

Population Health Management

What is it and how can we use it to support our communities better?

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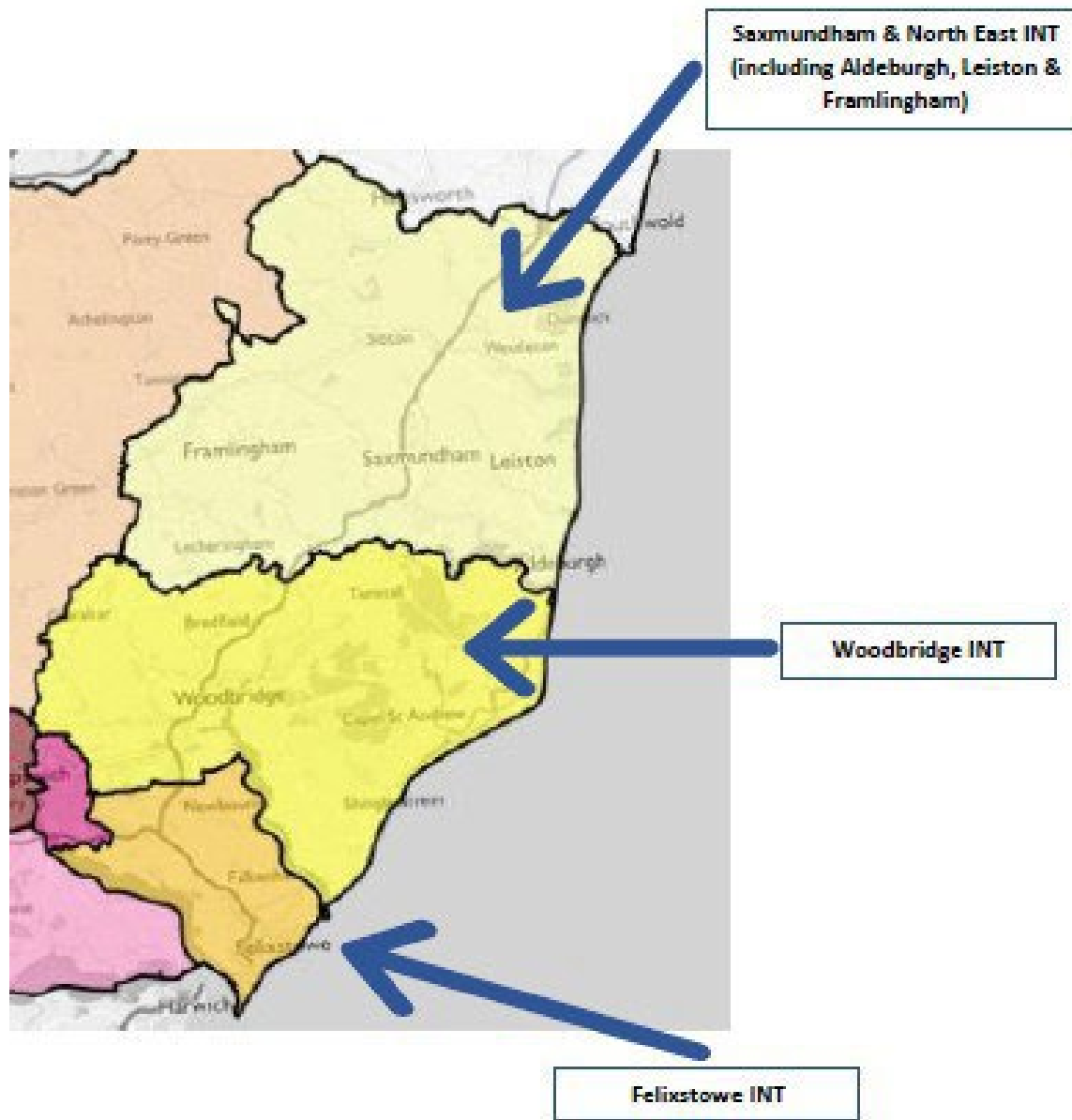
Suffolk and North East Essex Integrated Care Board



Agenda

- Introduction to PHM (20 mins)
 - What is PHM?
 - What do data tell us about health needs in East Suffolk?
- Small group discussions (30 mins)
- Closing comments and next steps (5 mins)

Boundary map for Integrated Neighbourhood Teams (INT's)
& Connect in East Suffolk.





Integrated Neighbourhood Team (INT) Leadership Team

Health, Social Care and other professionals working together to deliver key health objectives which improve the wellbeing of residents and reduce the demand on services.

