

	<u>Agenda Item: 13</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	21st September 2021
TITLE:	HEALTH AND WELLBEING FORUM UPDATES
Organisation	Birmingham City Council
Presenting Officer	Dr Dyna Arhin-Tenkorang /Dr Marion Gibbon

Report Type:	Information
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1. Purpose:
1.1 To bring to the attention of the board the role of population health management (PHM) and the obligation of the council, specifically of the Director of Public health, to inform and guide the Integrated Care System (ICS) implementation of PHM.
1.2 To update the board of the PHM workstream activities to ensure capacity and capability in BCC to support ICS PHM initiatives and prepare for partners to participate in the national PHM development programme.
1.3

2. Implications:		
BHWB Strategy Priorities	Childhood Obesity	
	Health Inequalities	X
Joint Strategic Needs Assessment		X
Creating a Healthy Food City		
Creating a Mentally Healthy City		
Creating an Active City		
Creating a City without Inequality		
Health Protection		

3. Recommendation
3.1 It is recommended that the Health and Wellbeing Board

Acknowledge the progress of the workstream on population health management

4.

4. Report Body

4.1. *Population Health Management*

Population Health Management (PHM) is a data driven approach for improving the health and reducing the health inequalities for an entire population. PHM activities use individual and population level intelligence relating to health and socio-economic status and include segmentation, stratification and impactability modelling to identify local 'at risk' cohorts – enabling design, targeting and rationalization of pathways. It is an opportunity to reinforce system relationships across the public sector and strengthen citizen engagement in coproduction.

4.2. *Context*

PHM is in line with Birmingham City Council's (BCC) policy ambition to move from crisis to prevention and commitment to address inequalities. The NHS Long Term Plan envisages integrated care systems (ICSs) implementing population health management to move the NHS from reactive to prevention programmes. The national guidance on the ICS framework articulates an expectation that public health experts, specifically local authority directors of public health, will support, inform, and guide approaches to population health management.

4.3. *PHM Workstream*

The Public Health Division, working with other divisions in BCC and with partners, is implementing a workstream that will ensure the capacity and capability for PHM. Completed activities have provided information on stakeholder views, the experience of other Local Authorities (LAs) with this approach and the local systems assets available to support PHM. Other activities have used the information obtained to prepare the Birmingham and Solihull (BSol) local system to implement PHM and BCC, through PH, to provide support to the system. The activities are described below.

Scoping of views, evidence, and system assets

4.3.1. Interviews were conducted with key stakeholders in BSOL ICS (9 leaders in partner organizations) to explore their PHM ambitions and their preferred models for delivery and governance. The understanding of PHM varied significantly among the stakeholders interviewed, and the responses highlighted a cultural divide, with NHS providers focusing on population outcomes within “service delivery”, and Public Health in LAs focusing on the wider determinants of health beyond the provision of care services

4.3.2. Through researching of the published materials, that outline the theory and practice of this approach, and engaging with counterparts, including at National Delivery Forum of LAs participating in the PHM development programme, this component of the workstream has, and continues, to access evidence to guide the other activities.

4.3.3. An initial assessment has been completed of the available assets in the system that can support PHM. It was identified that additional analytical skills capability and capacity is required in areas of advanced data visualisation, machine learning – natural language processing, classical statistical analysis, and stratification. These findings and that relating to digital and data infrastructure were shared and discussed with partners

Enabling readiness for PHM implementation and capacity development

4.3.4. Public health worked with partners to select topics and develop a framework to pilot the PHM approach;

Topic 1. first 1001 days- This PHM pilot will provide data and insight to support BCC's Neonatal and Infant Mortality Workstream and the partnership of organisations and programmes in the city focused on supporting healthy pregnancy and the first years of a baby's life. (See appendix 1.)

Topic 2. Adult Obesity/Weight management - The PHM pilot will provide partners with data insight to enable the identification of cohorts of people with weight management problems that require tailored intervention to improve health and ensure return to healthy weight.

4.3.5. A Core PHM team has been designed, which will be in PH and will provide PHM insights to support decision making by BCC and other BSol ICS partners. Corporate approvals have been obtained for the job descriptions and Person specifications developed for the roles. Recruitment has commenced with the expectation that the team will be functional by December 2021. In the first instance the team members (Data Scientist, Statistician, and Analyst) will be recruited on fixed term 2 years contracts and will have an initial task of supporting BSol participation in the NHSE&I /Optum PHM development programme.

4.3.6. The National PHM development programme is a NHSE&I funded 22-week initiative to support local systems and Primary Care Networks (PCNs) to use PHM methodology. It delivers a package of support to one locality and one place. The steps involved are linkage of data (primary, secondary, community, mental health, and adult social

care), risk stratification and segmentation of the data and discussion between community partners (PCNs/locality/ICS/) together with local intelligence teams. The Assistant Director of public health responsible for PHM has met regularly with the programme team (NHSE&I/Optum) to ensure understanding of local priorities and to provide advice and facilitate the input of other BSol partners required for the readiness phase.

5. Compliance Issues

5.1 HWBB Forum Responsibility and Board Update

5.1.1 N/A

5.2 Management Responsibility

6. Risk Analysis

Identified Risk	Likelihood	Impact	Actions to Manage Risk
Failure to recruit to all roles in PHM Core Team	Low	Medium	Adverting of vacancies widely, locally and nationally

Appendices

Developing the Population Health Management BSol HWB Appendix 1

The following people have been involved in the preparation of this board paper: