



Issue 1, November 2023

Dear colleague,

Welcome to the first edition of the Population Health Management (PHM) Newsletter where we will share updates regarding the work taking place across our emerging Hertfordshire and West Essex PHM community, in partnership with the health and care partners across the footprint, University of Hertfordshire and the voluntary sector.

1. Meet the PHM team:

The ICB PHM team sits in the ICB Medical Directorate led by Rachel Joyce. The team recognises that PHM work is at ICS, Place, Provider and PCN level.

Members are as follows:

- Charlotte Mullins – Strategic Programme Manager charlotte.mullins@nhs.net
- Sam Williamson – Associate Medical Director sam.williamson3@nhs.net
- Del Ford – Senior Head of PHM Delivery delyth.ford@nhs.net
- Bashak Onal – PHM Programme Manager bashak.onal@nhs.net
- Jaron Inward – PHM Champion (aligned to Long Term Conditions Programme) jaron.inward@nhs.net
- Hannes Van Der Merwe – PHM Champion (aligned to Frailty and End of Life/ Planned Care/ Cancer Programmes) hannes.vandermerwe@nhs.net
- Stefania Mistretta – PHM Champion (aligned to Children and Young People/ Mental Health Programmes) stefania.mistretta@nhs.net

Please visit our [website](#) to find out more about the PHM approach, functionality and how we can support teams in improving the health and wellbeing of people living in HWE collaboratively.

The following sections detail the development of PHM tools to support the ICB deliver its strategic aims.

2. PHM Tools - High Level Needs Analysis (HLNA) and Outcomes Framework:

HLNA:

An initial Herts and West Essex [HLNA](#) was completed in 2022 for the whole of the ICS population. This was to support the ICB in understanding more about the local population's need and identifying opportunities for targeted interventions. Insights were synthesised from a range of tools including the two Joint Strategic Needs Assessments, Fingertips, Model Health System and the Person and Population Insights tool. The ICB Clinical Priorities were signed off at the March 2023 ICB Board and were shaped around the 2022 HLNA.

The HLNA data is currently undergoing a refresh and will be published soon. This is being reviewed by the Clinical Fellows, Associate Medical Directors and programme teams. The HLNA and the Outcomes Framework will create a narrative to understand system impact on our population outcomes.

- Early insights from the 2023 HLNA have been shared at the Clinical Senate in October.
- The PHM Network with partner representatives are sighted on the progress.
- The ICB Executive will be sighted on the newest iteration during the weekly Executive meeting in December.
- Scheduled for the ICB Population Outcome and Improve Committee (POIC) in January.

Outcomes Framework:

The PHM team have been developing an ICS Outcomes Framework with key metrics that will allow us to track outcomes and progress on key health and wellbeing outcomes. The approach for how this would be developed was agreed at an ICB Board Development Day in early summer and the team have been working with the different transformation programmes to agree the programme specific outcomes. This should be signed off at the ICB POIC in January.

The PHM team will build reporting from the linked record level data accessed through the data platform so progress in achieving outcomes will be viewable by geography, age, population segment and other cohorts, supporting for example inequalities work through Core 20 Plus 5.

Applications of these tools:

A paper will be shared at the January ICB Board which describes

- Our needs and opportunities identified in the HLNA and baseline measures in the new Outcomes Framework
- Our aspirations for improved outcomes for our population described in the Outcomes Framework
- The programme plans to address these needs and improve outcomes
- Identification of further opportunities
- How the data platform will support us in our key aim of improving population outcomes

3. Integrated Neighbourhood Teams (INTs) supported by the PHM approach:

As part of the Primary Care Strategic Delivery Plan, Primary Care Network (PCN) INTs are to deliver proactive care. The PHM team, along with other teams in the ICB has been supporting this approach through the use of the various tools (e.g. PCN packs, UEC Needs Analysis, Segmentation Model, risk stratification) applying skills and learning that were acquired when the ICB undertook the PHM development programmes. We will be in the evaluation phase late December to understand the impact and feed the continuous improvement cycle.

4. Data Platform:

Improved outcomes for our population are not delivered by one part of the system alone. Linking data from across different parts of the system provides a better understanding of the whole person and what impacts their outcomes e.g. wider determinants of health. In order for us to move from the strategic overview describing needs of the population to identifying segments of people for interventions, the ICB is developing its infrastructure to enable this. This will include the tools described above, our segmentation model and risk stratification.

5. PHM Network

The PHM Network met for the third time in November. At this forum partners from across the system come together to share information and work collaboratively on PHM. Items for the next PHM Network include the ICB HLNA and Outcomes Framework outputs which will come to the ICB Board in January. In addition the PHM team and BI are working with the ICB Workforce Development Team to build future analytical capabilities. More information will be shared via a future PHM Newsletter.

6. PHM Website

The PHM website is currently under further development to make it easier to navigate our resources. In the meantime for any questions, please contact Bashak.Onal@nhs.net

Thank you for taking the time to read the first edition of the PHM Newsletter. Our next edition will be available in February and we will share details of our strategic offer, our refreshed website and how you can apply PHM tools and skills locally.