

Population health

A new direction

Collaboration, coordination and standards are essential to achieve real change

bsi.



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Welcome

The Covid-19 pandemic has had a seismic impact on almost every aspect of our lives – and that impact will continue to reverberate for the foreseeable future.

The Covid-19 pandemic has had a seismic impact on almost every aspect of our lives – and that impact will continue to reverberate for the foreseeable future.

On the frontline of the fight, the UK has been forced to re-examine the fundamental ways in which healthcare is managed. The general public has been largely supportive of many changes, such as virtual consultations, which may have taken many years to become widely available without the driver of a global health emergency.

But can we treat this as an opportunity to go even further? Can healthcare be managed in a more holistic and productive way, by harnessing the expertise of other sectors: leaving hospitals and health providers the space to concentrate on those in immediate need?

According to our survey of 100 senior NHS decision makers, the pandemic offers a once-in-a-generation opportunity to transform the UK's health and wellbeing by using a multi-agency approach to tackle underlying causes of ill health.

This approach requires never-before achieved levels of collaboration and cooperation between health and social care services, emergency

and safeguarding services, education, housing, businesses, local leadership and a host of other organizations.

It's a watershed moment. Utilizing the power of collaboration will have a lasting impact on how we manage healthcare for decades. By promoting wellness, reducing inequalities and providing health and care interventions at the earliest opportunity across our entire population, we can ensure the NHS does not become over-burdened.

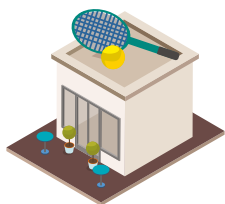
This report reveals that many NHS organizations are already developing or preparing population health improvement strategies. However, it also concludes that there are significant obstacles

– legal, financial, cultural or historic – that prevent outside organizations from working with local health services to drive these improvements.

As a world leader in setting standards, BSI can provide insights into breaking down barriers between organizations and so nurture and encourage joint working.



Rob Turpin,
Head of Sector (Healthcare),
BSI Knowledge Solutions



The pandemic offers a once-in-a-generation opportunity to transform the UK's health and wellbeing by using a multi-agency approach to tackle underlying causes of ill-health

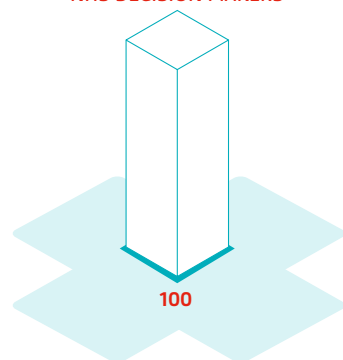


Methodology

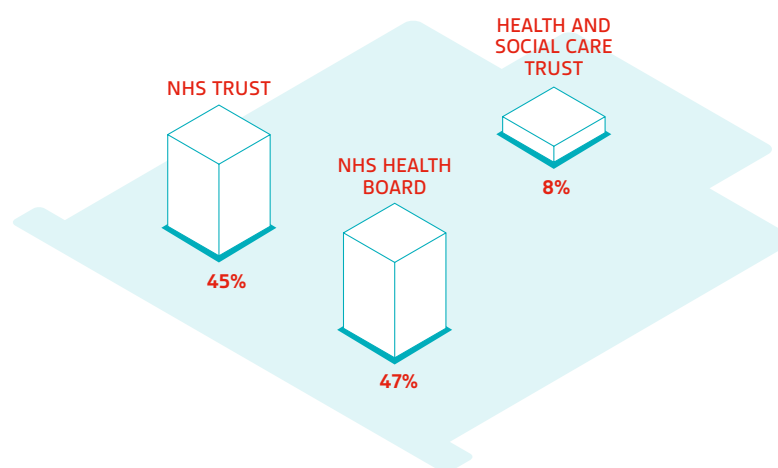
We interviewed 100 senior NHS decision makers in June 2021.

