North Halifax Community Wellbeing Partnership

How We Discovered Population Health Management

North Halifax – what did we already know?

- Population size 43,400
- 5 GP practices
- Challenging deprived demographic
- Low rates of employment
- Challenges around housing
- High rate of poverty
- High prevalence of long term conditions
- Life expectancy for men reducing

What is a Primary Care Home?

Four key characteristics

- an integrated workforce, with a strong focus on partnerships spanning primary, secondary and social care
- a combined focus on personalisation of care with improvements in population health outcomes
- aligned clinical and financial drivers
- provision of care to a defined, registered population of between 30,000 and 50,000

https://napc.co.uk/primary-care-home/

How could we make a difference?

- November 2017 – Calderdale wide PCH event
- January 2018 – GP practices met and agreed to explore PCH status
- February 2018 – all other partners agreed to support PCH
- 19/3/18 – Accepted as a PCH
- 24/4/18 – First meeting of North Halifax PCH

OK so we are a PCH – now what?!

- Public Health outlined key PH issues in NHx
- Key challenges and opportunities identified for every organisation involved in NHx
- Discussed perceived priorities for action
- Survey Monkey for all partners re priorities
- Agreed to meet monthly
- All partners keen to see rapid progress

Who is Involved?

GPs, Practice Managers, Acute hospital trust (CHFT), Community physical health services, Mental Health Trust (SWYPFT), Insight (iapt provider), 2 local council members, voluntary sector lead (Voluntary Action Calderdale), Social Services – adult and children, Public Health, CCG, Education, GP federation (Pennine GP Alliance), DWP, HOUSING, Community pharmacy rep, Social prescribing service, Better Living service, Healthwatch, Healthy Minds (mental health charity)…

Who is Involved and How?

- Everyone!
- Public Health co-chair
- Monthly meetings plus focus groups
- We are a team – no them vs us
- Whole group not small group discussions
- Clear agenda but go with the energy
- All responsible for communication to/from our own organisations
- Just do stuff – don’t wait for permission

Where did we start?

- Realised we needed an evidence based approach - what does the data show not just what we think
- Population Health Management - What does the data show are the priorities for North Halifax?
- Developed and agreed a vision and objectives
- Changed name to NHCWP
- Identified barriers to change
- Existing engagement work for the locality
- Voluntary sector coordinated community asset mapping
- Healthwatch carried out specific stakeholder engagement work
- Big Picnic community engagement afternoon

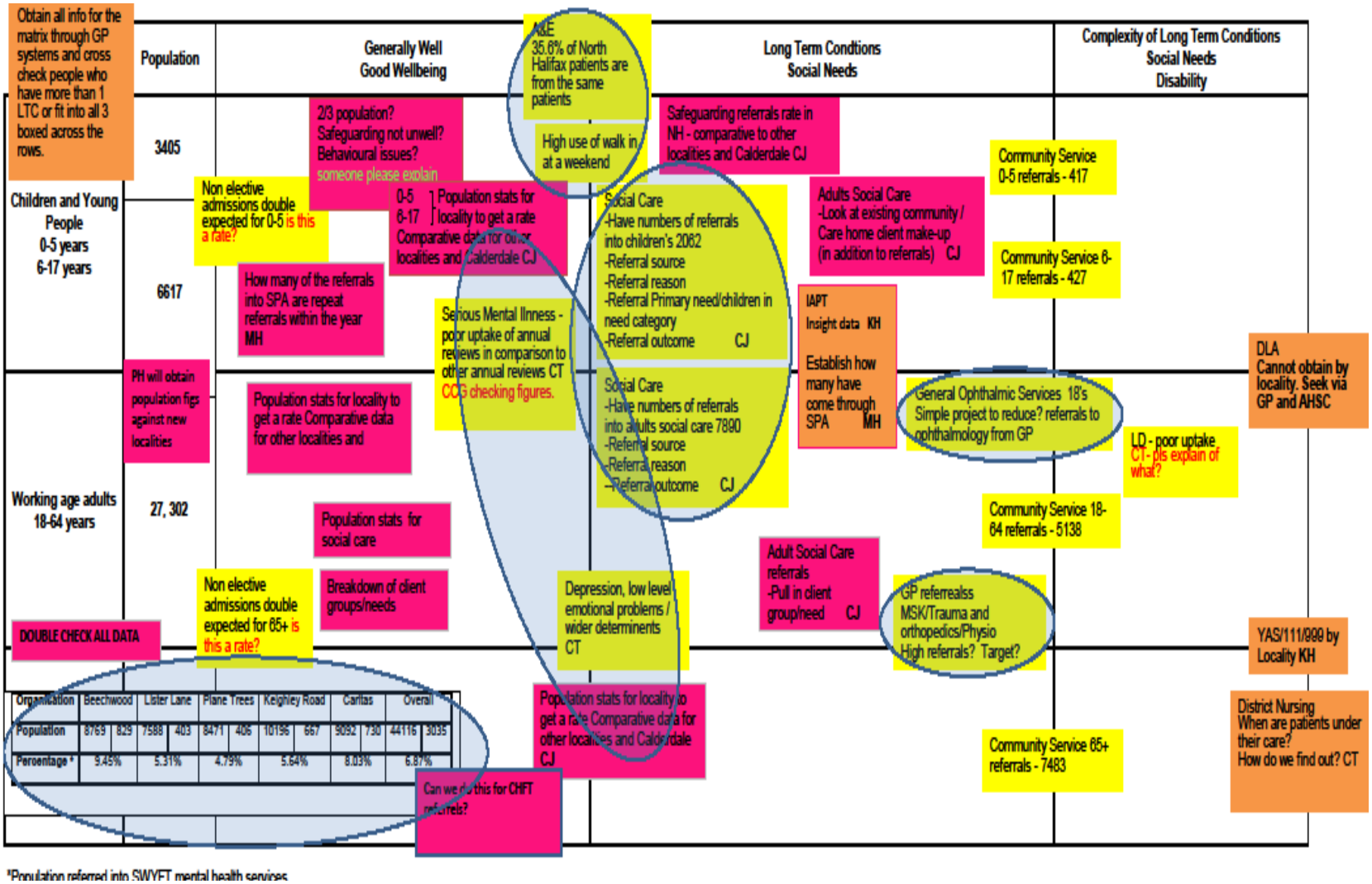
What helped us get started?

