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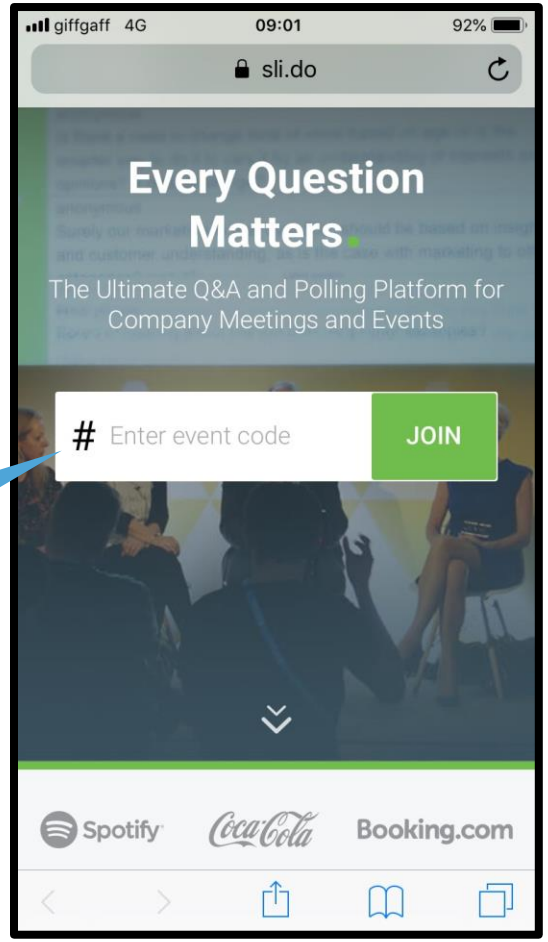
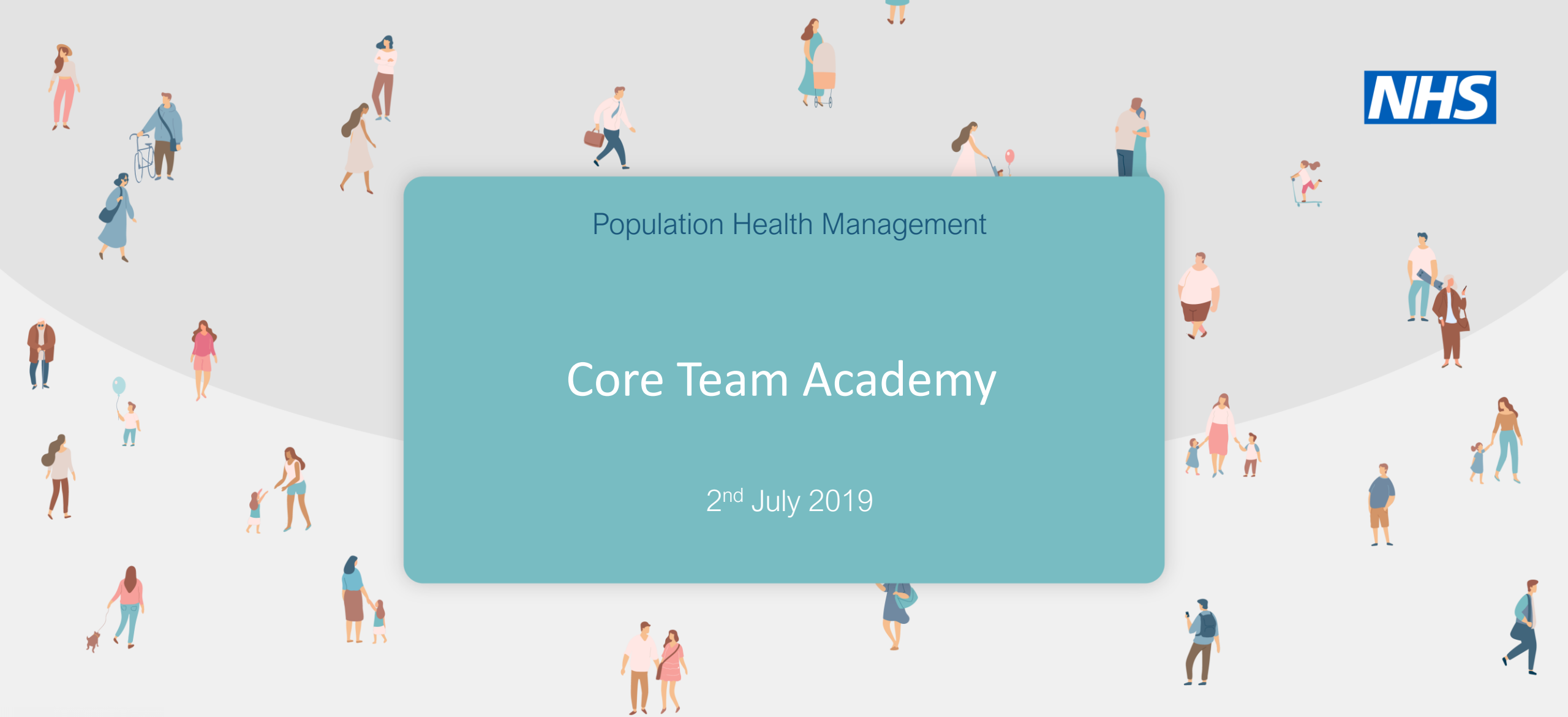




Population Health Management

Core Team Academy

2nd July 2019

The Strategy Unit

3V Oxford Centre for Triple Value Healthcare

The Dartmouth Institute for Health Policy & Clinical Practice

Milliman

University of Birmingham

NHS England and NHS Improvement

Local Government Association

Public Health England

NHS Confederation

‘The 1948 Act sets out a duty for the Minister of Health to:

“promote the establishment in England and Wales of a comprehensive health service designed to secure improvement in the physical and mental health of the people of England and Wales and the prevention, diagnosis and treatment of illness, and for that purpose to provide or secure the effective provision of services..’

“The essence of a satisfactory health service is that the rich and the poor are treated alike, that poverty is not a disability, and wealth is not advantaged.”

Aneurin Bevan, In Place of Fear, Simon and Schuster 1952

The Strategy Unit.

Making the case for integrating physical and mental health services in England

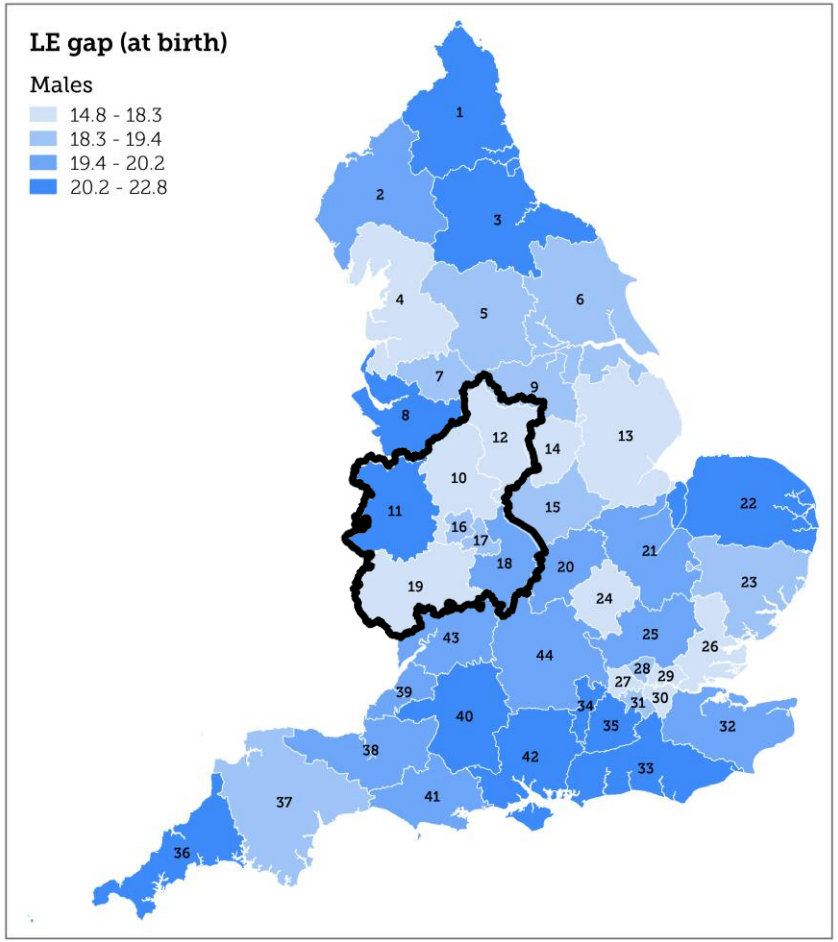
The physical health of people who use mental health services; life expectancy, acute hospital use and opportunities to improve service quality and efficiency.

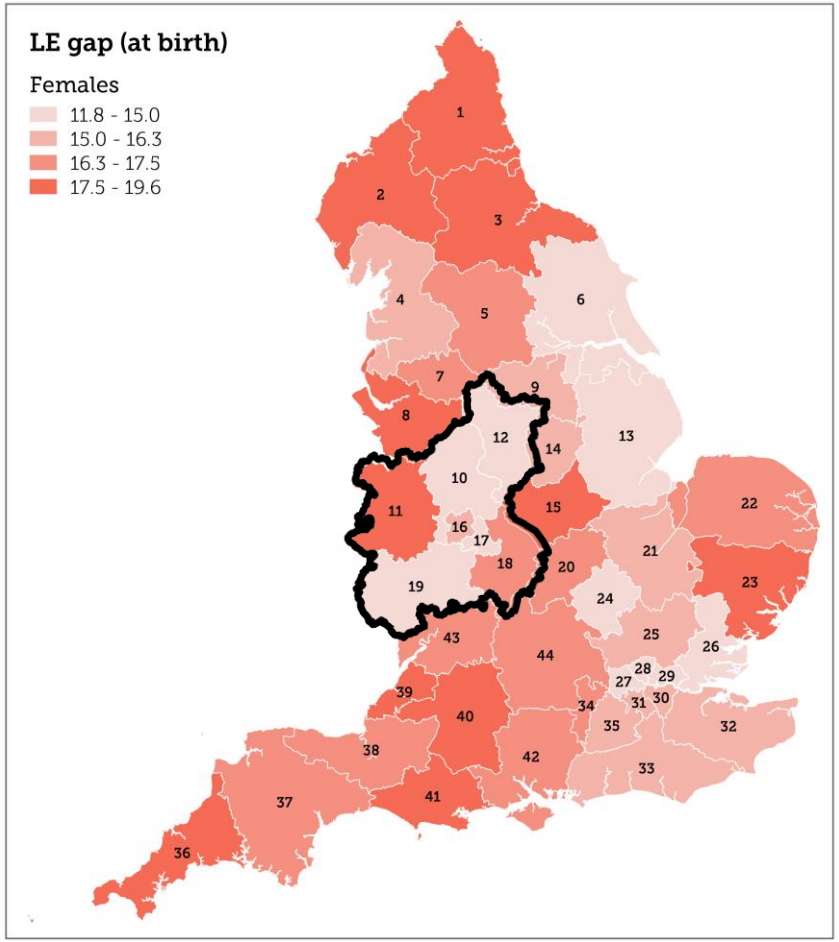
NHS
Midlands and Lancashire
Commissioning Support Unit

Map the gap (MH versus rest of the population)

Difference in Life Expectancy years for men and women

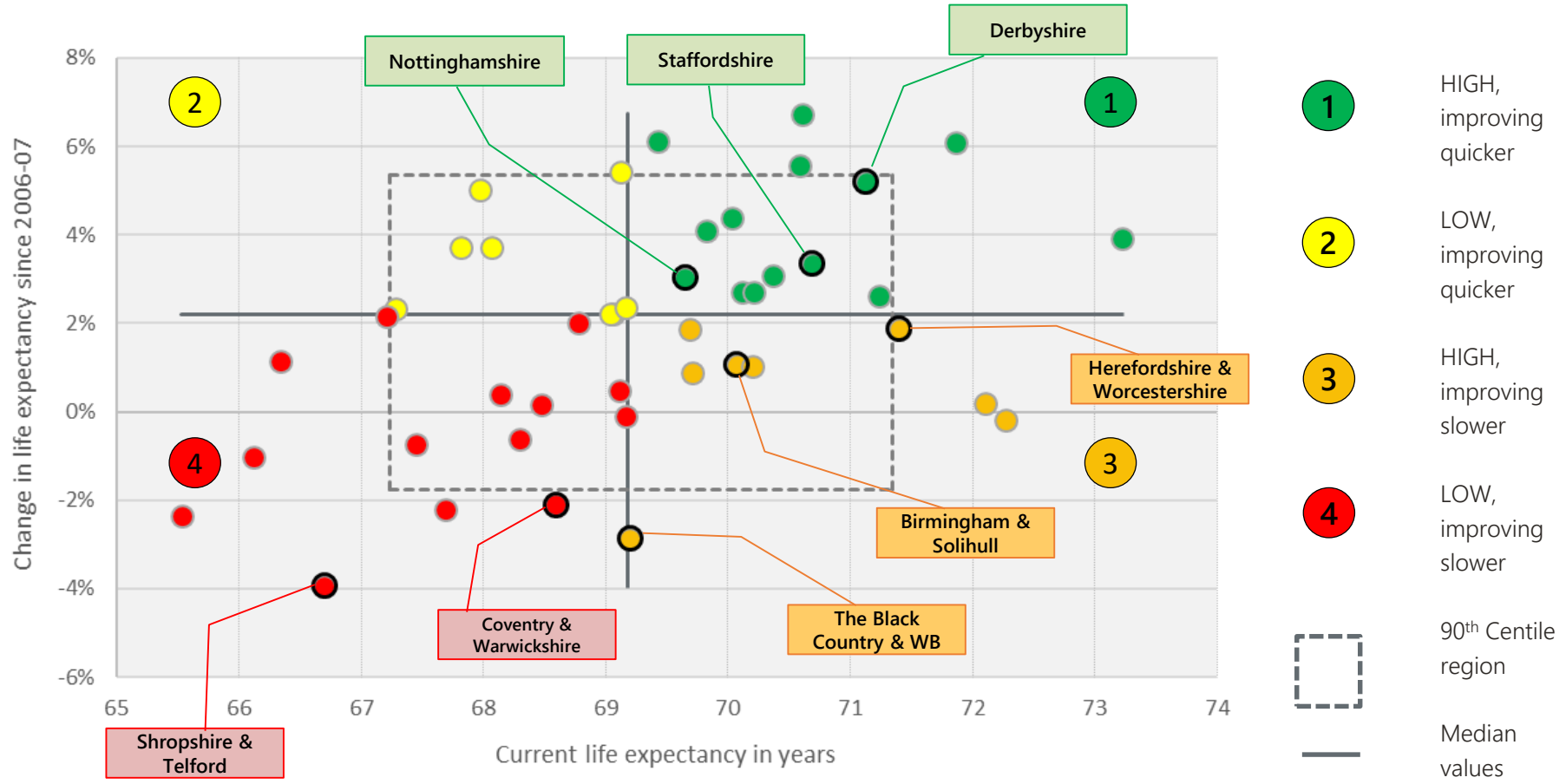
Please see appendix 1 for map and chart code lookups





Life expectancy at birth by STP area and rate of change: Females

Mental health service users: 2006/07-2008/09 to 2012/13-2014/15



Integrated Care Systems…

In an ICS, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.

NHS England

The Midlands PHM Academy - a new dawn

'On [2nd] July we start together, [building] the new National Health Service.

[The NHS] has not had an altogether trouble-free gestation. There have been understandable anxieties, inevitable in so great and novel an undertaking. Nor will there be overnight any miraculous removal of our more serious shortages of nurses and others and of modern replanned buildings and equipment.

But the sooner we start, the sooner we can try to see these things and to secure the improvements we all want.

[The] job is to give you all the facilities, resources and help [we] can, and then to leave you alone as professional men and women to use your skills and judgement without hindrance.

Let us try to develop that partnership from now on.'

