

Meeting Date	06 June 2024	Agenda Item	4.1
Report Title	Progress update: Internal capability & capacity development to progress delivery of our Population Health Strategy commitments		
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Presented by	Jennifer Davies, Executive Director of Public Health (Interim)		
Freedom of Information	Open		
Purpose of the Report	This report updates the Committee on progressing work to develop our capability and capacity to deliver our PHS commitments.		
Key Issues	<ul style="list-style-type: none"> • On approval of the Population health Strategy (PHS) by Board, there was a recognition that this is the start of the journey and there are some risks identified around progressing implementation. They are broadly: <ol style="list-style-type: none"> 1. Inconsistent organisation-wide understanding of the strategic, tactical and operational perspectives of strategy implementation at scale; and 2. Lack of current capability within SBUHB to design and deliver a coherent coordinated whole of organisation response within and across our current federated structures (corporate and service delivery groups). • Effort has been put in place to address this through: <ul style="list-style-type: none"> ○ Engagement/awareness raising activities across the organisation (continuing). ○ Working with Strategy & Planning to embed population health considerations into corporate planning processes and align PHS with Strategic Objective 1: People of Swansea Bay live healthier, more prosperous, equal lives. ○ Development of our first ever strategic indicators to help direct and capture progress towards population health outcomes. ○ Development of a performance reporting framework for Service Delivery Groups to draw out and focus on their contributions to population health gains. ○ Considered and purposeful intent and ways of working in our external partnerships. ○ Utilising SBUHB Risk Assurance Framework to capture related PHS risks. • Despite the progress made, capability and capacity remain limited and the implementation of PHS (whole system strategy) through ownership by the organisation is still not well understood, prioritised or appreciated. The strategy continues to be seen as a 'public health team' agenda as opposed to a whole of organisation strategic intent. • Embedding and adopting a population health approach requires different behaviours across all parts of the system. There remains a need to shift our ways of thinking and working – embedding population health principles, priorities and considerations into our business-as-usual processes and mindset. The focus remains on 'service based' activity aimed at 'lifestyle factors' e.g. weight management, smoking cessation services. These have only marginal impact on population health but the paradigm is familiar (doing things 		

	<p>to individual people) and therefore not challenging to current thinking and ways of working. The current reporting and performance focus further reinforces this position.</p> <ul style="list-style-type: none"> • During 2023-24, proposal to address these challenges were brought through the Management Board governance structure, alongside this Committee. These were for: <ul style="list-style-type: none"> ○ Capability and capacity to develop and utilise population health intelligence methods, tools and infrastructure. A necessary first step in being able to make intelligence informed decisions that increase allocative and technical efficiency in our financial allocations in support of population health outcomes. Given our current targeted intervention status and financial constraints, the ability to re-think our current resource allocation based on intelligence & insight has never been greater. The initial investment request was £90K/annum, acknowledging that this is a transformational agenda and allocation will be incremental. ○ Development programme that supports the need for whole of organisation culture, behavioural and operational change, in order to realise SBUHB’s ambition to be population health competent. This proposal, utilising behavioural science, would allow us to develop a deep understanding of present attitudes and behaviours but also a process to understand how we could change them. An initial investment sought was £60K, rising to an estimated £125K/annum for 2024-25 onwards. • There are increasing levels of expectations and scrutiny in terms of public sector spending that supports our approach to prevention and aligned with the well-being goals, the five ways of working and corporate areas of change. • Work undertaken puts us in a position to proceed with the proposed work programmes. However, at the time of writing, confirmation of any population health reserve funding to support this work is still awaited. As such, given the scale of funding required for each programme, we are looking to progress the organisational development work through use of forecasted underspends delegated to the DPH. 			
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations	Members are asked to: <ul style="list-style-type: none"> • Note the update on progressing work to support capability and capacity development as part of PHS implementation. • Note the intention to proceed with procurement of the behavioural change proposal and to enact contingency plans around population health intelligence capability & infrastructure. 			

Progress Update:- Internal capability and capacity to progress our population health aspirations

• INTRODUCTION

The Population Health Strategy (PHS) was approved by the Board in March 2023 recognising that this is the start of the journey and requires whole organisational collaboration to achieve our aspiration of becoming a population health competent organisation.

During 2022-23, a commitment was made by the Health Board to a recurrent allocation of funding of £1m, to catalyse the implementation of population health approaches, capability and understanding. Work undertaken led to three proposals being submitted and approved, through Management Board, for spend against the population health reserves, totalling approx. £320K.

These proposals focused on developing the Health Board's capability and capacity to deliver our strategic intent at scale through consideration of the way the totality of the organisation's resources in terms of capital, staffing, intellectual capital and revenue are allocated to maximise population health gain.

This report provides an update on these proposals.