INTERVIEWEES

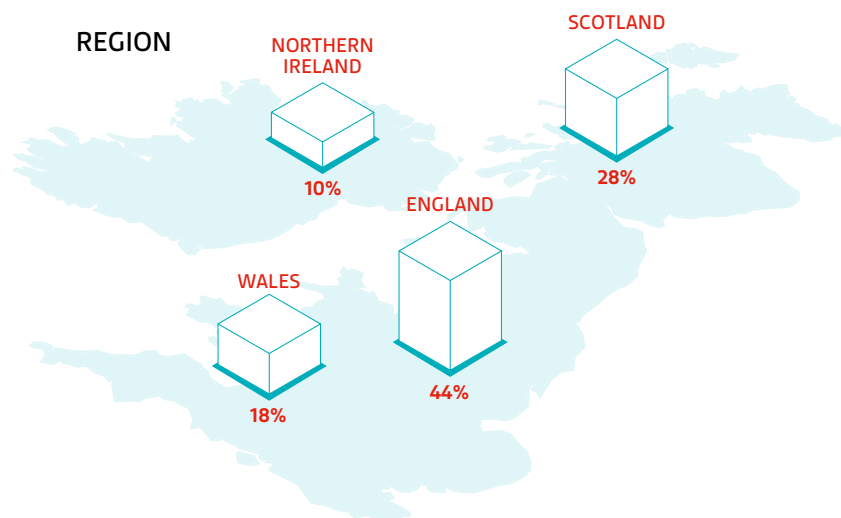
NHS DECISION MAKERS



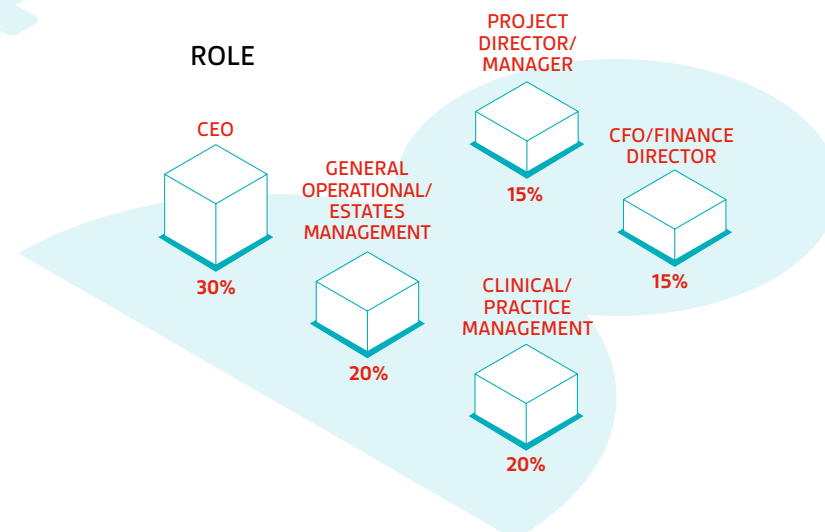
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REGION



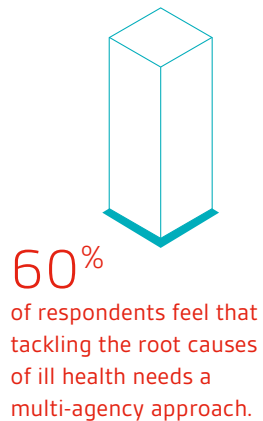
ROLE



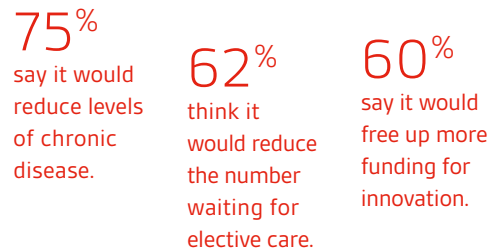
Key findings

The pandemic could be a huge turning point, creating an opportunity to transform the UK's health by improving its broader determinants such as education, employment, housing and lifestyle.

Fundamental changes to the way we think about the UK population's health and wellbeing have been triggered by the Covid-19 pandemic:



When asked about the impact of improving population health on NHS organizations:



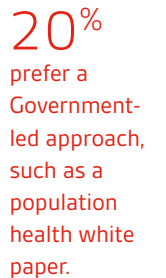
However, there are significant non-clinical barriers to population health improvement:



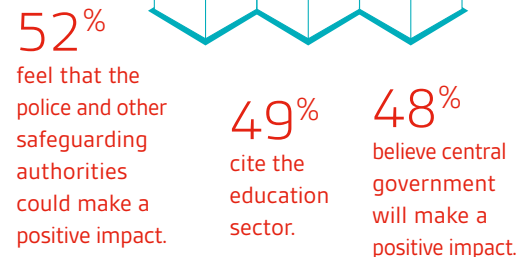
Meanwhile, NHS leaders are keen to kick-start wider collaborations to improve population health:



However, views are mixed on the next step:



Several sectors could play a key role in improving population health outcomes nationally:



Chapter 1: Pandemic provides catalyst for change

The Covid-19 pandemic could be a watershed moment for the NHS, triggering new ways to think about transforming the delivery of healthcare.



Chapter 1: Pandemic provides catalyst for change

The pandemic could provide the spur to transform the UK's approach to improving health and wellbeing by tackling the broader determinants that cannot be addressed by medical interventions, according to a survey of NHS managers from across the UK.

Respondents say new ways of working and new collaborations thrown up by the pandemic offer the chance for fundamental, lasting changes to the way we think about health and wellbeing.