Aneurin Bevan, The Lancet, 1948

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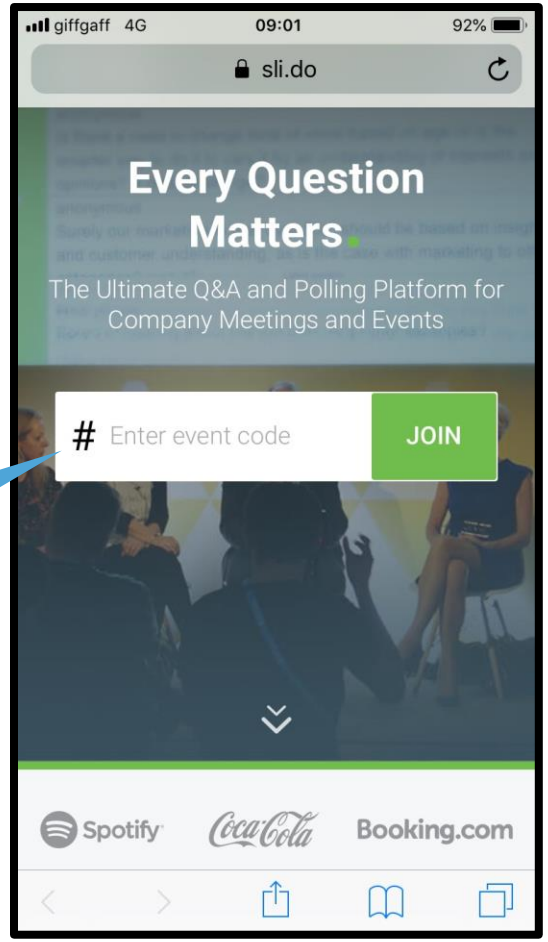
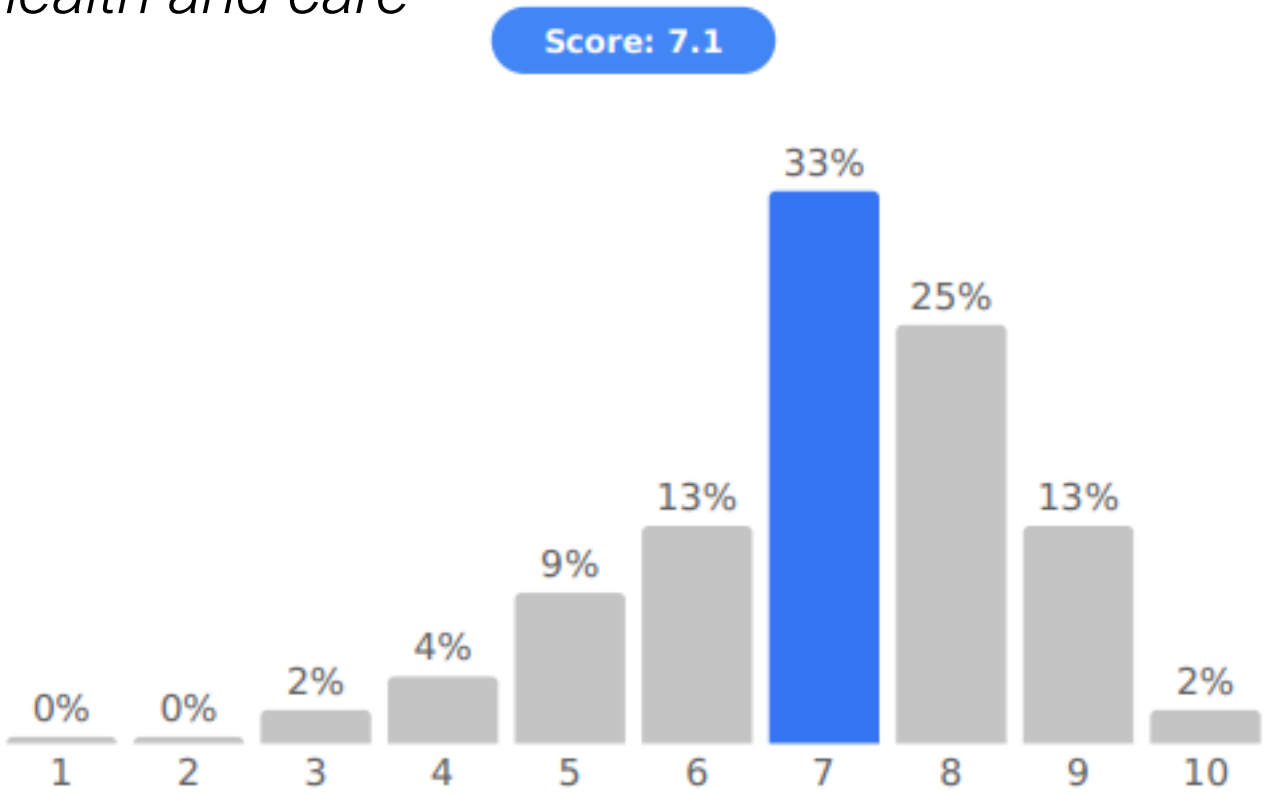


How are you feeling about PHM?

1 = Ambivalent to 10 = Really passionate and convinced this is the way forward for health and care



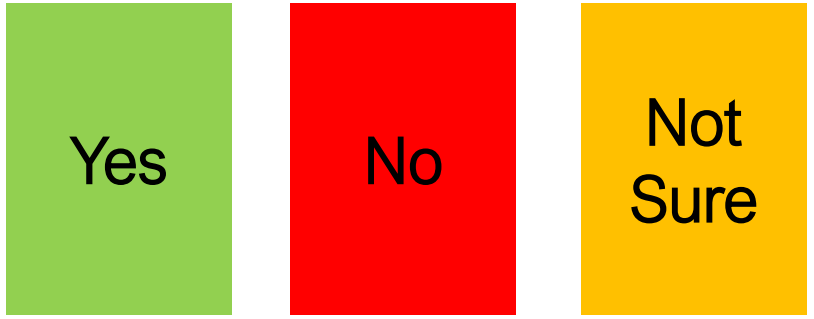
One word to describe how you are feeling about today?

liberating
structures

Starter for 10…

We have three questions to get you thinking about implications of PHM…

1) You can answer ‘Yes’, ‘No’ or ‘Not sure’
2) Indicate your answer using the coloured cards:



3) Find someone with a **different coloured card** to you…introduce yourself!
4) You will have **2 minutes** to discuss your answers

Question 1: You can only improve population health one person at a time

Yes? No? Not sure?

Question 2: It is agreed that ‘little finger function’ at a population level has no significant effect on health and wellbeing and that ‘little finger care’ should be deprioritised.

Should pianists be given any preference?

Yes? No? Not sure?

Question 3: Resources should be skewed from disadvantaged to more advantaged groups if that leads to better overall average health/wellbeing

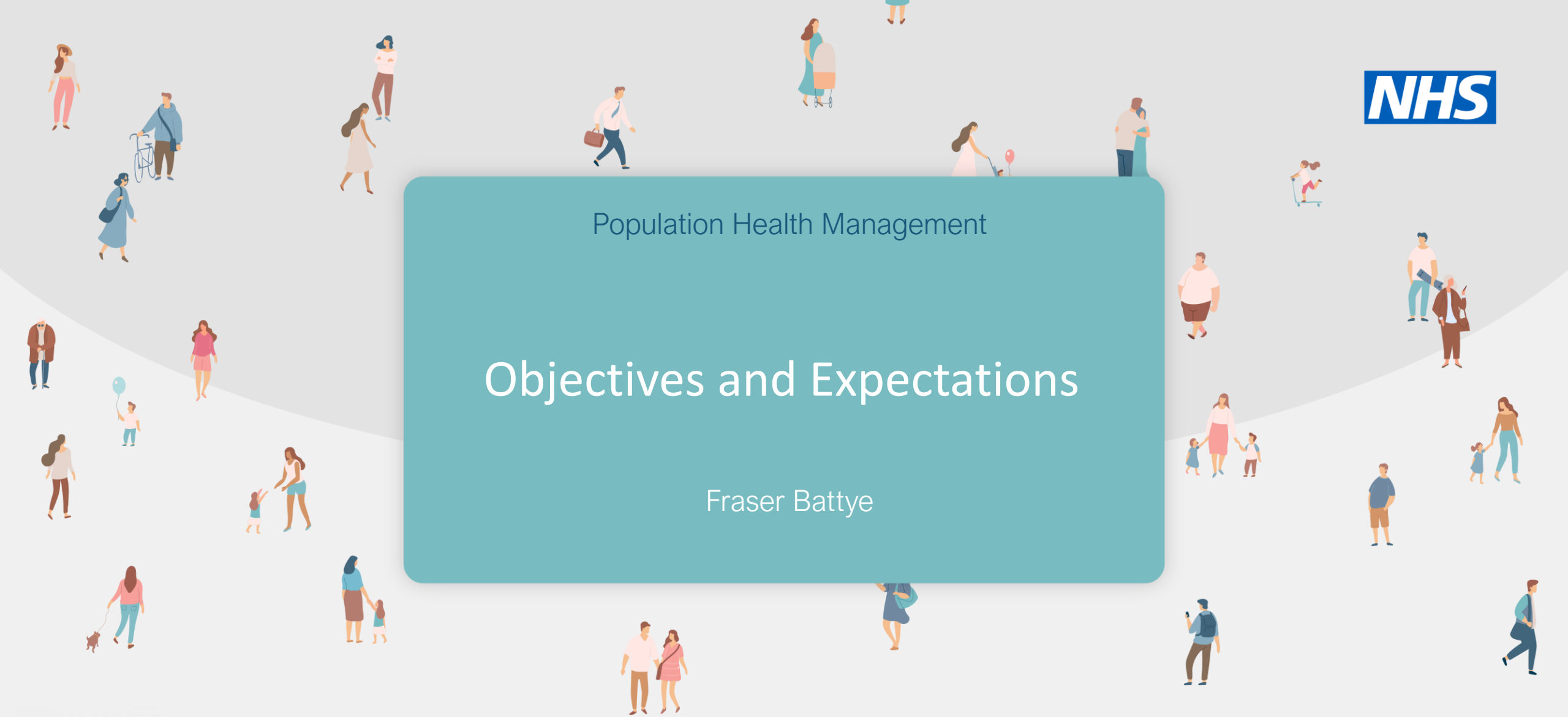
Yes? No? Not sure?

Teaming

We think that it is really important that you get to know one another as a team:

- Share your pen portrait with someone that you don't know in your team
- Be thinking about how you will share today with your wider team (those that aren't here)
- After the event spend time together (go out for a curry?)

Name: *Lucy Hawkins*
Day job: *Senior Consultant, The Strategy Unit*
Role in project: *Programme Manager*
Career History: *Joined the SU in January 2018, previously an Operational Manager at Birmingham Women's and Children's*
"Profession": *Geographer*
Likes: *Being in the countryside / by the sea; running and cooking*



Population Health Management

Objectives and Expectations

Fraser Battye

NHS

The Strategy Unit

Oxford Centre for Triple Value Healthcare

The Dartmouth Institute for Health Policy & Clinical Practice

Milliman

University of Birmingham

NHS England and NHS Improvement

Local Government Association

Public Health England

NHS Confederation

Today is for the Core Teams.
By the end, you will be able to:

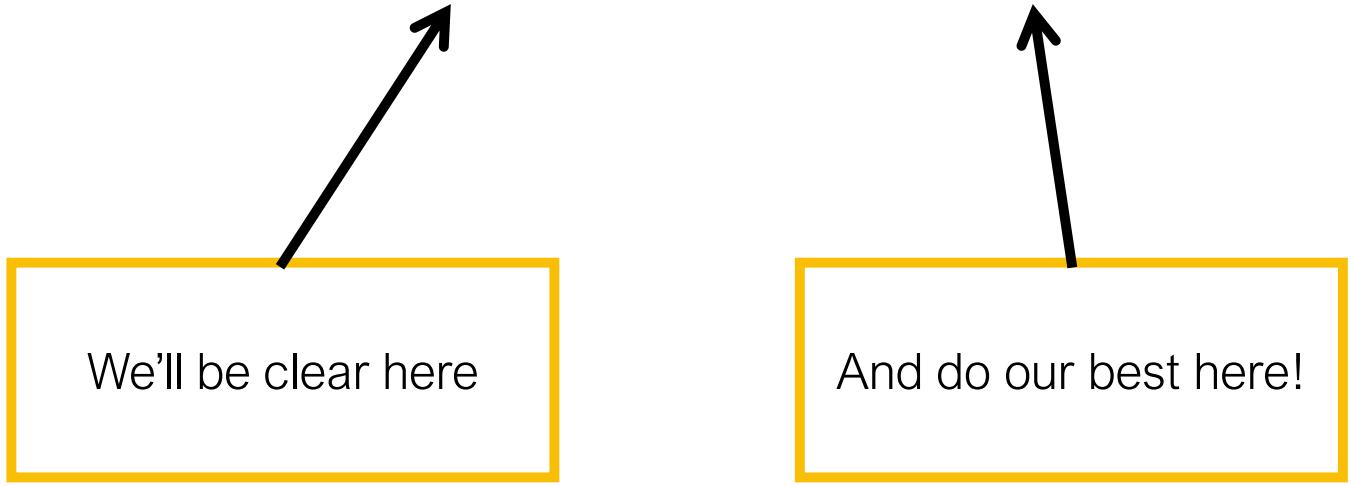
1. Describe the value of PHM in context of ICS development
2. Further define the target population for your PHM project
3. Set out your project's purpose and desired outcomes
4. Plan stakeholder engagement
5. Start coming together as a Core Team (present lessons / next steps)

Today, we will keep energy high

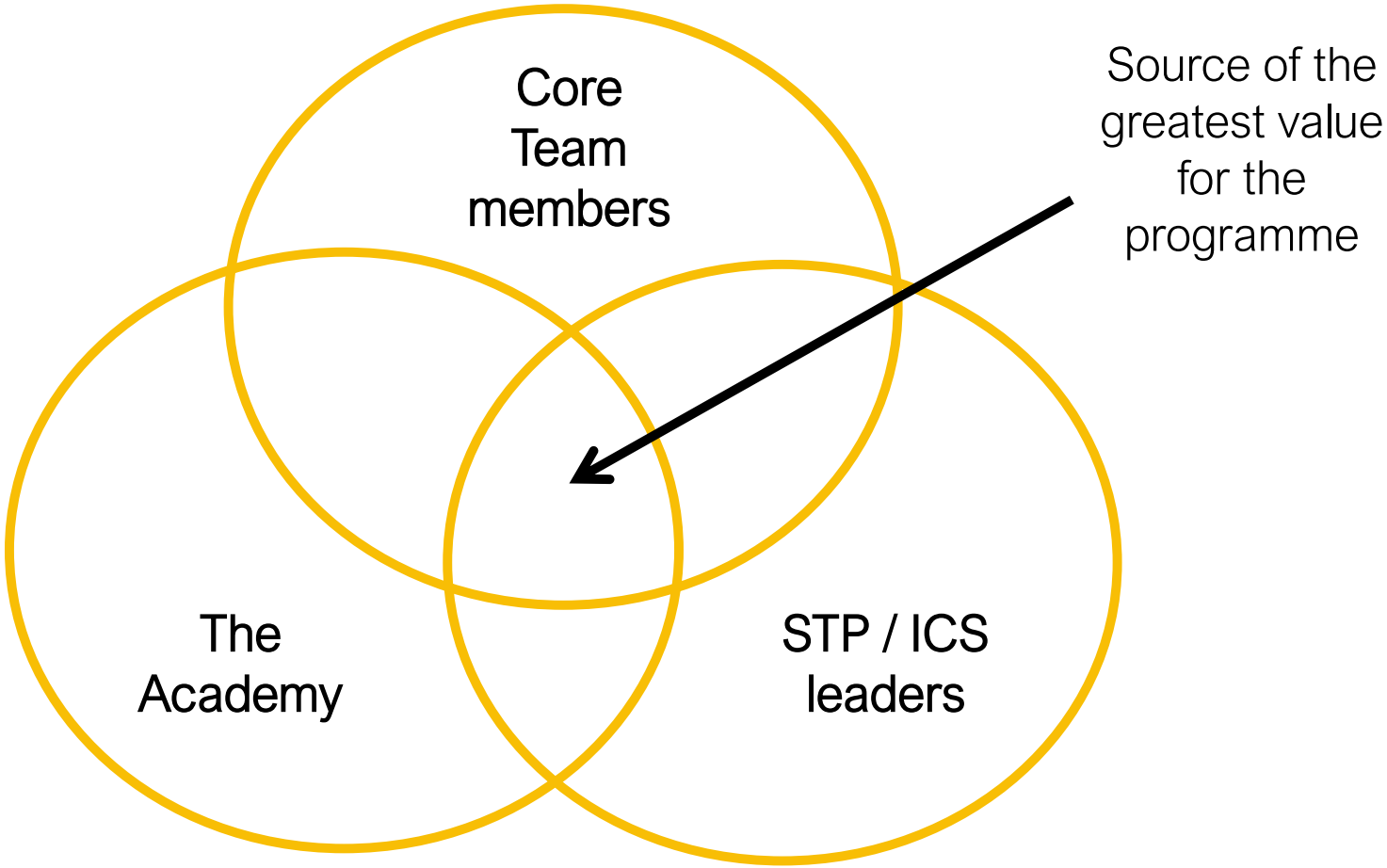
We'll cover things quickly and briefly, then follow-up with detail

