

| Population Health Management

Overview

What it is – Population Health Management (**PHM**)

What it is not – Population Health

What it aims to do – Link data sources to prioritise and plan

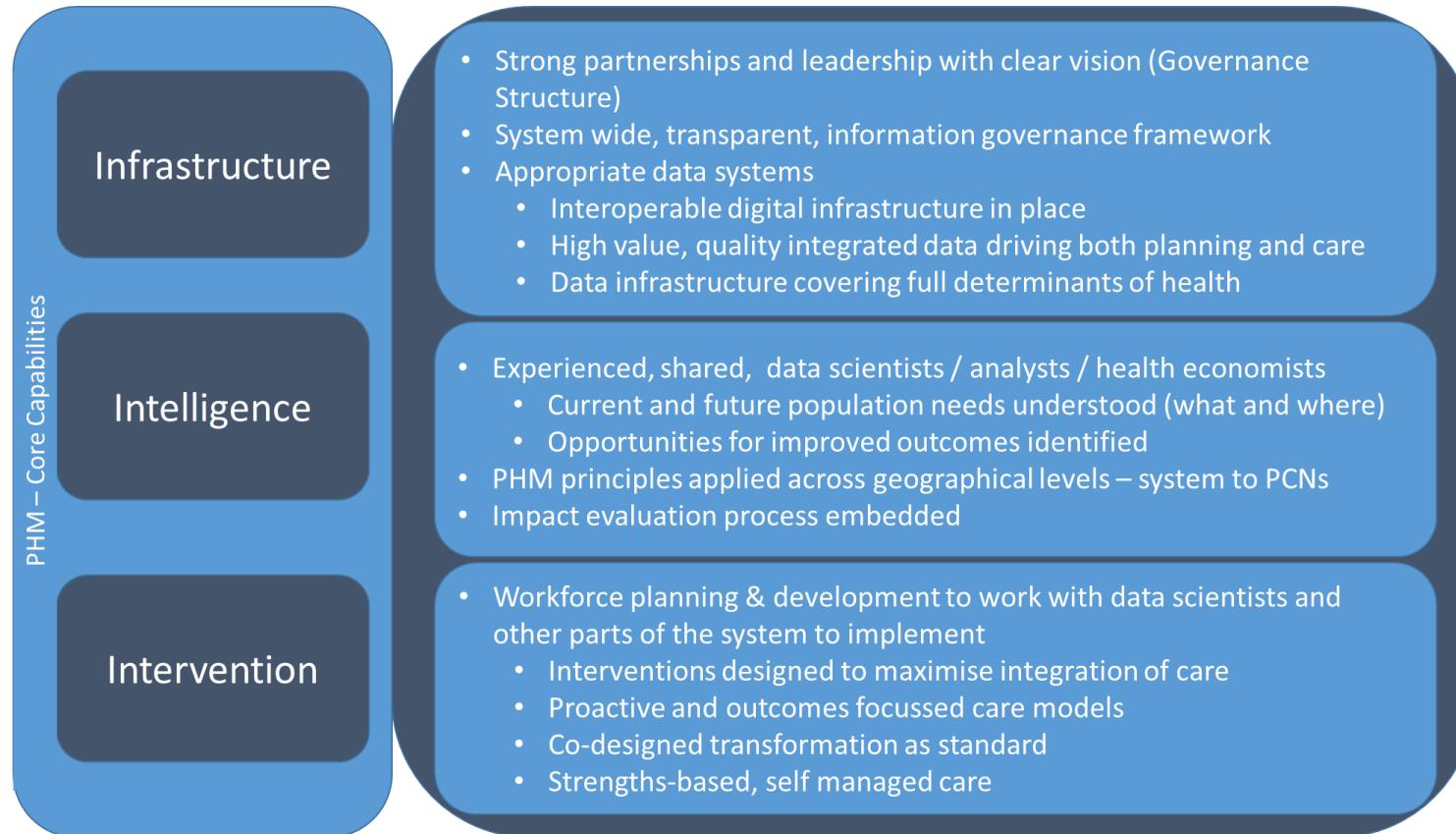
What it's done so far – NHS Alliance Pack – Focus on 20%

