Taking a Population Health approach:
Self-assessment toolkit

April 2018 [Draft v3.1]

Author: sue.hogarth2@nhs.net

What is this toolkit?

In 2017, the THT Board ratified the need to take a population health approach. This toolkit outlines a number of principles and poses questions to ensure that the way we work across the THT partnership, as a system to support our residents, does just that. We are already doing well, but, the toolkit questions offer a means of stimulating discussion and taking actions for both strategy and service development to improve further. It also supports making connections across the THT system and avoid duplication.

Who is this toolkit for?

This toolkit supports the development of the evolving THT governance structure and is for groups within the structure, including the lifecourse, enabler workstreams and Locality Health and Wellbeing Committees. Some of the questions will be more relevant to some groups than others, depending on their remit. A decision will need to be taken by the lead of a particular governance area as to what these are.

When and how should the toolkit be used?

This toolkit should be completed at the earliest opportunity. A number of actions should derive from completing it, addressing these actions should form part of the group's ongoing work programme. The toolkit should be included on forward plans for a reassessment at 6 months to discuss progress on actions. The **completing the self-assessment table** section below gives guidance on completing the table. There should be a named lead responsible.

What is *population health*?

Population Health can be very broadly defined as "the health outcomes of a group of individuals, including the distribution of such outcomes within a group"[i], for the purposes of THT, this includes the resident and GP registered population of Tower Hamlets with appropriate consideration for people who work and study in the borough.

While access to traditional care services plays an important part in determining the health and wellbeing of a population, evidence suggests that this is not as important as the social determinants of health – that is, the conditions in which people are born, live and work[ii] including the influence of local environment and lifestyle. This means that improving population health requires efforts to change living and working conditions across communities and that accountability for population health should be spread widely and not concentrated within the boundaries of traditional health and social care[iii].

Improving population health is part of the triple aim approach.

How can THT take a population health approach?

A number of commentators[iv,v,vi,vii] have provided thinking around the characteristics that a system should have in place to ensure it is taking a population health approach. These characteristics have been converted into 10 principles, and this toolkit takes staff through a number of questions to support groups to assess how well they adhere to these principles and prompt actions that need to be taken to embed the approach further. The principals are as follows

10 principles of taking a population health approach

1) We are aware of relevant national and local strategic drivers for the population
2) We are working towards the outcomes that residents want
3) We have the data, including community insight, we need to make decisions and plan for our population, and, we have identified different groups we need to consider and target, including people at high risk of poor health and wellbeing
4) We have sufficient community involvement in our work
5) We have the right partners around the table
6) We have sufficient front-line staff involvement in our work
7) Our activities sufficiently take into account residents social determinants of health
8) There is parity around physical and mental health and wellbeing
9) Our activities support healthy living
10) Our activities support self care/self management

There is also space at the end of the toolkit to reflect on responses given to the above.

Completing the self-assessment table – suggested guidance

1. At the earliest opportunity, named lead to
   a. draft responses to the **Questions** in the **Response** column with evidence of how the THT system is meeting the principle and any other relevant information. This will require contacting other colleagues and local experts to collect relevant information.
   b. Make an initial assessment on the questions felt to be irrelevant to the particular workstream/group.
2. At the earliest meeting as a group
   a. Review, discuss and agree the initial responses, and, that questions deemed irrelevant are appropriate
   b. Assign a RAG rating in the **RAG rating** column
      i. **Red** – no evidence of meeting the principle currently
      ii. **Amber** – some evidence of meeting the principle currently
      iii. **Green** – sufficient evidence that principle has been met.

The initial responses should be sent to group members with sufficient time before the meeting to read and add any further information. Enough time should be set aside to complete the above tasks. It would be useful to have a scribe at the meeting who can make changes to the toolkit during discussions.

3. Where there is a rating of **Red** or **Amber**, actions should be identified and assigned to a named individual. This information should be included in the **actions to be taken to reach a green rating** column and form part of the work programme of the group.
4. This self assessment tool should be revisited no later than 6 months after the initial completion date, including principles initially deemed as not appropriate at initial assessment.

Self-assessment table
Facilitator name and email address:
Scribe name and email address:
Date completed:

Principle 1: We are aware of relevant national and local strategic drivers for the population

Explanation: There are a number of strategic drivers that are important to consider when devising workstream priorities to ensure they complement and do not undermine existing strategy/priorities. Nationally this could be health and social care policy relating to your population, or a section of your population. Locally this could be a strategy in existence or development through a THT partner organisation, or an overarching strategy e.g. health and wellbeing strategy (available at (you might need to paste link in your browser): https://democracy.towerhamlets.gov.uk/documents/s95753/THHWB%20Strategy_draft%20for%20consultation%202.pdf)

Questions	Response	RAG rating	Actions to be taken to reach a green rating with responsible colleague identified
Question 1: What national policies are relevant to our workstream population group? And how will our work respond to them? **Question 2:** What existing local strategies are relevant to our workstream population group, including the health and wellbeing strategy? And how will our work complement them? **Question 3:** What local strategies in development are relevant to our workstream population group? Do they have a sufficient system-wide view? If not, what do we need to do to ensure they have?	[*to be completed*]		

