

## Population Health – Briefing

### A Framework for a Population Health approach for Trusts

Written by the Provider Public Health Network and Faculty of Public Health  
endorsed by the Academy of Medical Royal Colleges

#### Foreword

*Improving the health of a population requires strong leadership and collaborative working on activities to address the wider determinants of health, on prevention, in all settings where it takes place, and on the delivery of excellent health and social care and treatment. Local councils play a key role in positively influencing population health outcomes via wider determinants such as housing, education and planning whilst within the healthcare sector, primary care has traditionally provided the majority of preventative work with patients.*

*With increasing levels of population multi-morbidity - predicted to rise to 2.9 million<sup>1</sup> - the case for prevention is now well recognised<sup>2</sup>. However, many people in addition to utilising primary care services, are also patients of community, mental health and acute healthcare Trusts, and some patients, often the more vulnerable for example rough sleepers<sup>3</sup>, may only access care in these settings. With 23.372m attendances at accident and emergency departments and 89.436m at outpatient appointments per year<sup>4</sup> Trusts have a very important contribution to make in supporting preventative work as part of the care and treatment for the patients they look after.*

*NHS Provider Trusts also play a vital role in helping design care pathways, prioritise care and evaluate outcomes. As major employers, Trusts should champion good employment practices and promote and improve the health of their own workforce, and as 'Anchor Institutions' within their community they can support local procurement and contracting, sustainability, and wider community roles. By embracing the needs of the whole community, Trusts can contribute to and support work across the whole health and care system that improves the health of their local population.*

*This framework is an aid for NHS Provider Trusts to systematically describe, organise and strengthen their contributions to these roles. It was developed by the Provider Public Health Network, a group of Public Health professionals who work in or closely with NHS Provider Trusts.*

*We also recognise that many Royal Colleges and Faculties, alongside other national clinical organisations, already offer and lead a range of excellent guidance and initiatives to support Trusts in this work which complements local frameworks developed by Trusts.*

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<sup>1</sup> Fuzhou Wang, et al. (2012) Epidemiology of multimorbidity; The Lancet; Volume 380, No. 9851, p1382–1383

<sup>2</sup> NHS England (2017) Next steps on the Five Year Forward View

<sup>3</sup> Tim Elwell-Sutton et al (2017) Factors associated with access to care and healthcare utilization in the homeless population of England; Journal of Public Health, Volume 39, Issue 1, 1 March 2017, Pages 26–33,

<sup>4</sup> NHS Confederation: A&E attendances for 2016/17, Outpatient attendances for 2015/16

## **Introduction**

This framework sets out a population health approach that can be taken by Providers. Many of these activities are already taking place in NHS Trusts to some extent, but further systematically implementing and strengthening these functions could deliver many benefits, to the provider organisations themselves, their partners in local health and care systems, and in improved health outcomes for patients and the wider population.

### **1. Prevention and health improvement**

All NHS organisations need to show how they address the Prevention Challenge. Healthcare providers can take a lead in improving health and preventing ill-health for large numbers of patients and staff, through initiatives such as Making Every Contact Count (MECC) influencing individual behaviours (including strong emerging evidence on exercise promotion<sup>5</sup>), through promoting staff health and mental well-being and a healthy workplace, and developing an organisational culture and policies that encompass health improvement and prevention as core business.

### **2. Population healthcare and health services**

With the development of integrated models of care NHS providers will be increasingly accountable for population health outcomes. They will need to ensure that, with commissioners, they plan and deliver services to meet the needs of their local population.

As shared population healthcare leaders, NHS provider organisations can drive the planning and delivery of best-value health services, working with others across the health and care system. The population health skills of needs assessment, evidence-based service design and review, health economics and public involvement are key to delivering best-value care.

### **3. Health protection**

NHS providers protect the health of the population through their work with screening and immunisation programmes, infection and environmental prevention and control, and business continuity and major incident planning.

### **4. Community role and wider determinants**

As large local employers and procurers of goods and services, healthcare providers have huge opportunities to improve health and wellbeing in the wider community. Like all public sector bodies they have a responsibility to demonstrate social value and to increase environmental sustainability.

