



POPULATION HEALTH FRAMEWORK FOR HEALTHCARE PROVIDERS

Introduction

This framework sets out principles for a population health approach that can be taken by NHS provider organisations, working as part of an integrated health and care system. It has been developed by the Provider Public Health Network, a group of public health professionals who work in or closely with NHS provider organisations.

Since the 2012 Health and Social Care Act there may have been a reduction in the involvement of many NHS organisations in population health activity, as noted in the Health Select Committee review in 2016.¹ In the context of the renewed system wide focus on prevention in the NHS long term plan,² the attached framework is intended to help NHS trusts review, describe, prioritise and further develop their contributions to population health, and contribute to the increasingly integrated approaches to the planning and delivery of care. It also includes case studies which demonstrate how some of these approaches have worked in practice.

Many of these activities are already taking place in NHS trusts to some extent. This framework can help trusts consider their approach to population health systematically, but it should be noted that it is not intended as a performance management framework. It covers five areas of healthcare providers' work.

The Provider Public Health Network

The Provider Public Health Network is an independent forum, established in 2014, which is supported by the national Healthcare Public Health team within Public Health England.

Further details of members' work can be found [here](#).

The online forum for the network can be accessed [here](#).



1 House of Commons Health Committee (2016). *Public Health post-2013*. House of Commons
2 NHS England (2019). *The NHS Long Term Plan* <https://www.england.nhs.uk/long-term-plan>

Population health framework for healthcare providers

1 Collaborative working

Building on a legacy of local partnerships and collaboration, the NHS long term plan sets out the aim for all sustainability and transformation partnerships (STPs) to become integrated care systems (ICSs) by 2021, with all organisations holding shared responsibility for contributing towards improving population health. Provider trusts should work in partnership with commissioners, other health and social care providers, the voluntary and independent sectors and community groups, and involve their organisation's own staff, patients and their families.

2 Prevention and health improvement

All NHS organisations need to show how they address the prevention challenge identified in the NHS long term plan and the previous *Five year forward view*. Local authorities and Public Health England have specific responsibilities for preventative work, and primary care has traditionally provided the majority of this work with patients within the healthcare sector. However, with increasing levels of population multi-morbidity – predicted to affect two-thirds of adults aged over 65 by 2035, with a doubling of those living with four or more conditions from 2015 numbers – the case for an increased focus on prevention is now well recognised.^{3,4}

There are unique opportunities for prevention and health improvement within NHS provider organisations, which offer additional benefits to those happening elsewhere. With 23.4 million attendances at accident and emergency departments and 89.4 million at outpatient appointments per year, healthcare providers can support preventative work as part of the care and treatment for the patients they look after.⁵ Information and advice on prevention and health improvement can be embedded within the patient pathways through initiatives such as making every contact count (MECC). In addition, some patients, often the more vulnerable, for example rough sleepers, may only access care in a provider setting, which makes it even more important that they can be offered opportunities to improve their health alongside receiving care for health problems.⁶

Promoting and improving the physical and mental health and wellbeing of their staff is also critical particularly with the challenges around staff recruitment and retention faced by many NHS provider organisations. Trusts should promote a safe and healthy workplace and environment for service delivery, developing an organisational culture and policies that encompass health improvement and prevention as core business.

3 Kingston A et al (2018). *Projections of multi-morbidity in the older population in England to 2035: estimates from the Population Ageing and Care Simulation (PACSim) model*, 10.3310/signal-00572

4 NHS England (2017). *Next steps on the Five year forward view*

5 NHS Confederation: A&E attendances for 2016/17, Outpatient attendances for 2015/16

6 Elwell-Sutton T et al (2017). *Factors associated with access to care and healthcare utilisation in the homeless population of England*. *Journal of public health*, vol 39, Issue 1, pp 26-33

3 Population healthcare and health services

With the nationwide move from STPs to ICSs by 2021, NHS providers will be increasingly accountable for contributing to jointly agreed population health outcomes to meet the needs of their local population. All providers within an ICS will be required to contribute to ICS goals and performance, and to take responsibility, with system partners, for wider objectives in relation to use of NHS resources and population health.