The survey of 100 senior managers and decision makers reveals that 60% feel that tackling the root causes of ill health needs a wider multi-agency approach, which addresses lack of attainment, isolation, unemployment, lack of education or poor lifestyle choices. "The results are quite upbeat, perhaps due in part to the response to the pandemic and to the need for urgency to address global warming, managers feel societal change must happen. It's encouraging to see that the NHS is optimistic about improving population health

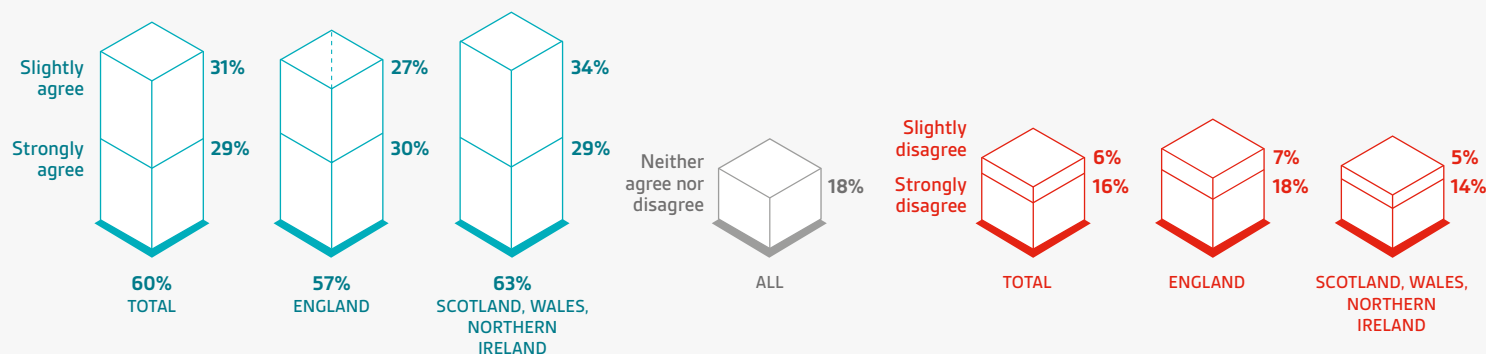
and wants to reach out to other agencies to help drive wellbeing," says Turpin.

Interviewees were asked how much they agreed with the statement, 'The pandemic offers an opportunity to transform and improve the UK's approach to broader determinants of population health (housing, lifestyle, etc)'. Some 29% strongly agree and 31% slightly agree with the statement – 60% in total. Just 22% disagree (16% slightly and 6% strongly disagreed) and 18% say they neither agreed nor disagreed.

While 57% of English interviewees agree, 63% of respondents in Scotland, Wales or Northern Ireland agreed (29% 'strongly' and 34% 'slightly'), indicating increased optimism about transformation.

It's hardly a surprise that so many interviewees were either neutral or disagreed, given the immediate demands on the NHS: tackling a massive backlog of elective procedures, bringing down waiting times and restarting screening and other services. Add into the mix the major practical challenges to delivering routine care while Covid-19 remains a risk.

Figure 1: The pandemic offers an opportunity to transform and improve the UK's approach to broader determinants of population health



60% of respondents agree that the pandemic offers a chance to transform and improve the UK's approach to population health

Chapter 1: Pandemic provides catalyst for change

Working practices in hospitals and other care settings have been revised to reduce the spread of the virus and additional use of personal protective equipment (PPE) may be required for the foreseeable future. However, enhanced infection control measures may well slow the pace at which patients can be treated, having an impact on waiting times and people's outcomes and experiences of care.

The pandemic placed further pressure of the social care system, which was already under immense stress.¹

20% of our health outcomes are determined by NHS services – the rest is a product of broader factors

Working together

Health services leaders are already aware that there are limits to how much they can do alone. Just 20% of our health outcomes are determined by NHS services – the rest is a product of broader factors, such as whether we have jobs, decent homes and social connections and friends.²

In England, the NHS is already forming new bonds with local authorities and social care to deliver joined-up services under the guise of Sustainability and Transformation Partnerships (STPs) based around 44 regional 'footprints' in England.

One-third of STPs have already advanced into Integrated Care Systems (ICSs) with joined-up operational plans, autonomous budgets and strategies tailored to the needs of their specific locale.³ The aspiration is for all STPs to become ICSs.

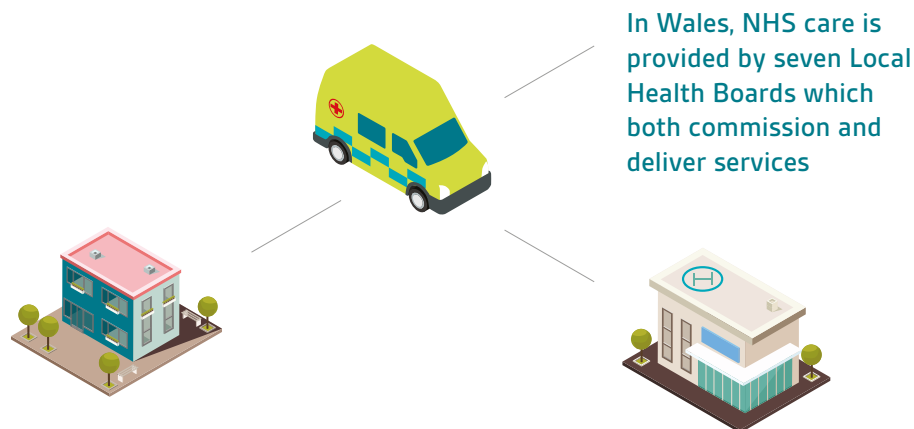
In Scotland joint working legislation was introduced in 2014, which established a set of nationally agreed outcomes, across health and social care, for which NHS boards and local authorities are held jointly accountable.⁴ It also put in place a set of planning principles, which ensure that local services are integrated from the point of view of service users.

