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**POPULATION
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Population Health Workshop

HFMA London, Annual Conference 2023

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Session Aims



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1. Explore what is meant by population health, population health management and public health in the UK context.
2. Understanding the need for focus on this – including for building a sustainable model of health and care delivery
3. Exploring the role of finance teams in enabling new ways of working.
 - This will include exploring some examples of good practice – including an opportunity to share your own examples of good practice.
 - It will also include considering how best the finance community can work together locally, regionally and nationally to support, champion, enable and lead efforts for population health and equity.



UNDERSTANDING POPULATION HEALTH & EQUITY – the basics



Recap 1 – Terms



04

- **Population Health** is ‘the health outcomes of a group of individuals, including the distribution of such outcomes within the group. These groups are often geographic populations such as nations or communities, but can also be other groups such as employees, ethnic groups, people with disability, criminal justice population, or any other defined group’. Kindig 2003. → **APPROACH**
- **Public Health** is ‘the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals’ Winslow 1920. Issue is that it is more often, especially in England, used to mean the public health profession. → **WORKFORCE GROUP**
- **Population Health Management (PHM)** is ‘one of many tools using data to guide the planning and delivery of care to achieve maximum impact on population health. It often includes segmentation and stratification techniques to identify people at risk of ill health and focus on interventions that can prevent that ill health or equip them to manage it’. NHS Networks 2021. → **HELPFUL TOOL**
- **Health Inequalities** are ‘unfair and avoidable differences in health across populations, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the care that is available to them’. NHS England 2023 → **KEY FOCUS FOR POPULATION HEALTH**



Recap 2 – The Need



05

- 4 important shifts

From	To
Ill Health (negative)	Health (positive)
Treatment only (reactive)	Prevention (proactive)
Individual services (silo)	Whole systems (partnership)
Assumed equal (risks worse outcomes)	Tackling Inequality (improve outcomes for all)



Recap 2 – £ need



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The purpose of ICSs is to bring partner organisations together to:

improve outcomes in population health and healthcare

tackle inequalities in outcomes, experience and access

enhance productivity and value for money

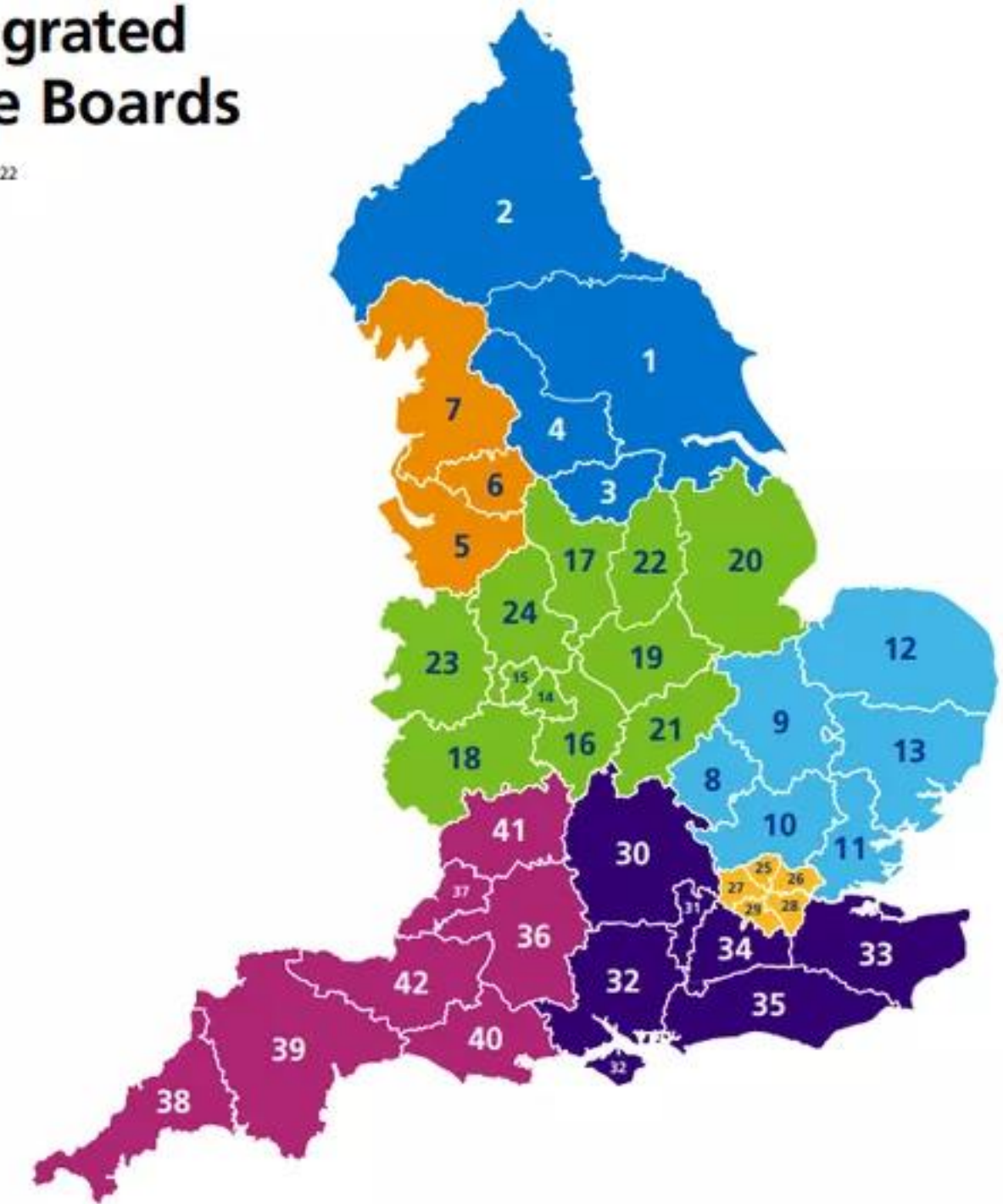
support broader social and economic development



These four things are inter-related and not distinct.

Integrated Care Boards

From 1 July 2022



Source: NHS England 2022 [B1770-integrated-care-boards-establishment-order-2022.pdf](https://www.england.nhs.uk/wp-content/uploads/2022/01/B1770-integrated-care-boards-establishment-order-2022.pdf) (england.nhs.uk)

Recap 2 – £ need

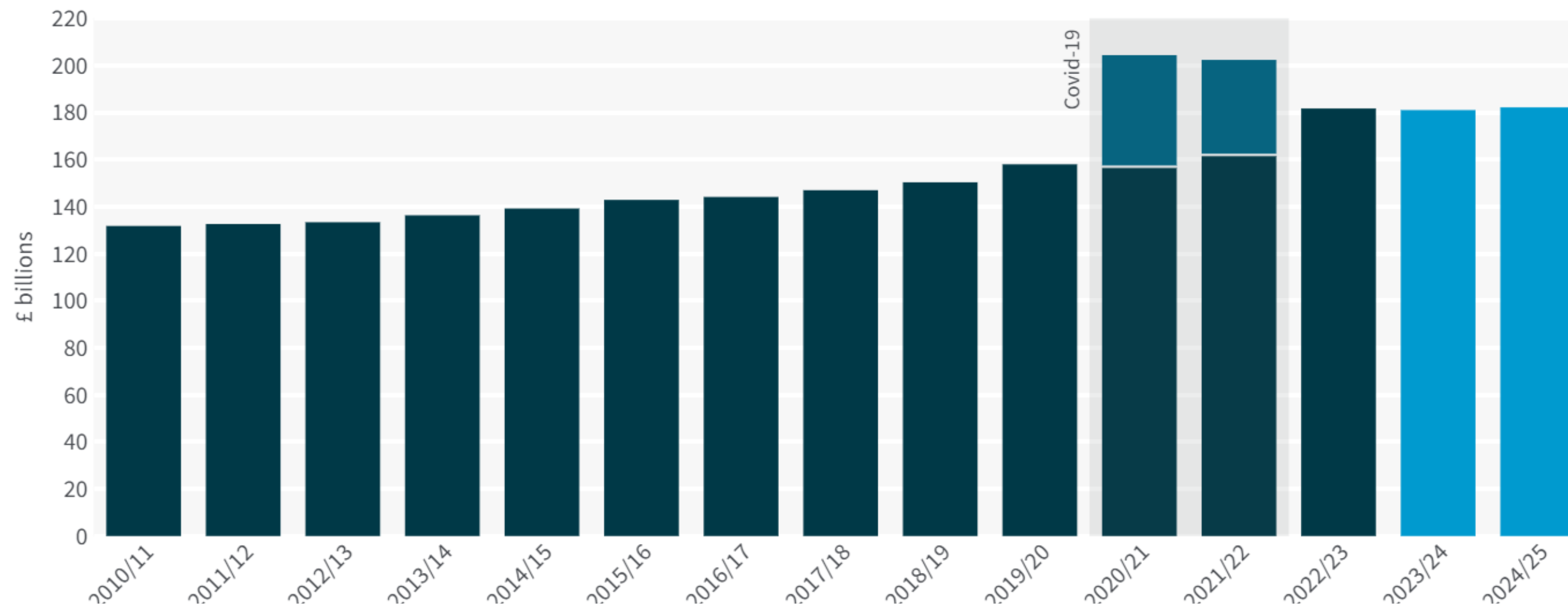


Spending trends ...

Total Department of Health and Social Care spending is projected to be stable for the next two years

Real-terms spending (in 2022/23 prices)

■ Spending (outturn) ■ Spending (planned) ■ Additional Covid-19 spending



Source: Department of Health Annual Report and Accounts (2010/11-2016/17), DHSC Annual Report and Accounts (2017/18-2021/22), Public Expenditure Statistical Analyses (2022/23-2024/25)

Recap 2 – £ need



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Health need trends ...

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Public Health England

Healthmatters Midlife approaches to reduce dementia risk

The scale of the challenge

850,000 people living with dementia in the UK

By 2025

over **one million** people could have dementia in the UK

By 2050

this figure will exceed **2 million**



[Source: Public Health England: End of life dementia care \(nationalelfservice.net\)](https://www.nationalelfservice.net)



Recap 2 – £ need



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Health and Social Care Funding Projections – Health Foundation 2021 ...

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REAL Centre's projections of future health and social care funding requirements for the next 3 years and longer term funding to 2030/31. Two scenarios: stabilisation and recovery, factoring in different levels of government policy ambition and different trajectories for the level of impact of COVID-19.

- For health care, stabilisation would require average real-terms annual increases of 3.2%, with 3.5% for recovery. This equates to between £63bn and £72bn in additional annual funding in 2030/31 over 2018/19.
- For social care both the recovery and stabilisation scenarios would mean much higher growth than in recent years. Our projections show an additional £8.9bn and £14.4bn is needed in 2030/31 over 2019/20 for the stabilisation and recovery scenarios respectively.
- By 2030/31, up to an extra 488,000 health care staff would be needed to meet demand pressures and recover from the pandemic – the equivalent of a 40% increase in the workforce, double the growth seen in the last decade. Alongside this, up to 627,000 extra social care staff would be needed to improve services and meet need – a 55% growth over the next decade and 4 times greater than the increases of the last ten years.

- Source: [Health and social care funding projections 2021 - The Health Foundation](#)

PLUS CONSIDER - EQUITY



Recap 2 – £ need



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 Public Health England

Health Matters

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Cost saving opportunity through new model focusing on prevention and Improving care ...

Why invest in cardiovascular disease prevention

PHE estimates that optimising detection of risk factors for CVD and the uptake of anticoagulants, antihypertensives and statins in line with the ambitions, could prevent:



150,000
CVD events

● NOW

● IN 10 YEARS

Over 10 years the societal return on investment is estimated to be

£2.30 for every **£1** spent

including the value placed on improved health

Source: Public Health England: [invest-100.jpg \(960x640\) \(publishing.service.gov.uk\)](#)



Recap 2 – £ need



So real question seems not if but how ...

- (1) Where is the conversation about building a new model for the longer term – as this will take more than one year pressures, few year contracting cycle, or four year political cycle.
- (2) What is the best phased approach to turn this around and build a model that is more focussed on delivering population health and equity for the long term – whilst also enabling recovery and ‘fire-fighting’ at times of expected and unexpected pressure? Needs a meeting of the finance and population health minds.
- (3) What is needed to help get there (eg IT, analysis, projections)
- (4) How much do you see your important leadership role in this – feels key



Three Examples



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[1] Acute Trust Board – led by the Director of Finance, embarking on a board development programme to build skills on population health, equity and leading most effectively as a board for this.

[2] Acute Trust Board – led by Finance Team, having honest conversations about the model of care, and that for long term sustainability investment needs to happen, despite a picture of financial challenge, in pathways for population health and equity – including developing the workforce for this.

[3] Integrated Care Board and Primary Care Leadership – working with finance teams to create a Population Health and Equity Academy built on principles of understanding about what is needed in practice to resource this well, despite the picture of financial challenge – to deliver on longer term possibilities.



Closing Points



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- Population Health is increasingly recognised as an important approach – but there is much confusion about terms and the concept.
- It is still relatively early still and while the systems are being set up and maturing to lead this new way of working, we are still at the foothills.
- Finance teams hold a key role in being an enabler, and even leader for this. But it requires a new approach that sees the longer term vision about what is possible. I hope that today has helped you to see where you are at and what is possible. It feels like there is huge untapped potential in this very room.
- That is an exciting prospect and I look forward to seeing how you go from here. Staff at the Centre for Population Health are specialists in population health and equity (particularly in developing the workforce and supporting the development of implementation plans for changes in practice) – do get in touch if you would like any support to think through next steps or to explore options for making further progress.



THANK YOU



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For further information, help or support, please contact us on the details below or see our website www.centreforpopulationhealth.co.uk

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