As shared population healthcare leaders, NHS provider organisations can play a vital role in developing and delivering high value care through helping design care pathways, prioritising care and evaluating outcomes, working with others across the health and care system. High value care is about ensuring a positive balance of costs versus benefits and encompasses clinical and cost-effectiveness as well as quality, appropriateness and minimising waste. The population health skills of needs assessment, evidence-based service design and review, health economics, predictive prevention and public involvement are key to its delivery and are core pillars of the long term plan's ambition for ICSs' contribution to population health, which also includes the development and effective use of population health management approaches to help improve population outcomes. The data collected by NHS provider trusts on health needs and outcomes can also provide valuable insights into the health of the local population.

4 Health protection

NHS providers protect the health of the population through their contribution to population health programmes such as screening and immunisation, as well as through infection and environmental prevention and control, and business continuity and major incident planning. While already part of the routine work of most providers, all these require a system-wide, population level approach.

5 Community role and wider determinants

As 'anchor institutions', healthcare providers have many opportunities to improve health and wellbeing in the wider community.^{7,8} Like all public sector bodies they have a responsibility to demonstrate social value and to increase environmental sustainability, and the long term plan identifies further scope for reductions to the environmental footprint of the NHS. As large local employers NHS providers can demonstrate good employment practices and offer opportunities to local people for employment, learning and work.

NHS staff may also be patients, and in particular a trust's staff within pay bands 1-4 may comprise up to 7-8% of the local resident population in the most deprived areas around the country. This provides a unique opportunity for workforce health and wellbeing activities

7 Democracy Collaborative (2015). *Can hospitals heal America's communities?*
<https://democracycollaborative.org/content/can-hospitals-heal-americas-communities-0>

8 BMJ (2018). *Hospitals as anchor institutions: how the NHS can act beyond healthcare to support communities.*
<https://www.bmj.com/content/361/bmj.k2101>

to positively impact on the health of the local population. Healthcare providers can also support the local economy through their support for local providers of goods and services.

Provider organisations can also make a major contribution to tackling health inequalities, by ensuring equitable access to their services and working with partners to identify the impact of and tackle wider determinants of health such as education and housing.

Conclusions

Many trusts are already doing excellent work to improve population health, with the potential to share learning and transferability across the system. This work is often led or supported by public health consultants, specialists or trainees in post or working closely with the trust, and there are opportunities to strengthen this capacity in most health communities.

Strengthening these functions could deliver many benefits, to the provider organisations themselves, their partners in local health and care systems, and in improved health outcomes for patients, their workforce and the wider population.⁹

⁹ Alderwick H et al (2015). *Population health systems: going beyond integrated care*. The King's Fund

Population health framework for healthcare providers

Collaborative working

The organisation works collaboratively across an integrated care system to promote, protect and improve health and support the local community.

Area	Core principle	Components
Collaboration with partners	The organisation works collaboratively with other local organisations across an integrated health and care system to improve health and plan and deliver high value services which meet the needs of the population.	<ul style="list-style-type: none"> ● The organisation works collaboratively with system partners including health, social care, public health, voluntary sector, independent sector, academic and community bodies to plan, deliver, monitor and improve services ● The organisation's medium and long-term plans are included in plans for the wider integrated care system ● The organisation's plans take account of information on local health needs including local joint strategic needs assessments (JSNAs) ● All services where there are joint/shared responsibilities are reviewed and agreements reached on their planning and delivery including aims, outcomes, resourcing and responsibilities, information sharing and monitoring
Collaboration with patients, carers and community	The organisation works collaboratively with service users and the wider population to improve health and to plan and deliver high value services which meet the needs of the local population.	<ul style="list-style-type: none"> ● The organisation actively encourages and supports the involvement of service users and their carers and community groups in service planning and design ● The organisation involves service users and their carers and families, and community groups, in service evaluation and in planning the service's response to the findings

Case studies

Collaborative working improves diagnosis of liver disease

A collaboration between hospital specialists, general practice and public health in Leeds is seeking to diagnose liver disease earlier. Public health data specialists can identify areas within the city with high prevalence of obesity or alcohol consumption where there will be a correspondingly high rate of liver disease. GPs in these areas have access to diagnostic tests to easily identify people who may have advanced disease. People with abnormal results are then reviewed in a liver clinic, run in GP practices by hospital specialists. Over the first six months over 250 people have been tested and 100 of these seen by liver specialists. Thirty cases have shown signs of significant disease and have received further tests of treatment that might not otherwise have been started.