In Wales, NHS care is provided by seven Local Health Boards that both commission and deliver services.⁵ Each Health Board is part of a wider Public Services Board (PSB), which is made up of the local council, the fire and rescue authority and Natural Resources Wales.

Each board is required to assess the state of economic, social, environmental and cultural wellbeing in its area and set objectives that are designed to maximize its contribution to the national wellbeing goals.

In Northern Ireland 17 Integrated Care Partnerships (ICPs), collaborative networks of care providers, the voluntary and community sectors, local councils, service users and carers, are responsible for designing and coordinating the delivery of health and social care.

The regional differences in the survey are instructive. Scotland, Wales and Northern Ireland have relatively small populations compared with England and local governments have had more control over the ways in which their NHS services are run. Using this autonomy, the regions are already looking to address many of these wider determinants.



¹ committees.parliament.uk/publications/6158/documents/68766/default/

² england.nhs.uk/integratedcare/what-is-integrated-care/phm/

³ nhsproviders.org/stp-governor-briefing

⁴ legislation.gov.uk/asp/2014/9/contents/enacted

⁵ wales.nhs.uk/nhswalesaboutus/structure

Chapter 2: Prevention would ease burden on NHS

Taking a prevention-based approach to population health by addressing the broader determinants would ease the burden on health services and improve patient outcomes.



Chapter 2: Prevention would ease burden on NHS

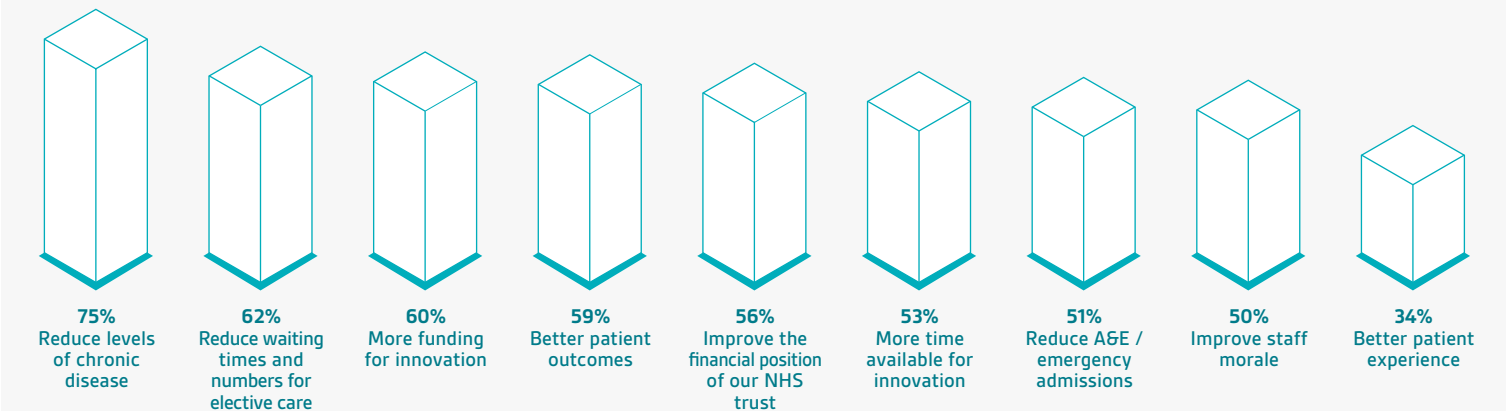
The adage that prevention is better than cure is borne out by respondents who say a preventative approach, focused on addressing the causes of ill health at population level, and so keeping people fit and well, would yield tangible benefits.

When asked what impact improving population health would have on their organization, three-quarters (75%) say it would reduce levels of chronic disease, while more than three in five (62%) cite reduced waiting times and numbers for elective care.

Six in 10 (60%) say it would release more funding for innovation projects, new ideas or approaches, and 59% say it would result in better patient outcomes.

Respondents place a higher value on keeping people out of their hospitals and reducing waiting lists, rather than improving their financial positions. “A corollary of keeping people out of the NHS would be to ease the burden on staff and so improve workforce morale,” says Turpin.

Figure 2: The impact of improving population health on NHS organizations



Wider collaboration

The survey results reveal that while collaboration and joint working is vital, it is not happening at pace or across the spectrum of services that need to be involved. Historically all these

organizations – hospitals, GP clusters, community services and local authorities – have worked in isolation and in some cases as directed by past NHS policy, in direct competition either for funding or for commissions.

organizations are already struggling to deliver the statutory services that they are legally obliged to provide.