Where we come in with Next Steps - Focus on the remaining 80%

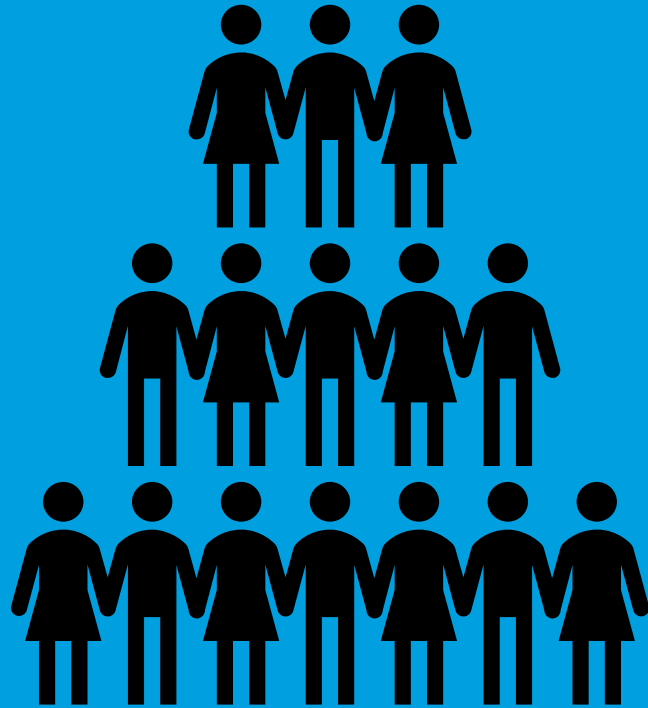
WHAT IS PHM

- *Population Health Management is an enabler for the system and the partnership in supporting and developing solutions.*
- *Population Health Management does this by using data and analytics, shining a light on **areas of unmet need, driving interventions to improve the health and wellbeing of the population***
- Population Health Management is also a crucial mechanism to inform the allocation of resources to the health and care sector including management of Long Term Conditions(LTC) Self management, Prevention and reducing Health Inequalities (Core20plus5)

Scope of PHM



Population Health vs Population Health Management



Population Health is an approach aimed at improving the health of an entire population.

