Population Health Systems

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1. What is Population Health
2. Status of the Current System
3. 5 Big Opportunities
1. What is Population Health

2. Status of the Current System

3. 5 Big Opportunities
Personal perspectives on ‘Being healthy’
Not just absence of disease or about health care services ...

What determines our health?
Numerous factors impact
Many people contribute to this

**Local government**
- Wider determinants (housing, planning, transport...)
- Behaviours (smoking, sexual health, alcohol, obesity etc)
- Health protection (outbreaks, emergency planning)
- Advice to NHS

**NHS**
- Vaccs and imms
- MECC
- Secondary prevention
- Obesity
- Diabetes

**Many others**
- Communities
- Work, pensions
- Housing
- Education
- Transport
- Crime, disorder
- Charities
- Businesses
- More...

**Public Health England**
- Advises central and local govt
- Holds local govt to account (to some degree)
- Evidence generation and dissemination
  - Data, surveillance and tools

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Whose responsibility is it for keeping us healthy?

The individual?

The NHS?

National Government?

Local authorities?

Food & drinks industry?

Question asked: “How much responsibility, if any, do you think that each of the following have for ensuring that people generally stay healthy?”

Base: 2,083 UK adults aged 15+.

Source: Ipsos MORI polling commissioned by The Health Foundation, conducted in May 2018.

https://www.kingsfund.org.uk/sites/default/files/2018-06/NHS_at_70_are_we_expectiing_too_much_from_the_NHS.pdf
“Role of the health and care system is to enable individuals to live more healthy lives”

Transformational Change in Health and Care, The King’s Fund (2018)
Population Health

• “The health outcomes of a group of individuals, including the distribution of such outcomes within the group” Kindig & Stoddart 2003

• Across a defined place (eg neighbourhood, borough, region, country)

• Useful for planning health and care services for more than one individual

• Particularly helpful to identify and work on:
  o Local Priorities
  o Hard to Reach & Vulnerable Groups
  o Opportunity for Prevention, Early Input & Quality Systems of Care
Place

Shropshire, Telford & Wrekin

Greater Manchester

North East London
A population view

Greater Manchester: a snapshot picture

- £56 Billion GVA
  - Fastest growing LEP in the country
- 2.7 Million People
  - Growth of 170,000+ in the last decade
- 104,000 People Unemployed
  - 7.8% (above UK average of 5.5%)
- 77.7 Male Life Expectancy
  - England average: 79.3
- 81.3 Female Life Expectancy
  - England average: 83.0
- 112,000 People on long-term sick and inactive

GVA – Gross Value Added
LEP – Local Enterprise Partnership
1. Priorities

- Lots of assets to build from

- Public Health teams – valuable resource, often under-used / valued but needs much wider input
2. Hard to Reach and Vulnerable Groups

Source: Department of Communities and Local Government (DCLG); Office for National Statistics
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Contains OS data © Crown copyright 2017

1 In the Index of Multiple Deprivation, deciles are calculated by ranking the 32,844 LSOAs in England from most deprived to least deprived and dividing them into 10 equal groups.
2 LSOAs in decile 1 and 2 fall within the most deprived 20% of LSOAs nationally and LSOAs in deciles 9 and 10 fall within the least deprived 20% of LSOAs nationally.
Population Health – Inequalities & Variation

THE INVERSE CARE LAW
JULIAN TUDOR HART
Glyncorrwg Health Centre, Port Talbot, Glamorgan, Wales

Summary The availability of good medical care tends to vary inversely with the need for it in the population served. This inverse care law

Dr Julian Tudor-Hart (1927-2018)
3. Prevention, Earlier Input & Quality Systems of Care

Potential for Prevention

![Graph showing modifiable risk factors for heart disease](image-url)
3. Prevention, Earlier Input & Quality Systems of Care

Potential for Optimising Care
3. Prevention, Earlier Input & Quality Systems of Care

Potential for Higher Quality Systems of Care
## Greater Manchester Population Health Plan 2017-2021

### Vision
To achieve the greatest and fastest improvement to the health, wealth and wellbeing of the 2.8 million people who live in Greater Manchester