Given there is limited funding for experimentation and trials, freeing resources could give organizations the ability to innovate or collaborate effectively outside that delivery plan.

Organizations of all kinds are set in their own ways of doing things. It will take some time to break down those silos, especially as NHS

75% of NHS respondents say improving population health would reduce levels of chronic disease

Chapter 3: Multi-sector collaboration is necessary

There is only so much the NHS can do to improve wellbeing on its own. Respondents call for wider collaboration with a range of organizations and services to keep more people out of hospital.



Chapter 3: Multi-sector collaboration is necessary

The survey reveals that managers feel agencies such as police, housing, education, business and local government need to make health and wellbeing part of their core business responsibilities.

However, when asked to cite the biggest non-clinical obstacles to improving population health, 76% of interviewees mention a lack of co-operation from the sectors outside health.

Some 72% say population social factors such as poor education, lack of social connections/support and a lack of trust in 'authority' hinder health improvement. Seven in 10 (70%) rate economic factors such as inequality and unemployment, and 66% cite political factors such as lack of effective government policy or NHS funding.

It seems there is a will to form new alliances, but a lack of knowledge about how to go about this process. Additionally there are no systems in place to exchange knowledge and learning between agencies.

76% of interviewees mention a lack of co-operation from the sectors outside health

A positive outcome

When asked to rank which organizations have the most opportunity to make a positive impact on local health outcomes, 52% of respondents rank police and other safeguarding authorities, community support and relations as highest. This is not surprising given that a huge amount of police work is related to mental health, domestic abuse, safeguarding and child protection.

Almost half (49%) say the education sector, including schools, colleges, further and higher education is crucial to making a positive impact and 48% cite central government as important in relation to national policy and funding.

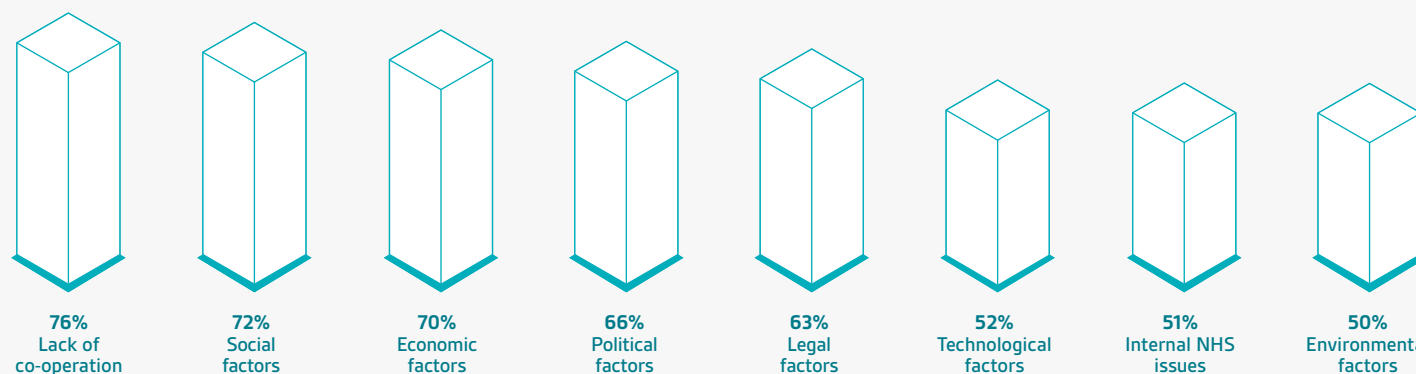
Surprisingly just 37% feel local authorities, including social care, community infrastructure and transport, are institutions that could make a difference. It's perhaps an indictment of large corporations that just 33% of respondents believe the food industry could make a positive impact.

A diverse range of non-healthcare related organizations can and do play a part in driving quality and safety, but they can do more. Take the example of the memorandum of understanding between the Care Quality Commission (CQC), which inspects the quality of health and social care in England, and the National Fire Chiefs

Council on safeguarding the wellbeing of people in care homes.

When fire brigade inspectors go into a care home and find out-of-date fire certificates or blocked fire escapes – it can provide an alert that the business is not 'well led' – one of the criteria the CQC looks at in terms of rating the quality of the service.⁶ Other organizations, such as royal medical colleges, HMRC, the Health and Safety Executive and the National Police Chiefs Federation, have similar elements written into their statutes.⁷

Figure 3: Non-clinical obstacles hindering the ability to improve population health

