



Committing to Collective Action: Improving Population Health, Prevention and Health Equity in City and Hackney

This paper seeks partnership agreement on a unified vision for population health in City and Hackney, lays out a proposal for the actions and resources required, and seeks tangible commitments from partners to achieve this.

Our vision

The goal of the City and Hackney place-based partnership is to improve the health of the population by working together across NHS, local authority, community and voluntary sector organisations. Our vision of “working together with our residents to improve health and care, address health inequalities and make City and Hackney thrive”, necessarily includes serving our communities by reducing avoidable and unjust differences in health outcomes, focusing on prevention and improving health for all.

We are proposing that the partnership adopt the Population Health Hub four strategic objectives, to achieve our vision as a partnership:



Why Now

The new NHS 10-year plan focuses heavily on population health and prevention. At the same time, changes in integrated care governance give us a chance to reset our partnership approach. Without a joint effort, progress will be slow and health gaps could widen.

We currently spend a large part of our budget managing the effects of inequality. By acting to reduce these inequalities, we can use our resources more effectively.

Acting as a unified partnership lets us innovate and lead local action at scale. We will embed population health goals into everything we do, from planning to service delivery. This includes using neighbourhoods and local assets, such as universities and health-tech innovators, to deliver results.



What we can build on

City and Hackney has a long tradition of working in a preventative, health inequalities-focused way, meaning there is significant existing work, resource and governance on which to build this expanded approach.

Existing teams, work and resources

There are multiple teams working within City and Hackney that contribute towards improving population health, reducing inequity and improving services for our residents. These include local authority strategy and transformation teams, NHS quality improvement teams and those working on insights and intelligence. Partners in the voluntary and community sector bring a deep understanding and local intelligence of working with our residents and communities in a holistic, supportive way. A few examples are highlighted below:

Spotlight: The City and Hackney Population Health Hub

The City and Hackney Population Health Hub (PHH) is a small, cross-partnership team that has been in place since 2021, and is a unique arrangement to City and Hackney. The team was conceived as an enabling function to support the City & Hackney Partnership vision, with specific focus on improving population health, embedding prevention and reducing health inequalities. Since inception, the team has developed strong working relationships with system partners, delivered high quality work¹ to support teams across the City and Hackney partnership and developed expertise in : use of intelligence, evidence, embedding prevention and equity, capacity building, improving co-design and partnerships, and evaluation of impact.

Spotlight: LBH Adult Social Care

LBH Adult Social Care have invested in transformation and are doing significant work on embedding a strengths-based approach to improving outcomes for their service users, and are now working with teams to embed 'prevention' into their work including identifying wider needs, and supporting people to manage these.

Spotlight: Population Health Management

City and Hackney have recently started work with Optum as an early adopter to support a Population Health Management approach (Population Health Management is use of data from clinical, community, and social sources to segment populations, identify at-risk cohorts, and deliver tailored interventions). The pilot is being led by Optum, and has had wide engagement from stakeholders across City and Hackney - and will hopefully provide one more tool to support staff in taking a data driven approach to inequalities and population health. There are also tools produced by the Public Health Intelligence Team and NEL ICB Insights team which can support this work. Intelligence teams from partners across City and Hackney already come together as a System Intelligence Group to plan how best to support partners, as well as getting broad input on scoping and analytics outputs.

¹ Impact reports for 2023 and 2024 with details of work delivered [here](#)



Existing governance

The City & Hackney Population Health and Health Inequalities Strategic Partnership (PHHISP) was established in May 2024. This brought together two existing groups - the Population Health Hub Planning Board² and the City & Hackney Health Inequalities Steering Group³ (which is represented on the current governance 'wiring diagram' of the City and Hackney Place-based Partnership). The PHHISP is chaired by Dr Sandra Husbands, Director of Public Health, and has membership taken from across the four 'pillars' of population health. Dr Sandra Husbands, Director of Public Health for City and Hackney and Dr Deblina Dasgupta, Chief Medical Officer at the Homerton are currently appointed as joint Senior Responsible Officers for Population Health and Prevention.

What more is needed

A small advisory group, led by Bas Sadiq, Chief Executive of the Homerton NHS Trust, has been meeting to explore and challenge our ambition around this agenda. This has resulted in this proposal for a dedicated, cross-partnership '**Institute for Change**' for City and Hackney. This would build on the strong foundation of joint working, by integrating and scaling up the enabling functions that are crucial for systemic population health improvement and would report into and be accountable to the PHHISP and C&H Place-based Partnership.