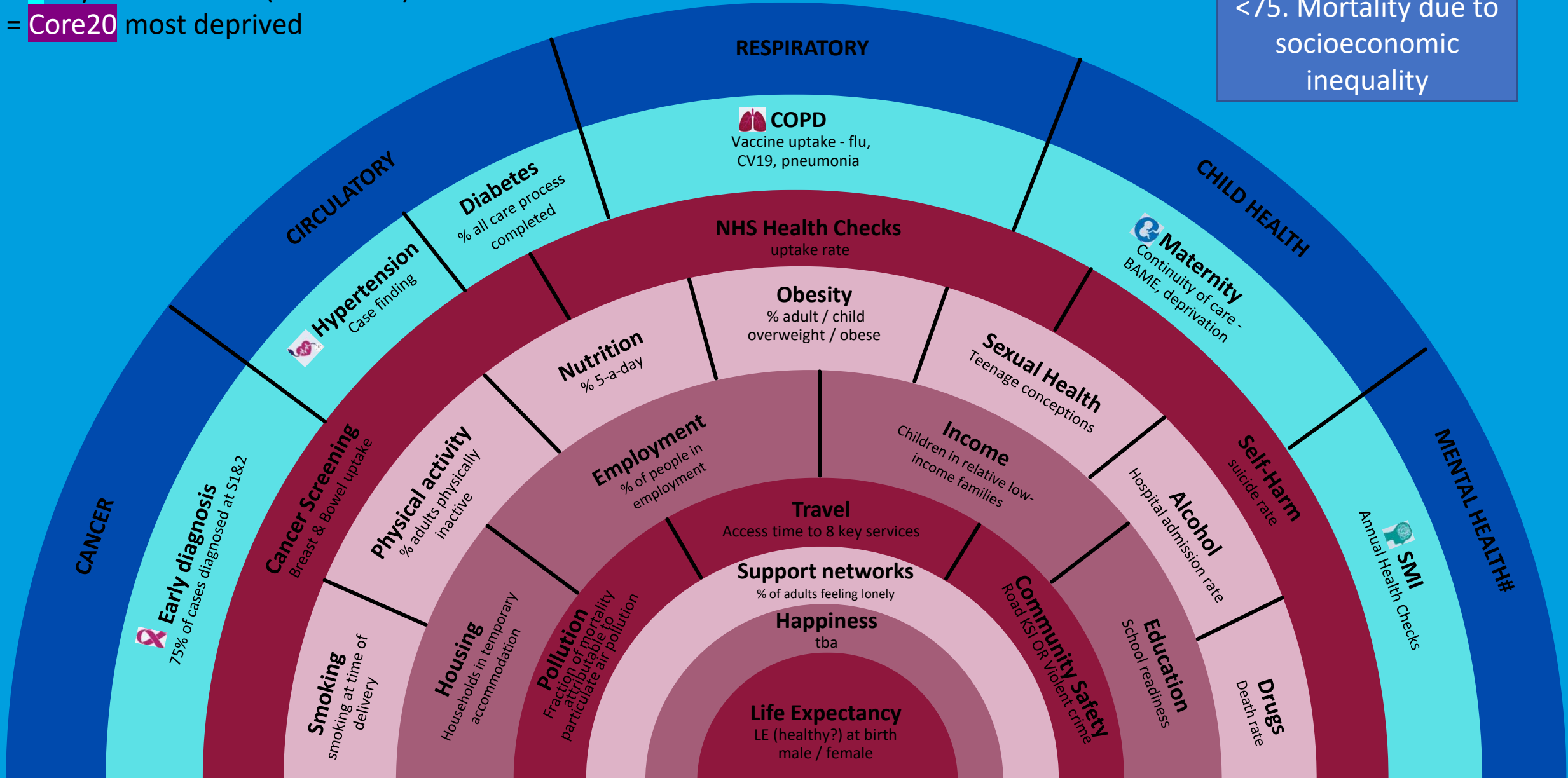
It is about improving the physical and mental health outcomes and wellbeing of people, whilst reducing health inequalities within and across a defined population.

It includes action to reduce the occurrence of ill-health, including addressing wider determinants of health, and requires working with communities and partner agencies.

Health Inequalities

- = PLUS population Groups
- = 5 key clinical areas (+ diabetes)
- = Core20 most deprived

Premature mortality <75. Mortality due to socioeconomic inequality



REDUCING HEALTHCARE INEQUALITIES

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in health inequalities improvement

CORE20

The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation



PLUS

ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



Target population

CORE20 PLUS 5

Key clinical areas of health inequalities



1 MATERNITY
ensuring continuity of care for **75%** of women from BAME communities and from the most deprived groups



2 SEVERE MENTAL ILLNESS (SMI)
ensuring annual health checks for **60%** of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)