Provider organisations can make a major contribution to tackling health inequalities, by ensuring equitable access to their services and working with partners to tackle wider determinants of health.

### **5. Collaborative working**

All these functions are underpinned by collaborative working between healthcare providers, their partners in the health and care system and the wider community.

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<sup>5</sup> Faculty of Sports and Exercise Medicine June 2018: <http://rcp-medicine-conference.com/wp-content/uploads/2018/06/FSEM-Committee-Monday.pdf>

## Where this can add value for NHS provider organisations <sup>6</sup>

### 1. 5YFV Triple aims

**Health and wellbeing:** a greater focus on prevention to improve health and reduce avoidable demand, tackling inequalities in health, promoting workforce health and wellbeing.

**Care and quality:** systematically considering cost-effectiveness, optimising care pathways, addressing variations in quality and safety, understanding local health needs and ensuring services are designed to meet them, reducing inequities in access.

**Funding and efficiency:** delivering better value and systematically reducing waste.

### 2. Current strategic priorities

A population health approach adds value to other areas Trusts need to focus on, e.g.:

**Integration:** a strategic approach to planning and delivering services at population level to ensure joined up pathways and equitable access;

**Learning from deaths:** ensuring a robust evidence-based approach which leads to sustainable quality improvement;

**Promoting workforce health** to reduce sickness absence and vacancies, increase staff retention and help contain agency costs;

**Role in the local community:** Trusts as Anchor Institutions<sup>7</sup> supporting the local community and delivering their Social Value responsibilities

### 3. Trust-led innovative examples

Many Trusts are already doing excellent work in these areas, with potential to share learning and transferability across the system. Some of these are summarised by the Provider Public Health Network in Table 1. Most of these examples are gathered from Trusts where there is a Public Health Consultant or Specialist in post or working closely with the Trust, but they are not intended to be comprehensive.

#### Examples include:

- Trust-wide strategic approaches to prevention and population healthcare, including engaging clinicians as leaders;
- Delivering Smoke Free as an example of system-wide engagement and cultural shift;
- Improving value/quality/optimal care pathways, with senior clinical engagement;
- A Trust's community role eg. promoting local recruitment, procurement and contracting and providing volunteering and educational support.

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<sup>6</sup> See also Provider Voices: Public Health: Everyone's business? (NHS Providers 2017)

<http://nhsproviders.org/provider-voices-public-health>

<sup>7</sup> See for example work by Health Foundation <http://www.health.org.uk/role-hospitals-anchor-institutions-improving-population-health>

**Table 1. Population Health Interventions in Trusts and their Impact<sup>8</sup>**

Intervention	Example Trusts	Areas where impact demonstrated
<b>Strategy and PH training</b>		
Trust Public Health /Population Health strategy	<ul style="list-style-type: none"> <li>Leeds THT</li> <li>Nottinghamshire Healthcare NHSFT</li> <li>Barts Health</li> <li>Royal Free</li> <li>Gloucestershire hospitals</li> <li>West Suffolk NHSFT</li> <li>Northumbria Healthcare Trust (NHCT)</li> </ul>	<p>Range of outcomes eg health and wellbeing for patients (smoking, alcohol, healthy weight); workplace/staff health; clinician engagement; screening programmes; implementing NICE guidance; evaluating interventions; local employment, sustainability and community engagement</p> <p>Full time CPH in post working with the board to embed prevention and pop health across organisation. PH one of the key priorities identified in trust 5 year strategy. Comprehensive healthy workforce strategy in place currently undertaking PHE workplace HNA</p>
Public Health training placement	<ul style="list-style-type: none"> <li>Various Trusts including Leeds, Barts, Royal Free, Nottinghamshire Healthcare, Oxford UH, Gloucestershire</li> <li>NHCT</li> </ul>	<p>Hosting trainees in Public Health and related disciplines brings in additional expertise and capacity and benefits both Trusts and trainees. May require a PH consultant in post as supervisor, but in some areas Educational Supervision provided from outside the Trust</p> <p>Included in induction CPH member of education board to influence existing training programmes</p>
<b>Prevention and Health Improvement</b>		
Going Smokefree / tackling smoking	<ul style="list-style-type: none"> <li>Lancashire Care NHSFT</li> <li>Leeds &amp; York Partnership FT</li> <li>Nottinghamshire Healthcare</li> <li>Barts Health</li> <li>Royal Free</li> <li>NHCT</li> </ul>	<p>Culture change: engaging staff and service users in changing Trust policies on smoking</p> <p>No smoking on all Trust premises.</p> <p>Service users and staff quitting or reducing use. Staff training and working with clinicians to incorporate routine Brief Advice into care pathways</p> <p>CO monitoring in pre-op &amp; maternity</p> <p>Innovative approaches to communications</p> <p>Went completely smokefree 31<sup>st</sup> March 2018</p> <p>implementing NICE guidance Nicotine management policy reflects PHE guidance re E cigarettes. QI work in maternity underway as part of national maternity and neonatal safety collaborative focus on increasing smokefree pregnancies</p>
Staff health including National CQUIN	<ul style="list-style-type: none"> <li>Barts Health</li> <li>Royal Free</li> <li>West Suffolk NHS FT</li> <li>Nottinghamshire Healthcare</li> <li>NHCT</li> </ul>	<p>Promoting exercise and physical activity, eg. discounted exercise classes, StepJockey</p> <p>Stop smoking support</p> <p>Promoting healthy eating and improving availability of healthy food</p> <p>Access to physio</p> <p>Healthy mental health, training, mindfulness.</p> <p>Comprehensive healthy workforce strategy in place currently undertaking PHE workplace HNA</p> <p>Fast track appointments to physio and psychology</p> <p>annual programme of campaigns including beat the board challenges. Insights work completed with staff re healthy weight</p>