The 'Institute for Change' would serve as a central engine to power this work, offering:

- Bespoke improvement/change and innovation support for teams on population health, prevention and health equity (including facilitation of cross-sector work and collaboration with relevant internal and external teams [e.g. academic partners, quality improvement and transformation teams, Public Health Intelligence Team (PHIT), partner resident engagement teams, and the Voluntary and Community Sector])
- Dedicated expertise in data acquisition, translation, and use (data- and insight-driven decision-making)
- Strong community engagement capabilities to co-produce solutions
- Expertise on improving health literacy across the population
- A focus on applied research to ensure evidence-informed practice
- Creation of a learning system across the partnership to improve outcomes

While there is existing expertise, the expanded scope of the IfC requires additional dedicated capacity. Specifically, the following skills and resource gaps have been identified so far: behaviour change science, communication for change, innovation and service design skills, formal links with academic research partners. Filling these gaps could be achieved through arrangements for existing teams from partner organisations to work together (including but not limited to formal, dedicated secondment arrangements) or alternatively, through partners contributing sustainable funding in order to train or recruit staff with specific expertise.

This transition from a "Hub" to an "Institute" signifies a step-change in ambition, aiming to embed population health, prevention, and equity as core operating principles across all

² The Population Health Hub Planning Board oversaw the work of the PHH, and was established as part of the Place-based Partnership governance.

³ The City and Hackney Health Inequalities Steering Group was an informal coalition which arose during the COVID-19 pandemic and developed 10 strategic priorities for the system to address inequalities locally.



partnership organisations. The expectations would be that this change is underpinned by clear ways of working, and a culture of mutual respect, transparency, and accountability. The Institute's workforce would be expected to actively collaborate, share specialist knowledge, and contribute expertise to joint projects and initiatives, working **with** teams and organisations to achieve agreed outcomes, rather than simply executing tasks **for** those who request help.

What would be different?

This shift from "Hub" to "Institute" is designed to facilitate systemic, whole-partnership improvement, moving beyond smaller pockets of innovation and improvement that are currently limited by individual or organisational capacity. The Institute for Change will add value by providing dedicated cross-sector expertise and co-ordination, enabling us to tackle complex, interconnected population health challenges at a scale that no single partner could achieve alone.

Story 1: Whole person approach to early diagnosis and prevention of stroke

City and Hackney has a high prevalence of cardiovascular conditions, and a high number of strokes at relatively young ages (40-60). This has an impact on wellbeing and quality of life, as well as levels of care needed (and cost of care packages). If we had a cross-partner approach on data sharing and transparency, we could identify and target key groups at highest risk and in areas of unmet need, and identify key opportunities and trusted messengers (adult social care 'frontdoor', GPs, tenants associations, barbers, community assets and groups, faith groups, school parents groups) to identify risk factors and enable early diagnosis of risk factors such as hypertension and atrial fibrillation. We already have insights from previous work on what residents might find helpful but could work with groups of residents to expand on this. Neighbourhood teams and groups are in place to support residents to identify what assets they have in place to support these preventative interventions. Significant non-clinical support around these diagnoses and management would enable higher levels of e.g. medication and care plan adherence to prevent future events.

Story 2: Supporting residents with social determinants of health

Recognising that those with long-term health conditions may face challenges in remaining in work, and acknowledging that financial insecurity significantly impacts health and wellbeing, the Institute for Change could develop a new, proactive approach. Working initially through Primary Care Networks, local community organisations and Integrated Neighbourhood Teams, we could identify individuals with long-term conditions who may benefit from financial and employment support. Structured outreach could offer a direct referral to the local authority's Income Maximisation team. This team could provide holistic support, including accessing relevant welfare benefits, facilitating 'breathing space' on local authority debts (like council tax), and providing signposting and supported referral to bespoke vocational support, adult skills development, job searching assistance, and volunteering opportunities in community organisations, tailored to the individual's needs and health status. This collaborative, cross-sector intervention, facilitated through our neighbourhood working model, would address the financial and employment determinants of health, offering comprehensive support that goes beyond clinical care.



What is needed from partners

Request of City & Hackney Place-Based Partnership

We ask the partnership to:

- **endorse this approach** and make sure it is a key part of local plans, such as the neighbourhood plan
- **make sure governance structures can deliver these plans**
- **bring in partners** who influence housing, employment, and the environment so they commit to our shared vision
- **link other enabling functions**, such as staff training and development, to this work
- **improve connections** between existing groups, such as formalising how the PHHISP interacts with the new governance and health and wellbeing boards
- **suggest other areas** where the Institute for Change could help

Request of partnership organisations

We ask each organisation to:

- **reflect goals** for population health and equity in your own strategies
- **support your staff** to work towards these goals
- **update your own governance** so groups like the Homerton Place and Integration Group can report to trust leadership
- **confirm how you will contribute** to the Institute for Change
- **suggest and help fill skills gaps** by seconding staff or providing funding
- **build links** with other partners, such as universities and health technology companies.

Suggested next steps

Once the Executive Partnership endorses this paper, it should go to each partner organisation's board to secure their commitment.

Sandra Husbands, Deblina Dasgupta, Stephanie Coughlin and the Population Health Hub team will review your feedback. They will lead the work to set up the Institute for Change, with oversight from the PHHISP and the Executive Partnership.