POPULATION HEALTH INFORMATION

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WHAT IS A 'PUBLIC HEALTH' APPROACH?

Starting with population needs

Use of data/ evidence-based

1y, 2y and 3y prevention

Structured approach

Wider determinants

'With' the community, not 'to' the community

Collaboration with partners

Causes of causes

Measurement and evaluation

Inequalities

Outcomes focused

Long term planning

POPULATION HEALTH NEEDS

NHS: "the ability of people to benefit from healthcare

provision"

Bradshaw:

- Normative need
- Felt need
- Expressed need
- Comparative need

POPULATION HEALTH **DATA: SOURCES**

NYCC Vale of York CCG population health profile (http://hub.datanorthyorkshire.org/dataset/0b1977d0-c5fc-4895-a232-01fb0dea441b/resource/539bce0e-ffe6-40f8-8d1ca2a4e1821f8c/download/voy-ccg-jsna-2018v5.pdf)

York population profiles

LA level (https://data.yorkopendata.org/dataset/york-profile)

Ward level (https://data.vorkopendata.org/dataset/vork-ward-profiles-2018-19-q3)

North Yorkshire

LA & district level (http://hub.datanorthyorkshire.org/dataset/jsna-data)

Joint Strategic Needs Assessments

York (http://www.healthyork.org)

North Yorkshire (http://hub.datanorthyorkshire.org/dataset/jsna-data)

East Riding (https://www.eastriding.gov.uk/living/health-and-wellbeing/joint-strategic-andpharmaceutical-needs-assessments/)

Neighbourhood profiles

POPULATION HEALTH DATA: SOURCES

National data

PHE Fingertips (https://li>

PHE Local Health

SHAPE Atlas

NHS Digital

(https://fingertips.phe.org.uk/)

(http://www.localhealth.org.uk)

(https://shapeatlas.net/place/)

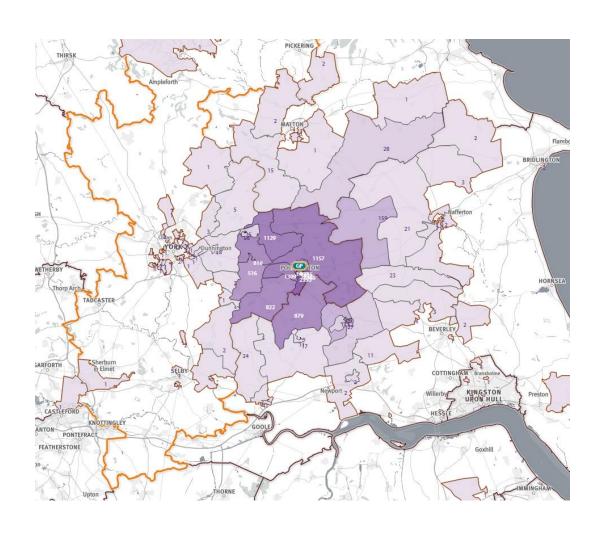
(https://digital.nhs.uk/)

Future releases

- PHE hospital catchment population profiles
- NHSE Population Health Management 'flat pack'

https://fingertips.phe.org.uk/

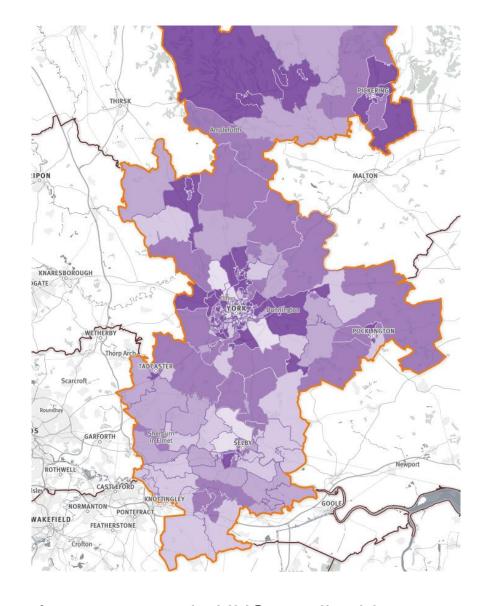
SHAPE ATLAS



GP practice registered population (Pocklington practice)

SHAPE ATLAS

Distribution of people aged 85+

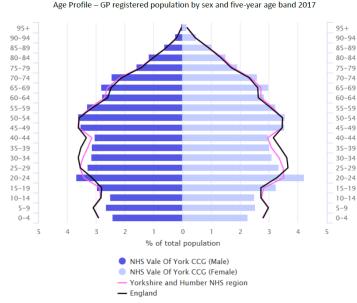


Need to register for SHAPE Atlas – free, request via NHS email address

WHAT DOES THE CCG PROFILE SAY?

