



NHS Long Term Plan

## Population Health Management

BACCH-BACAPH  
Improving Services Series  
(B-BISS)

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### Recap: the NHS Long Term Plan

#### **Mentions**

- *child 130 times*
- *pathways 30 times*
- *networks 50 times*
- *integrated 40 times*
- *population 60 times*

- **Cooperation and collaboration**, not competition and contestability.
- Be **led by clinicians** - accountable for care quality and efficient use of public money.
- Embeds systematic **Quality Improvement** into every aspect of the NHS.
- Redesign care based on **pathways and networks**.
- **Integrate** - break down barriers between organisations, teams and funding streams.
- Role of the NHS includes secondary/tertiary **prevention** to improve quality of life.
- **Integrate community and primary care.**
- **Population Health Management.**

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## Why is this important?

- Provide better care for individuals.
- Improve equity of outcomes.
- Better value.
- Prevention should reduce need/demand

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## Learning points

- Key messages from the NHS Long Term Plan.
- Understand meaning of “population health management”
- New ways of thinking – building on current knowledge
- Practical steps forward.

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## What is population health management?

- What does it mean to you right now?
- Why should it interest you?

- Groups of 3
- 3 minutes



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## Population

- Patient groups.
- Organisational groups.
- Community groups.
- Geographical populations.
- Others....

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## Segmentation and stratification

- **Social stratification** is a kind of social differentiation whereby society groups people into socioeconomic strata, based upon their occupation and income, wealth and social status, or derived power (social and political). *Generally a continuous variable.*
- **Social segmentation** is a form of social differentiation based on individual characteristics ranging from ethnicity, sexual orientation, disability, condition or even geographical location. *Generally a categorical variable.*

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## Population Health

- the distribution of health-related **determinants** (positive and negative)
- the **exposure** to health-related **determinants**
- the **quality of life for disease/conditions**  that arise within the population
- Service/intervention **outcomes** within and across populations in the population under consideration.

*Population health is defined as **the health outcomes of a group of individuals, including the **distribution** of such outcomes within the group.** (Kindig 2003)*

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## Population Health Management

*“population health management focuses on interrelated conditions and factors that influence the health of populations **over the life course**,  
(measurement)*

*identifies **systematic variations** in their patterns of occurrence,  
(analysis)*

*applies the resulting knowledge to **develop and implement policies and actions** to improve the health and well being of those populations.”  
(action)*

**Health system = health service + action on health determinants**

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## Population Health Management has many definitions

- An approach aimed at improving the health of an entire population. It is about **improving the physical and mental health outcomes** and wellbeing of people within and across a defined local, regional or national population, while **reducing health inequalities**.
- It includes action to reduce the occurrence of ill health, action to deliver appropriate health and care services and **action on the wider determinants** of health.
- It requires working with communities and partner agencies/organisations – **the integration agenda**.

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## Management of the Health System (WHO).

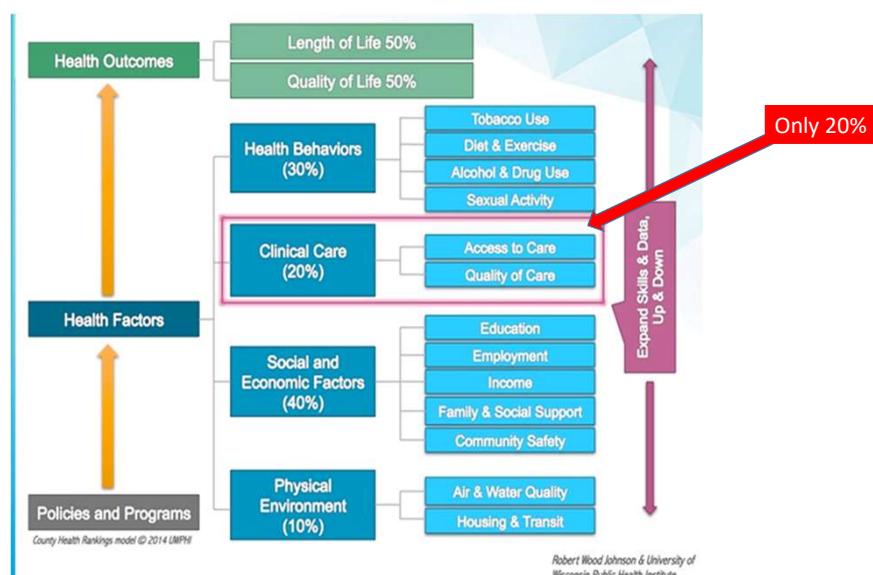
- A health **system** consists of **all** organizations, people and actions whose primary intent is to **promote, restore or maintain** health.
- This includes efforts to **influence determinants of health** as well as more direct health-improving activities.



Population health management

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## Population health management



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## Intentions for Population Health Management

- death reduction and prolonging life
- **improving the health and the quality-of-life of a population**
- improving the quality, safety and effectiveness of services
- **improving equity of both service and life course pathways outcomes**
- achieving optimal capita cost of care (i.e. value)

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## NHS interpretation of population health management

- “every Integrated Health System will have systems to support population health management, meaning the ability to **understand population-based health need** in order to match NHS services to meet expectations”
- “Interventions that NHS providers can contribute to both improve the health of the whole population, with a **special emphasis on the patient groups whom they are treating**”.
- “In the new world of accountable health systems the expectation is that the **NHS will contribute to tackling the social determinants of health** at a local community level in partnership with public, private and voluntary sector organisations”.

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## Health determinants (WHO)

*“the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life”.*

*“these forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.”*

***‘Why treat people and send them back to the conditions that made them sick?’***

Sir Michael Marmot

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Determinant exposure-effect	Biology and social status	Interventions
Differential baseline		
<b>Exposure (1)</b>	Exposure (1)	Primary prevention
Differential effect	Resilience-vulnerability	
<b>Exposure (2)</b>	Exposure (2)	Secondary prevention
Differential outcomes	Health problems/wellbeing	
<b>Exposure (3)</b>	Exposure (3)	Tertiary prevention
Differential consequences	Consequences/impact	

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## Vitamin D

### Primary, secondary and tertiary prevention

Determinant exposure-effect	Rickets	Interventions
Differential distribution	Sunlight	
<b>Exposure (1)</b>	Exposure (1)	<i>Primary prevention</i>
		Sun exposure
Differential effect	Vulnerability	Supplements
	Skin colour	
<b>Exposure (2)</b>	Exposure (2)	<i>Secondary prevention</i>
	Rickets	Screening
Differential outcomes	Health problems	Vit. D supplements
<b>Exposure (3)</b>	Exposure (3)	<i>Tertiary prevention</i>
	Soft teeth/bones	Treatment
Differential consequences	Consequences/impact	Rehabilitation

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## Health determinants in your clinical practice

- Groups of 3
- 3 minutes
- 3 determinants each



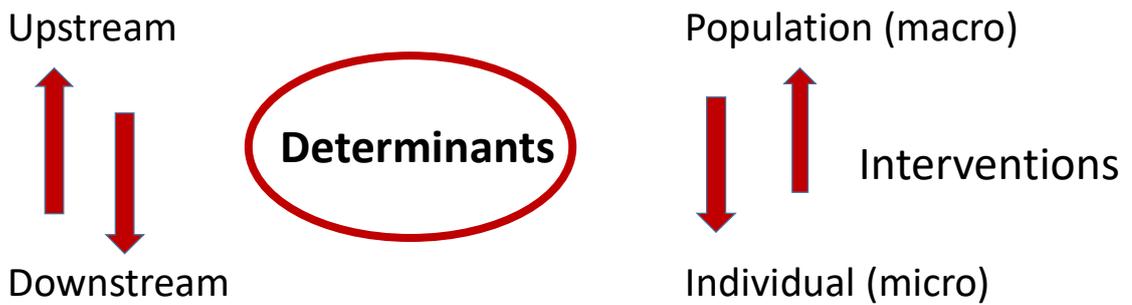
What are the 3 most important health determinants in your clinical practice?

*'Why treat people and send them back to the conditions that made them sick?'*

Sir Michael Marmot

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# Health determinants structure?



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Jargon buster!

