

Acute Trust and Local Authority Collaborative Working on Population Health

1. Introduction

1.1 This paper provides the Health and Wellbeing Board with an update on the work Nottingham University Hospitals NHS Trust is undertaking in partnership with Nottingham City Public Health to develop its approach to improving population health, and provide insight into some of the work that is progressing within the Trust.

1.2 Following the publication of revised legislation there has been an increased focus in the NHS on population health. Integrated Care Systems (ICSs) have four key aims which are incorporated into our ICS Strategy:

- Improving outcomes in population health and health care;
- Tackling inequalities in outcomes, experience and access;
- Enhancing productivity and value for money; and
- Helping the NHS to support broader social and economic development.

1.3 The legislation is now increasingly being translated into health and care regulatory frameworks. From an NUH perspective:

- The NHSE Oversight Framework makes it clear that all NHS providers are expected to play a strong, active leadership role in supporting and driving place-based priorities, provider collaboration and overall Integrated Care Board (ICB) priorities; and
- The Care Quality Commission (CQC) are developing a system level inspection regime that is expected to be piloted nationally before rollout. The CQC published interim guidance on the approach to assessing ICSs in March. This includes reference to the assessment of how well system partners are working together to deliver good care and meet the needs of their populations, including through the work of the ICS.

1.4 The updated legislation might be relatively new but the concept of working to improve health outcomes and reduce inequalities at population level is not. We use the term Population Health to describe this. The concepts of population health, the wider determinants of health, understanding variation in population needs and outcomes, and the medium to long term benefit of a proactive prevention approach have been a priority of Health and Wellbeing Boards since their inception, however, health policy has not always embraced and encouraged NHS providers to operate in this way.

1.5 Our work to date has demonstrated that there is a wide range of work already happening within the Trust that contribute towards a population health approach. Through the development of the NUH Population Health Framework, we are helping colleagues to see that their work aligns to population health principles and to increase visibility of such work both internally and externally.

1.6 The Trust has had a Health Improvement Steering Group (HISG) in place for the past few years that has included membership from Public Health colleagues. This forum is now starting to take a greater role in relation to population health as our approach develops.

1.7 The Board is asked to:

- Receive and consider this update
- Note the potential for an increased focus on population health in acute NHS settings
- Endorse partnership working between the Trust and Public Health colleagues

2. NUH Population Health Framework

2.1 In the summer of 2022 NUH had the opportunity to commence working more closely with colleagues from the Nottingham City Public Health team. Since that time we have been working alongside the Director of Public Health, a Consultant in Public Health and a Registrar in Public Health for approximately 2 days a week. Public Health colleagues have been integral to the work we have been undertaking and the progress we have made is testament to the strength of partnership working we have been able to achieve. We continue to work closely with Public Health colleagues and are exploring further how we can continue to develop our partnership.

2.2 We commenced our work with Public Health colleagues by completing an engagement and stocktake exercise with a number of key internal stakeholders. The exercise confirmed that the majority of colleagues had some knowledge of population health but that it meant slightly different things to different people and that there were lots of examples of population health type initiatives progressing across the Trust but were not as visible as could be.

2.3 In response we agreed the need to develop an NUH Population Health Framework and create a consistent understanding of what population health means to:

- Provide clarity of NUH approach
- Make it meaningful to all – internal and external
- Create opportunities to celebrate our work
- Agree actions where we can do more

2.4 In relation to population health we have set out 5 key statements defining what population health means to us as a Trust:

- It means looking wider than the care of the individual and seeing opportunities to influence the patterns of health in different groups of people.

- It means working to improve the physical and mental health of the population served by NUH and reduce inequalities in health.
- It means providing effective healthcare to those who use services and how the hospital contributes to the wider social and economic wellbeing of the area.
- It means looking to prevent health problems occurring or getting worse by finding opportunities for prevention.
- It means identifying when there are unfair differences in health between different groups and working to reduce those differences.

2.5 To develop the framework a task and finish group was established with membership from across the Trust with Public Health guidance. The group oversaw the development of the framework and progress was reported to the Trust's Quality Assurance Committee (QUAC). The framework was agreed with the NUH Board, QUAC and the Trust's Executive Team. The framework has also been shared and discussed with a number of external ICS stakeholders.

2.6 The framework can be summarised in a one-page table that has been designed to be a simple, understandable and flexible tool. The framework is not designed to address every possible example of population health activity but to provide sufficient prompt to allow discussion and assessment. It has been recognised that when first engaging with the framework some colleagues may need support and that has been factored into the roll-out process. The framework is demonstrated below with more detail and a larger version attached as Appendix A.

System working						
Governance	A Framework for Population Health	Local resident population	NUH staff	Patient and carer population (DGH)	Patient and carer population (tertiary)	Intelligence and evidence
	Health Equity					
	Prevention					
	Social Value					
	Community connections					
Local innovation						

2.7 Throughout the development of the framework we have been mindful of the need to ensure that it aligns with associated work being progressed by the ICB, particularly the developing Integrated Care Strategy, and relevant local Health and Wellbeing Strategies. We have, therefore, regularly engaged with ICB leads

and in May presented the framework to the ICS Health Inequalities Group. The framework was extremely well received by all partners, a number of whom are now looking at whether the framework could be adopted within their own organisations. We are continuing to work closely with colleagues in the ICB and meet monthly to share progress.

2.8 The development of the framework is a first step and we are now delivering the next stage of the programme which involves undertaking a number of pilots to test the framework and also to assess how the framework maps to the Trust's current governance structures.

2.9 The pilots we are undertaking are covering a range of scenarios to assess the application of the framework in a number of corporate and operational parts of the Trust. These include:

Pilot Area	Brief Summary
Urgent and Emergency Care Health Improvement Hub	Focused work already taking place through our urgent care team to address population need. Mapping the work to the framework to demonstrate breadth of work.
WAVE – Paediatric Outpatients	A focused element of a wider Working to Achieve Value and Excellence (WAVE) review assessing when children are not brought in for Paediatric Respiratory Outpatients and assessing against the health equity pillar of the framework.
Nursing Strategy Year 1 review	Nursing colleagues are using the framework as part of the their year 1 review of the Trust's Nursing Strategy to frame how the strategy currently aligns with the framework and identify further opportunities.
Waiting List Management	Consideration of how health inequalities impact our waiting lists and the health and wellbeing of our population , and how we can address inequalities in access, experiences and outcomes in elective procedures.
Improvement and Transformation	Consideration of how the framework can influence the planning, scoping and delivery of specific Trust improvement and transformation initiatives.

2.10 Additionally, the framework has been shared with colleagues co-ordinating NUH's People First next steps. People First sets out the Trust's key priorities. Leads developing clinical and enabling strategies have been asked to consider and reference how the framework can support them to describe the population health outcomes and ambitions of their strategy. It is encouraging to see that as the strategies are being drafted there is greater engagement with the framework, which is identifying further opportunities to pilot and test the framework.

3. Conclusion

3.1 This paper has provided Board members with an update on the work Nottingham University Hospitals Trust is undertaking in partnership with Public Health colleagues to develop its approach to the population health agenda and provide insight into some of the work that is progressing within the Trust.

3.2 The Board is asked to:

- Receive and consider this update

- Note the potential for an increased focus on population health in acute NHS settings
- Endorse partnership working between the Trust and Public Health colleagues

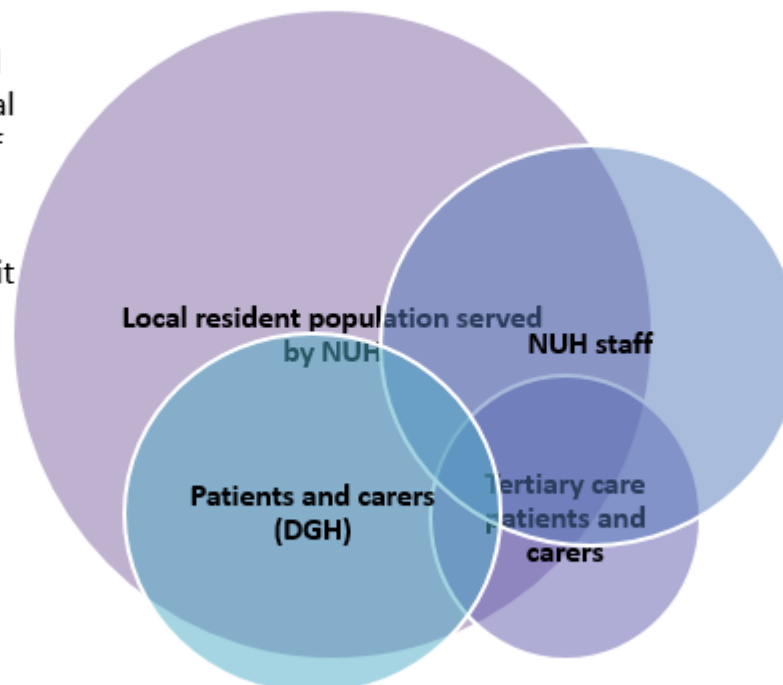
Lucy Hubber
Director of Public Health

Tim Guyler
Assistant Chief Executive

Populations

Which populations might be the focus for our population health ambitions?

