

AGENDA ITEM NO: 11.0.

Meeting Title/Date:	Governing Body - 19 November 2019		
Report Title:	Population Health Update		
Paper Prepared By:	Dr Andy Knox/ Claire Niebieski	Date of Paper:	8 November 2019
Executive Sponsor:	Dr Andy Knox/ Jerry Hawker	Responsible Manager:	Claire Niebieski
Committees where Paper Previously Presented:	Morecambe Bay Health Care Partnership Leadership Team. Population Health Strategic Group.		
Background Paper(s):	Appendix 1 and Appendix 2.		
Summary of Report:	<p>Current thinking and in particular the NHS ten year plan has placed the spotlight on the importance of improving population health.</p> <p>Referring to 'population health' rather than the more traditional phrase 'public health' helps avoid any perception that this is only the responsibility of public health colleagues. Population health is about creating a collective sense of responsibility across many organisations and individuals; in addition to public health discipline, in order to improve the health and well-being of the entire population, reduce the burden of disease and reduce the strain this puts on the system to support it.</p> <p>The BHCP population health approach intends to prevent, halt, reduce, reverse the burden of disease and as such should result in less reactive, unscheduled activity; emergency activity; Long Term Conditions and activity in acute settings. It will increase pro-active effective management of the population, narrow the health inequalities gap and work with communities to enable them to manage their health and well-being at neighbourhood level in primary care settings, ICC's and PCN's.</p>		
Recommendation(s):	The Governing Body is asked to acknowledge and support the Population Health Approach.		
			Please Select Y/N
Identified Risks: (Record related Assurance Framework or Risk Register)	AF196.		Y

reference number)		
Impact Assessment: (Including Health, Equality, Diversity and Human Rights)		Y
Strategic Objective(s) Supported by this Paper:		Please Select (X)
Better Health - improve population health and wellbeing and reduce health inequalities		X
Better Care - improve individual outcomes, quality and experience of care		X
Delivered Sustainably - create an environment for motivated, happy staff and achieve our control total		X
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Governing Body Report

Summary	<p>1. <u>Background</u></p> <p>1.1 Current thinking and in particular the NHS ten year plan has placed the spotlight on the importance of improving population health.</p> <p>1.2 Referring to ‘population health’ rather than the more traditional phrase ‘public health’ helps avoid any perception that this is only the responsibility of public health colleagues. Population health is about creating a collective sense of responsibility across many organisations and individuals; in addition to public health discipline, in order to improve the health and well-being of the entire population, reduce the burden of disease and reduce the strain this puts on the system to support it.</p> <p>1.3 The Health Needs Assessment, July 2019 for Morecambe Bay reveals some alarming issues for us to face together as a health and care system. The starkest of these are the difference in ‘life expectancy’ and ‘years lived in good health’. Over all we have a difference in life expectancy of 16 years for women and 14 years for men, with an overall average difference in healthy life expectancy of 17 years between our areas of highest and lowest affluence. To make matters worse, our health outcomes in key areas, which lead to this inequality, are significantly worse than our peers, particularly in early mortality from cancer, cardiovascular disease and respiratory disease. This is simply not acceptable (See appendix 2).</p> <p>1.4 Over the next 10 years, it is our ambition to close the gap in life expectancy and healthy life expectancy by 50%; i.e. an 8 year improvement in life expectancy and an 8 year improvement in healthy life expectancy for those in our poorest communities. However, the solutions to closing these gaps are complex and multi-factored. If we are to make this kind of difference it will require not only a shared vision, but real action by all partners involved, including a much more collaborative approach to working with our communities. We will need to agree on the shared principles and then ensure we put our resources into the right</p>
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places to see this necessary shift occur, with agreed milestones and key performance indicators and measurements.

1.5 With this in mind this paper aims to provide an update to the Governing Body in order to ensure that they are aware of the Morecambe Bay population health approach and the intended steps to embed this approach across Morecambe Bay in order to address the issue highlighted above across Morecambe Bay.