	Determinants			
<b>Upstream</b>	<b>Midstream</b>	<b>Downstream</b>	←	
Structural		Intermediary		
Macro	Meso	Micro		
<b>Population</b>		<b>Personal</b>		
Structural		Behavioural		
National		Local		
Societal		Familial/individual		
Physical		Cultural		
	<b>Determinants</b>			←
Positive	<b>Neutral</b>	<b>Negative</b>		
<b>Asset</b>		<b>Hazard</b>		
Promoting		Protecting		
Resilience		Vulnerability		
<b>Salutogenic</b>		<b>Pathogenic</b>		
Protective		Adverse		
Healthy		Harmful		
Regard		Insult		
Enhancing		Hindering		
Advantage		Disadvantage		

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## Upstream and downstream interventions

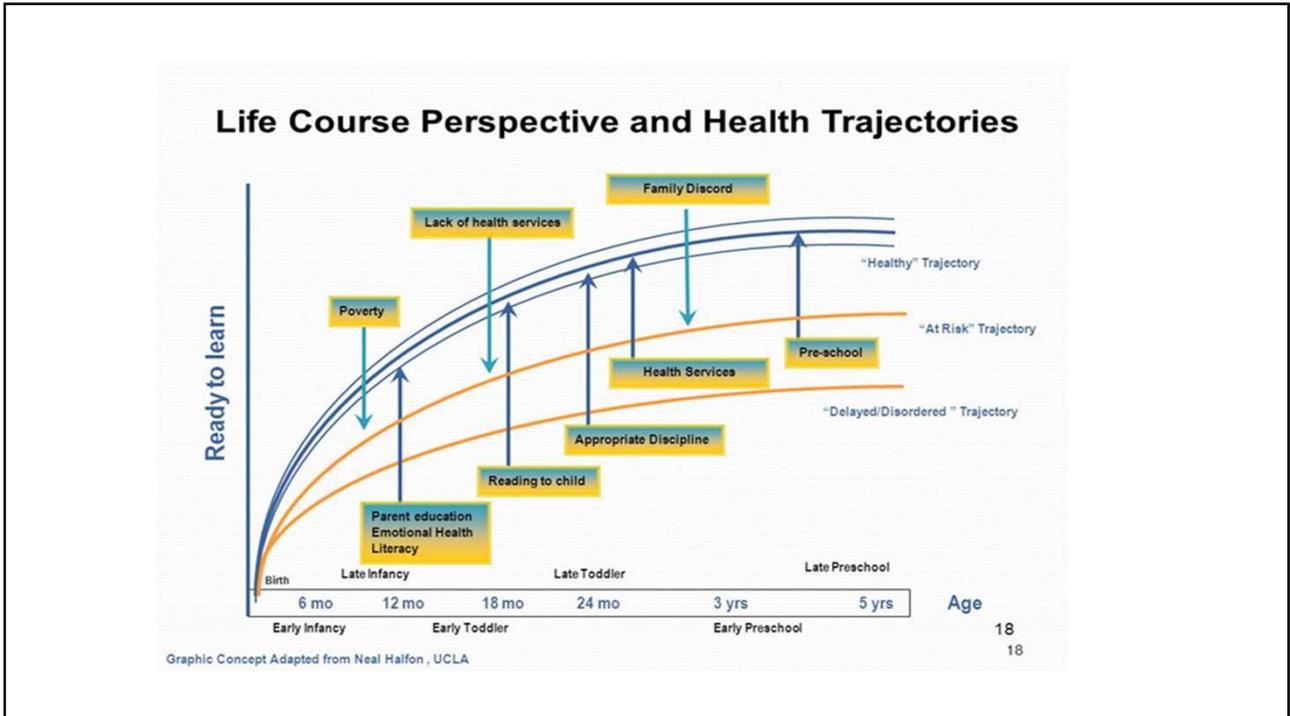
General determinants		
“Upstream”	Condition	“Downstream”
<b>Population approach</b>		<b>Individual approach</b>
Living wage	Poverty	Food banks
Raising tax threshold		Credit unions/debt counselling
New housing	Poor housing	Housing grants/social housing
Sustainable housing		Minimum rental standards
Food subsidies	Poor nutrition	Breastfeeding
Food advertising		Food education/choice
Food labelling		Food access (five a day)
Childcare policies	School readiness	Daily Reading
Preschool education		Quality preschool provision
Affordable childcare		Play at home

