NHS

Kent and Medway

Update on Population Health Management

1. Purpose

The purpose of this report is to provide an update on the progress of Phase Two of Kent and Medway (K&M) population health management (PHM) development programme and the NHS England and Improvement (NHSE/I) place-based development programme.

2. K&M PHM programme

Phase 2 of the K&M PHM Development Programme launched on 21 July 22. This next phase builds on last year's NHS England and Improvement (NHSE/I) PHM development programme and provides an excellent opportunity to continue to develop our collective understanding of how linked data, integrated care and proactive interventions can improve the health and wellbeing of people of our population.

The Programme approach is based on an action learning methodology and is delivered through System, and neighbourhood action learning sets (ALS) and an analytics community of practice.

Neighbourhoods participating in the programme this year are Sheppey (Medway and Swale), Gravesend Central (Dartford, Gravesham and Swanley), Canterbury South and Canterbury North will work together and Ashford Medical Partnership (East Kent). The West Kent neighbourhood is participating in the NHSE/I place-based development programme.

The design and implementation of this year's programme is being led by NHS K&M and in partnership with public health and wider partners from across the ICS. There is a small element of external clinical leadership support to facilitate the Neighbourhood ALS. This is a significant step forward as the programme which commenced last year was commissioned by NHSE/I with external facilitators leading all elements, including producing and developing the analytical insights.

A PHM weekly newsletter is being circulated to all ALS participants to provide an opportunity for further reading using examples from local and national PHM programmes and case studies. The aim is to support all participants to build a greater depth of PHM knowledge and understanding.

The NHSE/I place-based development programme which includes a PHM module commenced in Dartford, Gravesham and Swanley (DGS) Health and Care Partnership (HCP) and West Kent HCP earlier in the year and completed during August and September 22 respectively.

2.1 System ALS

More than 90 professionals joined the first system ALS and programme launch event on 21 July 22 from across a range of organisations.

The structure of the system ALS was based on feedback from last year's programme which ran from July 21 to March 22 with a key education element to set the scene for all of those participating.

The first system ALS was chaired by the Director of Public Health, Kent County Council with input and presenters from across K&M including subject matter experts and those involved in last year's PHM programme. The focus was educational to give those participating an overview of what PHM is, why it's important, and an overview of the key components when using a PHM approach: the importance of building integrated teams, involving people and communities, data and intelligence led insights, and evaluation.

The second system ALS, there are three in total, is scheduled for the 3 November 22 and is chaired by the Director of Public Health for Medway Council. The focus will be on feedback and learning from the neighbourhood and place-based programmes, and the wider determinants of health.

2.2 Analytics, and Neighbourhood action learning set (ALS)

The first and second analytics community of practice took place on 17 August 22 and 8 September 2022 respectively with good attendance from across the analytics community and those interested in analytics.

The purpose of these sessions is the practical application of PHM techniques. As the analytics and insights for the neighbourhood ALS for this phase have been produced by our own analysts this is a great opportunity to share the development approach and see how the analytics and insights really support PHM in action during these sessions.

All of the neighbourhood ALS commenced week beginning 22 August 22. Each of the first sessions focused on exploring the data and insights for each neighbourhood and was supported by the local intelligence and knowledge of participants. There are a total of five ALS for each Neighbourhood.

Gravesend Central completed their second neighbourhood ALS on 12 September 22 and focused on agreeing their priority cohort of people. Canterbury North and South, and Sheppey's second ALS were rescheduled to week commencing 17 October 22 as they took place during the period of mourning following Queen Elizabeth's death. Ashford Medical Practice's neighbourhood ALSs are due to commence week beginning 10 November 22. The result at the end of these ALSs is tangible change on the ground that benefits individual patients and cohorts, improving their health and wellbeing and provides a sustainable way to do quality improvement within integrated care teams.

2.3 PHM Roadmap

The PHM roadmap was agreed by Inequalities Prevention and Population Health Committee in July 22 with follow up conversations with the Voluntary Sector and with DGS HCP.

There are immediate risks to the implementation of the Roadmap, these are included on the committee's risk register:

<u>Commitment and alignment of resources to implement the PHM spread and sustain plan</u>
This has been mitigated in part through securing funding for external resources to facilitate the Neighbourhood ALS and funding for PHM support roles within each HCP for 22/23. Further discussions are underway regarding aligning PHM resource across place and system. There is still a significant gap in resources for evaluation, which will hamper our ability to measure the effectiveness of interventions and identify (and scale up) the most successful ones.

<u>Public engagement on secondary uses of data</u>
Engagement with the wider public on secondary uses of health and care data is required to enable development and use of linked data and analytics. The public engagement investment business case following a delay is expected to be submitted for approval at the end of October 22.