Principle 2: We are working towards the outcomes that residents want

Explanation: THT asked residents what they wanted from living in Tower Hamlets. What they said ranged from service-specific requirements to wider issues about their role in the community and living in a pleasant and healthy environment. These requirements have been turned into an *Outcomes Framework* and the outcomes and related metrics within it will form part of provider contracts. Whilst a number of outcomes are incorporated in the principles in this toolkit, it is important that workstreams are aware of the framework and that activities and decisions are driven by outcomes that residents want to see (available at: https://towerhamletstogether.com/project/frameworks/)

Questions	Response	RAG rating	Actions to be taken to reach a green rating with responsible colleague identified
Question 4: What are the outcomes that are most relevant to our workstream population group? **Question 5:** Are there any wider outcomes to consider? e.g. air quality **Question 6:** How might the outcomes shape the work of this workstream?	[*to be completed*]		

Principle 3: We have the data, including community insight, we need to make decisions and plan for our population, and, we have identified different groups we need to consider and target, including people at high risk of poor health and wellbeing

Explanation: We know a lot about people who live in Tower Hamlets. To ensure our decisions are robust we need to make sure they are based on the best available information about their health and social care use and the wider issues that impact on their lives. We have both quantitative and qualitative data that needs to be considered when developing the workstream's activities.

Questions	Response	RAG rating	Actions to be taken to reach a green rating with responsible colleague identified
Question 7: Have we explored the relevant data sources relevant to our workstream population? e.g. Joint Strategic needs assessment https://www.towerhamlets.gov.uk/lgnl/health__social_care/joint_strategic_needs_assessme/joint_strategic_needs_assessme.aspx, whole system dataset project, capitated budget **Question 8**: Have we explored available community insights to be incorporated into workstream activities? e.g. From the Community Insights Network https://towerhamletstogether.com/project/community-insights-network/, and Healthwatch. A priority of the Health and Wellbeing Strategy *Communities Driving Change* is working with residents to identify issues and deliver change within small geographical areas, findings from this work should be reviewed for further community insight and solutions, contact abigail.knight@towerhamlets.gov.uk	[*to be completed*]		

Question 9: Have we considered previous or current population segmentation work to identify and target particular population subgroups? e.g. for previous work for children and adults, contact katie.brennan1@nhs.net or p.grummitt@nhs.net.			
Question 10: What system or service performance data is relevant to our workstream population?			

Principle 4: We have sufficient community involvement in our work

Explanation: Colleagues have done a huge amount of work to ensure that residents are included in the decision-making processes made by THT partners, as well as the *Communities Driving Change* programme, there is a THT workstream devoted to ensuring our residents are more involved (contact: ellie.hobart@nhs.net). There is, of course, always more that can be done. To that end consideration should be made around having appropriate community representation on all workstreams building on existing work and relationships with the community.

Questions	Response	RAG rating	Actions to be taken to reach a green rating with responsible colleague identified
Question 11: What would appropriate community representation on the workstream look like? **Question 12:** How will community representation be secured taking into account existing local infrastructure regarding community involvement? **Question 13:** How would we establish wider, ongoing community engagement with the workstream?	[*to be completed*]		

Principle 5: We have the right partners around the table

Explanation: In order to make system-wide decisions, all relevant organisation should be around the table. THT consists of a number of organisations, to ensure that workstream activities support residents well, it is important that organisations act as a system and that includes other agencies outside the THT partnership e.g. housing, education and police. This will limit duplication and ensure that decisions taken by one organisation do not de-stabilise work being carried by one or more other. To that end, making the workstreams truly representative is important, as is the ability of members to speak on behalf of their organisations so that work can be also owned and driven forward from within individual organisations.

Questions	Response	RAG rating	Actions to be taken to reach a green rating with responsible colleague identified
Question 14: Are all relevant organisations, including individual relevant voluntary and community organisations, represented in the workstream membership? If not, which other organisations or staff need to be included **Question 15:** Do all workstream members have the authority to represent their organisation?	[*to be completed*]		

Principle 6: We have sufficient front-line staff involvement in our work

Explanation: The last 3 years of THT has further highlighted the talent that we have in our frontline staff. The THT staff innovation fund (https://towerhamletstogether.com/project/staff-inovation-fund/) and Quality Improvement work has demonstrated how staff have the knowledge and skills to identify issues and develop solutions for the benefit of Tower Hamlets residents and staff. In addition, previous and current local system-wide evaluations have found a disconnect between frontline staff and colleagues working at a more strategic level, therefore it is imperative that the connection between the workstreams and frontline staff is strong and that we harness the talent and learning of our frontline colleagues.