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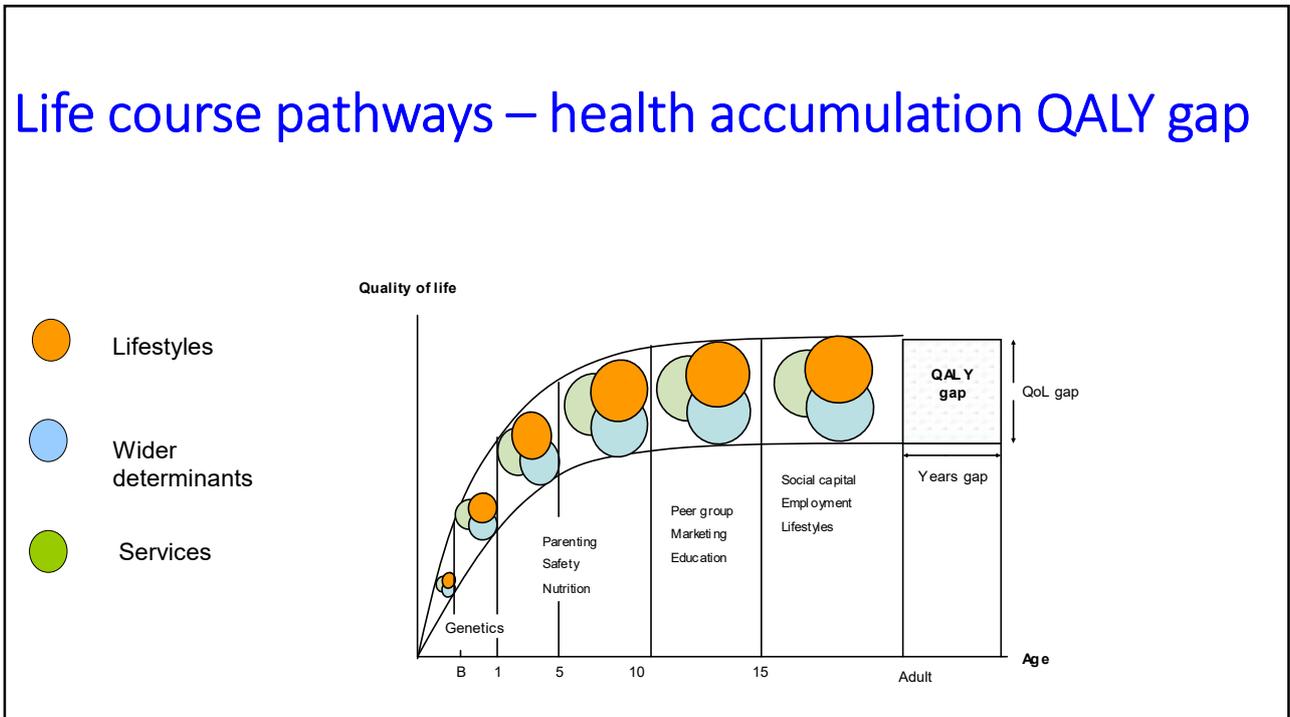
## Specific upstream and downstream interventions

Clinical condition determinants		
“Upstream”	Condition	“Downstream”
<b>Population approach</b>	<b>Child</b>	<b>Individual approach</b>
Tobacco taxation	Low birthweight	Good antenatal care. Smoke stop
Vaccination programmes	Infectious disease	Vaccination uptake
Air-pollution reduction	Asthma	Self-care. Indoor air pollution
Sugar fat and salt regulation	Obesity/tooth decay	Nutritional choice/affordability Dental health promotion
Early years provision	Poor language/school readiness	Family communication
Toy/book library		Story reading every day
Safe play space	Injuries	Home safety programs
Safe routes to school		Green cross code
Provision for all abilities	School attendance	Absence/exclusions policy
Mental health resourcing	Mental health	School counselling
Campaigns	Chlamydia diagnoses (16-25)	Contraception access
Sex education in schools	Under 19 conceptions	Contraception access

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## Roles of the NHS - downstream

- In terms of **downstream interventions = patient care + advocacy** to tackle individual health determinants.
- All part of a personalised, proactive and preventative care and **best condition management** which also contributes to reducing inequities of health outcomes.
- Achieving **equitable outcomes for more vulnerable subgroups** in the population they serve.
- Contributing NHS data to population needs assessment.

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## Roles of the NHS - upstream

- **Partnership** with public, private and voluntary sector organisations **to tackle health determinants** .
- Compiling and analysing data from multiple sources to map health determinants and their effects.
- Planning, implementing and evaluating impact of interventions.
- The NHS as an **“anchor organisation”**.