3 CHRONIC RESPIRATORY DISEASE
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

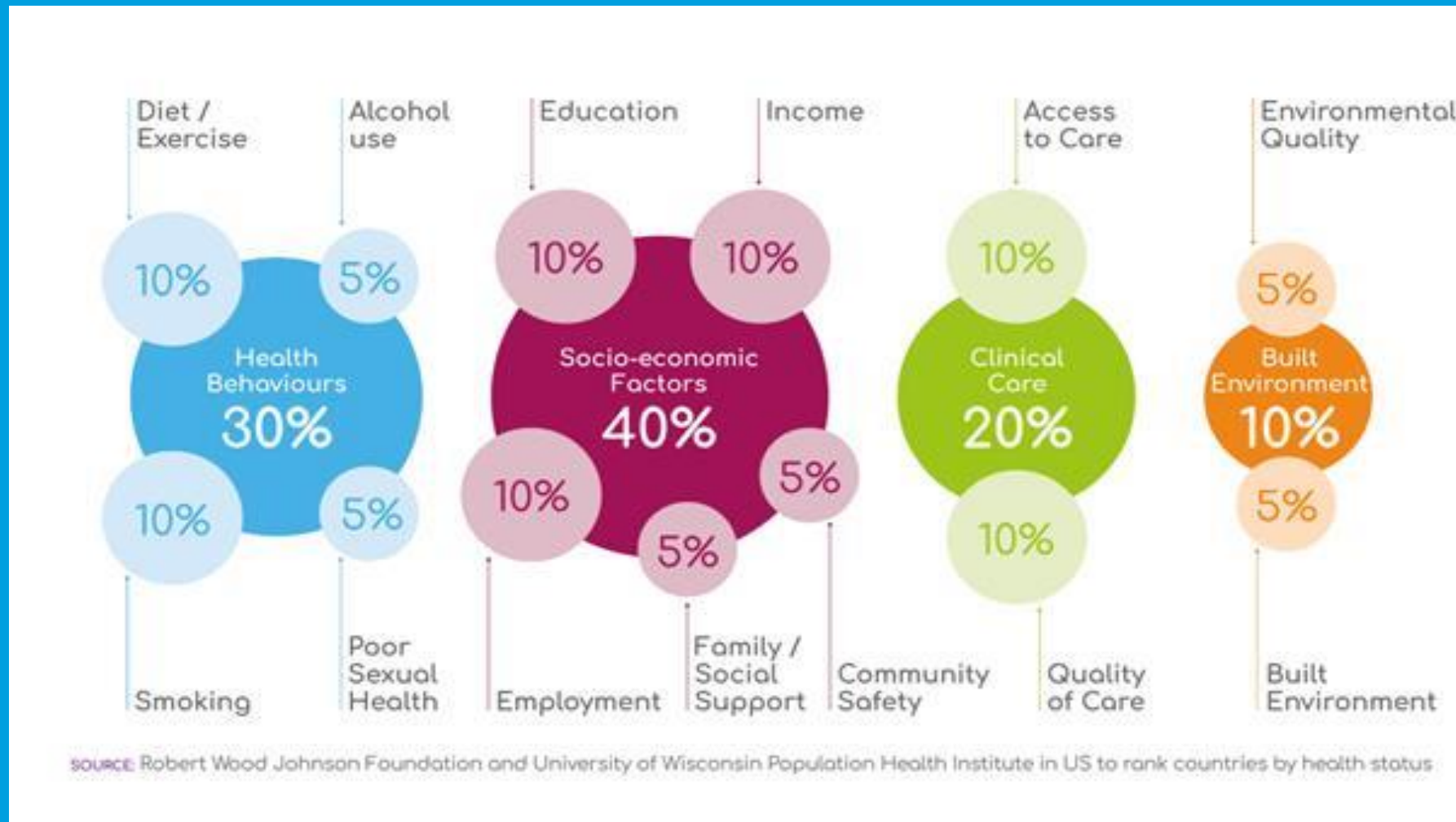


4 EARLY CANCER DIAGNOSIS
75% of cases diagnosed at stage 1 or 2 by 2028



5 HYPERTENSION CASE-FINDING
to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke

Why ? Only 20% is health care related



Some Headlines from the NHS Alliance Pack

- Southend had the highest mortality attributable to socioeconomic inequality (MASI) rate in Mid & South Essex with an estimated **3,171 people dying as a result of socioeconomic inequality** between 2003 and 2018 (1,731 per 100,000).
- Female Healthy Life Expectancy (living without disability or illness) in Southend on Sea **is much lower than** the England Average.
- Southend has the **second highest rate of premature mortality** for all causes across Mid & South Essex (405/100,000) and highest for Cardio-vascular diseases (88/100,000). This equates to **699 deaths prematurely for all causes** and 145 for heart conditions compared to England Average.

Next Steps and Expectations

The PHM team is implementing and developing new infrastructure and intelligence systems, **to ensure our data on our residents is linked and accessible for meaningful analysis.**

This will mean:

- Local Councils (e.g. social care data) and Providers to provide comprehensive data and insight for accurate interpretation of the data
- We will share data around physical health, mental health and other social factors such as poor housing and air pollution
- Collecting key information such as **Name, Date of birth, NHS number and Ethnicity**
- Collect additional **information on people with no recording of risks or condition**

All of these will be used to inform and develop a multi-partnered approach to reducing health inequalities.

Diagram with outputs and programme plans against a timeline