We believe in joy at work, so also want you to have a good time…

Happiness = expectations – reality



Commitment to the programme must come from three sources, with agreed expectations for each



Expectations of you as Core Teams

- Take full value from this opportunity!
- Run PHM project you can apply learning to and extract learning from
- Champion the spread of PHM approaches
- Commit to the Academy, participate and engage with all sessions
- Link with your analytical colleagues (event 9th July)
- Share knowledge back in your STP/ICS and externally

This will require work between Academy sessions

We can guide, inspire and provoke…**only you can do**

Before September's session, we will ask you to:

1. **Get together**. Teams do not just 'become'. Is anyone missing from your team at the moment?
2. Further **understand the population you will serve** (engagement and analysis)
3. **Logic model** with outcomes you want to achieve and measures you might use
4. **Stakeholder** mapping and engagement to start sharing and championing PHM approaches

We will support you in this: webinars and coaching support

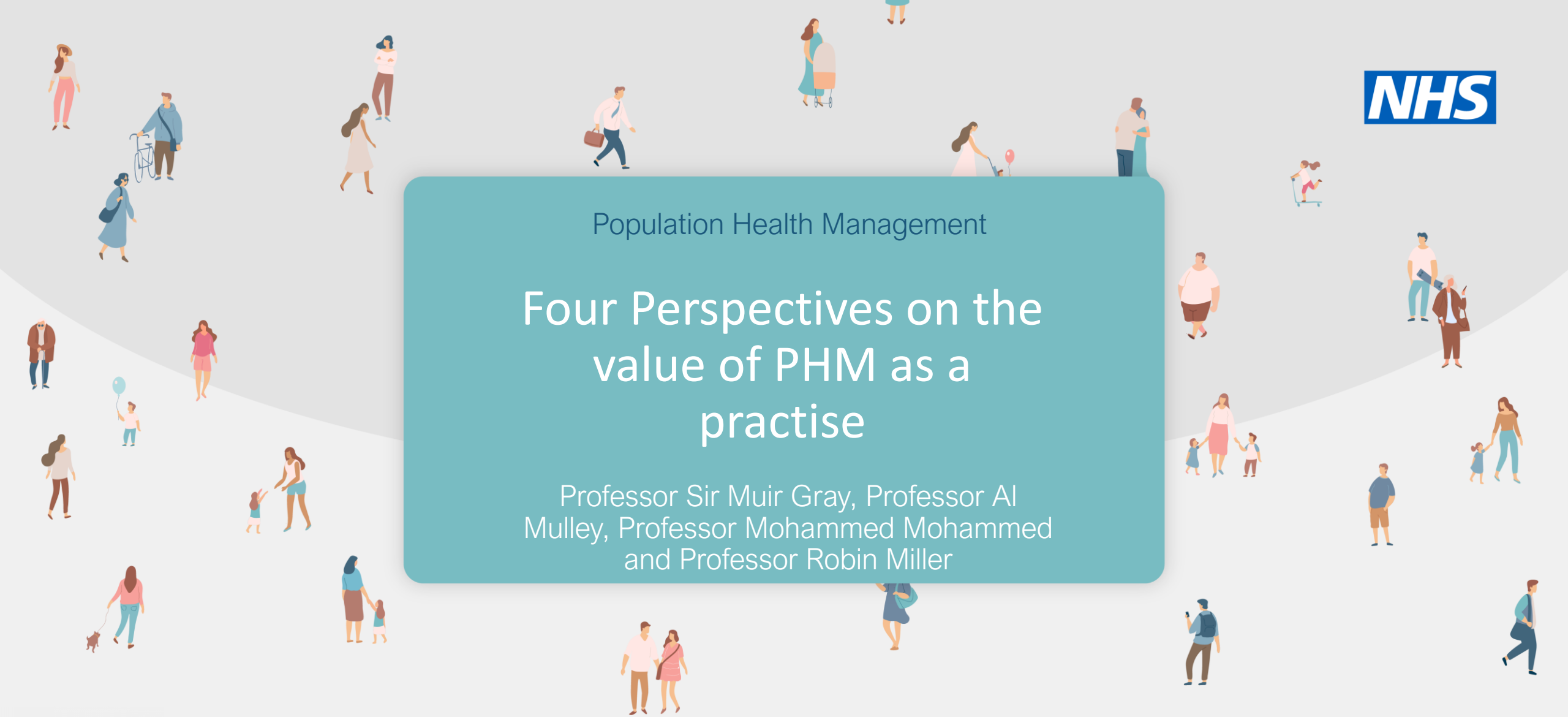
Expectations of leaders within STPs/ICS

- Support and enable the Core Team's project
- Select team members and give them time to attend the Academy and resources work on their project in between sessions
- Provide opportunities for Core Team members to share learning
- Support Core Team members in the wider implementation of PHM approaches – part of ICS development

The Black Country has already set up a group to steer and extract learning from its Core Team

Expectations of the Academy

- Challenge traditional ways of thinking; energise and create excitement
- Take the Core Team through a PHM change cycle – including coaching and support – e.g. webinars - between formal sessions
- Create an environment for networking and relationship building; support people and share best practice across systems
- Provide attendees with opportunities to learn PHM concepts and methods from **internationally renowned experts…**



Population Health Management

Four Perspectives on the value of PHM as a practise

Professor Sir Muir Gray, Professor Al Mulley, Professor Mohammed Mohammed and Professor Robin Miller

NHS England and NHS Improvement

Activity

1. We will split you into four groups

2. Each group to join a presenter:
   Group 1: Muir Gray (main room)
   Group 2: Al Mulley (Connect, first floor rear)
   Group 3: Mohammed Mohammed (Innovate 1, first floor)
   Group 4: Robin Miller (Motivation, first floor)

1. They will share their perspective on the value of PHM for 5 minutes, then there will be 10 minutes for questions

2. After 15 minutes the horn will sound and you move **clockwise** to the next person

Population Health Management

Break

Population Health Management

What do the four perspectives mean for your project?

Margaret Mulley

NHS England and NHS Improvement

Four perspectives summarised

- *Aim*
- *Learn – need theories to test*
- *Intentionally inclusive*
  - *Who you engage*
  - *What language you use*
  - *Recognise that you learn from many sources*
- *Scale is important*
- *Systems and boundaries*
- *Data*
- *Culture*
- *Empathy*

Applying the Four Perspectives

- How might you apply these four perspectives to your PHM project?

- What other perspectives do you have on PHM that might also inform your approach?

Applying the Four Perspectives
Feedback

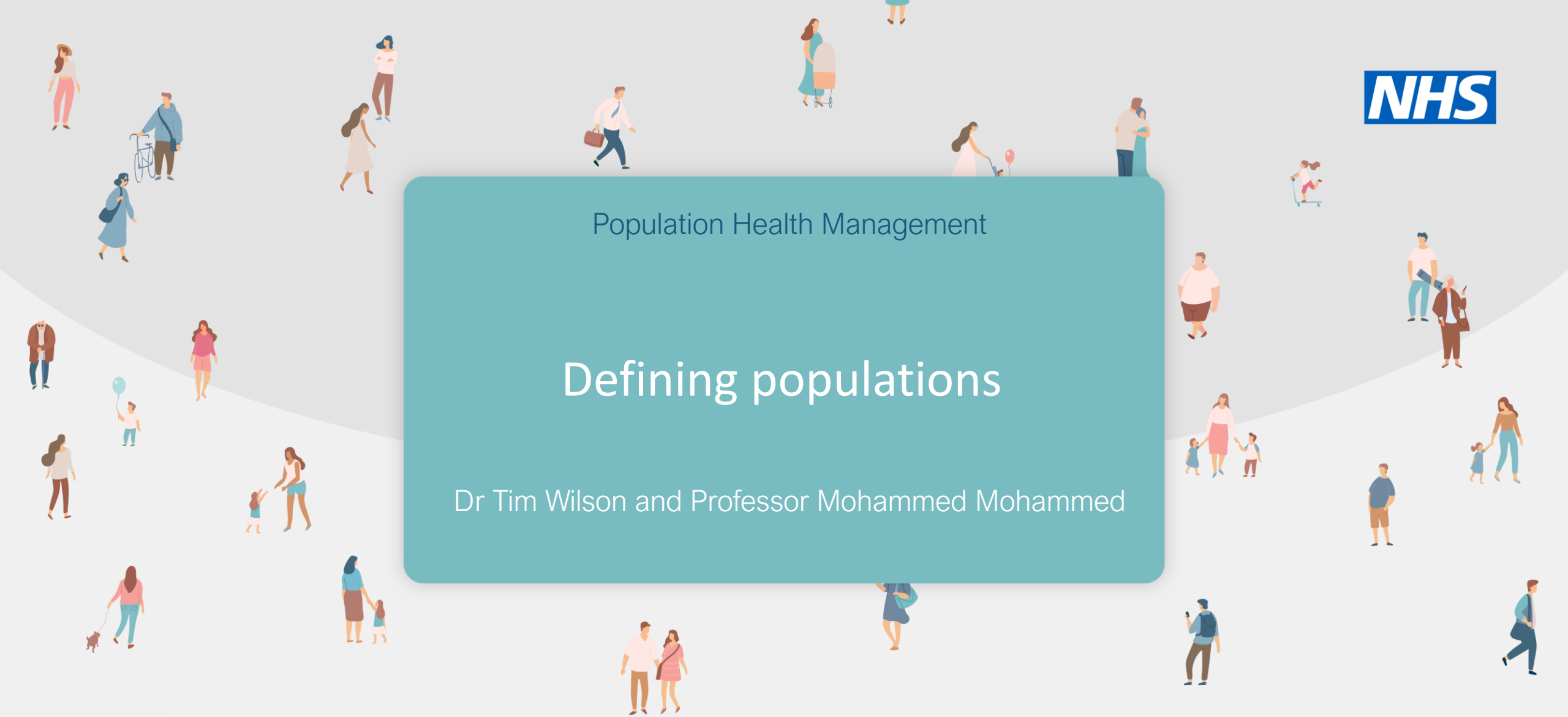
- How might you apply these four perspectives to your PHM project?

- What other perspectives do you have on PHM that might also inform your approach?

Population Health Management

Lunch

NHS England and NHS Improvement



Population Health Management

Defining populations

Dr Tim Wilson and Professor Mohammed Mohammed

NHS England and NHS Improvement

In an Integrated Care System…

"NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve."

NHS England

Population Health Management

Six steps to defining a population subgroup

The Strategy Unit

Oxford Centre for Triple Value Healthcare

The Dartmouth Institute for Health Policy & Clinical Practice

Milliman

University of Birmingham

NHS England and NHS Improvement

Local Government Association

Public Health England

NHS Confederation

Expectations

We do not envisage that you will complete the following exercise, but it is important to understand *how* to complete the exercise.

We also want you to consider who else needs to be involved in completing the exercise.

Six steps to clarifying the population you are dealing with

1. General statement about the population of interest
2. Establishing inclusion/exclusion criteria for the population of interest
3. How does this population ‘subgroup’ fit with other population subgroups in the STP/ICS?
4. Identifying ambiguities around inclusion
5. Identifying population subgroup size/geography/area
6. Identifying the resources available for the care of this population subgroup

1. General statement about the population of interest

- On your tables, finalise the *sentence* that describes the population of interest whose health you are going to improve, not the aim (this comes later)
  - 2 minutes

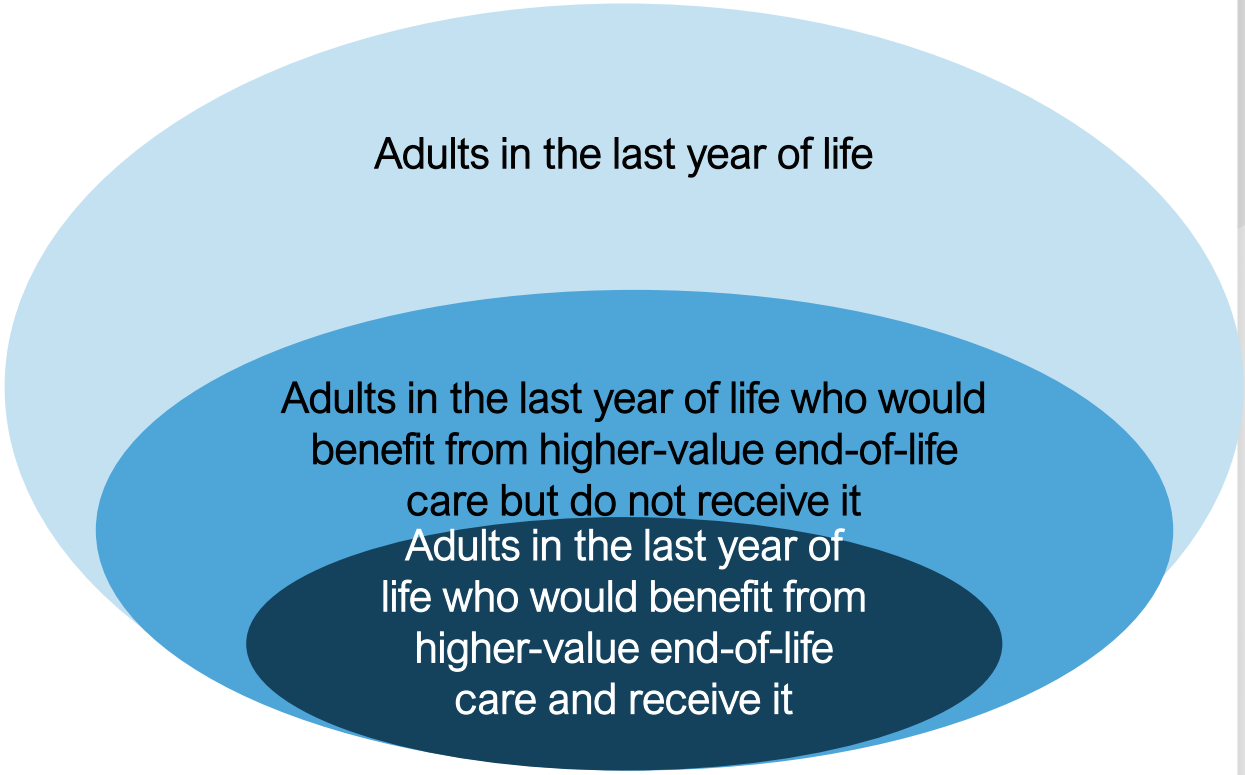
  Prompts: Does this population include only people receiving care? Is there an equity issue?