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## The NHS as an anchor organisation

- 1. Leader** – e.g. commissioning services, providing governance and management, setting the national agenda, role modelling.
- 2. Partner** – e.g. providing services, hosting services, working in collaboration to deliver services with local authority, statutory, or other voluntary sector groups.
- 3. Employer** – e.g. initiatives aimed at improving NHS staff health and wellbeing; NHS as a community employer and 'anchor institution'.
- 4. Advocate** – e.g. lobbying governments on public health agenda, lobbying for prevention within individual institutions and the behalf of individuals.
- 5. Researcher** – e.g. funder, academic provider and driver of research.

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## What can you do in/after clinic?

- Groups of 3
- 3 minutes.
- 3 best ideas.



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## **Paediatricians**

- Understand the influence of health determinants
- Ask about social determinants relevant to the individual family or the condition of the child.
- Learn about local resources that can address these determinants.
- Work in partnership with families to create a realistic care plan to improve both the health of the child and family functioning.
- Advocate on behalf of individual families with local planners and service providers.
- Work with other agencies to improve the lives of local families, using a life course pathway approach on a population basis.

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## **Paediatric and child health departments**

- contribute to population needs assessment
- integrate prevention within all pathways of care
- identify health determinants that have a significant impact on the care of specific patient groups
- work with community partners to address the wider health-related issues identified

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## Poverty in PAU

Hannah Zhu

**AIMS**  
0%-80% of paediatricians in the paediatric assessment unit (PAU) to ask about child poverty and offer local resources when appropriate.

**MEASURES**

- Percentage of paediatricians who asked about child poverty
- Percentage of paediatricians who were aware of local poverty resources
- Resources given and patient feedback

**CHANGE IDEAS**  
1-2-3 approach to child poverty - MDT resource leaflets, display in waiting and parents' rooms, triage, emails, microteaching, guidelines

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[www.billhelp.uk/](http://www.billhelp.uk/)

## 1-2-3 Approach

An army of local resources to help your family with money, provide essentials and participate more in local activities ☺

**1 Increase income:**

**care4me** your community directory  
www.care4me.org.uk/

**citizens advice**  
For benefits/ universal credit advice: Kingston Citizens Advice, Neville House 55 Eden Street, Kingston, KT1 1BW  
www.citizensadvice/kingston.org.uk  
Tel: 020 3166 0953

**Glasspool** Charity Trust  
Small grants making a big difference  
www.glasspool.org.uk

**PFNI** UK Bill Help  
www.billhelp.uk

**chancesFOR CHILDREN** surtle.uk  
For education grants: www.buttuk.org

**2 Provide essentials:**

**Momentum**, 139 Kings Road, Kingston, KT2 5JE  
info@momentum.org.uk  
Tel: 020 8974 9934

**Home Start**  
Support and Friendship for Families  
Baby essentials, parenting: Homestart Richmond, Kingston, Hounslow  
info@homestarts-uk.org.uk  
Tel: 020 8487 8500

**KINGSTON FOODBANK**  
Main Location: Suite No. 1, 444 Ewell Road, Tolworth, Surrey, KT6 7EL  
Phone: 020 8393 1100  
website: http://kingston.foodbank.org.uk

**the trussell TRUSTE** Stop UK Hunger  
Advice, support, legal services for people struggling with bad housing or homelessness  
www.EnglandShelter.org.uk

**3 Improve participation:**

**YMCA**  
Youth clubs and other free activities: YMCA Surbiton, 49 Victoria Road, KT6 4NG | Tel: 020 8330 0348 | www.ymcasurbiton.org