An integrated approach to frailty

The city of Leeds has committed to delivering person-centred, proactive, and coordinated care for people living with frailty through integrated health and care services. Leeds Teaching Hospitals Trust (LTHT) is a core participant in this work. Leaders across the trust are working to align hospital service development to local system strategic priorities for people living with frailty. LTHT public health staff have supported this work by helping to strengthen relationships with partners, promoting more integrated patient pathways, recommending proactive and preventative inpatient services that recognise the multi-dimensional influences on frailty and valuing personal choice for patients. This approach aims to improve local population health and outcomes that matter to people, as well as patient flow, care quality and service sustainability at LTHT.

Prevention and health improvement

Prevention and health improvement are core business for the organisation (this section builds on the world health organisation's (WHO) health promoting hospitals standards).¹⁰

Area	Core principle	Components
Strategic approach	The organisation's strategic and policy documents recognise prevention and health improvement as part of its core business. Prevention and health improvement principles and actions are embedded within its operational plan, strategies and policies.	<ul style="list-style-type: none"> ● The organisation identifies responsibilities for leadership, planning and implementation of prevention and health improvement activity ● The organisation's information systems allow information on needs, activity and outcomes related to prevention and health improvement to be recorded and collated ● The organisation has clear monitoring and reporting arrangements for its prevention and health improvement work, with board-level accountability
Prevention and health improvement for patients	The organisation ensures that health professionals, in partnership with patients, systematically assess needs for prevention and health improvement activities as part of all patient pathways. Health professionals provide patients with information, advice and onward referral as appropriate and available, based on the findings of the assessment.	<ul style="list-style-type: none"> ● The organisation ensures that all patients have opportunities to assess their need for prevention and health improvement ● The patient's needs assessment reflects information available from others, including other professionals and the patient's family/ carer, and ensures sensitivity to social and cultural background ● Prevention and health improvement work with patients is embedded in patient pathways through approaches such as MECC, and identifies and makes use of 'teachable moments' during a patient's ongoing care ● Frontline staff have access to training and resources to enable them to assess and provide support to patients around prevention and health improvement ● The organisation works with partners to identify needs for and promote access to health improvement interventions for patients who need them

¹⁰ Groene O (2006). *Implementing health promotion in hospitals: manuals and self-assessment forms*. WHO Europe

Workforce health	<p>The organisation actively promotes the mental and physical health and wellbeing of its staff.</p>	<ul style="list-style-type: none"> ● The organisation provides staff with information about healthy lifestyles ● Staff have access to opportunities to support a healthier lifestyle which enables them to act as positive role models for patients ● The organisation systematically identifies and tackles workplace stress and any staff concerns about mental health ● Staff views are taken into account in developing all workforce health activities ● The organisation's occupational health service provides accessible support and advice on work related health for staff, and also supports the organisation's work on promoting staff health and protecting staff from work-related injury, infection and ill health
Promoting a healthy environment	<p>The organisation promotes a healthy and safe working and service delivery environment.</p>	<ul style="list-style-type: none"> ● Healthy food and drink options are available for patients and staff, including out-of-hours ● The organisation promotes a smoke-free environment, linked to support to stop smoking for patients and staff who need it ● The organisation ensures a safe workplace and protects staff from potential hazards and risks to their health ● The organisation's HR and employment policies promote staff health and wellbeing
Working with partners	<p>The organisation collaborates with partners on the planning and implementation of prevention and health improvement activities, based on a shared understanding of the needs of the local population.</p>	<ul style="list-style-type: none"> ● The organisation develops approaches to prevention and health improvement jointly with partners, referring to national and local policy and priorities and contributing to the strategic objectives of the STP/ICS ● The organisation shares information on health needs with partners to support the development of prevention and health improvement strategies, plans and interventions ● The organisation draws on information from the wider health and care system such as JSNAs to inform its own work on prevention and health improvement
Specialist expertise in prevention and health improvement	<p>The organisation has an identified source of specialist expertise and advice on prevention and health improvement.</p>	<ul style="list-style-type: none"> ● There is at least one professional with appropriate specialist public health training and experience who provides the organisation with advice and when necessary leadership on prevention and health improvement ● The professional is either directly employed by the organisation or has defined responsibility to work with the organisation while employed by another organisation such as PHE or the local authority

Case studies

Training and supporting hospital staff to intervene with patients with multiple unhealthy risk behaviours

Traditionally interventions to help people tackle unhealthy behaviours focus on single issues such as smoking, alcohol use or weight problems. However, many people have multiple risk behaviours and tackling one in isolation may increase other risks; for example when people stop smoking they may put on weight. In addition, it is often difficult to allocate staff time for training in separate lifestyle topics. Clinical and public health staff at Bolton NHS Foundation Trust designed a multiple unhealthy risk factors assessment form, covering up to six modifiable risk factors. A single-day training session was designed and delivered to equip staff with the knowledge and confidence to assess patients and complete a brief intervention for several modifiable behaviours in one go.¹¹

Training staff to deliver MECC enables them to have conversations about health behaviours

Making every contact count (MECC) enables staff to have conversations with service users and colleagues about their health-related behaviours. As a trust-wide initiative, MECC promotes an organisational culture of health improvement. Lancashire Health NHS Foundation Trust has been implementing MECC since 2015. An e-learning programme is available to all staff. It covers four key health-related behaviours (being tobacco free, low risk alcohol consumption, healthy diet and physical activity) giving staff the skills and knowledge to initiate health chats. Evaluation of the training indicated not all staff saw MECC conversations as being relevant to their role. It also demonstrated significant gains in staff's knowledge, confidence and skills as well as awareness of their own health related behaviours. There are now around 17,000 MECC conversations taking place across the trust each month.

11 NICE (2012). *Developing patient health promotion pathways in acute settings*.
<https://www.nice.org.uk/sharedlearning/developing-patient-health-promotion-pathways-in-acute-settings>

Population healthcare and health services

The organisation plans and delivers high value services to meet the needs of their local population.

High value is defined as delivering a positive balance of benefits versus costs, taking into account clinical and cost effectiveness, quality, safety, appropriateness and minimising waste.

Area	Core principle	Components
Data and evaluation	The organisation systematically collects, analyses and uses data on needs, activity, outcomes and resource use, shares information with partner organisations, and draws on information provided by others.	<ul style="list-style-type: none"> ● The organisation has, or has plans to, implement electronic patient records ● The organisation has or has plans to work with partners to develop integrated information systems or linkage of electronic records ● The organisation collects accurate and complete data on need, activity, outcomes of care and resource use, and shares information with partner organisations where appropriate, for example to contribute to local population health needs analyses ● The organisation draws on information on health and health needs provided by other organisations such as the local public health team and PHE ● The organisation routinely analyses data on activity, need, outcomes and resource use and responds to the findings
Effectiveness and appropriateness	The organisation's clinical strategies and activities are based on the best available evidence of clinical and cost effectiveness, including relevant recommendations from NICE.	<ul style="list-style-type: none"> ● The organisation delivers services which are based on evidence of clinical and cost-effectiveness, and can demonstrate this through clinical audit (including participation in relevant national audits), or other approaches ● The organisation ensures that patients receiving interventions are those who are most likely to benefit and can demonstrate this through clinical audit, monitoring of patient reported outcome measures (PROMs), or other approaches ● The organisation has a systematic approach to the review and timely implementation of NICE guidance ● The organisation bases the implementation of innovations and new technologies on assessments of clinical- and cost-effectiveness and appropriateness, and evaluates their impact ● The organisation actively participates in well-designed and conducted research

Quality improvement (QI)	The organisation has a culture of continuous quality improvement.	<ul style="list-style-type: none"> ● The organisation develops and implements a board-approved QI plan and assurance processes ● The organisation routinely monitors measures of quality and responds to the findings ● Staff are trained and supported to improve the quality of services they provide using evidence-based QI techniques
Safety	The organisation can demonstrate that its services are as safe as possible and that safety concerns are responded to.	<ul style="list-style-type: none"> ● Staff are trained and supported to deliver safe services and to minimise risk to patients and to themselves and other staff ● Organisational culture encourages the reporting of safety concerns ● The organisation responds to safety concerns in a timely fashion
Population health and collaboration	The organisation operates as a provider of population healthcare, working with commissioners and other partners within an integrated care system to ensure that services respond to the needs of the population it serves.	<ul style="list-style-type: none"> ● The organisation bases its current and planned service provision on an understanding of the needs of the population it serves ● The organisation engages in a whole system process for prioritisation involving clinical and other staff, service users and partner organisations ● The organisation develops and implements pathways of care in partnership with other local health and care providers across an integrated system ● The organisation works collaboratively with other organisations to provide care for patients with complex needs
Involving service users and staff	Service users and their carers and staff are involved in service planning and redesign.	<ul style="list-style-type: none"> ● The organisation actively encourages and supports the involvement of service users and their carers in service planning, design and evaluation ● The organisation encourages and supports staff involvement in service planning and design ● The organisation supports staff to identify where improvements are needed and to develop, implement and evaluate changes ● Clinical leaders act as champions for value in healthcare
Specialist expertise in population healthcare	The organisation has an identified source of specialist expertise and advice on population healthcare.	<ul style="list-style-type: none"> ● There is at least one professional with appropriate specialist public health training and experience who provides the organisation with advice and where necessary leadership on population health ● The professional is either directly employed by the organisation or has a defined responsibility to work with the organisation while employed by another organisation such as PHE or the local authority

Case study

A multi-pronged approach helps many more patients with severe mental illness take up bowel cancer screening

Nottinghamshire Healthcare NHS Trust identified that patients it looked after with severe mental illness took up national screening offers at lower rates than the general population, with half the national average uptake rate for bowel cancer screening, and similarly poor uptake rates for other programmes. Following detailed work on data (so the trust could identify which of the patients had not taken up screening), an intensive staff training programme, work to make bowel screening kits available, and substantial work with patients, the trust estimated that there had been a 50% improvement in bowel cancer screening rates in that patient group over the two year period of the project.

Health protection

The organisation has robust arrangements for health protection and works collaboratively with other organisations to protect the health of patients, staff and the local population.

Area	Core principle	Components
Emergency planning	The organisation has robust arrangements for responding to emergencies and ensuring business continuity.	<ul style="list-style-type: none"> ● The organisation develops and regularly tests plans for responding to emergencies ● The organisation works collaboratively with other organisations to ensure an effective joint emergency response ● The organisation develops and regularly reviews its plans for business continuity, considering a range of possible circumstances
Infection prevention and control	The organisation has robust arrangements for infection prevention and control.	<ul style="list-style-type: none"> ● The organisation develops and implements evidence-based infection prevention and control strategy and policies which are reviewed regularly ● The organisation works collaboratively with other organisations to reduce infection risk to patients, staff and the wider population, taking into account the local epidemiology of infection ● The organisation's approach to antibiotic stewardship minimises the unnecessary use of antibiotics and the risk of antibiotic resistance
Immunisation	The organisation ensures the optimal delivery of immunisation programmes in order to protect staff and patients.	<ul style="list-style-type: none"> ● The organisation maximises opportunities to provide information on, and where appropriate to offer evidence-based immunisation (both opportunistic and routine) to patients and staff
Screening	The organisation contributes to the delivery of high quality evidence-based screening programmes.	<ul style="list-style-type: none"> ● Where the organisation delivers any element of a screening programme, this is regularly monitored and subject to quality assurance to ensure high quality delivery ● The organisation maximises opportunities to provide information on and where appropriate offer evidence-based screening to patients ● The organisation makes use of 'teachable moments' in the delivery of screening results

Case study

Training staff in some hospital outpatient settings to screen for domestic violence

Domestic violence (DV) was known to make a notable contribution to assaults presenting at A&E in the Royal Free London NHS Foundation Trust but the impact in other areas was not known. A simple DV screening tool was designed with a referral pathway to hospital, based on hospital-based independent domestic and sexual violence advisor (IDSVAs) DV support services. Frontline staff in three outpatient settings (GUM, community gynaecology and HIV) were trained to ask all patients about DV. In an eight-month period the prevalence of DV in patients using the three services ranged from 7% to 29%, and 77 people were referred to the IDSVAs. Having an IDSVAs enhanced the number and uptake of referrals and hospital referrals were more likely to be classified as high risk than referrals from other organisations.¹²

¹² Warren-Gash C et al (2016). *Outcomes of domestic violence screening at an acute London trust: are there missed opportunities for intervention?* BMJ Open 2016; 6: e009069

Community role and wider determinants

The organisation acts as an anchor institution within its community and works to improve health and reduce health inequalities in the local population.