- How will you identify them?
  - 3 minutes

For example:
Adults in the last year of life

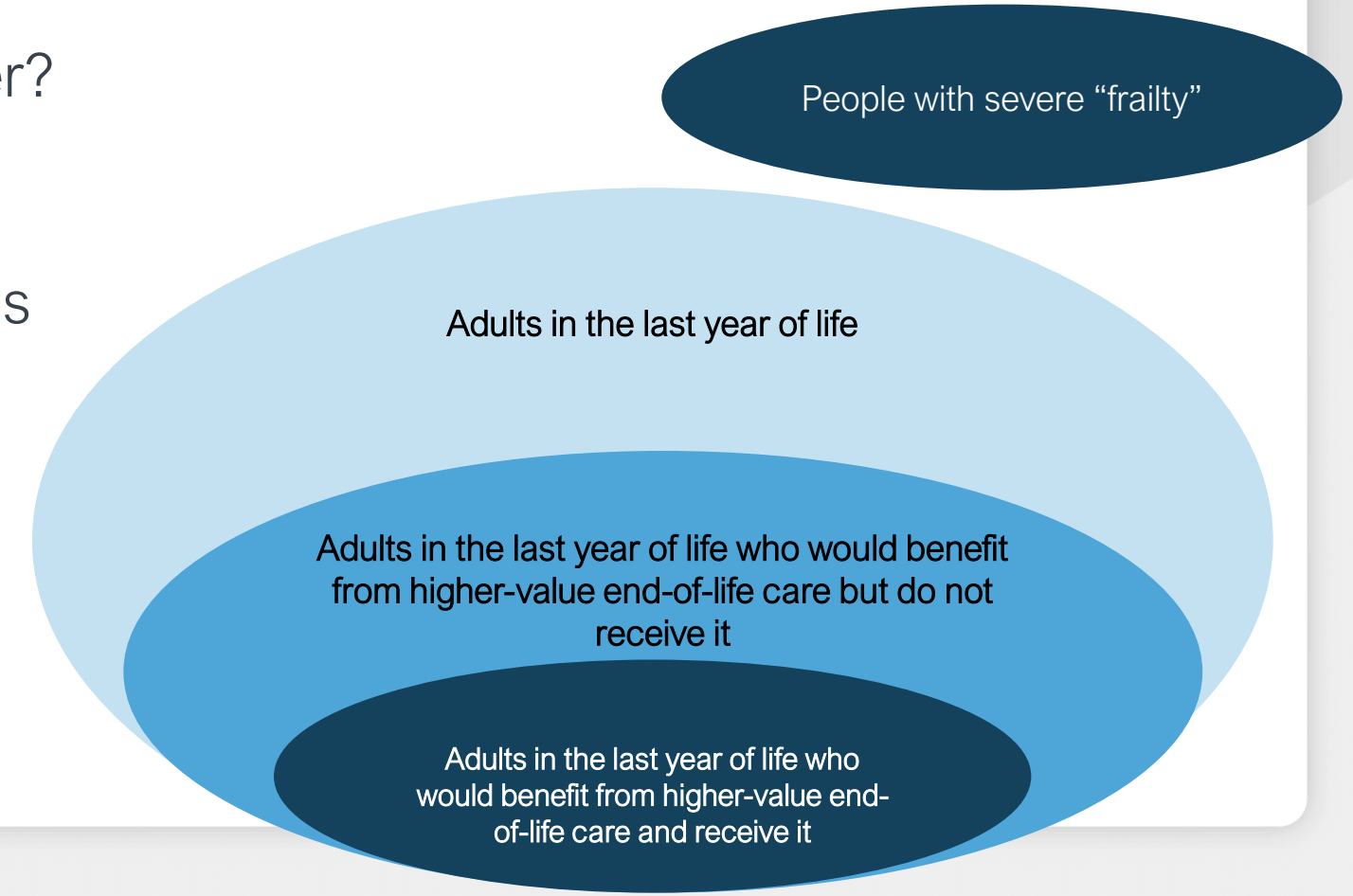
2. Establishing inclusion/exclusion criteria for the population of interest

- Are there any specific inclusion or exclusion criteria that will help you to define your population?
  - 3 minutes
- How will you identify the population subgroup using these exclusion and inclusion criteria?
  - 3 minutes



3. How does this population 'subgroup' fit with other population subgroups in the STP/ICS?

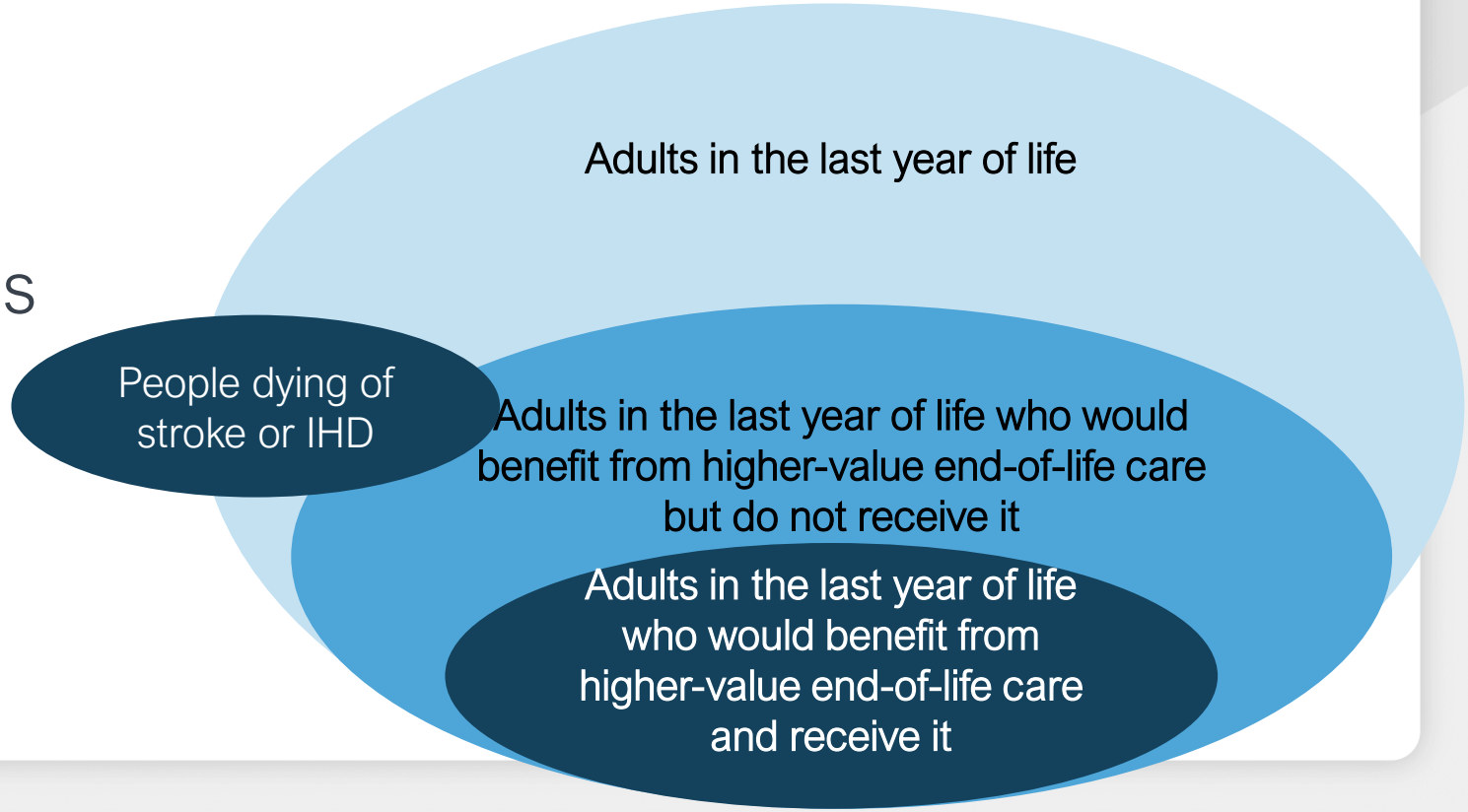
- Are there other population subgroups you need to consider?
  - 3 minutes
- How will you manage this across your STP/ICS?
  - 3 minutes



4. Identifying ambiguities around inclusion

- Especially with data in mind, are there any ambiguities you need to consider?
  - 3 minutes

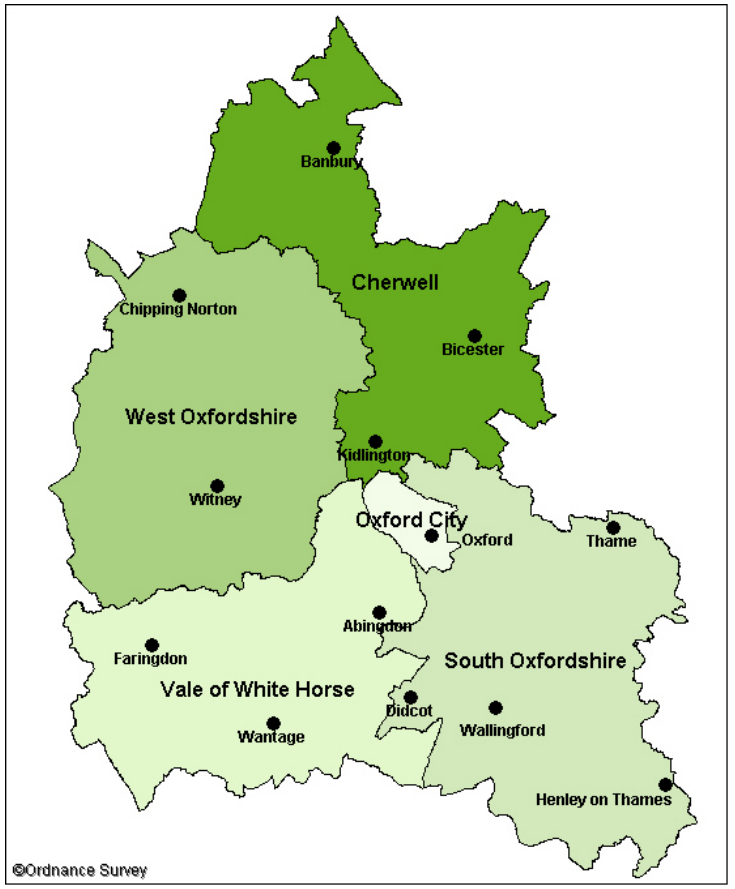
- How will you manage this from an analytical perspective?
  - 3 minutes



5. Identifying population subgroup size and geography/area

- What is the basis for population coverage, e.g. GP registered list or residency, and in what area?
  - 3 minutes

- How many people are there in your population subgroup?
  - 3 minutes to agree how you will calculate this



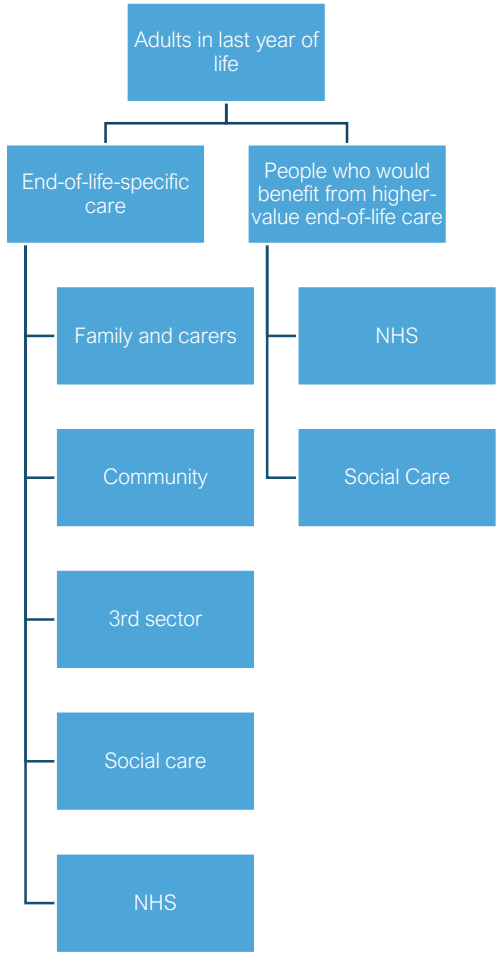
6. Resources

- What resources do you have available to invest, disinvest and/or reinvest in your population subgroup?
  - 3 minutes

- How will you quantify these resources?
  - 3 minutes

A logic-model approach would state:

"Resources include the human, financial, organizational, and community resources a program has available to direct toward doing the work. Sometimes this component is referred to as inputs."



What tasks do you need to do as a result of today's session?

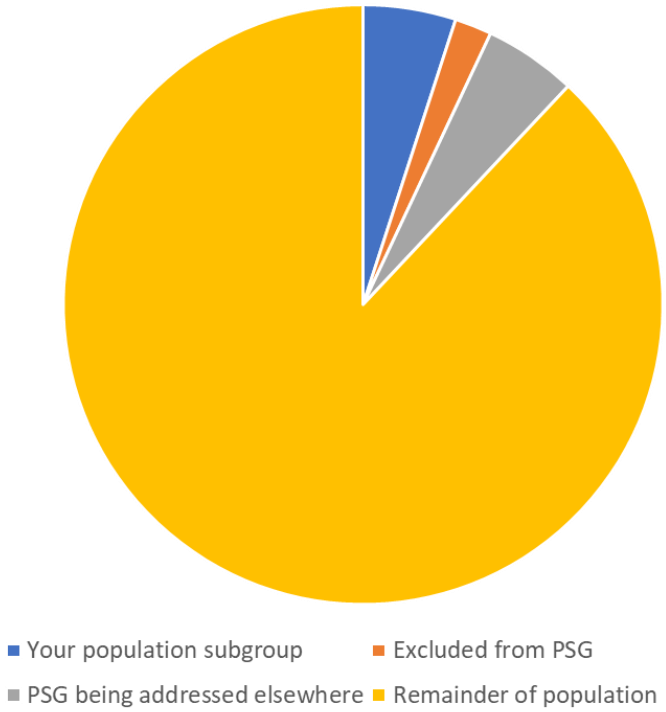
Set of actions for next steps

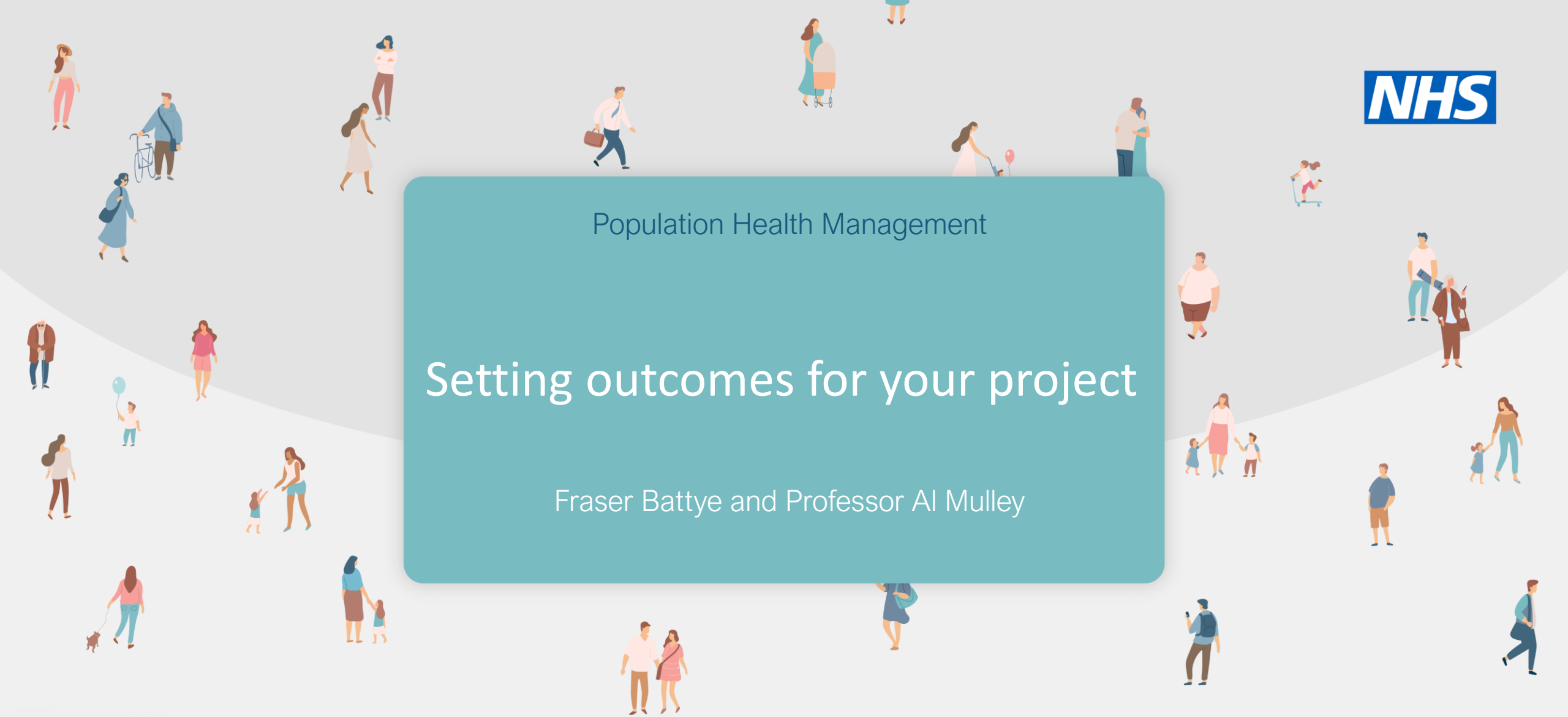
- 5 minutes

Whole Population Health Management

"NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve."