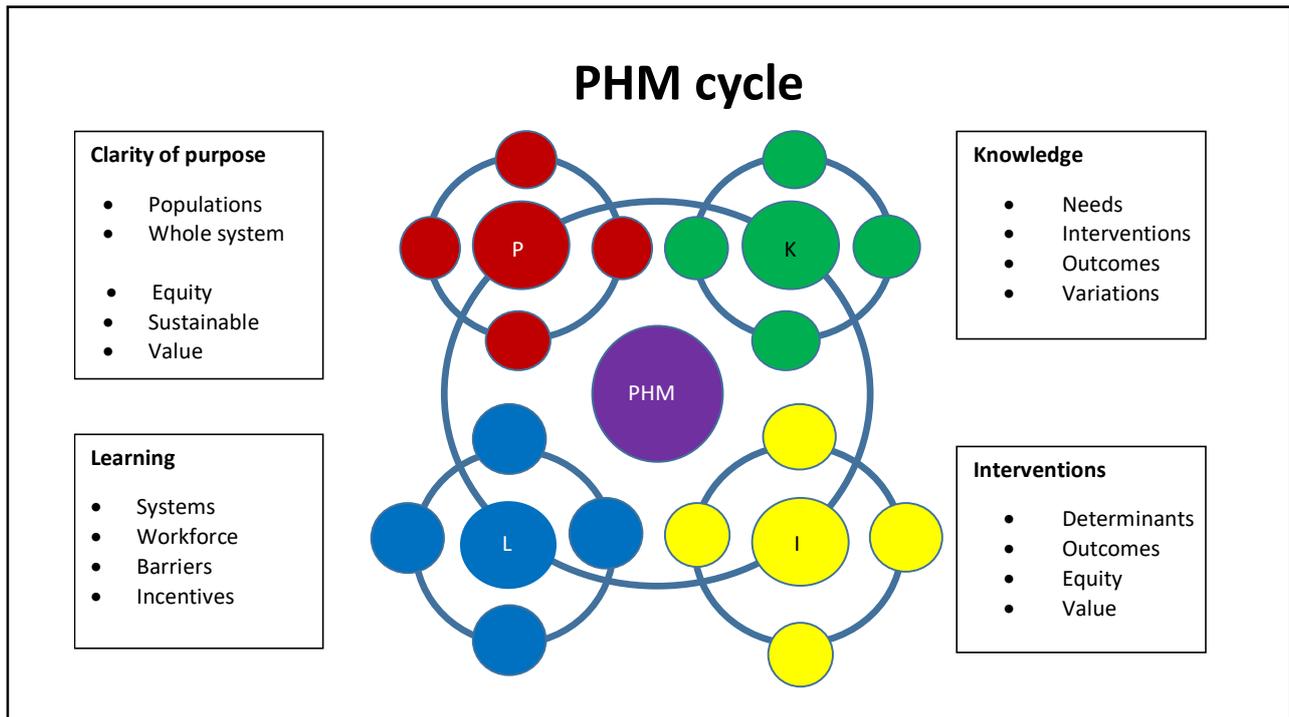
**Kingston Domestic Violence Hub:** provides free, confidential, non-judgmental and independent support to anyone who is experiencing domestic violence. Tel: 020 8547 6046

**THE MIX**  
Free life advice: money, housing, health, relationships: www.themix.org  
Tel: 0808 808 4994

**relate**  
Relationship support for families (Free for children)  
Tel: 0333 320 2206  
www.relate.org.uk  
Kingston Relate 4th Floor, Neville House, 55 Eden Street, KT1 1BW

**Kingston WeICare**  
Making Families Stronger  
Charity No: 206296  
Local families meeting, drop-in, playgroups, support groups, workshops:  
53-55 Canbury Park Road Kingston, KT2 6LD.  
Tel: 020 8546 3238  
www.weicarekingston.org.uk  
Also see: www.allsaintskingston.co.uk

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## Why should paediatricians be interested in population health management?

### *For individual patients*

1. Improve the experience of care for their patients.
2. Improve outcomes.
3. Contribute to the reduction in health inequalities/improve equity.

### *For the population*

1. Healthier population.
2. Reducing demands on the NHS.
3. Equity.
4. Better value.



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The end!



Now read the accompanying paper!

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## Web resources

- <https://www.kingsfund.org.uk>
- <https://www.health.org.uk/>
- [https://www.bacch.org.uk/policy/documents/2019.04\\_NHS\\_LTP\\_BAC\\_CH\\_response.pdf](https://www.bacch.org.uk/policy/documents/2019.04_NHS_LTP_BAC_CH_response.pdf)
- <https://www.bacaph.org.uk/advocacy/child-poverty-introduction>
- <https://rm.coe.int/guidelines-of-the-committee-of-ministers-of-the-council-of-europe-on-c/16808c3a9f>
- <https://www.who.int/alliance-hpsr/resources/9789241563895/en/>
- <https://www.livemedia.com/video/11179>

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# Youth Endowment Fund

preventing children becoming involved in violence.