2. Work so far

The following key milestones and subsequent developments have occurred so far:

- During the first phase of Better Care Together 1 (BCT1) there was a growing recognition that we cannot achieve a sustainable health and care system solely by redesigning and improving the health and care provision. Over the course of BCT1 it became clear that a more fundamental approach was required involving the BHCP mobilising their collective resources to build a healthier population, this involves a greater emphasis on prevention of ill-health and earlier intervention to address needs. Through BCT1 there has been a growing emphasis on population health approaches, in particular through the work of ICCs.
- Dr Andy Knox was appointed as the BHCP's Director of Population Health and started to establish a more formal approach to Population health including the development of the Pentagon Model (see Appendix 1 tab 1).
- During 2018/19 a population health team was formed, partly through re-alignment of existing posts within the BHCP organisations and partly through new posts.
- Between March and May 2019 key stakeholders from the population health strategic group developed the population health strategy on a page that builds on the Pentagon model and further articulates where the priority work areas are in relation to

population health across MBHCP (this can be found at appendix 1, tab 1 & 2). This model provides the over-arching framework and direction of where the work in relation population health will be focused. Section 3 highlights the ambitions related to this.

- By June 2019 a draft population health governance structure to include all interdependent work streams at district, Integrated Care Partnership (ICP) and Integrated Care System (ICS) level was produced in order to provide clarity in order to understand where key lines of work will occur (see appendix 1, tab 3)
- Between June and October 2019 the population health team have worked with Public Health England, District & County Councils to further develop programme of work. A draft of programme and mobilisation plan have been produced following this work.

3. Population Health Strategy & Future Vision

3.1 The Population Health Strategy is divided into 5 overall categories:

- 1) The Wider Social Determinants of Population Health – with all partners playing key roles
- 2) Population Health Management – Particularly focussed in the Primary Care Networks (PCNs)
- 3) Work Place Health and Wellbeing – Across all Bay Health Care Partnership (BHCP) Employers and the Wider Workplace
- 4) Neighbourhood/Community Health and Wellbeing – Particularly driven by Integrated Care Communities (ICCs)
- 5) Population Health Engagement – Working differently with our Community, Voluntary and Faith sector (CVFS) and the population themselves

3.2 Wider Social Determinants of Population Health

Many of the factors which affect the health and wellbeing are outside the usual remit of the NHS. However, with wider partnership working and a determined effort, evidence from other parts of the UK, like [Preston](#) and [Wigan](#), have shown that we can make more difference than we have

previously realised. Our ambition is for Bay Health and Care Partners to become a set of '[Anchor Institutions](#)' within Morecambe Bay and playing an active role in the economic partnership of Morecambe Bay with our district councils. We will also be working in partnership with [The Eden Project](#), who has clearly set out their vision to work with local partners and communities to help improve the health and wellbeing of the people of Morecambe Bay. We also recognise the importance of giving children the best start in life.

Working with colleagues in the 'Women's and Children's work stream' we hope to embed a 'First 1000 Days' project across the Bay and build on our great relationships with schools in the area. In July 2020, we will be co-hosting a 'Love Education' conference with teachers from around the Bay, part of which will explore how we work together effectively to improve the physical and mental health and wellbeing of our children and young people, giving them the best start in life and therefore improving health outcomes for years to come.

Each of our District Councils have signed a 'Climate Emergency' declaration, and we will look forward to partnering with them and our County Council partners to improve air quality across the Bay, especially due to its well-known effects on respiratory conditions and dementia. We will also look to develop a 'green/active transport' policy around the Bay for those working as part of BH&CP, to ensure we play our part in environmental sustainability.

3.3 Population Health Management

In order to reduce overall health inequality, there is much more we can do as a health and care system to ensure people live in optimal health for longer. We need to be audacious with our goals if we are going to make a difference and ensure our priorities align with our health needs assessment. The biggest causes of early death in Morecambe Bay are: cancer, cardiovascular disease and respiratory disease, and the single largest causative factor is smoking. Our aim is to see a 50% reduction in morbidity and mortality over the next 10 years, in our more deprived populations from: cancer under the age of 65, cardiovascular disease (through myocardial infarction and cerebrovascular accident aka heart

attacks and strokes) under the age of 75, respiratory disease under the age of 75 and suicide in people under the age of 50.