### Strategic framework
<table>
<thead>
<tr>
<th>Person and community centred approaches</th>
<th>Start Well</th>
<th>Live Well</th>
<th>Age Well</th>
<th>System reform</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater Manchester's population is predicted to increase by 3%, with an ageing profile, and people aged over 70 predicted to increase by 15.2% by 2021. Greater Manchester has significant health inequalities both in relation to England averages and across Greater Manchester between local authorities and within them.</td>
<td></td>
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</tr>
<tr>
<td>Our life expectancy is below the national average, and we have poorer levels of healthy life expectancy. Rates of employment are lower – 70.5% compared with 74.5% across England.</td>
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<tr>
<td>Across the life course, risk factors that lead to illness and reduced life expectancy in general are worse than the respective England averages e.g., in 50% of all Greater Manchester local authorities smoking prevalence is significantly higher than the England average of 16.9%, and one in three children in Greater Manchester did not achieve a good level of attainment by the end of Reception.</td>
<td></td>
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<tr>
<td>9.8% of adults reported they had a long-term condition or disability that significantly impaired their everyday activities, compared to 8.3% across England.</td>
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</tbody>
</table>

### Health Challenges
- 90% wanted to improve their lifestyles, with most people citing being more active, eating healthier and tackling stress as their key area of need.
- People were willing to take charge of their own health and wellbeing, but recognised their ability to do so was limited by the wider determinants of health such as income, transport and housing.
- While improving health and social care services was seen as important, people emphasised the role of personal and community support structures. Mental health was seen as equally important as physical health.
- People recognised that one size does not fit all and that certain groups had additional needs e.g., LBG.
- They emphasised the importance of self-confidence and self-efficacy in changing health-related behaviours.
- People highlighted the important legislative powers of local government and the role of public sector organisations in creating the right conditions for people to take charge of their own health, and the important role of staff as health ambassadors within local communities.
- They wanted greater use of behavioural insights to identify how people really behave, not how policy makers think they should.

### Taking Charge Together Consultation
- Our plan is aligned with the broader approach to reform across Greater Manchester that is predicated on: a new relationship between people and public services; connecting people to the opportunities of growth and reform; place-based integration of services and orienting the system towards early intervention and prevention.
- We are clear that change happens in communities, supported by localities. The priorities for change set out within this plan have been chosen to support the locality delivery described in each of the 10 locality plans.
- While the plan focuses on the programmes of work that the Greater Manchester Health and Social Care Partnership will deliver in collaboration with localities, achieving a radical upgrade in population health will be dependent on both the priorities of this plan and the broader reform of services being taken forward across Greater Manchester.
- Nor can this plan be disconnected from the rest of our health and care transformation programmes, in particular the development of locality care organisations (LCOs) and the primary care strategy will lead to embedding more proactive, person-centred prevention and early intervention practice consistently into the design and delivery of community-based services.

### Wider strategic linkages
Finding from Greater Manchester people, carers and staff conversations online and face to face, with over 6,000 responses and 50,000 visits online about how they might better take charge of their own health.

### Quick wins
- Opportunities to implement evidence-based local best practice at scale across other parts of Greater Manchester.

### Common theme in locality plans
An audit earlier this year of locality plans highlighted areas for standardised approaches across Greater Manchester.

### Economics of prevention
The ‘economics of prevention’ work was developed by New Economy Manchester and Public Health England and group interventions by their gestation or normal rate of return in order to recognise that dividends for different interventions are likely to be realised over different time periods.
Two Key Factors for Success:

1. Population health efforts need to involve and be jointly owned by partners from across the system
Including charities, social care, carers, families, communities and wider workforce
Two Key Factors for Success:

2. Needs to use a population health approach

- Review, Learn, Share, Refine
- Action & impact measurement
- Understand the population
- Identify the Priorities
- Understand the Assets
- Choose Options & Outcomes

Population Health Approach

Quality, Inequality, Prevention

[Diagram credit: © The Kings Fund 2017]
1. What is Population Health

2. Status of the Current System

3. 5 Big Opportunities
Numerous Assets & examples
Population health approach - much potential