• BACKGROUND

Implementation of the PHS requires an ability to develop our understanding of population health and to act on this as a whole of organisation and system. For successful delivery of population health gain these new ways of working require behaviour change at scale across the four pillars and all parts of our organisation, going beyond single services or initiatives.

There is a need to re-orientate all our resources – both revenue & capital – to consider how the totality of our budget as a £1.5bn organisation should/could be used to maximise the benefit through a population health and equity lens.

Capability in relation to population health (knowledge and technical skills) is currently limited and spread unevenly through the system. A programme of work was developed to start the journey of building capability and capacity, from our existing starting point, to achieve sustainable delivery of population health approaches, within our current operational machinery.

During 2022-23, a commitment was made by the Health Board to a recurrent allocation of funding of £1m (0.07% of the £1.5bn organisational budget), to catalyse the implementation of population health approaches, capability and understanding. As this was not delegated to the Executive Director of Public Health, proposals were developed and submitted to Management Board and the Population Health & Partnerships Committee, as an appropriate governance mechanism for securing approval of funding.



Given the current financial constraints, it is understood the funding allocation to support the PHS implementation for 2024-25 will necessarily be of a different order. At the time of writing, the 2024/25 delegation letter outlining the financial allocation has not been received and hence it is not possible currently to commit to progressing the proposals, as originally intended.

- **CHALLENGES & OPPORTUNITIES**

The challenges as previously outlined:

Challenge	Proposed approach
1. Finance as key enabler towards population health competence	
<p>Budgets, or allocation of resources, are an indicative representation of the spend at a point in time. They do not link directly to what the Health Board wants to internally commission for its provider arm, demand changes, delivery of LTA contracted value, quality, outcomes or value to our patients.</p>	<p>Overhaul the current budget setting arrangements to move to a position where the allocation of internal resources supports the challenges being faced in the NHS, whilst recognising value and outcomes for our population. This requires the development of technical expertise, with a range of different skills & expertise, who understand the Health Board, the financial / information systems and population health intelligence systems.</p>
2. Maximising opportunities to work, behave and think differently	
<p>Current way of spending against budgets pays no regard to and is not actively used to address population health needs. It is the hostage of demand and history. Added to that the significant levels of inequities in our population and that the way we provide healthcare can (intentionally or unintentionally) lead to a widening of these inequities. With increasing pressures on finances the need to consider how we spend each £1 in terms of our population health needs as outlined in our PHS becomes even more apparent. This involves looking not only at health care provision but purposeful action across all 4-pillars of health board activity.</p>	<p>This complex and challenging programme of work will require an adaptive and responsive approach with good collaboration across different aspects of the business and partners (internally & externally). This requires changes in ways of working and development of relationships that support the whole organisation cultural, behavioural and operational change.</p>
3. Developing the tactical competence to enable transformation	
<p>How the system responds to strategic imperatives by considering and then creating an appropriate tactical response is critical. It requires the organisation to develop the environment, systems, processes, tools and products to translate strategic aims into tangible work packages - allowing expert operational input and implementation and development of value for patients. The tactical perspective is key to enabling transformation to occur at the operational level.</p>	<p>Senior level capability and expertise is needed to lead the programme development. This requires developing a programme that will secure senior leadership buy in, utilising established behavioural science techniques that work in order to develop wider capability and capacity; and demonstrate impact & value.</p>

In response to these challenges, the following work programmes have been developed:

Proposal	Investment sought	Approval process
1. Capability and capacity to develop and utilise population health intelligence methods, tools and infrastructure . Agreed as a necessary first step in being able to make intelligence informed decisions that increase allocative and technical efficiency in our financial allocations in support of population health outcomes.	Initial investment request of £90K/annum. Acknowledgement that this is a transformational agenda and hence allocation will be incremental.	Management Board 12 th July 2023.
2. Developmental programme that supports the need for whole of organisation culture, behavioural and operational change , to realise SBUHB's ambition to be population health competent. This proposal, utilising behavioural science, would allow us to develop a deep understanding of present attitudes and behaviours but also a process to understand how we could change them.	Initial investment request of £60K for 2023-24, rising to an estimated £125K/annum for 2024-25 onwards. This would be reviewed in line with the adaptive, developmental nature of the programme of work. Any further investment that may be needed arising from this work would need to be quantified.	Management Board (8 th November 2023) Population Health & Partnerships Committee (7 th December 2023).
3. Development of a baseline position as an anchor institution which would be the start point in a journey towards becoming a purposeful and impactful anchor system. Need to seek external support to progress this work.	Estimated financial requirement detailed in agenda item £95K	Agreement to proceed to securing external support based on confirmation of funding available at Population Health & Partnerships Committee (14 th March 2024)