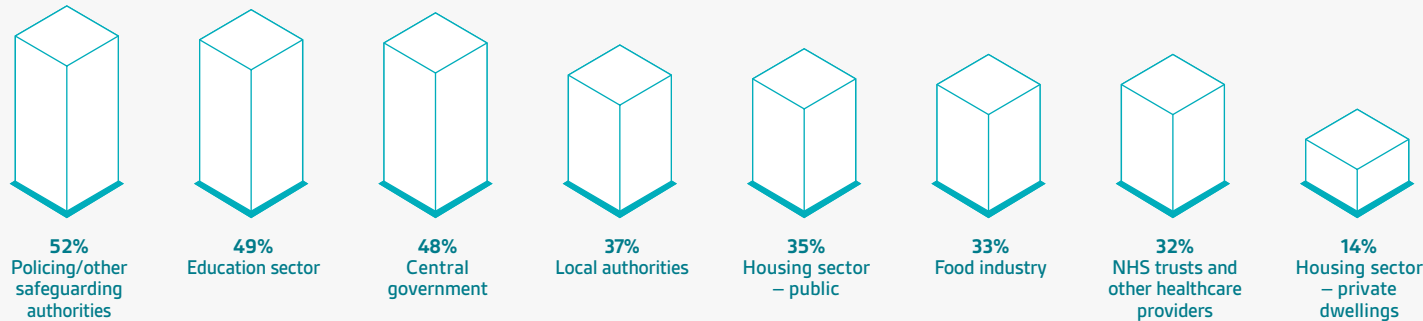


⁶ [cqc.org.uk/about-us/our-partnerships/joint-working-agreements#hide4](https://www.cqc.org.uk/about-us/our-partnerships/joint-working-agreements#hide4)

⁷ [london-fire.gov.uk/safety/the-workplace/residential-care-homes/](https://www.london-fire.gov.uk/safety/the-workplace/residential-care-homes/)

Chapter 3: Multi-sector collaboration is necessary

Figure 4: Sectors that could make a positive impact on improving health outcome



Alliance and innovation

As STPs and their counterparts across the UK move to ICS or other similar status, so they will set their own agendas, become more autonomous and have the freedom to forge new alliances.

Greater Manchester Health and Social Care Partnership, one of the most advanced ICSs, started work in 2015 with an integrated health and social care model – local authorities, adult social care, GPs and community services and hospitals coming together.⁸

It works closely with Greater Manchester Combined Authority, which brings together 10 local councils with a combined population of 2.8 million. The Combined Authority takes responsibility for the full range of council services and has recently incorporated education and training, funding for homelessness and transport strategy, including plans for the creation of a unified transport system along the lines of Transport for London.

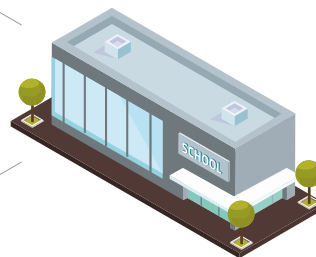
Greater Manchester's approach is rooted in population health – tackling the social determinants of poor health alongside prevention and early intervention, with a desire to design and package services around people, families and communities, rather than through one-size-fits-all programmes. Now its 5 Year Plan is focused on population health – preventing ill health and reducing inequalities.

The Health and Social Care Partnership delivers a 'balanced portfolio', where they make sure they have the right plans and resources in place to deliver their statutory requirements plus ambitious innovation targets looking at areas that could on one hand provide a high amount of value, but on the other hand could also fail.

In order to maximize the proportion of successful innovation targets, they question how the initiative could address inequality and environmental issues from the outset.



Greater Manchester's approach is rooted in population health – tackling the social determinants of poor health alongside prevention and early intervention



48%

cite central government as important in relation to national policy and funding

Chapter 4: Government leadership is vital

The NHS and local authorities are already forming closer ties but managers have mixed views about how to take population health improvement forward.



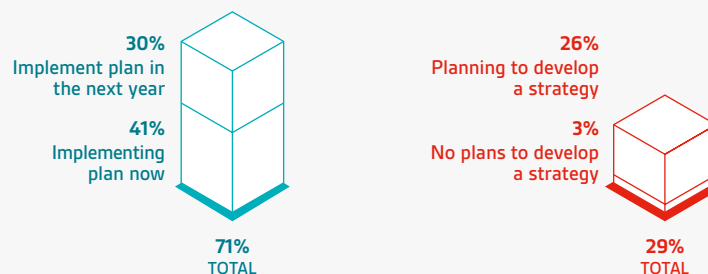
Chapter 4: Government leadership is vital

NHS leaders are keen to kickstart wider collaborations. The survey reveals that 41% of NHS trusts and health boards are already working on broad prevention-focused population health strategies, 30% plan to start working on it in the next year and 26% are planning to develop a strategy. Just 3% say they had no plans to develop a strategy.

The fact that more than two in five (41%) of respondents say their organizations are actively working on prevention, “feels encouraging,” says BSI’s Rob Turpin, particularly as the NHS faces the combined strain of the pandemic and the huge task of rebuilding routine services, on top of the already well-established STP integration programme.

When asked about the next steps for the health sector to pursue a preventative health model more effectively, not one single solution emerged as clear favourite (see Figure 6 overleaf).