We are currently developing a new Quality Improvement Scheme (QIS) in conjunction with our colleagues in the Primary Care. With appropriate resource allocation, each PCN will be asked to particularly focus on their populations who are most at risk and who suffer the poorest health outcomes and take a more proactive 'preventative and early detection' approach to each of these conditions. We are developing a plethora of outcome measures to ensure that conditions which lead to increased morbidity and early mortality are managed in line with best practice. These will include improved management of pre-diabetes and early type 2 diabetes, hypertension, atrial fibrillation, asthma, COPD and mental health conditions. The relationship between PCNs and ICCs will also be key, as we ask ICCs to help focus on some of the lifestyle issues which sit as precursors to the conditions aforementioned. Connecting communities together is a key part of breaking down health inequalities.

3.4 Neighbourhoods/Communities

Our Integrated Care Communities are already working in very innovative ways in and with the local communities they serve. Currently, many of the KPIs and measurements they are working to are not aligned to a population health approach. If we are going to decrease the burden of disease and poor health outcomes for the people of Morecambe Bay, we need to work with our communities in a more proactive way around the precursors of ill health. We will be working with our ICC colleagues to co-design fresh approaches to working with our communities around: smoking, healthy weight/obesity, loneliness/social isolation, alcohol and drugs and immunisation/screening programmes. In each of these areas, we would like to see a 50% improvement over the next 10 years. This will include initiatives like:

- pre-habilitation clinics to ensure that no one has elective surgery without the opportunity to achieve optimal health before hand
- embedding the [Ottawa Model](#) across UHMBT
- working with our county and district councils and our CVFS to improve healthy eating in our communities

- increased uptake of exercise programmes in our most deprived communities
- increased availability and access to green spaces – in partnership with our district and county council colleagues
- the ongoing roll out of the daily mile in schools
- improved outreach and referrals for people struggling with alcohol and drug addiction
- increased uptake of vaccination and screening programmes

3.5 Population Health Engagement

In conjunction with NHS England, we have developed training for our staff across several of our teams in 'Patient Activation Measures'. This is a way of helping people take more responsibility for their own health and understanding how they implement those changes in their lives. We have a rolling programme in which we will be working with more teams over the coming years and therefore working more effectively with our communities.

The 'Poverty Truth Commission' has played a key part in Morecambe Bay over the last 2 years in helping us understand the maxim that 'nothing about us, without us, is for us'. Over the next 10 years, we will continue to work with the PTC to develop such an approach of working with our communities. We have developed a particular approach to engaging with our communities through the 'Art of Hosting' network. We have now trained over 200 people in this 'technology' and look forward to embedding this approach in further community conversations, through the citizens assembly and other local events. Our hope is to encourage our community organisers and train 2500 community champions, over the next 5 years, who will take a leading role in growing the social movement for better health and wellbeing around Morecambe Bay, with further health festivals along the way as points of cohesion and celebration.

3.6 Workplace Health and Wellbeing

Bay health and Care Partners are committed to ensuring great workplace

health and wellbeing for all our staff. We will continue to work with our colleagues to expand the 'work well' and flourish at work' programmes. We will also continue to embed a 'culture of hope, inclusivity, joy and kindness' across our partnership and enable the development of a 'Bay Deal' with our staff to agree our behaviour framework.

4. Future Population Health Engagement

- In December 2019 there are planned workshops in each of the three district council areas to be held with all key stakeholders to include Primary Care Networks (PCN), Integrated Care Communities (ICC), County & District Councils, Education and third sector to engage the programme plan.
- In line with the priorities of population health engagement above, we will continue to engage with our communities on an ongoing basis with specific planned activity.

5. Governance and Accountability

The Population Health programme has a number of projects that sit beneath it (not necessarily owned by the Population Health Team but joined up across the system) and all of the work / actions articulated in the plan is managed with clear lines of accountability to the Population Health strategic Group (PHSG) and reported to the BHCP Leadership Team. The BHCP approach is closely aligned with relevant work streams across the Integrated Care System (ICS). The programme plan will be used as the over-arching framework that will direct the business of the PHSG, track progress and hold other work-streams to account in the system for ensuring work is progressing and completed and the following is achieved for the population:

- Health inequalities gap narrowed
- Mortality rates improved
- Life lived in better health are improved

Recommendation	Governing Body is asked to: <i>Acknowledge & Support the Population Health Approach</i>