

Population health management support programme

NHS England and NHS Improvement (Midlands) has commissioned a programme of support to develop approaches to population health management in the region. This note introduces the programme and progress made in the first two months.

Population health management (PHM) is essential to integrated care. It provides health and care systems with an evidence-based means of achieving better population outcomes within the resources available. PHM's basic theory is that: better insight = better decisions; and that better decisions = better outcomes.

Much follows from this simple starting point. This includes specific:

- *Ways of thinking*, e.g. adopting shared understandings of 'value'; nurturing a culture of stewardship;
- *Ways of deciding*, e.g. allocating resources to increasing value; using clear frameworks for decision making; making better use of available evidence; and,
- *Ways of doing*, e.g. creating conditions for disciplined innovation; treating citizens as sources of insight and making best use of local assets.

So PHM means much more than 'just' better analysis. It means focusing on the human factors in translating analysis into action. It also means working across systems: with local government, the NHS and other public and voluntary sector organisations combining insights and resources to improve outcomes for local populations.

To improve practice on PHM, NHS England and NHS Improvement (Midlands) has commissioned a support programme. Initially, this will run in 2019/20 and will cover seven Sustainability and Transformation Partnerships (STPs): Birmingham and Solihull; Black Country and West Birmingham; Coventry and Warwickshire; Herefordshire and Worcestershire; Staffordshire and Stoke-on-Trent; Shropshire and Telford and Wrekin; and Derbyshire – and one Integrated Care System (ICS): Nottingham and Nottinghamshire. It is expected that the programme will be extended to cover all STPs in the Midlands region.

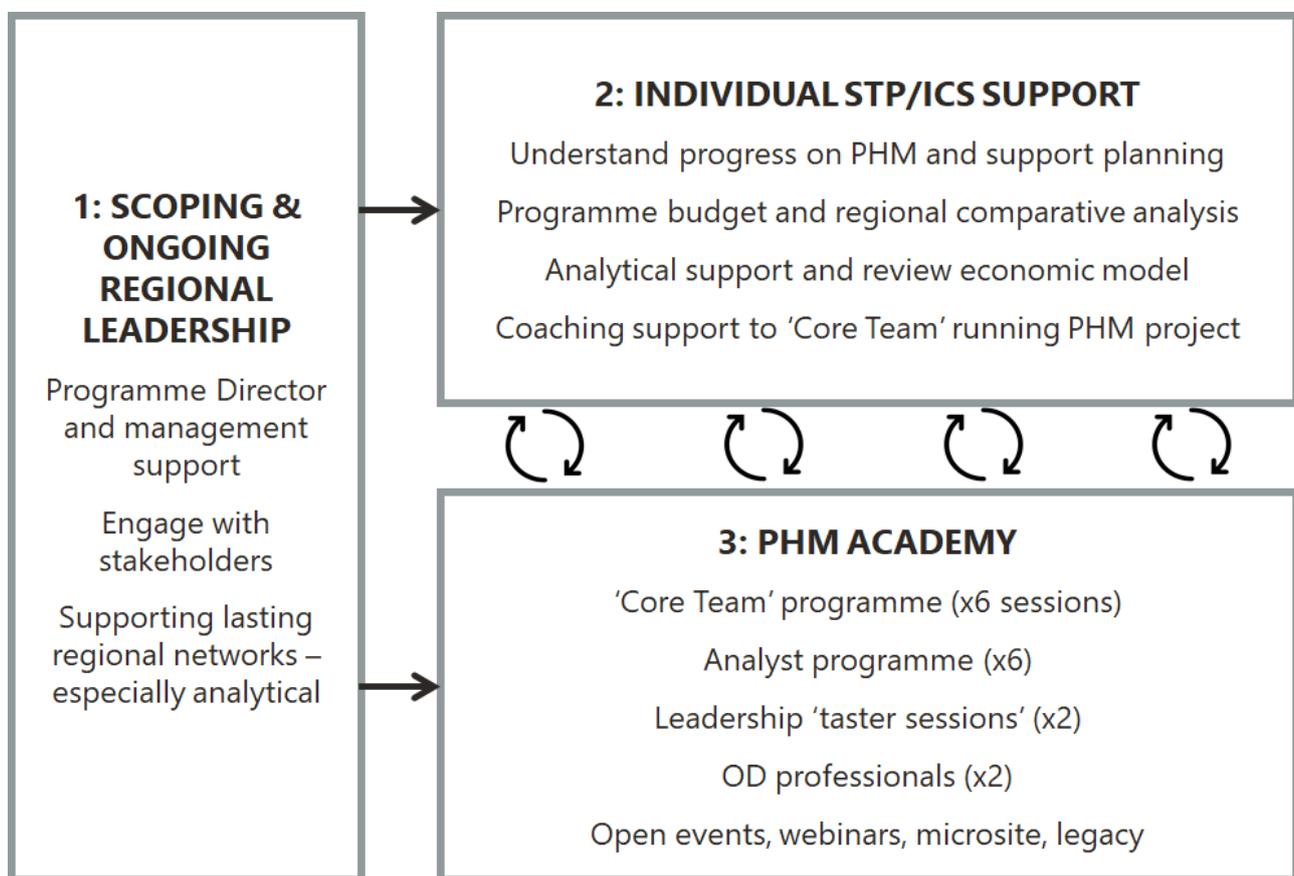
By the end of the programme, participants will gain:

- An improved understanding of, and enthusiasm for, PHM approaches;
- Practical experience of applying PHM approaches and a sense of value they can have;
- An increased ability to replicate and scale PHM approaches to aid the development of their STP/ICS; and,
- A legacy and regional infrastructure to build upon in doing so.

The support is being provided by a multi-disciplinary partnership led by the [Strategy Unit](#) (part of [Midlands and Lancashire Commissioning Support Unit](#) (MLCSU), which has provided significant additional resource) and including: [Oxford Centre for Triple Value Healthcare](#); [Dartmouth Institute](#); [The Centre for Health and Social Care Leadership](#) (University of Birmingham); and [Milliman](#), with many others providing specific inputs - and with an agreement to share learning across all CSUs.

The team providing the support is *'doing with, not to or for'* local systems. Their approach is to coach, guide, prompt and challenge - doing so knowing that local ownership is fundamental to local progress. The aim is also to stimulate new thinking by providing participants with access to world-leading expertise on PHM.

The programme is organised into three workstreams, each with component tasks. These are summarised in the diagram below and then elaborated – alongside a short summary of early progress made in the first two months (March-April) of the work.



Workstream 1 concerns scoping, mobilisation, stakeholder engagement, linking related initiatives and networks, and ongoing support for the PHM agenda. This includes making and sustaining networks to develop PHM. So this workstream focusses on supporting the NHS England and NHS Improvement (Midlands) PHM Steering Board in ensuring that the maximum practical benefits are realised.

In early engagement, systems have expressed a desire to learn from each other: confirming the value of a regionally-based approach. There is also significant enthusiasm to network analytical expertise and capacity. Similarly, systems see opportunities to work with professional and academic networks to spread PHM knowledge and capability.

Workstream 2 focuses on support for individual STPs/ICSs. This began with meetings to understand systems' ambitions and plans for PHM – and to introduce the support to them. These meetings highlighted the enthusiasm to make progress on this agenda and showed the breadth and depth of local ambition for PHM.

Each STP/ICS has been given an Account Manager from the support team. Their role is to coordinate inputs, linking this to the needs of the system and then to provide ongoing coaching and critical challenge in the development of PHM strategies and plans. The Account Manager will also coordinate analytical support available to the STP/ICS (to develop their analytical capability to support PHM) and to review their demand and financial model.

Finally, the programme promotes 'learning by doing'. So STP/ICS will support a multi-disciplinary 'Core Team' to design, develop and deliver a project to improve the lives of a vulnerable population using PHM principles and methods.

Systems are currently deciding on the focus of their Core Team's project (to be agreed in May); they will then ensure that the lessons learned from this, and the skills and insights gained, are harnessed and built upon. The Core Team will go through the 'PHM Academy'.

Workstream 3 is the 'PHM Academy'.

It will support the following groups:

- *The Core Teams from STPs/ICS.* These multi-disciplinary, cross-sectoral teams will receive a structured programme (of six sessions), backed by coaching and support, to guide them through their PHM project. The first session is in July;
- *STP/ICS leadership teams,* who will have access to two main sessions covering the content of PHM (and so what the core teams will be working towards) and addressing broader questions of the culture and leadership required to make a success of PHM. A similar session will be provided for the regional leadership team of NHSE/I. The first STP/ICS leaders' session is on May 28th.
- *Analysts.* PHM requires technical analytical skills and new ways of working for analysts. This element (six sessions) will therefore cover analytical techniques alongside advice on positioning analysis in strategies and service improvement. This programme begins in July.
- *Service and system improvement specialists,* who need to support the PHM agenda given its requirements for the understanding and use of data and intelligence to guide action (two sessions). Sessions will be scheduled later in the year.

There will also be open events, webinars and a microsite to share learning and begin the task of spreading insights and approaches across the health and care system. The microsite will also be used to coordinate communications and to provide future updates.

Contact

The team leading the work at NHS England & NHS Improvement and at the Strategy Unit are:

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- *Peter Spilsbury, Strategy Unit, Strategic Director: oversight and direction.*
- *Fraser Battye, Strategy Unit, Programme Director: delivery and oversight of all elements*
- *Lucy Hawkins, Strategy Unit, Programme Manager: day-to-day delivery and coordination.*

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