<u>KeRNEL development (longitudinal linked data sets), workforce and segmentation and outcomes platform</u>
These are the analytics enablers that will underpin the Intelligence strand of the PHM Roadmap. The operational plan states that the linked data set will be delivered by April 2023; this will not be possible if the segmentation and outcomes platform contract is not continued. Following a delay expected submission dates for these business case are being confirmed.

2.4 Place based development programme – PHM perspective
The NHSE/I place-based development programme which includes a PHM module commenced in DGS and West Kent HCPs earlier in the year and completed during August and September 22 respectively. It focused on development across key areas: ambition, vision and leadership, governance function and finance, and PHM and integrated transformation. Each programme was tailored to local needs to offer actionable learning for each HCP to share, test, and apply practical PHM approaches. The following provides an overview of the journey so far for both West Kent and DGS HCPs as their own tailored programmes of support via this programme come to an end.

<u>West Kent HCP</u>

West Kent HCP have been working with the place-based development programme team to ensure that the national place support offer helps drive their local West Kent priorities and helps to develop the West Kent partnership approach to PHM as a whole. A PHM approach is being embedded in the Weald Neighbourhood and Maidstone Health Inequalities work. Key achievements include:

- The Weald work is focused on high intensity primary care users and specifically those who have unsupported mental health issues (approx. 60 people); identified by a multi-agency group following a data review of frequent users of primary care. The team are now trialling a mental health led multi-disciplinary team to support a more personalised care approach which is being funded through the health inequalities funding allocation for 22/23.

- In Maidstone the work is focused on obesity, working with the deprived communities in Shepway and Parkwood. Their focus shifted from multi-agency data to resident feedback and co-design with the community, using data as appropriate to enhance. This shift happened as a result of the first major consultation exercise where residents' clear direction was that although they are interested in discussing healthy eating and its impact on obesity their immediate priority is ensuring their families have a regular supply of food; This is not the case at the moment due to the financial pressures they are under. A first step is to establish a community larder to provide a ready supply of food to those who are experiencing food insecurity; funded through the health inequalities funding allocation for 22/23.

- A PHM enabler group has been established to address data and other support for PHM work across the partnership, chaired by public health. This group will continue beyond the programme and form part of the wider West Kent HCP governance structure supporting the full transformation programme.

- Leadership development ALSs with the Executive group also took place covering: Vision, Population Health Management, Ways of Working, Relationships & Behaviours, New model of Care, and exploring the potential to offer ALS with Operational managers. Overall, this work has enhanced and supported West Kents existing transformation programme and approach to PHM and maintained engagement and alignment with the wider K&M work.

Key learning from the programme includes:
- Being able to demonstrate the positive impact for patients informed by their input into service design and implementation. The Maidstone work has changed direction due to resident feedback and this will provide a direct benefit of access to a cheaper healthy food source through the provision of a community larder.
- The need to hold a clear local vision so that national support programme offers can be flexed into meeting local requirements. Face to face also adds a lot of value - it is difficult to do all development/cultural change work online.
- Ensure there is flexibility to provide against local needs instead of off the shelf / one size fits all approach.
- There is a benefit to all relevant parties meeting together from the start to set the requirements although noting that this took time negotiating with individual leads.
- Ensuring sufficient senior resource from both HCP and ICB is allocated to planning for the delivery of the programme.

DGS HCP

The PHM module of the place-based development programme within DGS focussed on respiratory to better understand the demographics of the cohort and to inform how patients could be targeted for a new Community Respiratory Service.

The PHM module of the programme has helped to disaggregate the data to identify priority patients with respiratory and mental health issues. Instrumental to this as part of the programme was developing a local dashboard that allowed the data to be interrogated. This has been a very powerful tool to engage key stakeholders.

The next steps will be to use the tool to enable the higher risk groups within this cohort to be prioritised as part of a proactive case finding approach for the new Community Respiratory Service. The commitment of the 22/23 health inequalities funding allocation will help to support this targeted approach. Oversight will be through a local respiratory steering group.

In terms of prioritisation for the proactive case finding they will target the 'very high risk' (195 people) and 'high risk' (487 people) whom have had a respiratory admission within the last 3 years with mental health issues and will further prioritise those Primary Care Networks (PCNs) with the greatest needs. This will be followed by those in the 'very high risk' and 'high risk' categories for those on the GP Respiratory Register.

3 Key next steps

- Agreement of the public engagement business case to engage with the wider public on secondary uses data to enable the development and use of linked data and analytics.
- Seek agreement of the three key business cases to support delivery of key elements within the PHM roadmap (KeRNEL linked data development, analytics workforce, segmentation and outcomes platform).
- Development of the ICS Strategy to focus and align the work.