<sup>8</sup> More detailed case studies of many of these are at <https://phe.koha-ptfs.co.uk/cgi-bin/koha/opac-shelves.pl?op=view&shelfnumber=116&sortfield=title> and a Kings Fund report including some at <https://www.kingsfund.org.uk/publications/tackling-multiple-unhealthy-risk-factors>

Behaviour change MECC/ health chats/ health promotion assessments/ health improvement pathways	<ul style="list-style-type: none"> <li>• Lancashire Care NHSFT</li> <li>• Leeds Teaching Hospitals Trust</li> <li>• Stockport NHSFT</li> <li>• Bolton NHSFT</li> <li>• Royal Free</li> <li>• Nottinghamshire Healthcare NHSFT</li> <li>• Chelsea &amp; Westminster</li> <li>• NHCT</li> </ul>	<p>Improved staff knowledge and skills in delivering health chats/assessments/brief interventions</p> <p>Prevention embedded in clinical pathways</p> <p>More patients have health promotion assessment/ screening</p> <p>More patients offered advice/ referral</p> <p>Increased uptake of smoking cessation</p> <p>Reducing CVD risk in patients with SMI</p> <p>Improving health for pregnant women</p> <p>Included in induction programme being rolled out across the trust</p> <p>Smoking and alcohol assessment embedded within EPR for all admitted patients</p>
Trust food environment including national CQUIN in 2017/18	<ul style="list-style-type: none"> <li>• Bolton NHSFT</li> <li>• Barts Health</li> <li>• Royal Free</li> <li>• Leeds Teaching Hospitals NHS Trust</li> </ul>	<p>'Unhealthy' (eg high fat/ sugar/salt) foods removed from sale in Trust outlets &amp; vending machines</p> <p>Healthy Food strategy informing tendering, leading to healthier food in all outlets meeting CQUIN requirements</p> <p>Impact monitored – sales of healthy food increased</p> <p><u>National pilot</u> now rolled out in 105 NHS hospitals<sup>9</sup></p>
Reducing alcohol harms	<ul style="list-style-type: none"> <li>• Barts Health</li> <li>• Royal Free</li> <li>• Kings Health Partners</li> <li>• NHCT</li> </ul>	<p>Leading preparation for national tobacco and alcohol CQIN in 2018/19</p> <p>Screening and information/ referral for hospital service users</p> <p>Developing and evaluating new Alcohol Assertive Community Treatment service model</p> <p>400 staff trained face to face in alcohol BIA</p>
<b>Population healthcare and health services</b>		
Improving value	<ul style="list-style-type: none"> <li>• Leeds Teaching Hospitals Trust</li> <li>• NHCT</li> </ul>	<p>Taking value-based (personal, technical, allocative value) approach to reviewing current practice and agreeing changes to practice with clinical teams in radiology. Expanding to other areas.</p> <p>Developing work linked to <a href="#">realistic medicine</a> specifically in relation to SDM pilot underway in outpatients linked to PIFU</p>
Learning from deaths	<ul style="list-style-type: none"> <li>• West Suffolk</li> <li>• University Hospitals of Leicester NHST</li> </ul>	<p>Developing quality review and monitoring processes and linking to learning and QI across Trust ('Outstanding' CQC assessment)</p> <p>Learning and actions identified for health and care system as well as individual organisations</p>
Improving safety/ reducing risk eg. falls & fractures, missed fractures, pressure sores, sepsis	<ul style="list-style-type: none"> <li>• Wirral University Teaching Hospital NHSFT</li> <li>• NHCT</li> </ul>	<p>Reductions in rate of patient accident incidents and prevalence of falls; indicators monitored with outcome reports to the Board.</p> <p>Trust staff involved in system wide falls prevention and bone health strategy groups led by CCGs</p>
Supporting Clinicians as Champions of Quality/Value/ PH	<ul style="list-style-type: none"> <li>• Wirral University Teaching Hospital</li> <li>• Leeds THT</li> </ul>	<p>QI Champions programme; impacts of QI initiatives eg. waiting times, sepsis identification &amp; care.</p> <p>Developing the role of Clinical Public Health Champions, engagement of senior clinical leads</p>
Promoting equity of care	<ul style="list-style-type: none"> <li>• Barts Health</li> </ul>	<p>Indicators to assess equity of care provided and identify where further investigation needed</p>
Better integration of care	<ul style="list-style-type: none"> <li>• East London FT</li> </ul>	<p>More embedded MH services in primary care</p> <p>Considering multimorbidity in MH outpatient</p>