• CURRENT POSITION

Proposal	Update/progress	Next steps
1. Capability and capacity to develop and utilise population health intelligence methods, tools and infrastructure .	<ul style="list-style-type: none"> - Discussions with procurement leads on engaging with the market for external support to progress work - Exploratory/scoping conversations with potential sources of expertise/support - Development of initial set of strategic population health indicators in support of organisational strategic objectives - Development of job description/profile for this role as organisational health intelligence lead to develop and drive forward this work. - Job description/profile has been through job matching process - Development of contingency plan for this proposal due to documented issues with confirming available funding. 	Enact contingency plan.
2. Developmental programme that	<ul style="list-style-type: none"> - Exploratory / scoping conversations with potential external sources of expertise/support. 	Awaiting confirmation of

<p>supports the need for whole of organisation culture, behavioural and operational change.</p>	<ul style="list-style-type: none"> - Dialogue with procurement leads on routes to commission/contract with identified partner. - Clarity sought on appropriate route - Procurement brief issued & proposal submitted - Ready to award contract for up to 6 month activity – total cost £30K. 	<p>population health funding for 2024/25. Proposal to proceed – using underspend in core public health team budget.</p>
<p>3. Development of a baseline position as an anchor institution</p>	<p>Progress and next steps updated detailed in agenda item £95K</p>	

• **GOVERNANCE AND RISK ISSUES**

A proposed governance structure was established in 2023-24 to take forward and provide assurance for implementation of the Population Health Strategy aims and aspirations. This included the establishment of the Population Health & Partnerships Sub-Committee; a Population Health & Commissioning focused Management Board and a Population Health Development Board (PHDB). The latter was recognised as being needed to support implementation of the PHS as it requires whole of organisation and cross cutting ways of working and decision making.

A review undertaken in November 2023, recognised that the PHDB was not set up in a manner that permitted the necessary debates and formative work and had no delegated authority to be able to commit to a particular strategic direction. Hence, to take on the governance role would require a change in the role and membership of the PH Development Board – mandating attendance by relevant, senior management from all Service Delivery Groups and linking with Corporate functions.

Establishing an appropriate governance structure remains a priority and as such, is an intended output / outcome of the work planned under the ‘*Organisational culture, behaviour and operational change*’ work package outlined above. In the meantime, the proposal based is that the developmental work would report into the Population Health and Partnerships Committee and Population Health & Commissioning Management Board (where applicable).

• **FINANCIAL IMPLICATIONS**

The initial financial commitment to progress this work is outlined above and is in addition to the investment of staff time (which is uncosted here). The proposals intended to draw on the population health reserved funds, to meet the initial costs. Any work arising out of the developmental programmes is not possible to predict or quantify currently.

As with all other Health Boards, we are facing significant financial challenges. These work areas represent an important and necessary step in helping us reshape / rethink how we consider how our total resource allocation as an organisation, is maximised in pursuit of population health & wellbeing outcomes. This is increasingly pressing given the consequences of poor population health outcomes which result in the significant pressures and demands on the Health Board and wider system.

Given the financial pressures, progressing these programmes of work will necessitate different timescales to accommodate for what is likely to be a reduced allocation. At the time of writing, budget allocation for population health strategy implementation has not been confirmed. In order to progress some of this work, current forecast underspend is to be used to fund proposal 2 (above).

- **RECOMMENDATION**

Members are asked to:

- **Note** the update on progressing work to support capability and capacity development as part of PHS implementation.
- **Note** the intention to proceed with procurement of the behavioural change proposal and to enact contingency plans around population health intelligence capability & infrastructure.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
The paper outlines what is needed to progress the population health strategy implementation and adoption. Implementation of an effective population health approach will lead to a more consistent approach to prevention.		
Financial Implications		
The paper notes that investment is required in order to progress the work. The intention is to draw on the population health reserves to support this work. Any further investment that may be needed arising from this work is not yet quantified. The exact allocation for 2024-25 is not yet confirmed and at that time it will be possible to confirm programme progress.		
Legal Implications (including equality and diversity assessment)		
No legal implications identified. The incorporation of population health approaches will allow for the identification of equality and diversity issues and development of appropriate responses.		
Staffing Implications		
The proposed programme will offer an opportunity to significantly increase the organisation's capacity and capability to adopt different / new ways of working and thinking in order to implement the PHS aspirations. The Public Health Team remains small. Additional roles are being created and recruitments underway. Whilst this is likely to impact on the speed & scale of delivery of aspects of what is outlined above, it may also require a different skills mix. Development of the implementation plan will identify the skills and workforce requirements.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
Population health approaches incorporate a prevention ethos and delivery is contingent on collaboration among partners to deliver better outcomes for our population. A coproduction approach is integral to public health practice and seeks to involve communities and staff in designing services and programmes.		
Report History	17.12.23; 14.03.24	
Appendices		