NHS England





Population Health Management

Setting outcomes for your project

Fraser Battye and Professor Al Mulley

NHS England and NHS Improvement

This short session has two aims:

1. Introduce logic models as a tool for project design*

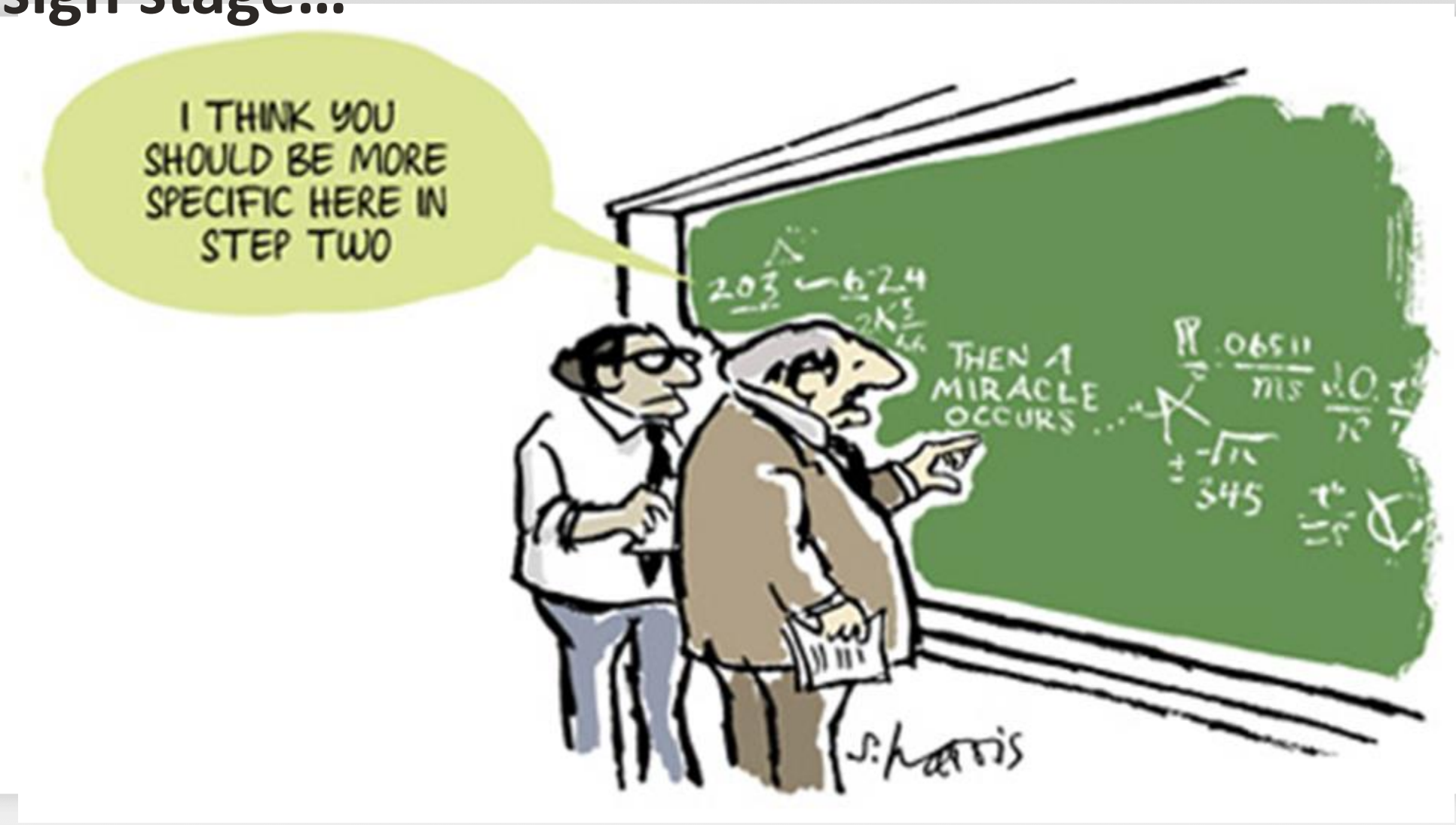
2. Start you thinking about outcomes for your population sub-group – adding to what you need to learn about / from them

You'll try a logic model out now, but won't even begin to finish

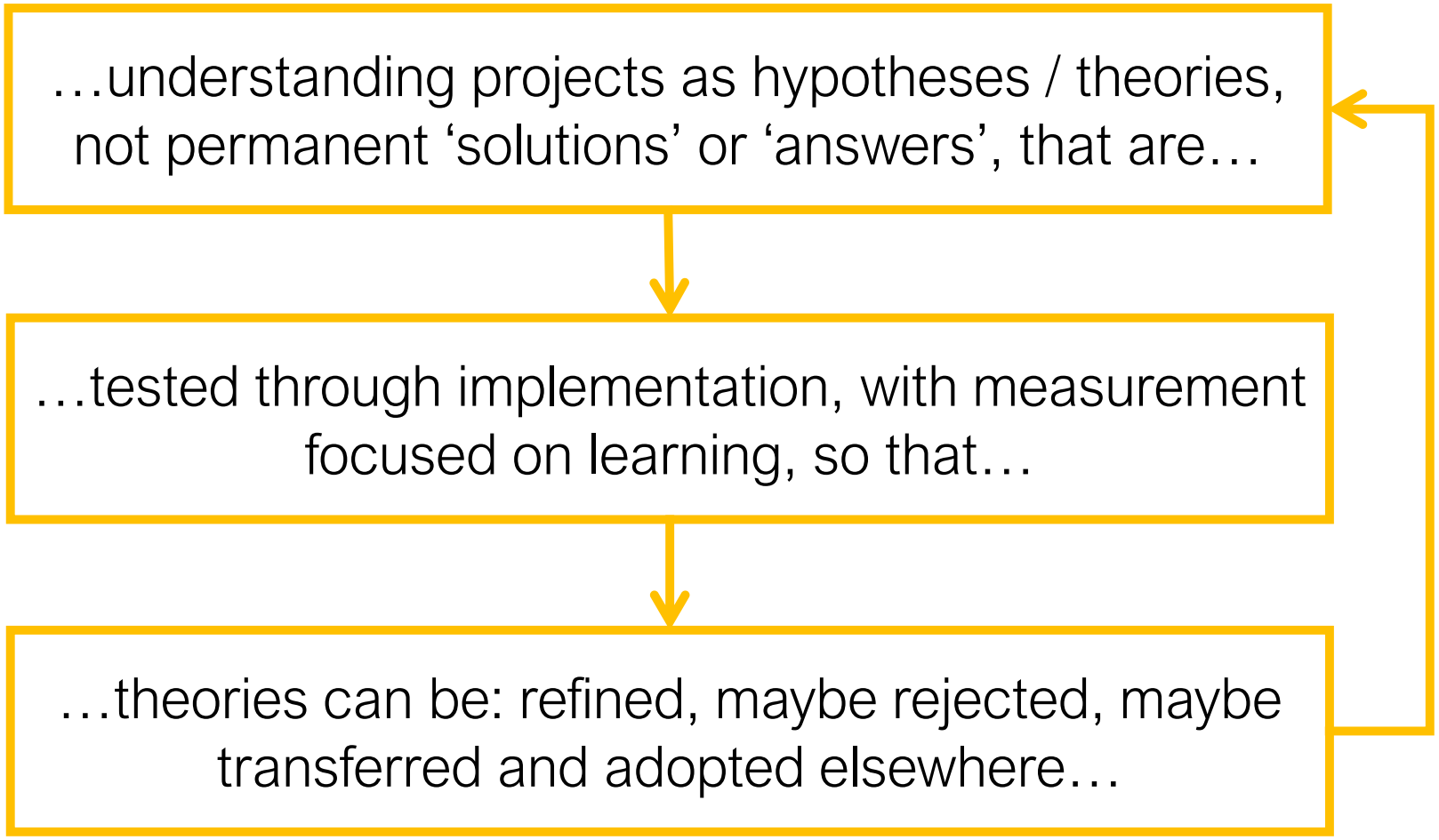
We'll provide further resources and support after the event

* Builds on template we sent before

Projects rarely suffer from being too clear at the design stage…



But clarity can come by…



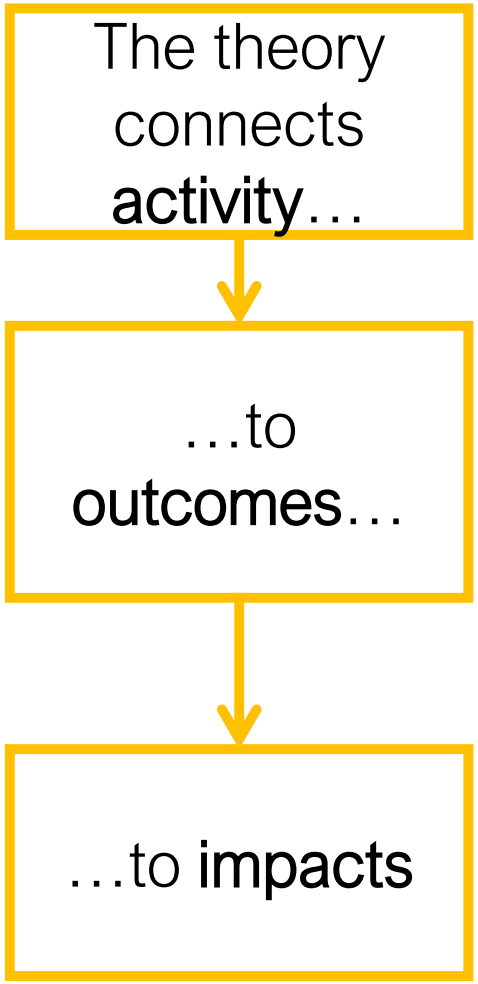
Project theories: ‘If we do x, then we’ll get y and so z’

“If we deliver training, then we will improve the care planning skills of care homes staff…

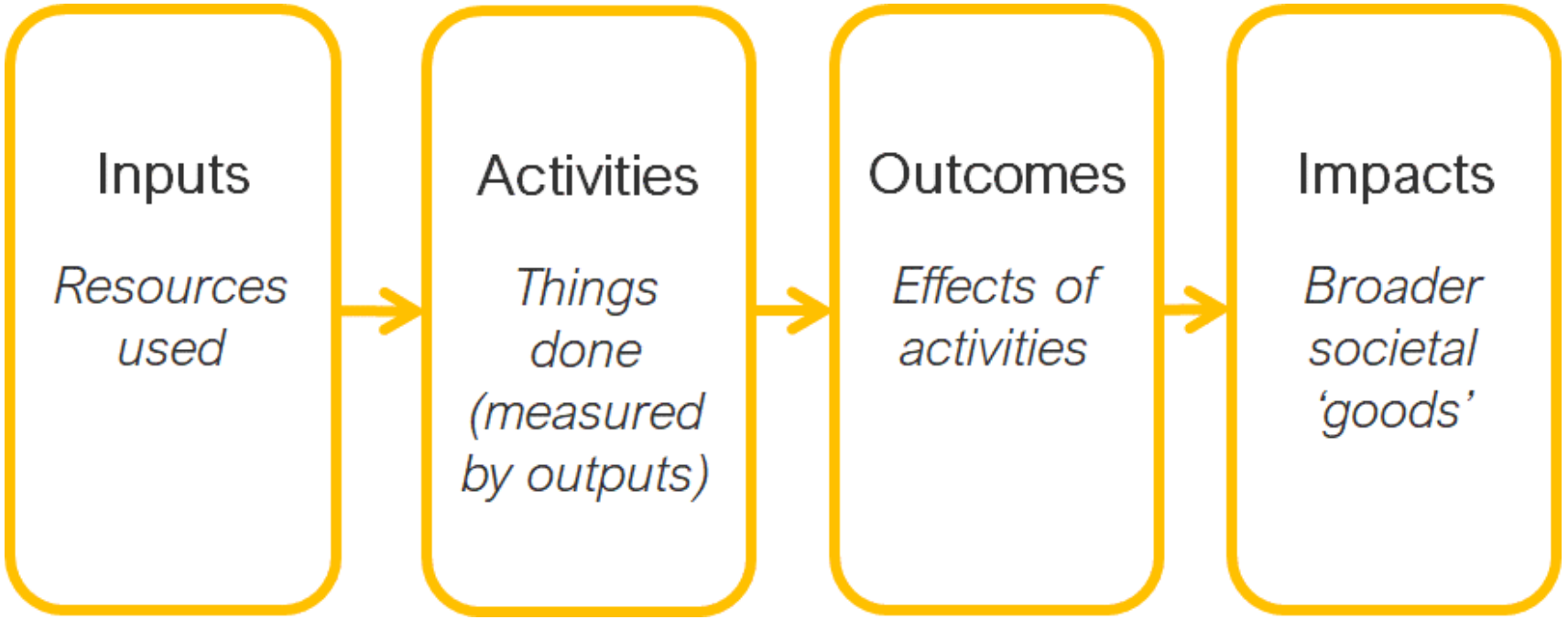
If staff have better care planning skills, then they will be more able to cope in the event of a crisis…

If staff are more able to cope with crisis, then there will be fewer unplanned hospital admissions….

If there are fewer unplanned admissions, then more people will die in a setting of their choice. They will have a better death; we will make better use of resources.”

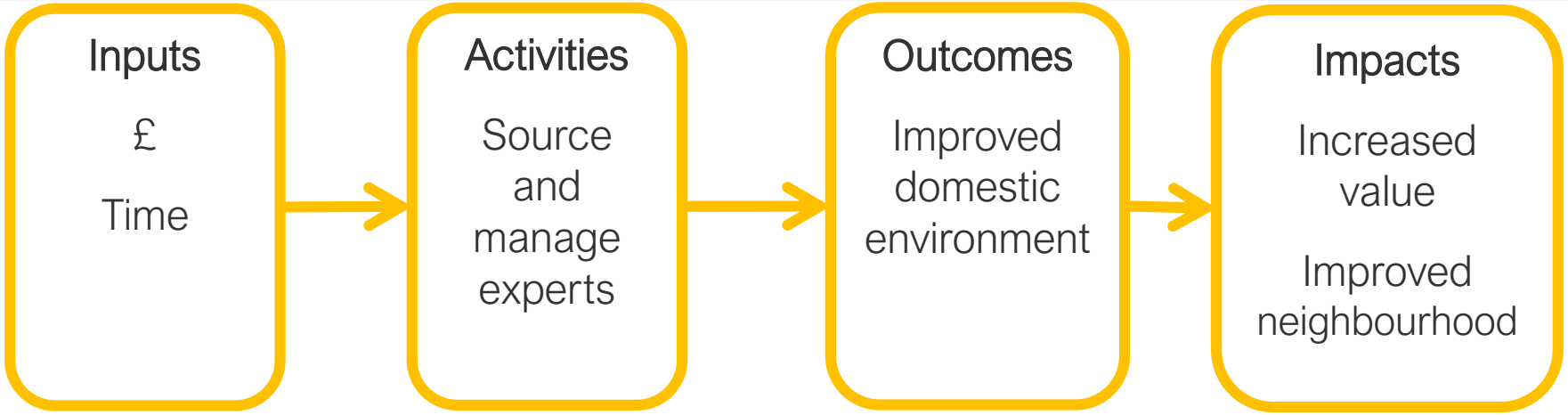


Logic models capture project theory. There are many different approaches*…all share basic elements

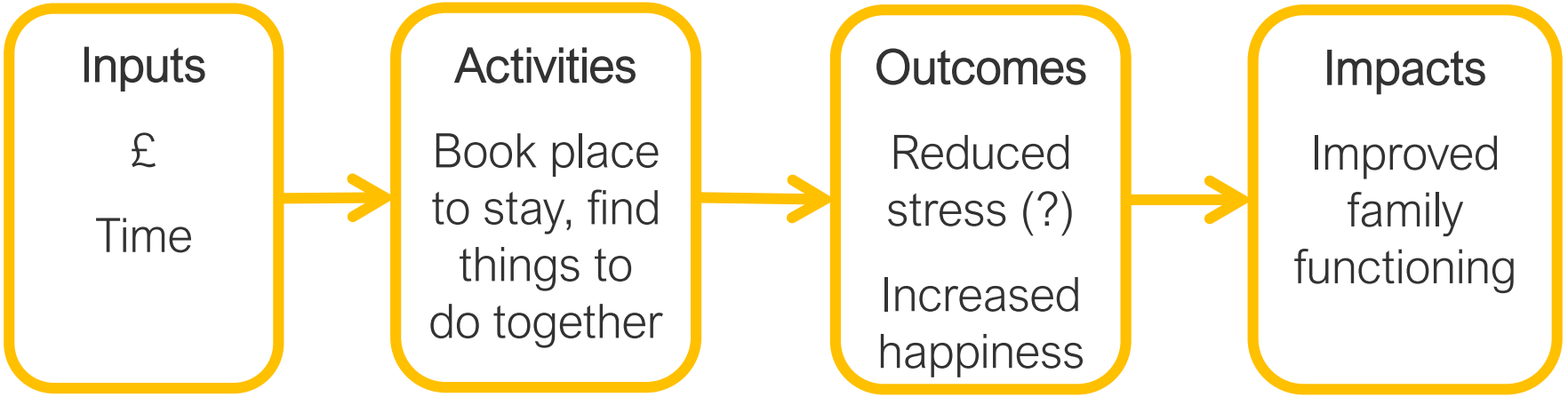


* and terms!