Cross system partners at a place level working together to:

- Understand the population
- Identify the Priorities
- Review, Learn, Share, Refine
- Understand the Assets
- Choose Options & Outcomes
- Action & impact measurement

Lack of consistency and much variation at present

Quality, Inequality, Prevention
Local authority budgets are small and shrinking
NHS, ‘a radical upgrade in prevention’.
More fragmentation in some areas e.g. HIV care
Government commitment not yet realised

"Our overall verdict is that the government has delivered its commitment to reform public health and provide dedicated resources, but it has not given public health the priority it promised."
Needs join up centrally as well as locally

“In short, where is the delivery plan for a cross-society, cross-government approach to childhood obesity? A bold and brave strategy? Not in those 13 pages. The plan concludes with a promise that this is the start of a conversation, and that government will ‘monitor action and assess progress, and take further action where it is needed’. Personally, I won’t hold my breath.”

<table>
<thead>
<tr>
<th>Health Select Committee recommendation</th>
<th>Childhood obesity plan</th>
<th>RAG rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strong controls on price promotions of unhealthy food and drinks</td>
<td>No mention of price promotions</td>
<td></td>
</tr>
<tr>
<td>Tougher controls on marketing and advertising of unhealthy food and drinks</td>
<td>No mention of marketing and advertising</td>
<td></td>
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<tr>
<td>A centrally led reformulation programme to reduce sugar in food and drink</td>
<td>Targets in nine categories of food contributing most to children’s sugar intake, but action is voluntary until 2020 and no mention of penalties or sanctions</td>
<td></td>
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<tr>
<td>A sugary drinks tax on full sugar soft drinks, with all proceeds targeted to help those children at greatest risk of obesity</td>
<td>Benefit of the doubt but devil is in the detail—proceeds to go to school sports and unclear whether targeted on those at greatest risk</td>
<td></td>
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<tr>
<td>Labelling of single portions of products with added sugar to show sugar content in teaspoons</td>
<td>Labelling mentioned, in context of Brexit and greater flexibility, but no details or commitments</td>
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<tr>
<td>Improved education and information about diet</td>
<td>No mention of education and information about diet</td>
<td></td>
</tr>
<tr>
<td>Stronger powers for local authorities to tackle the environment leading to obesity</td>
<td>No mention of stronger powers for local authorities</td>
<td></td>
</tr>
<tr>
<td>Early intervention to offer help to families affected by obesity</td>
<td>‘Recommitting’ to Healthy Start voucher scheme; income from sugar levy to schools including an incentive premium</td>
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</tbody>
</table>
“Leadership for population health is the essential part of this and not always present”

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5 Big Opportunities: Prevention & Early Input

Smoking, high BP, diabetes, physical inactivity, being overweight, high blood cholesterol

Some improvements (eg smoking) but more to do to maximise prevention efforts

Prevalence of smoking (adults, GB)

Prevalence of obesity (England)


Source: [http://researchbriefings.files.parliament.uk/documents/SN03336/SN03336.pdf](http://researchbriefings.files.parliament.uk/documents/SN03336/SN03336.pdf)
5 Big Opportunities: Addressing Inequalities

Selected comorbidities in people with 4 common disorders in the most affluent and most deprived deciles

“Onset of multimorbidity occurred 10–15 years earlier in people living in the most deprived areas compared with the most affluent, with socioeconomic deprivation particularly associated with multimorbidity that included mental health disorders”

Barnett et al, 2012

5 Big Opportunities: Communities and wider workforce

Leading Collaboratively with patients and communities
Huge opportunity ... if addresses and supports 1-4
5 Big Opportunities: Join Dots & Build on Assets

At the centre:
A system that understands and is able to make all the connections with a stronger shared narrative, supported by incentives, information and leadership for population health with a focus on inequality reduction.
What’s coming next?
Developing a vision for the population health system and practical support for those working towards this

Leading for Population Health

New Leadership Development Programme being launched shortly
Thank you

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