- A clear willingness to drive forward the integration agenda in Calderdale
- Enthusiastic transformational leadership in Calderdale
- Key organisations supported individuals to be involved
- A (very)little financial investment for GP backfill!

What did we find out?

- Data difficult to analyse
- All different sources segmented differently
- Gaps in data
- IT big barrier – lack of interoperability
- Community assets uncoordinated, duplicated, difficult to access – but wealth of resources
- Need for some Calderdale wide transformation to support NHx work

Output From Data Analysis



*Population referred into SWYFT mental health services

How did this help?

- Identified SMI and LD care as currently poor
- Identified high prevalence of low level Mental Health need
- Priorities identified in NHx but being addressed in Calderdale as a system were ruled out
- Agreed ongoing action plan to improve data gathering
- Confidence we were working on the right things

What Are We Actually Going to Do?

- Create a database of services/assets accessible to individuals and professionals
- Develop wellbeing clinics within NHx to address wider determinants as well as MH support - initially for SMI and LD then broadening out their scope
- Develop a co-produced communication and engagement strategy around MH in NHx to increase awareness/use of resources in NHx, reduce stigma and encourage self help and prevention
- Develop a simple system to enable professionals and individuals to identify needs
- Identify gaps in services in NHx and coordinate an approach

North Halifax Wellness Hub

Who is going to use the hub?

- People with serious mental illness initially
- No one is excluded
- Secondary care mental health patients North Halifax patients by appointment
- Primary care patients for annual physical health check
- Targeted invitation
- Opportunistic

Who is going to run the hub?

- Regular holistic service providers at the hub every week
- Better Living Team – focus on lifestyle support
- Customer First – focus on housing support
- DWP – focus on employment support
- All 3 regular providers have an understanding of each other's services

How will it work?

- Service providers will be based in the waiting room but with the use of private room if needed for confidential conversation
- Initiate informal conversation with individual to build trust.
- Start to identify the individual's needs
- Introduce the individual to the other service providers if appropriate
- Develop a rudimentary plan
- Provide relevant information
- Arrange follow up

Why?

- To provide a one stop shop type holistic service for people who find it difficult to access help.
- To help them develop trust in the “system” to help them
- To start to address all areas of their lives, whether that be social, health or wellbeing, in one go rather than piecemeal.
- This is what all of us believe is the right thing to do!

How do we know if it is useful?

- Developing outcome questionnaires to assess what are the needs of those attending, what is the level of need, what are the gaps in our provision
- The vision is for these questionnaires to be used by organisations to identify initial holistic needs at the start and end of someone's journey through their service and therefore measure effectiveness.

What have we learnt?

- PHM is not scary. It's just a way to find where to start
- Don't do to/for people – enable them instead
- Resources you need are there in the community - find them, use them, support them
- Involve everyone – build a team approach
- Identifying quick wins as well as longer term goals keeps up momentum and enthusiasm
- Keep it simple!
- Have fun and keep patting yourselves on the back