Who is involved:

Integrated Neighbourhood Team Manager

Adult Social Care

Primary Care Networks Clinical Directors (GP's)

Social Prescribing Lead

District/Borough Council

Norfolk and Suffolk Foundation Trust (NSFT)

Connect

The voluntary and community sector working collaboratively with statutory services to improve the health and wellbeing of our communities, by identifying localised priorities and solutions.

Who is involved:

- | | |
|------------------------------|----------------------------------|
| Good Neighbour Schemes | Community Transport |
| Community Health | Children & Young People Services |
| Mental Health Support Groups | Care Homes |
| Schools | Libraries |
| Dementia Services | |

Police

Plus many, many more!

Other Partners and Programmes of Work

Connect works in partnership with a range of other partners, services and projects to improve the health and wellbeing of residents.

This includes:

The ICB - Integrated Care Board (formerly Ipswich and East Suffolk Clinical Commissioning Group)

Connect & Catch-up's (Health themed virtual workshops)

Connect for Health (Social Prescribing)

District/Borough Council Communities Teams

Other District/Borough/County health & community projects/initiatives

Working Together to Improve the Health and Wellbeing of everyone within our Communities!



What is population health management?

Know

- Gathering insight and data about health and the wider aspects that impact a person's health such as housing and employment.
- Identifying where best to focus collective resources for greatest impact and targeted prevention.
- Monitoring impact, driving continuous improvement and measuring success.



Connect

- Connecting all of us working to improve health outcomes across health, social care, public services and the voluntary sector.
- Ensuring people receive the right service at the right time, by the right people.



Population Health Management

Prevent

- Changing the focus of healthcare from reactive care to proactive, preventative care.
- Helping us reduce health inequalities and develop long-term health solutions.
- Supporting people to live their healthiest lives, based on what matters to them and making every contact count.

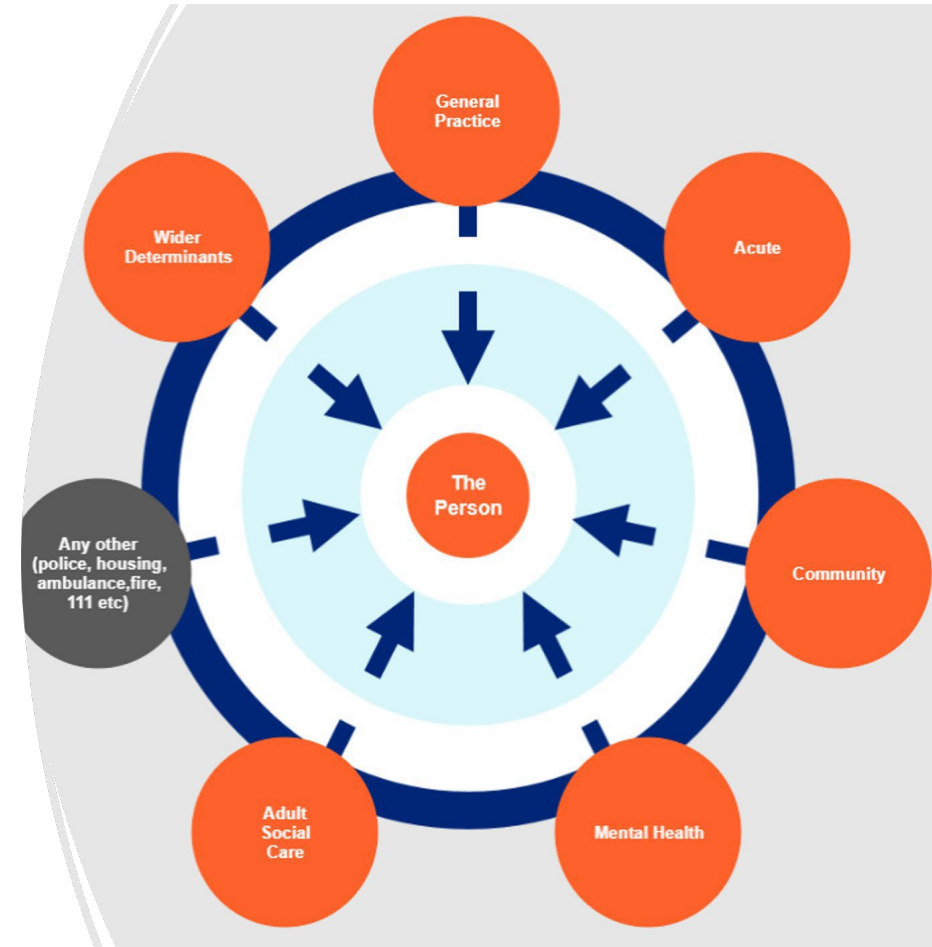


Proactive, targeted healthcare for your community

Visit the Population Health Academy to find out more about how it can help you.