Figure 5: Planning to improve population health



Some 21% of respondents call for the formation of a multi-sector body (eg, including the food industry, local authorities, NHS services and the housing sector) responsible for improving population health, 20% call for a preventative health white paper and 16% call for the formation of a health sector-wide body (eg, including NHS Trusts, care sector leaders and private health sector leaders) responsible for facilitating population health.

Just 15% favour a sector-wide consultation managed by central government and 13% call for legislation designed to change population health approaches.

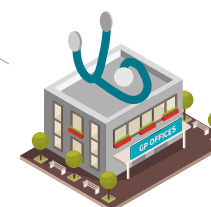
Respondents in England prefer the white paper approach (23% compared with 18% in the other three nations), but other UK nations have a stronger preference for formation of a multi-sector agency to drive reforms (23% compared with 18% in England).

While the response to this question is somewhat inconclusive, there appears to be a greater interest in formation of bodies – health sector and multi-sector – to drive forward the agenda, 34% preferring this option in England and 39% in the regions.

This shows there is a desire to get things done. There is also a role for standards here – both as an instrument for collaboration and innovating, and also for cross-sector knowledge sharing.

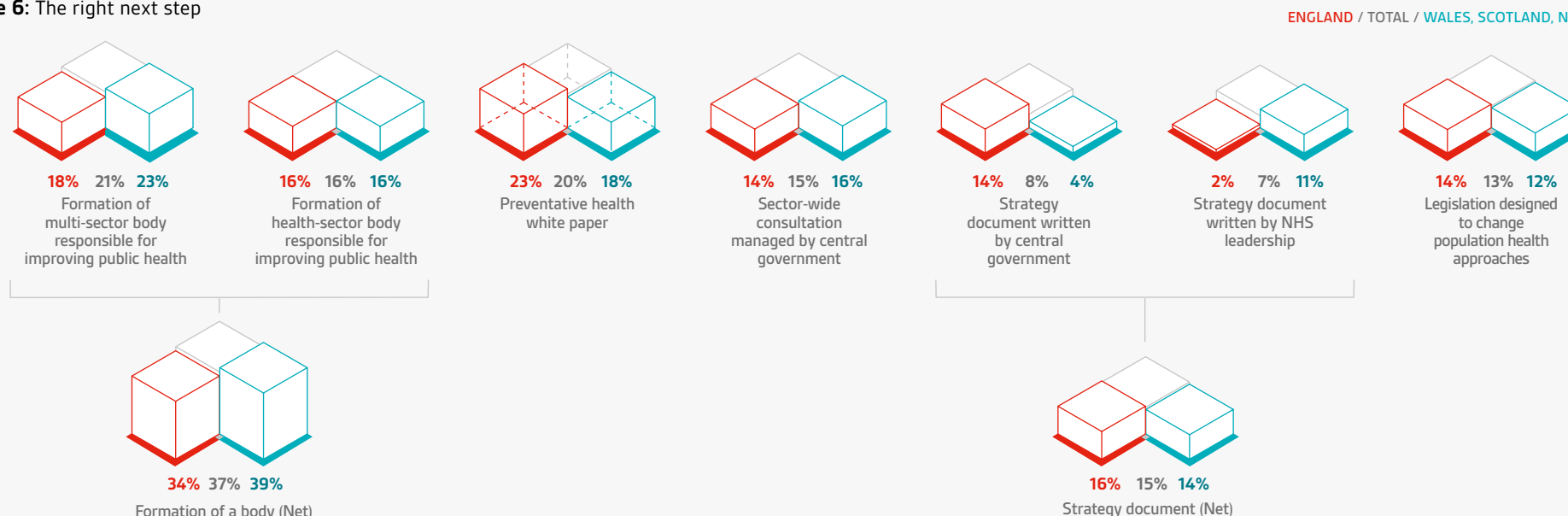


There appears to be a greater interest in formation of bodies – health sector and multi-sector – to drive forward the agenda



Chapter 4: Government leadership is vital

Figure 6: The right next step



The impact of Government measures

Government interventions may be shown to be simple yet effective on health and wellbeing. While the UK Government rejected the idea of a minimum unit price for alcohol, this approach has been adopted in Scotland which led to a 7.7% reduction in the amount of alcohol bought per adult per household per day.⁹

The UK sugar tax has reduced the amount of sugar being consumed and there are further measures to be introduced in relation to junk food and salt and sugar consumption, not just in drinks. There is direct correlation between the sanctions that can be put in place and health. If there is less sugar in our drinks, this is directly linked to reduced dental decay, diabetes and heart disease, so clearly has an effect.

However, there is a flip side which brings in the whole inequalities issue. If taxes are increased on cheap processed food, this could mean some of the poorest will spend more of those foods, meaning wider inequalities could be an unintended consequence.

There is a big piece of work to be done on education – getting people used to buying and preparing more healthy food. Importantly this must go in tandem with methods of incentivizing

food producers to produce cheap, healthy products and consumers to buy them.

Any solution needs to engage with the population and move towards improving outcomes for individuals rather than just sanctioning an unhealthy product or service. It comes back to incentivization and reward.

