Lincolnshire COUNTY COUNCIL Working for a better future

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Derek Ward, Director of Public Health, Lincolnshire County Council & Matt Gaunt, Deputy Chief Executive, Lincolnshire Clinical Commissioning Group

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**7 December 2021**
Subject:	**Update on Population Health Management Implementation in Lincolnshire**

Summary:
This paper is provided for information, and it updates on progress towards implementing a Population Health Management (PHM) approach in Lincolnshire

Actions Required:
To review the content of the report which provides a brief background to the programme and progress to date.

1. Background

Context

Health and care services are under unprecedented, unsustainable demand. With systems currently designed to treat, manage, and care for those who become ill, pressures can only be addressed through prevention and intervention in the causes of ill-health, alongside improvements in effectiveness and efficiency of care pathways. There is a need to move to a system designed to enhance population health and tackle inequalities, optimising health over an individual's life span and across populations and generations.

Population Health Management (PHM) allows us to do this, using new intelligence to address the wider determinants of health and health inequalities and inform decisions on need, supply and demand, quality, effectiveness, and efficiency. It requires a shift in culture, alongside new processes, systems, and intelligence. It also requires joint working, outside of health and care, for

example with economic partners, district councils, communities, businesses, the voluntary sector and all those who influence the wider determinants of health.

Bringing the right people together to talk about their population, informed by intelligence, can only be achieved with the necessary infrastructure of data, systems and governance, but it will only be successful if the right culture is in place. With these enablers, PHM improves health, quality, effectiveness, and efficiency, making best use of our collective resources.

Benefits

There are a wide range of benefits from taking a PHM approach, including:

- Better understanding of population need and future demand to inform service planning, commissioning and workforce strategies.
- More effective, transformative treatment and intervention.
- Better individual and population prevention and targeting.
- Design of new models of care to target the right conditions and risks, in the right way, at the right time.
- Identification of system weaknesses & opportunities.
- Evaluation of pathways and services, including costs through delivery and outcomes, supporting effective joint commissioning, decommissioning and transformation.
- Shared vision and development of solutions.
- Higher quality decision making.
- Drives major system change.
- Improved health and reduced pressure on services.

Examples:

- Identifying individuals whose needs are not being met, and providing services to avoid escalation of conditions, later presentation, more costly treatment and poorer patient outcomes.
- Targeting wider groups of patients with specific characteristics to enable intervention in rising risk (for example diabetes, hypertension or before a fall).
- Comparison of outcomes for different groups to identify the most appropriate pathways through our system, leading to better targeting of interventions, referral and treatment pathways, and social care services.
- Informing commissioning and delivery options and incentivising beneficial provider behaviour.
- Informing service provision for vulnerable or difficult to engage cohorts.
- Supporting investment in prevention and wider determinants (for example, through understanding the role of housing condition or tenure in respiratory ill health, occupation or industry in Musculo-skeletal (MSK) issues, or occupation or employment type in equity of access to services or health outcomes).

Progress to Date

Following investigation and socialisation of the concepts of PHM, work began at the start of 2021 to establish the approach in Lincolnshire. System Senior Responsible Officers were identified (Derek Ward, Director of Public Health and Matt Gaunt, Deputy Chief Executive of Lincolnshire CCG) and local governance structures were established, including a formal PHM Implementation Board with representation from across Integrated Care System (ICS) organisations and partners. The Implementation Board has since met regularly to review progress and set direction, with updates to the Better Lives Lincolnshire Executive Team (BLLET) to ensure alignment with the Long-Term Plan (LTP) of the ICS, the System Improvement Programme and work on health inequalities and personalisation.

Leads for the Lincolnshire programme have engaged with regional and national PHM groups and other systems, and our Lincolnshire ICS is part of the Midlands Decision Support Network which provides peer to peer networking, a regional analytics programme and an analyst workforce development programme.

Lincolnshire ICS has successfully joined wave 3 of the NHSEI PHM Development Programme which supports the implementation of a PHM approach through data readiness, workforce development and facilitating the right conversations to transform health and care delivery. The programme will create a core understanding of PHM across the system within those that have participated, patient success stories highlighting the benefits and impacts of the approach and a plan for how to approach PHM at the system level with emerging understanding for how finance and incentives can align to patient outcomes.

During the 'readiness' phase of the NHSEI programme, national and local data flows have been established, alongside appropriate information assurance frameworks, which have allowed us to create a record level, pseudonymized, joined dataset for intelligence purposes. This includes data from hospital care, mental health and community health services, waiting list data and primary care, with 100% sign up from the GP practices in the seven Primary Care Networks (PCNs) involved in the first phase of sharing (accounting for around half of the population of Lincolnshire).

Through the NHSEI programme, Action Learning Sets (ALSs) take place over 22 weeks to March 2022, supporting development of a PHM approach across system leadership, analytics, finance & place and primary care networks. At the time of writing, the first ALSs have taken place in each workstream, including the five PCNs taking part in the full programme (Marina, Trent, First Coastal, South Lincolnshire Rural and Market Deeping & Spalding). There has been agreement to focus on MSK in the finance & place workstream, and discussions have started, informed by new intelligence, to decide the cohort of interest and to shape an intervention or change. In the PCN workstreams, clinicians are being guided through the intelligence so they can identify a focus of interest for each. The PCNs will then work with their local Multidisciplinary teams to design an intervention for their chosen cohort and test it out.

An ICS PHM Intelligence & Analytics group has also been established to facilitate joint working and to ensure that the development needs of our shared analyst capacity are understood and can be met, in part through our newly established Analyst Network.

Next Steps

Participation in the NHSEI PHM Development Programme will continue until March 2022. A roadmap will be developed that scales this approach so that it can have a measurable impact on patient outcomes, patient experience, professional job satisfaction, reduced per capita spend and reduced health inequalities. Local decision-making processes will be mapped to allow any appropriate consolidation, to continue processes that have proved beneficial whilst reducing any duplication through parallel, historic arrangements.

Work will be undertaken with BLLET to ensure that the ongoing capacity required for the production of intelligence and application of intelligence informed decision making through PHM is met. This will be informed by regional and national recommendations in relation to minimum ICS PHM intelligence provision and local Decision Support Units.

Linkages will continue to be strengthened between PHM intelligence and PHM application to ensure that the ICS can continue to make good quality decisions based on the best insight. This will include the development of a programme of intelligence work focussed on priority decisions on commissioning, transformation and partnership working.

The work will continue to be aligned with other workstreams, including the System Improvement Programme.

2. Conclusion

PHM implementation has been progressing at pace throughout 2021, in large part through involvement in the NHSEI PHM Development Programme, and the Board will continue to receive updates throughout the programme of implementation.

3. Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy

The Council and Clinical Commissioning Groups must have regard to the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

A PHM approach will contribute vital understanding that it has not previously been possible to create. This will be used to improve the content of Lincolnshire's JSNA and therefore to inform strategic decision making, supporting delivery of the JHWS.

4. Consultation

Consultation has taken place with ICS partners via BLLET and wider partner organisations via the ALSs. No public consultation has been required in relation to PHM implementation itself, however it may be required in the future by specific, individual, service transformation programmes.

5. Appendices

None.

6. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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