<sup>9</sup> <https://www.gov.uk/government/publications/hospital-vending-machines-helping-people-make-healthier-choices>

	<ul style="list-style-type: none"> <li>• Notts Healthcare</li> </ul>	pathways. Work with Integrated Care Accelerator site
Population health outcome metrics	<ul style="list-style-type: none"> <li>• East London FT</li> </ul>	Trust outcomes framework including population health outcomes
<b>Health protection</b>		
Antimicrobial resistance strategy & action plan	<ul style="list-style-type: none"> <li>• Liverpool Community Health Trust</li> </ul>	Greater focus on and monitoring of antimicrobial prescribing and increased staff awareness.
Screening programmes	<ul style="list-style-type: none"> <li>• Barts Health</li> <li>• Nottinghamshire healthcare</li> </ul>	Leading Trust oversight and quality improvement of 5 programmes provided Increasing screening uptake in people with SMI
Tackling Domestic Violence and Abuse	<ul style="list-style-type: none"> <li>• Royal Free</li> </ul>	Data driven work to identify prevalence of DVA in hospital service users and promote screening and referral to DVA support services
Seasonal flu vaccine	<ul style="list-style-type: none"> <li>• North Manchester General Hospital</li> <li>• NHCT</li> </ul>	Delivering opportunistic seasonal flu vaccine in paediatric A&E and evaluating impact Offering flu and pertussis vaccine via community midwives and developing offer of flu vaccine to high risk groups in OPD
<b>Community role</b>		
Determinants of health	<ul style="list-style-type: none"> <li>• Barts Health</li> <li>• West Suffolk NHS FT</li> <li>• NHCT</li> </ul>	Programmes to support unemployed young people into apprenticeships and jobs (700 work experience placements and 80 apprenticeships) Promoting local recruitment including ring-fencing some posts for local residents; employing 180 previously unemployed local people within Trust Engaging with local schools/colleges and charities Providing work experience; Supporting volunteering Procuring services locally Trust volunteering programme and arts for health project targets those from specific groups (unemployed, lonely, looked after children)
Sustainability	<ul style="list-style-type: none"> <li>• Barts Health</li> </ul>	Comprehensive sustainability strategy including reducing Trust's carbon footprint, improving infrastructure, changing behaviours, promoting active travel.