⁹ [thelancet.com/journals/lanpub/article/PIIS2468-2667\(21\)00052-9/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(21)00052-9/fulltext)

Conclusion

Shared knowledge, collaborative partnerships and innovation will drive health improvements across the UK population.

Academics and public health experts have long argued that poor status, lack of meaningful jobs, poor education and lifestyle need to be tackled to make society more participatory and inclusive, thus improving overall health and wellbeing.

STPs and their near relatives across the UK already provide the right-sized regional hubs to deliver wider and deeper integration and so drive improvements at scale.

But organizations within wider society – the police, education, housing, commerce and industry – must become an arm of the wider health and wellbeing service with health improvement enshrined as core principles of their work.

Bringing together bodies which have historically worked in isolation is a challenge, but it is already happening in some regional authorities with devolved budgets, such as Greater

Manchester where population health, reducing inequality and improving wellbeing are the overarching goals.

The rest of the UK can be encouraged to follow suit and standardization can drive that integration, offering opportunities to share good practice. The pandemic has presented the UK with an ideal opportunity to demonstrate international leadership in population health improvement.



The pandemic has presented the UK with an ideal opportunity to demonstrate international leadership in population health improvement



How BSI can help

Why standards? Standards help organizations succeed. They give businesses a set of tools to make them more innovative and productive. Standards give organizations a clear vision, shared benefits, and raise quality through clear best practices to solve societal challenges.

Standards can help break down barriers between organizations, supporting transformation in the NHS and the wider healthcare system. Removing decades of siloed working would support collaboration, innovation and the free sharing of knowledge.

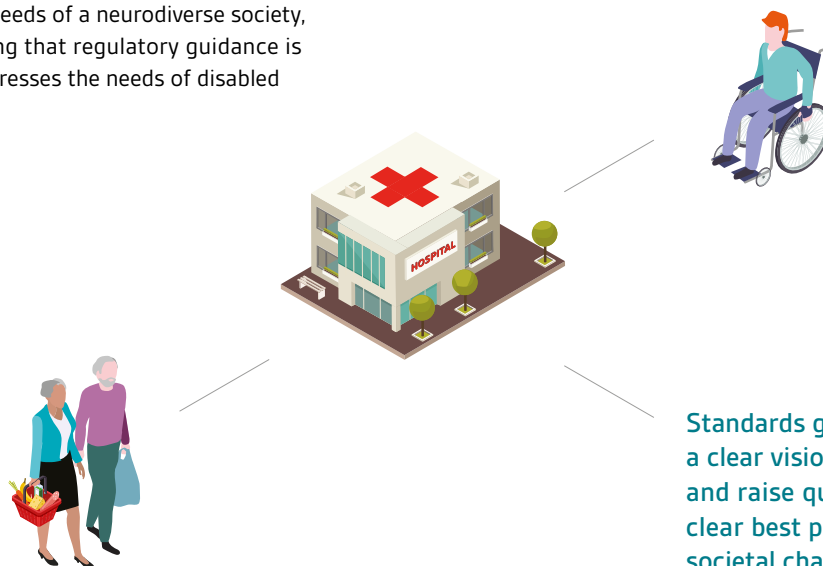
For example, BSI has created a code of practice for establishing dementia friendly communities, which includes contributions from across business and society. This code helps society better understand and provide for those with dementia.

Government recognizes the important role that standards play in supporting public policy. BSI works with UK Government and regulators with tools to deliver policy objectives across many areas.

Standards can also be used as an alternative to regulation. One example is the development of built environment accessibility guidelines that reflect the needs of a neurodiverse society, aimed at ensuring that regulatory guidance is relevant and addresses the needs of disabled people today.

As the UK National Standards Body, BSI represents UK economic and social interests across Europe and internationally, with a leadership role in the ISO standardization committee for Ageing Societies. BSI's guidelines are a basis for global standardization for an age-inclusive workforce.

Rob Turpin,
Head of Sector (Healthcare),
BSI Knowledge Solutions
Robert.Turpin@bsigroup.com



Standards give organizations a clear vision, shared benefits, and raise quality through clear best practices to solve societal challenges

About BSI

BSI is appointed by the UK Government as the National Standards Body and represents UK interests at the International Organization for Standards (ISO), the International Electrotechnical Commission (IEC) and the European Standards Organizations (CEN, CENELEC and ETSI). Formed in 1901, BSI was the world's first National Standards Body. Its role is to help improve the quality and safety of products, services and systems by enabling the creation of standards and encouraging

their use. BSI publishes over 2,700 standards annually, underpinned by a collaborative approach, engaging with industry experts, government bodies, trade associations, businesses of all sizes and consumers to develop standards that reflect good business practice.

To learn more about standards, please visit:
www.bsigroup.com/standards and for the National Standards Body: www.bsigroup.com/nsb



BSI Group

389 Chiswick High Road, London W4 4AL UK

Tel +44 (0)20 8996 9001

Fax +44 (0)20 8996 7001

www.bsigroup.com

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