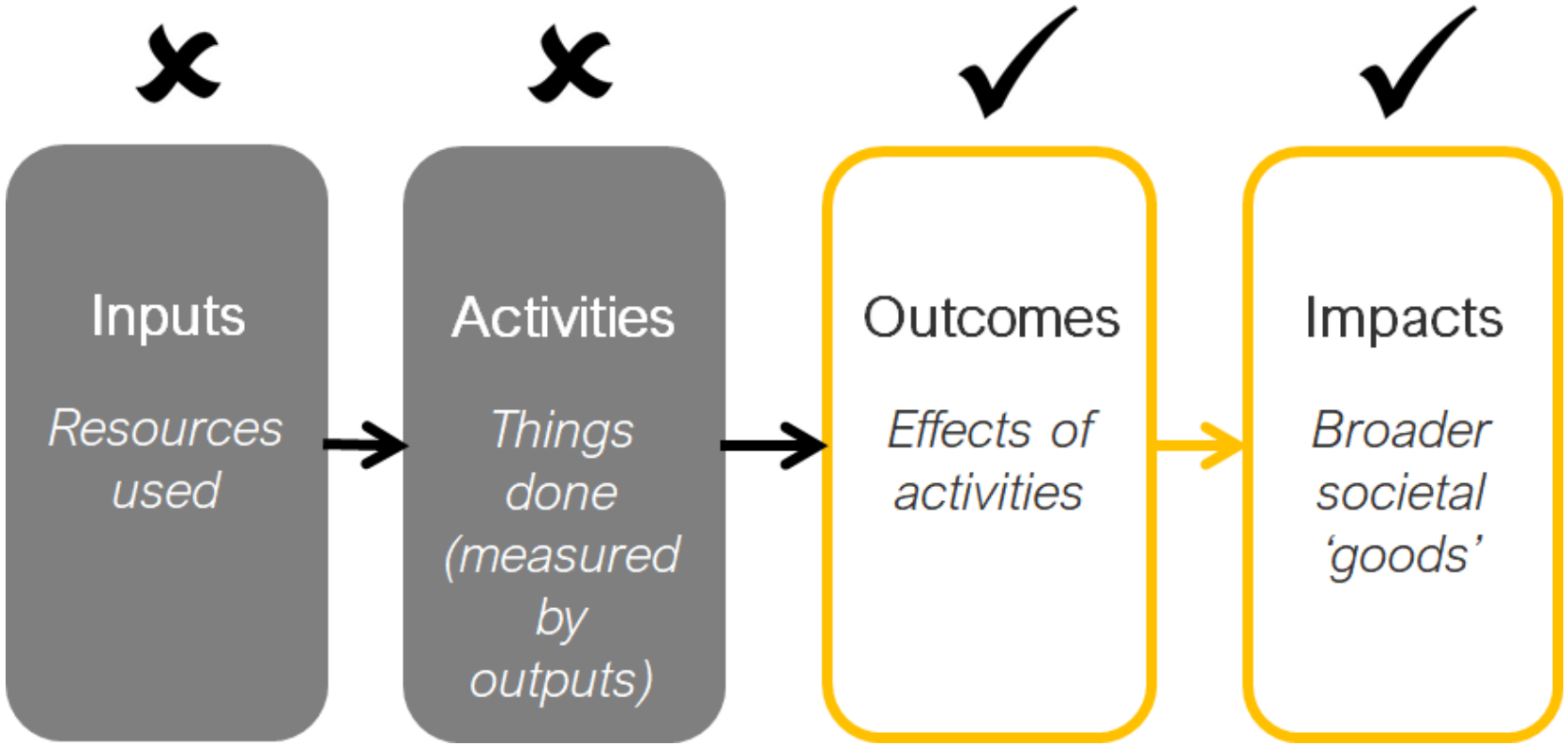
Simple logic model for refurbishing a house (the lazy way)…



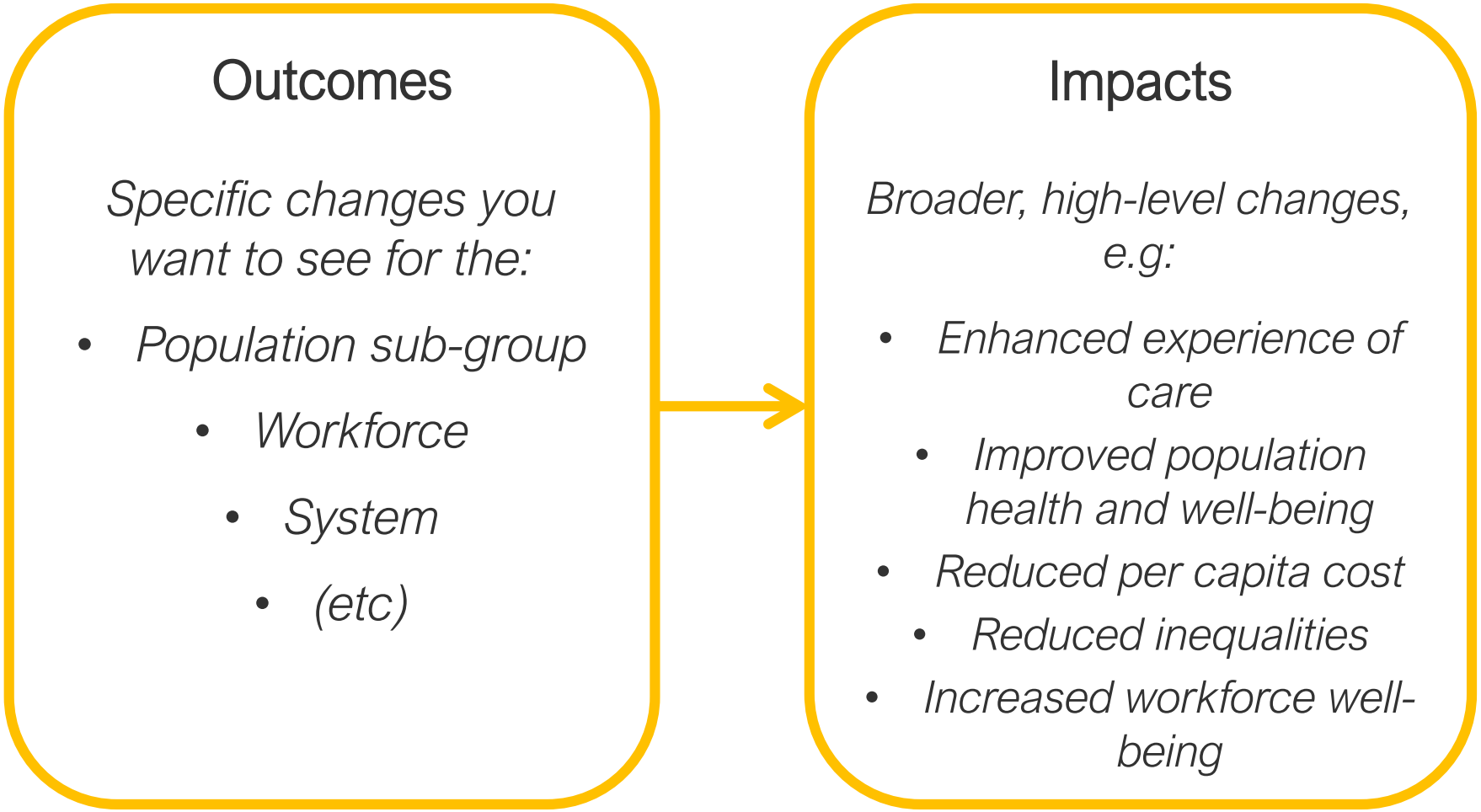
…or going on a family holiday



Decide on the difference you want to make, then work backwards. Avoid 'solutions in search of a problem'

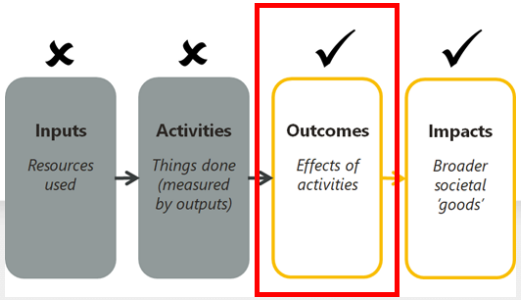


That means focusing on outcomes and impacts



Exercise: what outcomes do you want to achieve?

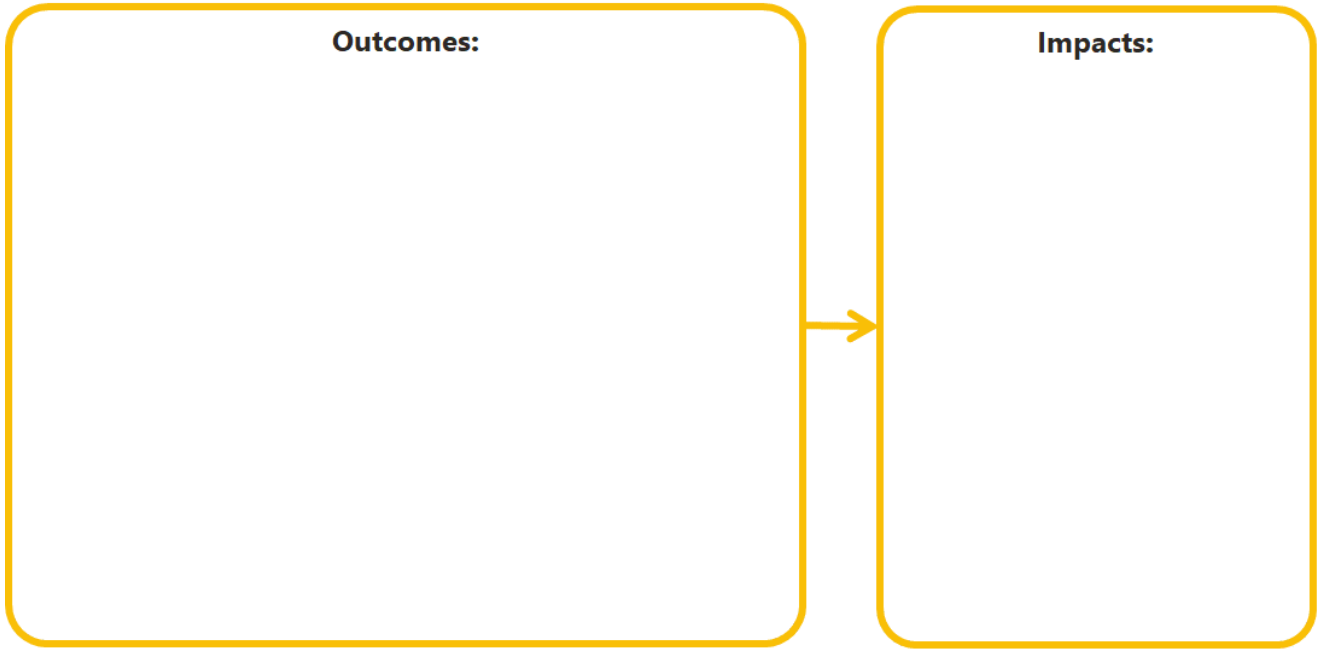
- You have just started to define your population sub-group, so what specific difference do you want to make for / with them?
- Outcomes are changes - in knowledge / awareness / skills / access / behaviour / condition / status (etc)
- So language describing change is important: *reduced, increased, improved, better, worse (etc)*
- Focus on outcomes that matter, not measures you currently have
- For now: ban all talk of activities and 'solutions'!



Work through the template on your table

Defining outcomes for your project is the focus of the exercise...

...Doing so in light of desired impacts often helps



Outcomes are specific changes you want to see for your population sub-group - and also for other groups, such as the workforce

Changes might be in: knowledge / awareness / skills / access / behaviour / condition / status / capability (etc)

When listing your outcomes, use language describing change, e.g.: *reduced, increased, improved, better, worse (etc)*

Impacts are broad, high-level changes that your outcomes will contribute towards. The 'five aims of PHM' help here: *1: Enhanced experience of care; 2: Improved population health and well-being; 3: Reduced per capita cost; 4: Reduced inequalities; 5: Increased workforce well-being*

Population Health Management

STP Projects: Next Steps

NHS England and NHS Improvement

Activity

You have 20 minutes in your STP groups to develop a **5 minute** presentation sharing:

1. What you have you learnt today; how does this apply to your project?
2. Your next steps as a team

(There are prompt questions on your tables)

You will then present your thoughts to another STP team. They will have 10 minutes to ask questions / clarify / help.

Then swap and it's their turn to present.

You then have 10 minutes as a team to refine your plans

STP/ICS thinking through your next steps

What you have learnt today? How does this apply to your project?	
Do you have any questions outstanding from today? Is there anything that remains unclear? Have you got the right people in your core team? *Questions for the team*	How well do you understand your projects population? (Is there a need for analysis? Can you access the right analytical support? How will you engage with people in your population sub group?) *Actions planned*
How will you set outcomes for your project and define your theory of change? *Actions planned*	How will you engage with relevant stakeholders within your STP? *Actions planned*

Groupings

- Birmingham and Solihull and Coventry and Warwickshire → Go to **'Connect'** (first floor rear room)
- Black Country and West Birmingham and Derbyshire → Go to **'Motivate'** (first floor middle room)
- Herefordshire and Worcestershire and Shropshire, Telford and Wrekin → Go to **' Innovate'** (first floor front room)
- Nottingham and Nottinghamshire and Staffordshire and Stoke-on-Trent → **Stay here!**

Population Health Management

Wrap up, next steps and the ‘Sir Muir Gray award’

NHS England and NHS Improvement

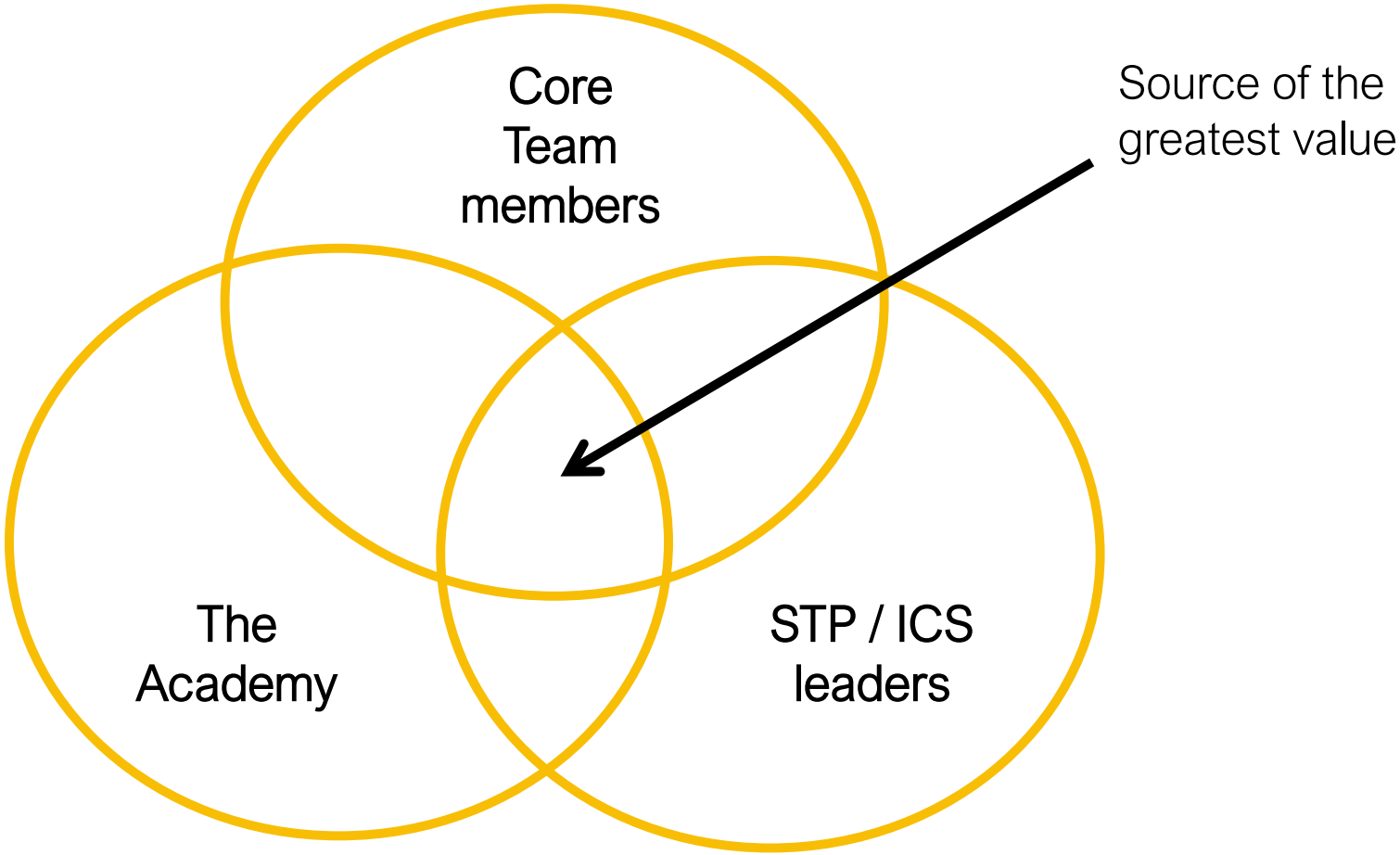
Today's objectives were that you would be able to:

1. Describe the value of PHM in context of ICS development
2. Further define the target population for your PHM project
3. Set out your project's purpose and desired outcomes
4. Plan stakeholder engagement
5. Start coming together as a Core Team

(and have a good time)

Evaluation form on Slido, plus Account Manager follow-up

The value of mutual commitment… and next steps



The Academy's next steps:

1. Stay after the session

2. Send out materials and additional guidance shortly

3. Get in touch via our Account Managers:
   - Gather feedback
   - Arrange follow-up / coaching support

4. Arrange webinar(s) before September sessions to provide more guidance…possible ideas:

Logic models	Team work	Understanding your population	Personal 'Vs' population value

Next steps for Core Teams:

1. **Get together**. Teams do not just 'become'. Is anyone missing from your team at the moment?

2. Document your **understanding of the population you will serve:**
   - Engagement
   - Analysis of needs and opportunities

3. **Logic model** with outcomes you want to achieve and measures you might use

4. **Stakeholder** mapping and engagement to start sharing and championing PHM approaches

Some of this will be presented back at the **September session**

You are innovating; you must make mistakes and fail sometimes

We will champion this and recognise you for it

So, in the September session you will try to win…

The Professor Sir Muir Gray
‘Award for Failure’

Dates for your diary

Next Core Team session: 18th and 19th September, Birmingham

We will be covering:

- Value Framework / logic model feedback, sharing and refinement
- Teaming and leading for a Culture of Stewardship
- Using the Atlas of Value
- Designing project activities: how to know what might work and how to get this into action
- Measuring what matters to all the people with a need - tools and developing real time feedback from the people we see, and the people we should see
- Reflections on what support they need from their leadership

Do stay over if you can as we will be running evening sessions

Population Health Management

Safe trip home!

NHS

The Strategy Unit

3V Oxford Centre for Triple Value Healthcare

The Dartmouth Institute for Health Policy & Clinical Practice

Milliman

UNIVERSITY OF BIRMINGHAM

NHS England and NHS Improvement

Local Government Association

Public Health England

NHS CONFEDERATION

Population Health Management

Appendices

NHS England and NHS Improvement

Appendix 1 – Pre Event Questions

PHM Core Team Academy (1/7)

I am a nominated member of an STP/ICS core team

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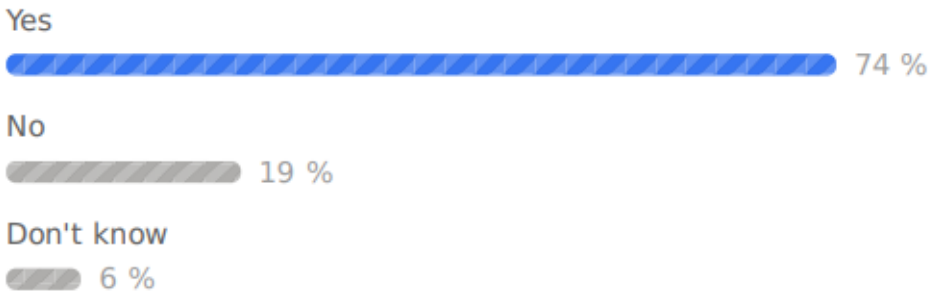

PHM Core Team Academy (2/7)

I could explain to members of the public what PHM is and why it is important

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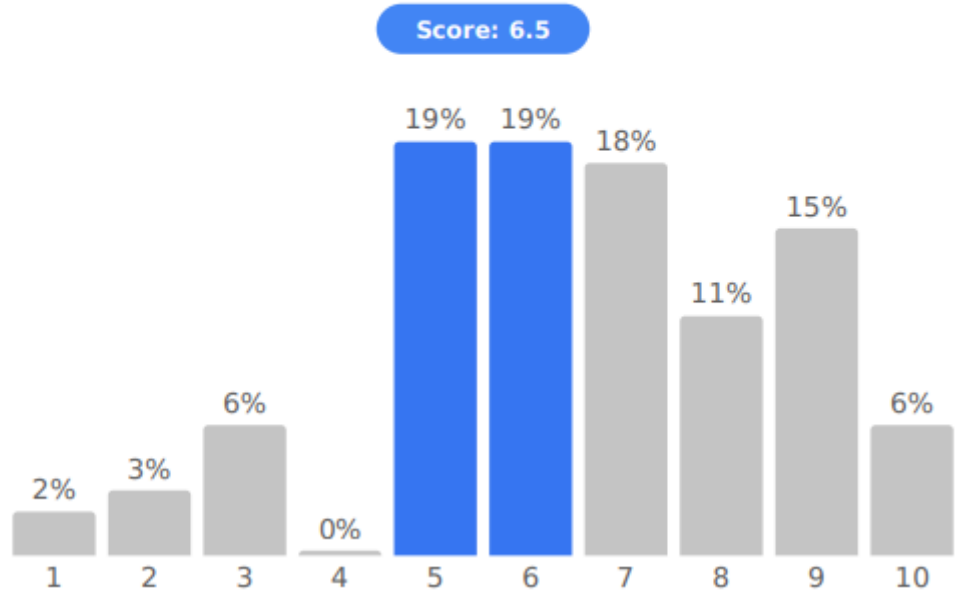

Appendix 1 – Pre Event Questions

PHM Core Team Academy (3/7)

Our Core Team has the time and resources to deliver our PHM project

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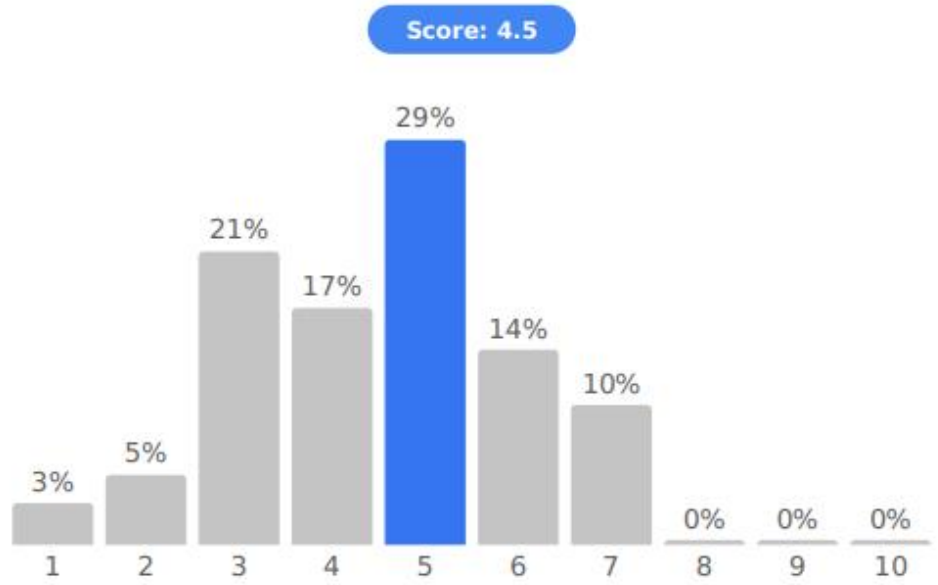

PHM Core Team Academy (4/7)

My STP/ICS has made arrangements to support and learn from my team's experience on this PHM programme

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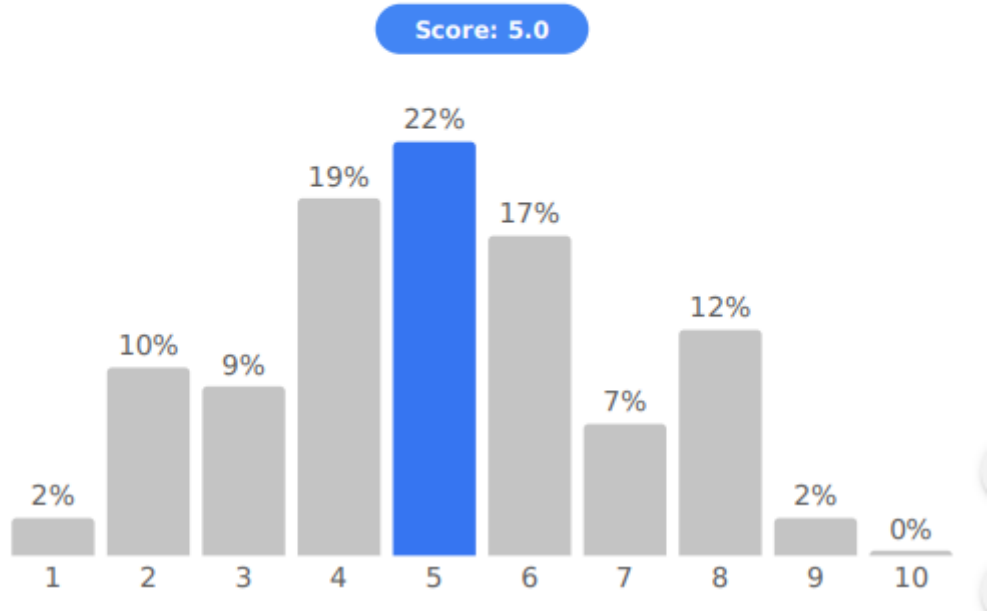

Appendix 1 – Pre Event Questions

PHM Core Team Academy (5/7)

I can access the analytical capability I need for PHM

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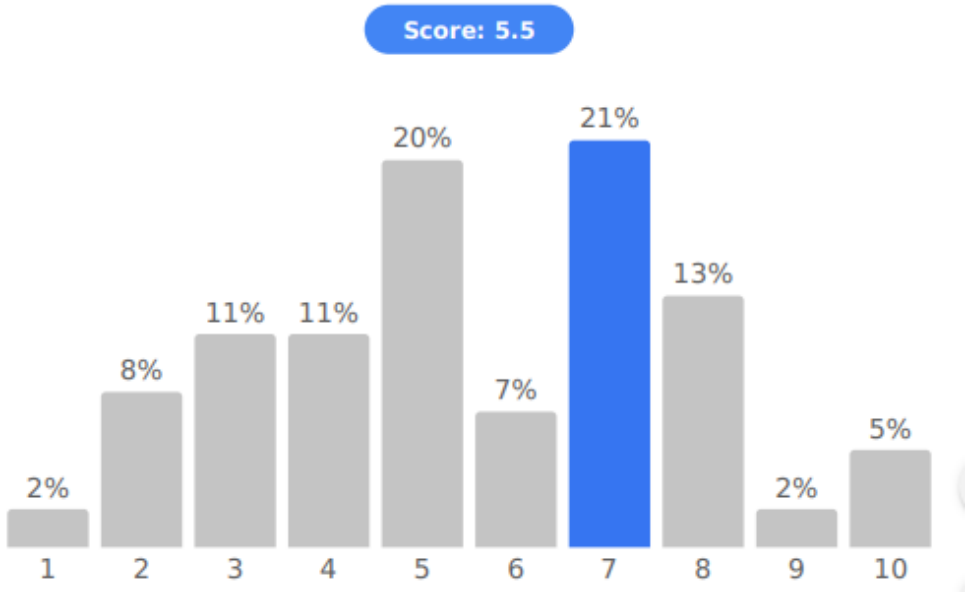

PHM Core Team Academy (6/7)

We have the right people on the core team

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Appendix 2 – Evaluation Feedback

Evaluation (1/11)

I enjoyed today

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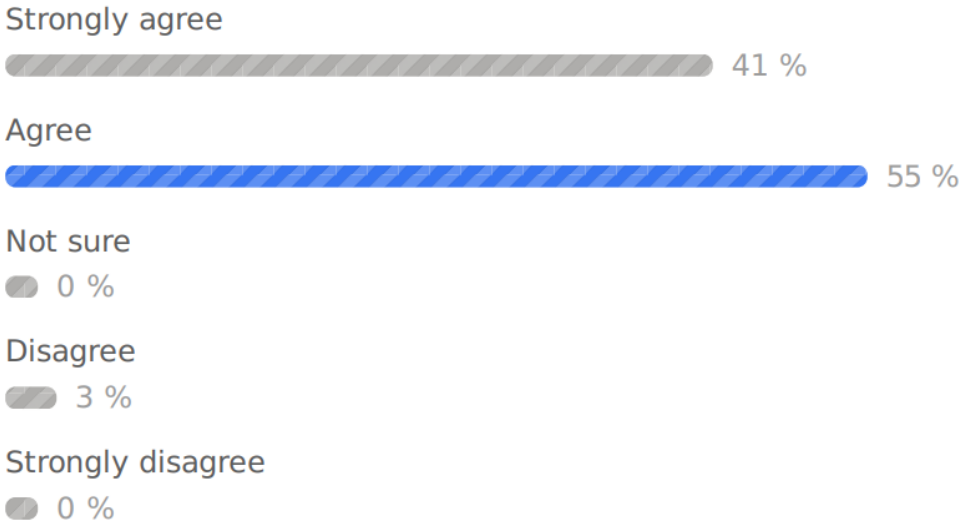

Evaluation (2/11)

The session increased my knowledge of Population Health Management

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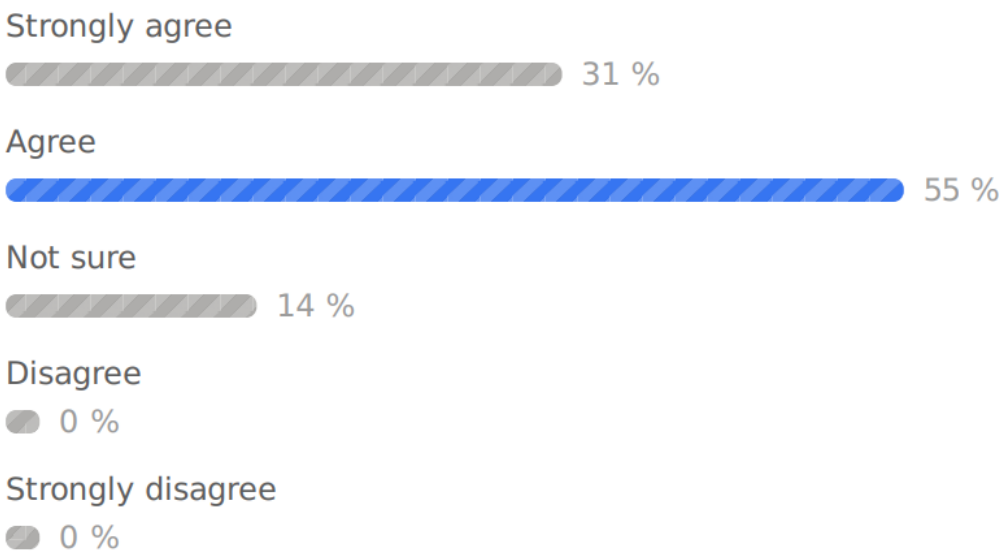

