



PHE Board Paper

Title of meeting PHE Board
Date Wednesday 24 September 2014
Presenter Viv Bennett, Director of Nursing

Title of paper 'Caring for Populations through the Lifecourse' - A Framework for Nurses, Midwives, Health Visitors and Allied Health Professionals.

1. Purpose of the paper

1.1 The purpose of the paper is to provide a demonstration of the purpose and scope of the Framework for Personalised Care and Population Health which has been developed for use by nurses, midwives, health visitors and allied health professionals (AHPs). It will focus on one strand, the childhood health case study, as an example of how it can be utilised by the professions.

2. Recommendation

2.1 The Advisory Board is asked to **NOTE** the information provided and the approach taken. It is also asked to promote and champion the Framework as the opportunities present themselves.

3. Background

3.1 The Framework for Personalised Care and Population Health (PCPH) was launched at the Public Health Nursing, Midwifery and AHP conference, At the Heart of it All, on 1 July 2014 in Birmingham. It is designed to support all frontline healthcare practitioners (HCPs) in the delivery of the 'population health' elements of their roles and is a 'menu' rather than a 'manual.' It supports practice and services through the menu of evidence based actions and links to outcomes which demonstrate and measure the impact that HCPs make. Full use is demonstrated through practice models for national key health priorities in this first release for tuberculosis, antimicrobial resistance, alcohol, dementia, falls and the 'Beginning of Life - first 1001 days. It will be further developed alongside the PHE Health and Wellbeing Framework and use the same digital development/ capacity. PHE has the lead for developing this area for the UK and the Republic of Ireland and this is within our business plan. We also have interest internationally.

3.2 Our expectations for how the PCPH Framework may be used are:

- a) **Frontline nurses, midwives, health visitors and allied health professionals (healthcare practitioners (HCPs)):** to inform and support delivery of the 'population health' elements/impact of their roles.
- b) **Professional leaders and managers:** to develop services which utilise the knowledge and skills of HCPs to deliver the best value and biggest health impact on outcomes
- c) **Commissioners:** to develop commissioning with HCPs informing health and wellbeing priorities and evidence-based local service development
- d) **Educators:** to inform curricula development and as a tool for teaching

the role of population health in HCPs undergraduate and postgraduate programmes.

- e) **Researchers:** to provide evidence to identify research questions based on local and national priorities and inform grant applications.
- f) **National professional leaders:** to guide policy development based on what works well, and raise the national profile and visibility of nurses, midwives, HVs and AHPs by making explicit their contribution to population health.

3.3 This is our 'first release' and we are seeking feedback from the professions for future development. We will demonstrate its functionality at this meeting and invite feedback. The Framework can be found at:

<https://www.gov.uk/government/publications/framework-for-personalised-care-and-population-health>

4. Childhood Health Case Study

4.1 The lifecourse approach to public health targets specific health challenges at different times in a person's life, such as maternal and newborn phases, child and adolescent, working age adult and older age. The framework only covers the early years of lifecourse at this time with other stages to be added later.

4.2 The Framework presents under the following categories:

- a) Facts: Transition to parenthood, maternal mental health, breastfeeding, obesity, development of child, hospital admissions.
- b) NICE guidance documents which focus on the management of the high impact areas which are crucial in the early years, some encompassing more than one area.
- c) Interventions at the Population level, the Community level and the Family/Individual level. Linking to the Health Child Programme evidence base and mapped to the National Four Level Model for Health Visiting services.
- d) Outcome measures – using the outcome indicators from the Public Health Outcomes Framework to map the lifecourse.
- e) Good Practice examples.
- f) Service model – a four tier pyramid model 1) Universal support for every parent. 2) Additional care for parents identified as needing extra clinical and universal care. 3) Ill and at risk. 4) Severe mental illness.

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