Policy)
- Actions to reduce health inequalities (e.g. the community based approach in Oadby and Wigston)