Area	Core principle	Components
Employment	The organisation can demonstrate that it has non-discriminatory employment practices which promote local employment and support the local community.	<ul style="list-style-type: none"> ● The organisation sets and meets targets for the proportion of staff who are drawn from within a defined local area ● The organisation makes training opportunities available to local people seeking employment within the organisation ● The distribution of protected characteristics among the organisation's staff is comparable to that of the local population ● The organisation pays its staff at least the national living wage ● The organisation monitors pay in relation to protected characteristics and takes steps to address any pay inequalities identified
Procurement and supporting local businesses	The organisation supports local businesses and suppliers where possible.	<ul style="list-style-type: none"> ● The organisation aims to procure goods and services within a defined local area wherever possible ● Where the organisation procures services to be delivered on its own premises (such as food retailers), they are required to meet standards which help promote the health of patients and staff (such as the government buying standards for food)
Sustainability	The organisation takes a strategic approach to sustainable development and takes account of environmental impact in all its plans.	<ul style="list-style-type: none"> ● The organisation has a board-approved sustainable development management plan developed and implemented in line with the guidance from the Sustainable Development Unit¹³ ● All organisation plans include an assessment of environmental impact ● The organisation defines and monitors metrics to measure its performance on sustainable development

13 Sustainable Development Unit. <http://www.sduhealth.org.uk>

<p>Reducing inequalities</p>	<p>The organisation works collaboratively to reduce inequalities in physical and mental health.</p>	<ul style="list-style-type: none"> ● The organisation works with partners to identify the impact of wider determinants of health in the local population, and engages in joint strategies and plans to tackle the wider determinants of health, such as housing, education and employment ● The organisation works with partners to identify inequalities in physical and mental health and engages in joint strategies and plans to improve health and reduce health inequalities in the local population ● The organisation monitors access to its services in relation to protected characteristics and does all it can to ensure equitable access ● The organisation subjects new developments to equity impact assessment and responds to the findings
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Case studies

Supporting employment and skills development for the local community

Community Works for Health is an integral part of the public health vision for Barts Health NHS Foundation Trust. It recognises that employment in high quality jobs and opportunities for skills development are fundamental determinants of population health. This is particularly important in east London, which has historically been affected by deprivation, social exclusion and lower than average levels of employment and skills. Since 2012/13 the programme has supported over 700 residents into work with the trust through a programme of training, assessment and work placements. It has recruited to over 500 apprenticeships for new and existing staff, and set up and sustained a network of community and statutory partners providing a pre-employment pathway into opportunities at the trust. The team has also facilitated the development of supported employment schemes for people with learning difficulties, autism and a broader range of disabilities.

Collaborative work to improve air quality

The Barts Health Cleaner Air for East London programme has been recognised by the Royal College of Physicians and the Royal College of Paediatrics and Child Health as an important example of best practice and cross-sector collaboration. Its aim was to improve the health of those who live and work in east London through reducing direct emissions, and reducing exposure to emissions among those most at risk. The collaborative programme delivers measurable, long-term reductions in health inequalities and showcases the role healthcare providers can play in driving improvements in public health. It was built around a series of practical projects which sought to engage and empower a wide range of individuals, from those delivering front-line care in hospitals and in the community, to those who were most affected and at risk from exposure.

Five hospitals and four GP surgeries participated in the programme, which engaged over 300 volunteers, trained over 300 Barts health professionals and 95 pharmacists. The programme reached 100,000 people in east London and 6,000 cleaner air packs were distributed.

Using data to improve the equity of care

Equity is an essential dimension of both inclusion and quality care, and one of Barts Health's core values. For nearly two years, the trust has been using routinely collected patient data to review aspects such as process, access, outcomes and experience to identify opportunities to improve equity. The trust has examined data on incidents and complaints, missed appointments, readmission to hospital, cardiology, oncology and maternity services. It is positive that in many of the trust's analyses thus far, there were no disparities for patients from protected groups, or for patients who live in areas of high deprivation. However there were significant differences in areas such as older patients being more likely to spend longer in accident and emergency, deprived patients being less likely to attend their appointments, and a range of access issues in sexual health. The trust is now developing plans to address these and will carry out an impact assessment of the work.

Population health framework for NHS providers



We hope you found this briefing useful. Your feedback is very welcome – please contact leanora.volpe@nhsproviders.org

For more information: www.nhsproviders.org/population-health-framework

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