Appendix 2 – Evaluation Feedback

Evaluation (3/11)

I understand why PHM is central to developing an Integrated Care System

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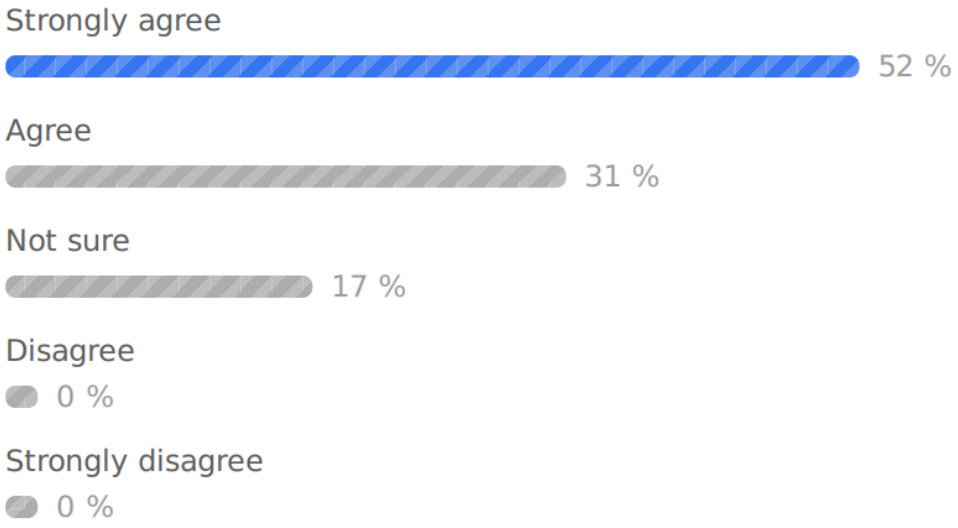

Evaluation (4/11)

I know what we should do to better understand the target population for our PHM project

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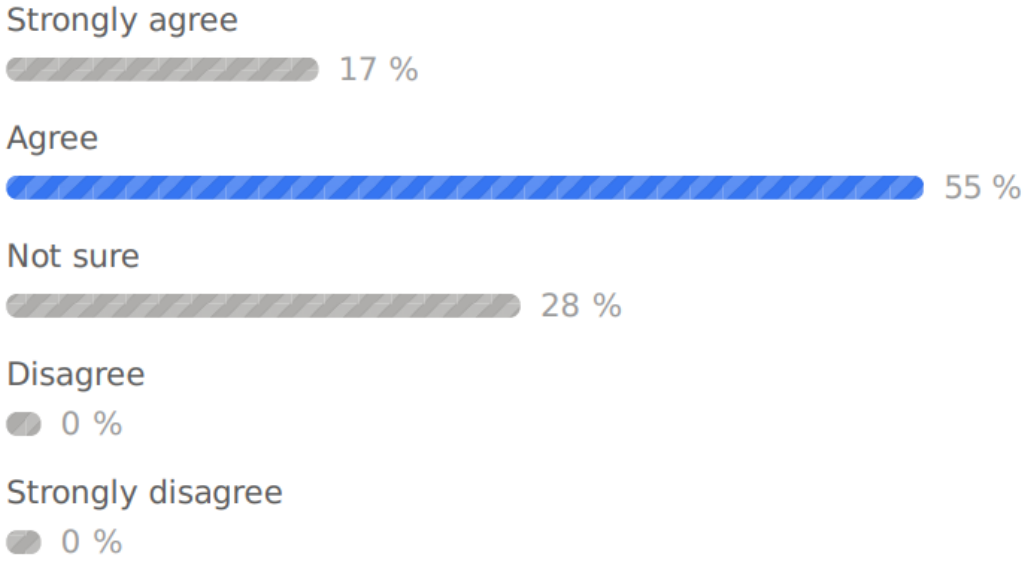

Appendix 2 – Evaluation Feedback

Evaluation (5/11)

I am more able to define outcomes for our PHM project

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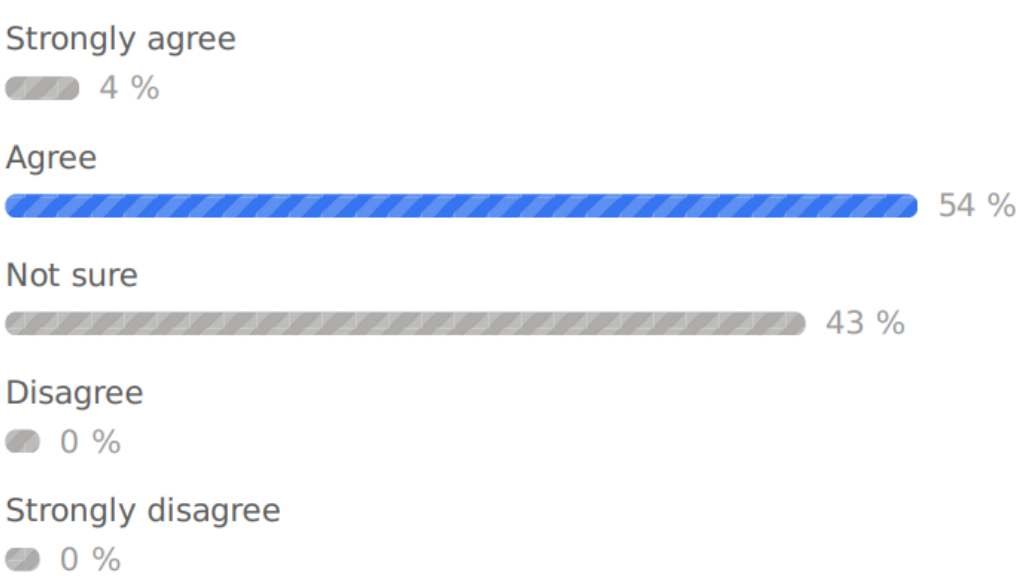

Evaluation (6/11)

I know the steps we must take to engage stakeholders in our PHM project

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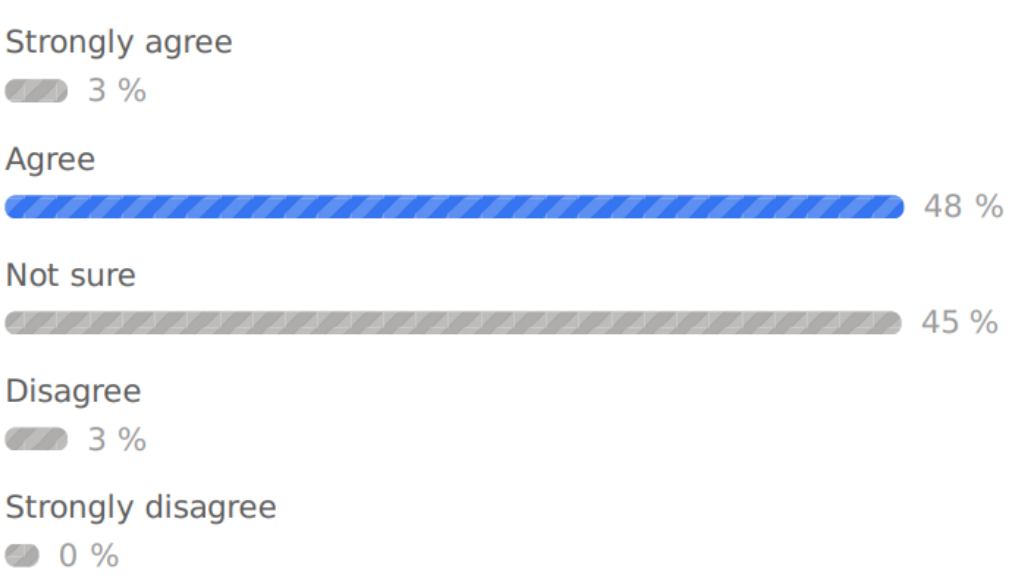

Appendix 2 – Evaluation Feedback

Evaluation (7/11)

I have got to know my ICS/STP's team better

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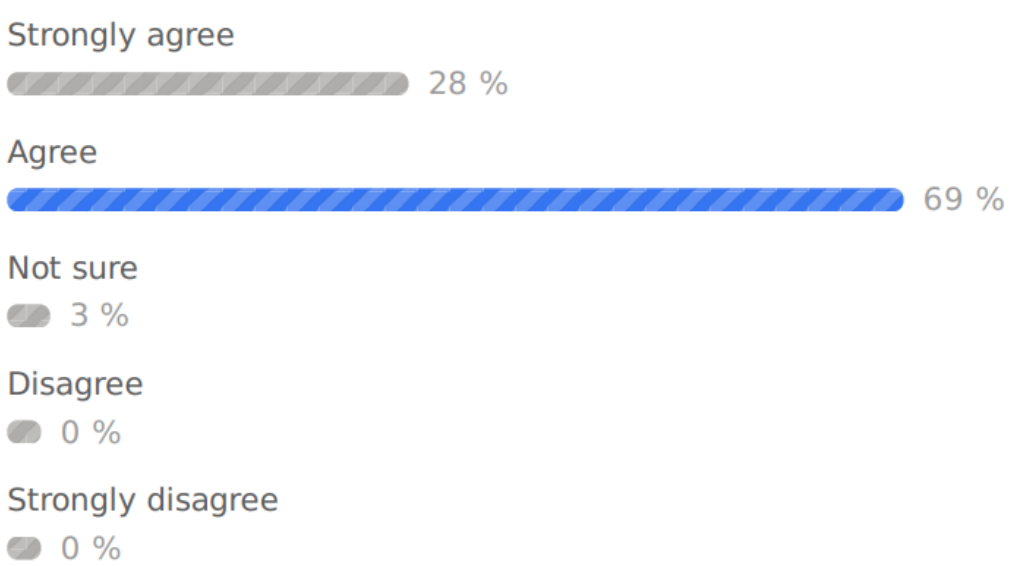

Evaluation (8/11)

I know the next steps for developing our PHM project

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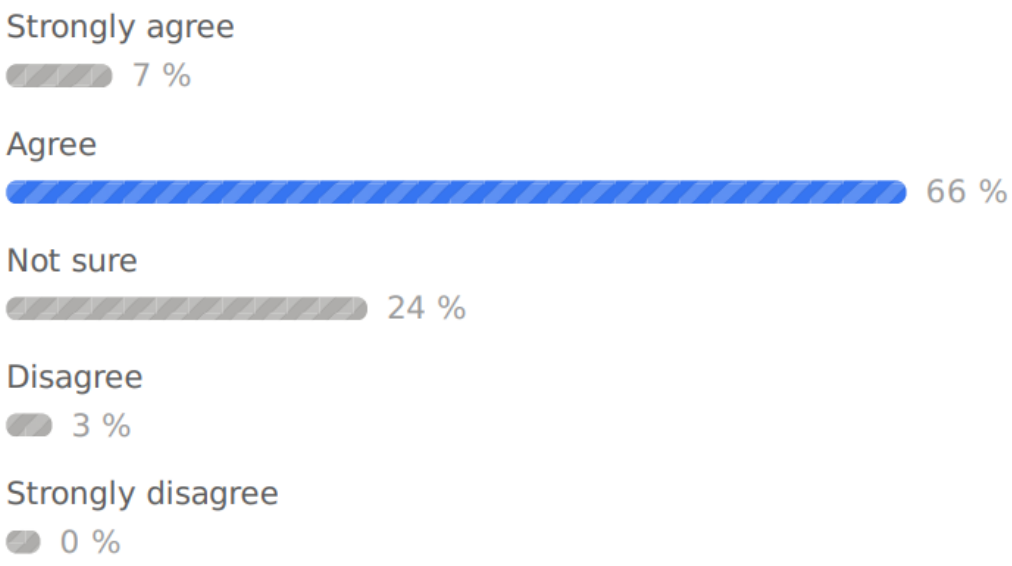
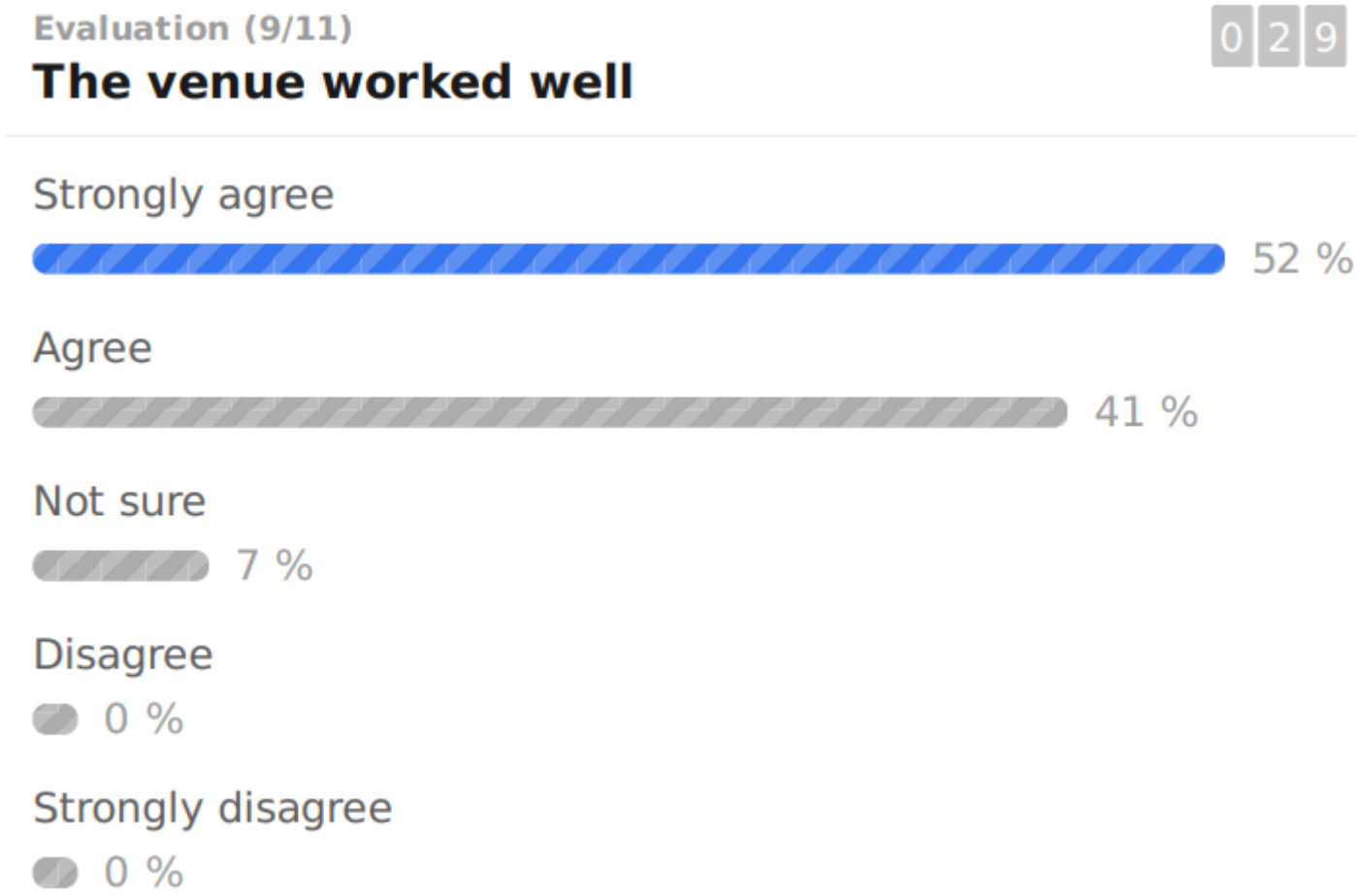


Appendix 2 – Evaluation Feedback



Appendix 2 - Evaluation Feedback

You said you liked….

- How the event was run and the venue
- The ability to work in your STP groups and spending more time as a team
- Hearing from the expert speakers and having time with each of them
- The quality of presenters and facilitators
- Meeting such a diverse range of people

You would like to see more of…

- The experts and spend more time with them
- An analytical input for the Core Team
- More focus on how we are going to work through and with the complex systems
- Case studies to show how PHM works in practice.
- To explore how PHM is different to existing public health approaches.

Appendix 3 – Speaker videos

Please use the links below to access more from our experts:

- Professor Sir Muir Gray
- Professor Robin Miller
- Professor Albert Murray
- Professor Sir Muir Gray and Professor Robin Miller