NUH also has the potential to impact the health, social and economic wellbeing of the wider community of Nottingham and Nottinghamshire in which it is based.



It also is the largest employer in Nottingham, affecting the lives of the staff who are employed or who work here and their families.

NUH provides healthcare as a District General Hospital and as a tertiary care centre, directly impacting the lives of patients, their families and carers.

NB Diagram is illustrative, and does not attempt to quantify each group

Pillars

What are the pillars of population health activity?

Health equity

This means taking action to reduce inequalities in health. It means understanding the variation in access, experience and outcomes that exists between different groups. It doesn't always mean offering the same to everyone but recognises that some groups have higher levels of need or different barriers to accessing services. It means noticing and challenging stigma and discrimination.

Social value

This means recognising that the organisation can have a wider impact on the social, economic and environmental wellbeing of the area than simply through the provision of healthcare. It can do this as a large employer providing quality work opportunities, by supporting local businesses and economic development or by championing green transport infrastructure. It also can attract and retain skilled workers to the local community and build the social capital of the area.



Prevention

This includes activity which reduces health needs in the future, either by preventing problems before they start or by finding problems earlier, so that outcomes are better. It also includes looking for opportunities to reduce the impact of poor health on mental wellbeing and ways to maintain independence. This includes development of policies, skills and systems to include prevention into usual care, and can include interventions at any stage of health need

Community connections

This means working in partnership with community organisations and services to support better understanding of community needs. With health and care partners this may range from collaboration on pathway design through to advocacy related to emerging needs and system pressures. It would also include relationships with community and voluntary sector partners to collaborate on creative ideas to promote health and reduce inequalities.