Population: 357,000 registered patients
3.1% increase by 2025
Higher proportion of 15-24 and 50+

7/206 LSOAs in 20% most deprived
In Selby West, Selby East, Westfield,
Clifton and Guildhall wards

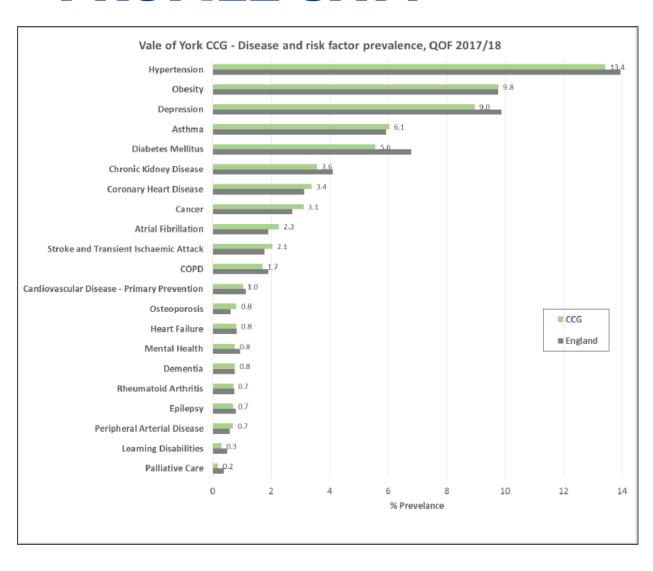


Source: National General Practice Profiles, PHE

Over 40,000 hospital admissions 2016/17 - 62% elective, 38% non-elective

15.8% of the population have a long-term health problem or disability = 54,300 people

WHAT DOES THE CCG PROFILE SAY?



Most common health problems:

- Hypertension
- Obesity
- Depression

WHY IS POPULATION DATA IMPORTANT?

Different populations have different characteristics

North locality	South locality
Mostly rural	Mostly rural
High proportion 65+	Above average 0-17yr olds
Above average fuel poverty	Above average child poverty
Health concerns: CVD, back	Health concerns: adult obesity,
pain, palliative care,	depression, excess winter
osteoporosis	deaths, diabetes

Inequality vs. inequity

- Inequality = differences in health status or in the distribution of health determinants between different population groups
- Inequity = uneven distribution that may be unnecessary and avoidable as well as unjust and unfair

WHY IS POPULATION DATA IMPORTANT?

CCG has a duty to reduce inequalities in care

Example

IAF 106a: inequalities in unplanned admissions for chronic ambulatory care sensitive and urgent care sensitive conditions

Aim 1 = decrease unplanned admissions

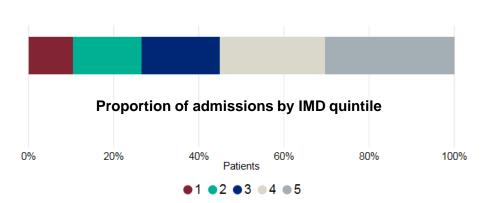
Aim 2 = decrease variance in unplanned admissions

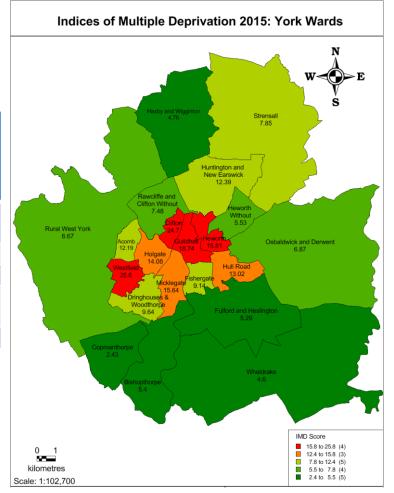
→ Selectively target resources to areas showing greatest 'need'

WHY IS IT IMPORTANT?

Ward	Population	Unplanned hospitalisations per 100,000	Unplanned hospitalisations	Opportunity for saved hospitalisations (if no inequality across CCG)
Selby West	10,902	3472	400	80
Clifton	10,442	3440	318	65
Guildhall	15,624	3210	409	56
Selby East	7,364	3511	216	53
Heworth	13,833	3220	412	51

Significant crossover between areas of deprivation and unplanned hospitalisations





But – Westfield?

WHAT ABOUT WESTFIELD WARD?

Experian Types

M56 Solid Economy

Families with children, renting from social landlord, pockets of social housing, lower wage service roles, relatively stable finances.

M55 Families with Needs

Cohabiting couples & singles with kids, areas with high unemployment, low household income, small socially rented terraces and semis, moves tend to be within local community.

M54 Childcare Squeeze

Married or cohabiting couples, likely to have pre-school children, outgoings high in proportion to income, own low value homes, both parents working.

K46 Self Supporters

Aged 46-65, singles living alone, income typically £20-25k, own 2 or 3 bedroom small homes, still working.

063 Streetwise Singles

Singles and sharers, low cost social flats, 1 or 2 bedrooms, urban and fringe locations, routine occupations.

N61 Estate Veterans

Average age 75, often living alone, long term social renters of current home, living on estates with some deprivation, low income.

L52 Midlife Stopgap

Homesharers and singles, in employment, don't have children, average age 45, privately renting affordable

H31 First-Rung Futures

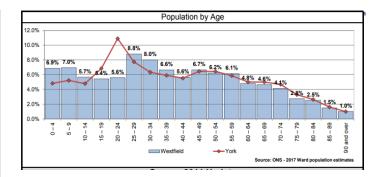
Younger couples and singles, own 2 or 3 bed semis and terraces, affordable suburbs, have lived there under 4 years, buy and sell on ebay.

K47 Offspring Overspill

Pre-retirement, families with adult children, individual incomes not high, better off if children are contributing, own 3 bed semis and terraces.

N57 Seasoned Survivors

Very elderly, most are living alone, longest length of residence (29 years), modest income, own mostly 2 or 3 bed terraces.



Also – distance from hospital?

Or – data accuracy?

SUMMARY

- Important to understand variations in local population
 - Planning services
 - Prioritising highest needs
- Need broader understanding than just 'health' needs
 - Wider determinants
- Future direction of population health care
 - NHS Long Term Plan
 - Primary Care Networks
 - Population Health Management
- Lots of data freely available!

QUESTIONS?