Questions	Response	RAG rating	Actions to be taken to reach a green rating with responsible colleague identified
Question 16: How will the workstream incorporate the expertise and knowledge of frontline staff in its activities? **Question 17:** How will the workstream keep frontline staff abreast of the work of the workstream? E.g. through THT staff engagement events, comms channels etc	[*to be completed*]		

Principle 7: Our activities sufficiently take into account residents social determinants of health

Explanation: We know that residents social determinants of health have the greatest impact on their health and wellbeing, and, influences their use of health and care services. Therefore, it is imperative that workstreams positively influence local support around the social determinants and plan for any changes in support that might negatively impact them.

Questions	Response	RAG rating	Actions to be taken to reach a green rating with responsible colleague identified
Question 18: What are the social determinants that impact most on the health and wellbeing being of the workstream population? e.g. welfare and benefits (including any changes), education, employment, housing etc **Question 19:** What are we doing as a system to affect those social determinants? and, is it enough? **Question 20:** What is the contribution of this workstream to affect the social determinants of health? e.g. when a specific issue has been identified through data, including community insight, e.g. diabetes, what are the social determinants that impact on it, and, what might be done to address them? **Question 21:** What are we doing to link health and social care services for this workstream population to other sources of support for social determinants of			

health needs? e.g. developing referral pathways between health and care services to wider support in the community, ensuring frontline staff know what support is available			

Principle 8: There is parity around physical and mental health and wellbeing

Explanation: Ensuring that both residents physical and mental wellbeing is supported is imperative. People with mental health issues suffer poor physical health when compared to the general population. Workstreams should ensure that there is a balance in their work between focusing on physical **and** mental health and making the connections for support between the two e.g. work focused on a long term condition should also include support for preserving people's positive mental health, and, consideration for people with existing mental health conditions who have the condition.

Questions	Response	RAG rating	Actions to be taken to reach a green rating with responsible colleague identified
Question 22: What are the workstreams contribution to ensuring positive mental health and resilience within our population cohort? **Question 23:** Are there particular subgroups within our population who experience poor mental health? And how might we support them better? **Question 24**: Does any work we are planning around particular physical health issues give adequate consideration for people's mental health needs? **Question 25:** Does any work we are planning around particular mental health issues give adequate consideration for preserving people's physical health needs?	[*to be completed*]		

Principle 9: Our activities support healthy living

Explanation: Frontline staff have an opportunity to speak to Tower Hamlets residents about living healthily. We have a local training programme *Making Every Contact Count (MECC)* that supports staff to be able to have conversations with people they support and think about their own health, and that of their friends and family, around healthy eating, physical activity, smoking, alcohol use, mental and sexual health (available at: http://thcepn.com/making-every-contact-count). All staff who work with Tower Hamlets residents should complete the training. Contact Luise.dawson@towerhamlets.gov.uk or Ekramul.hoque@nhs.net.

Questions	Response	RAG rating	Actions to be taken to reach a green rating with responsible colleague identified
Question 26: How can the workstream utilise its commissioning levers to ensure that frontline staff complete MECC training be included? e.g. in service specifications and contracts, inductions, job descriptions, IT systems etc	[*to be completed*]		

Principle 10: Our activities support self care/self management

Explanation: Supporting people to take care of themselves is an important strand in promoting resilience within our population, and ensuring appropriate use of health and care services. There are a number of initiatives currently in place and a piece of work has been done to map them [add link].

Questions	Response	RAG rating	Actions to be taken to reach a green rating with responsible colleague identified
Question 27: What are all the self care/management initiatives available for your population cohort? **Question 28:** Are there any gaps in provision to facilitate self care/management initiatives for your population cohort?	[*to be completed*]		

Reflection

Explanation: It is important to question opinions and assumptions held by those completing this toolkit, in terms or how well the information detailed above really reflects the current position and what is needed to make positive changes.

Questions	Comments	Yes/no	Actions to be taken to reach a "Yes" with responsible colleague identified
Question 30: Do we believe all our staff, people receiving services and other partners would agree with the ratings given above and the actions proposed?	[*to be completed*]		

[i] Kindig D, Stoddart G. What Is Population Health? *American Journal of Public Health.* 2003;93(3):380-383.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447747/
[ii] UCL (2010) Fair Society Health Lives 'The Marmot Review'. https://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review
DH (1998) Independent inquiry into inequalities in health 'The Acheson Report' https://www.gov.uk/government/publications/independent-inquiry-into-inequalities-in-health-report
DHSS (1980) Report on the working group on inequalities in health 'The Black Report https://www.sochealth.co.uk/national-health-service/public-health-and-wellbeing/poverty-and-inequality/the-black-report-1980/
[iii] Adapted from Kings Fund (2015) Population Health Systems: From integrated care to population health https://www.kingsfund.org.uk/publications/population-health-systems
[iv] ibid
[v] Mental Health Innovation Network (2016) Population health strategic plan 2016-18 www.mhin.org/wp-content/uploads/.../MHINPopHealthStratPlan-FULLFINAL.pdf
[vi] UCL Institute of Health Equity (2013) The Role of Health Professionals https://www.instituteofhealthequity.org/projects/working-for-health-equity-the-role-of-health-professionals
[vii] Institute of Healthcare Improvement: Achieving health equity http://www.ihi.org/Topics/Health-Equity/Pages/default.aspx