Enablers

System working

- Alignment to ICS Strategy
- Provider collaborative working

Intelligence led

- Evidence of population health need
- Population health management

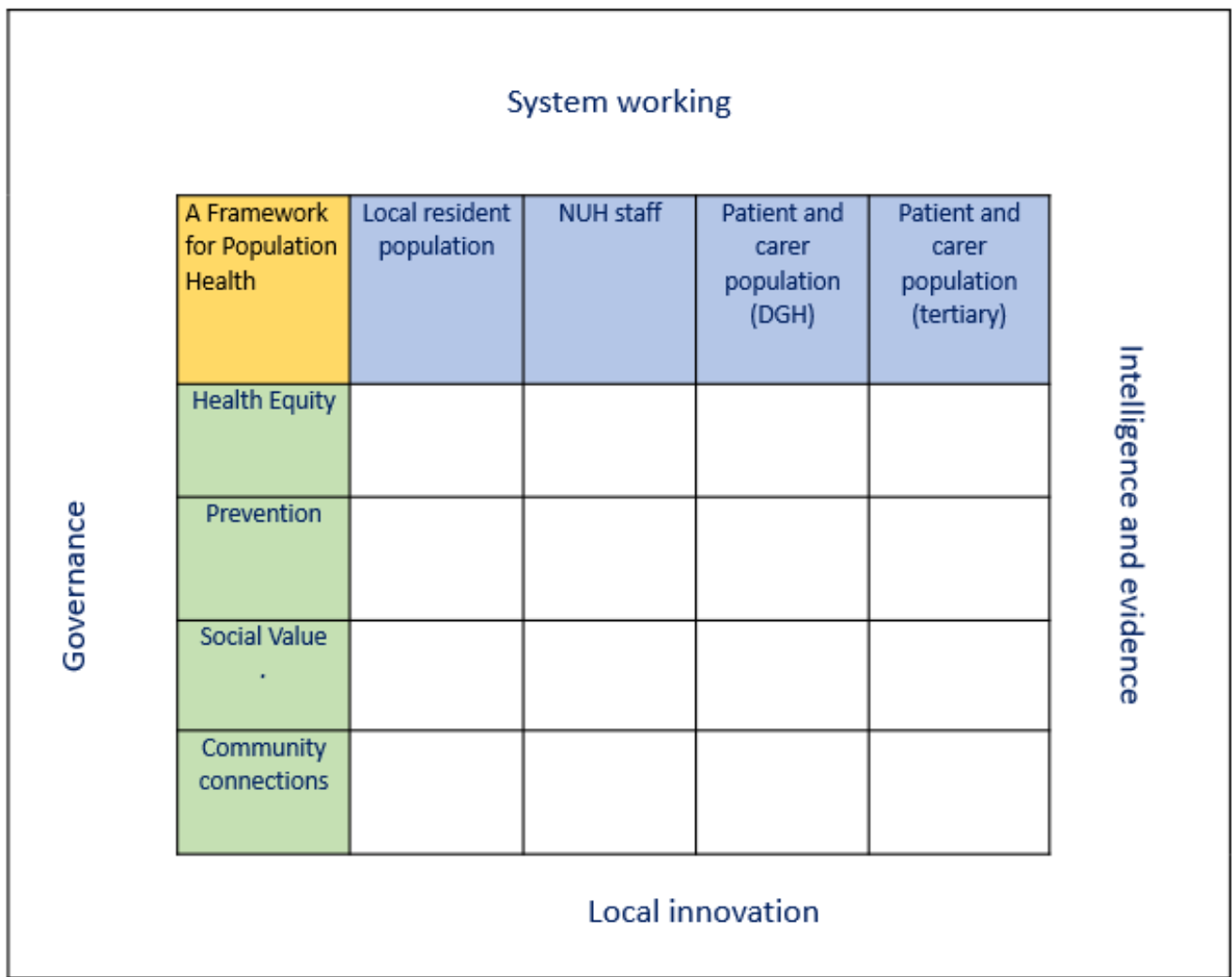
Governance

- Strategic direction and connections
- Joined up thinking

Local innovation

- Engaged and skilled workforce
- Examples of good practice

The Framework



Framework with Supporting Prompts

A Framework for Population Health <i>A tool to help identify and shape work to improve population health at NUH</i>	Local resident population <i>The people who live and work in the communities served by NUH as 'their local hospital'</i>	NUH staff <i>Those people who are employed by NUH or who work on our sites</i>	Patient and carer population (DGH) <i>The people from the local community who are in contact with secondary care services</i>	Patient and carer population (tertiary) <i>The people who use our more specialised services and may live a distance away</i>
Health Equity <i>Work to help reduce inequalities in health between different groups.</i>	Focus on understanding variation in health in the wider population and looking at ways of ensuring equity of access to services. Challenge stigma and discrimination. Understand reasons for DNAs	Engage with staff on issues of health equity and ensure those in more deprived circumstances are engaged in any health promoting activity. Inclusive employment practices eg return to work	Understand variation in access and outcomes by different groups. eg by using the CORE20PLUS concept. Engage with patient groups to understand barriers to benefitting from treatment	Understand variation in access and outcomes for more specialist services and any variation in patterns of referral across a wider geography or from other hospitals. Consider equity between specialties.
Prevention <i>Work to prevent health problems in the first place, prevent disease progressing or reduce its impact on quality of life.</i>	Communicate with the wider population about opportunities to improve health. Be a visible partner eg in 'Smokefree' ambitions and Health and wellbeing Strategies	Programmes to support staff to improve health (eg stop smoking, be more physically active, improve mental wellbeing). Occupational health activity. Health promoting policies.	Healthy conversations and opportunistic prevention (eg flu jabs, HIV testing) for patients and carers. Work to ensure hospital stays do not result in deconditioning, poor nutrition or hospital acquired infections	Look for opportunities to promote mental wellbeing in patients and carers and opportunities for health improvement (eg improved nutrition in hospital). Support to engage with and understand treatment options.
Social Value <i>Finding ways to improve the social, economic and environmental context for people.</i>	Develop opportunities for local people to gain skills and quality work. Contribute to environmental improvements and champion of greener transport infrastructure. Add social value through contracts	Pay and working conditions. Opportunities for career progression. Pride in work. Safe and affordable transport options. Ability to manage home caring roles as well as work.	Consider how housing, employment, finances etc impact patient and carers circumstances and their health and care. Connect to social prescribing or adapt provision (eg later appts so can use pass)	Take account of social and financial impact of receiving tertiary care for patients, carers and family. Support people to remain in work. Take account of transport and accommodation needs if far from home.
Community connections <i>Connecting to the communities and community services outside the hospital</i>	Build strategic and operational relationships with organisations that influence health such as social care, housing, youth services, play, employment, transport	Support staff to build networks with community organisations eg through volunteering opportunities or shared learning. Support staff rotations between services to increase understanding of the local health and care system	Effective partnerships with primary care with clear communication, shared learning opportunities, information sharing. Engagement with voluntary and charity sector to complement clinical support.	Find ways to create connections across wider geography, eg through virtual tours or sessions for clinicians in primary and secondary care. Familiarisation events. Clear communication channels. Engagement with charity and voluntary sector.

Content of each sector is an illustration of the sort of activity that could contribute. Some services may be more focussed on one of the pillars, others on one of the populations. For each example there would be a process of understanding needs, action planning and engagement to take forward that aspect of population health.