PHM data in Suffolk and north east Essex

- Health and care data is kept separately, making it hard to offer **joined up insight**
- We have built a **linked dataset**, joining up data from GPs, hospitals, mental health, social care, and other sources
- This helps us to **better understand** population health, and the interventions that will improve it



PHM in action

A wide range of ICS partners are working together in SNEE to deliver proactive, preventative healthcare, including:

- Understanding the priorities for our **areas** and delivering against those priorities
- Identifying the best places for new **services**
- Identifying **patients** at risk of adverse outcomes, such as admissions, falls, or long-term conditions

What do data tell us about health needs in East Suffolk?

PHM in action

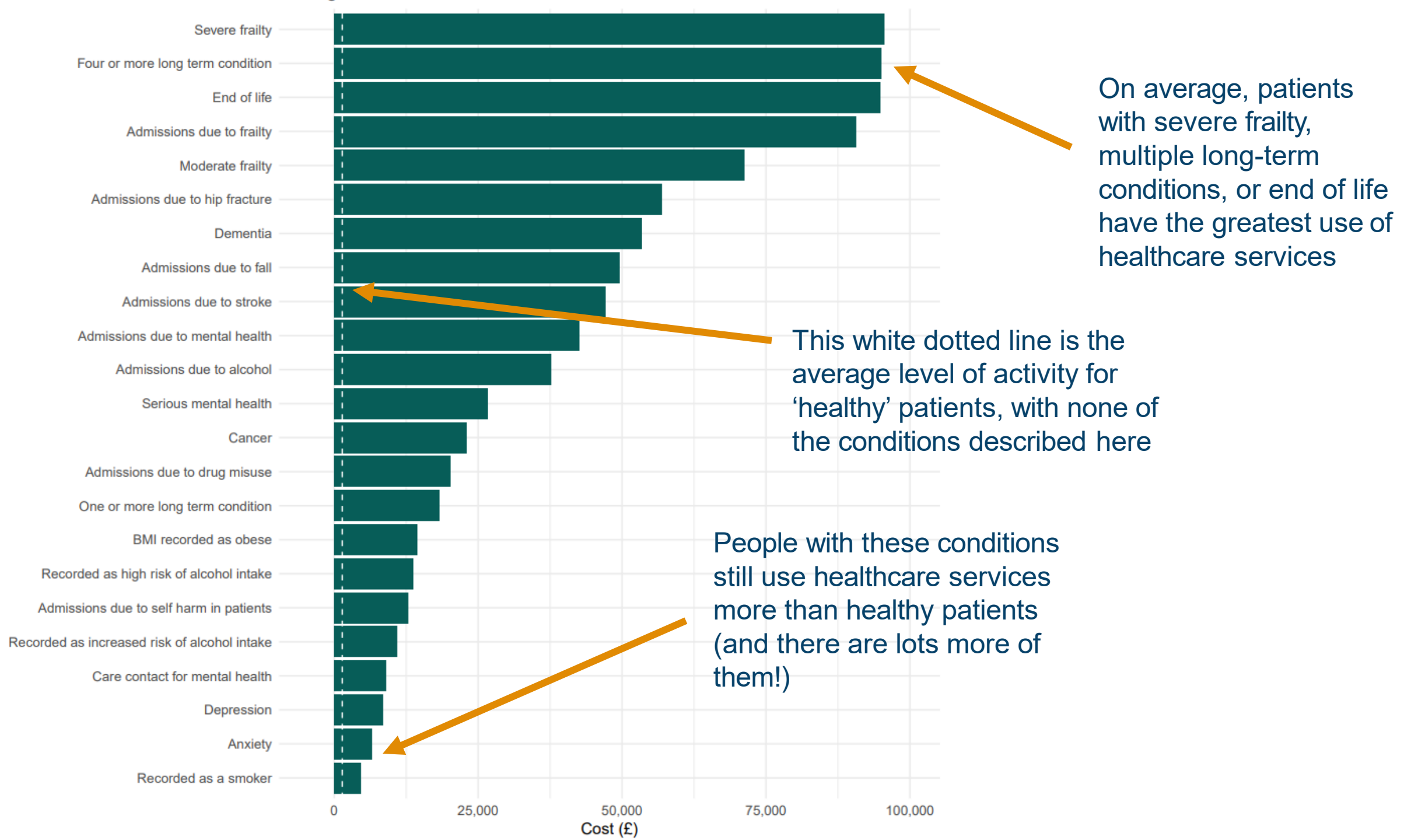
Which of these factors do you think are the biggest drivers of healthcare usage in:

- Woodbridge
- Felixstowe
- Saxmundham and North East

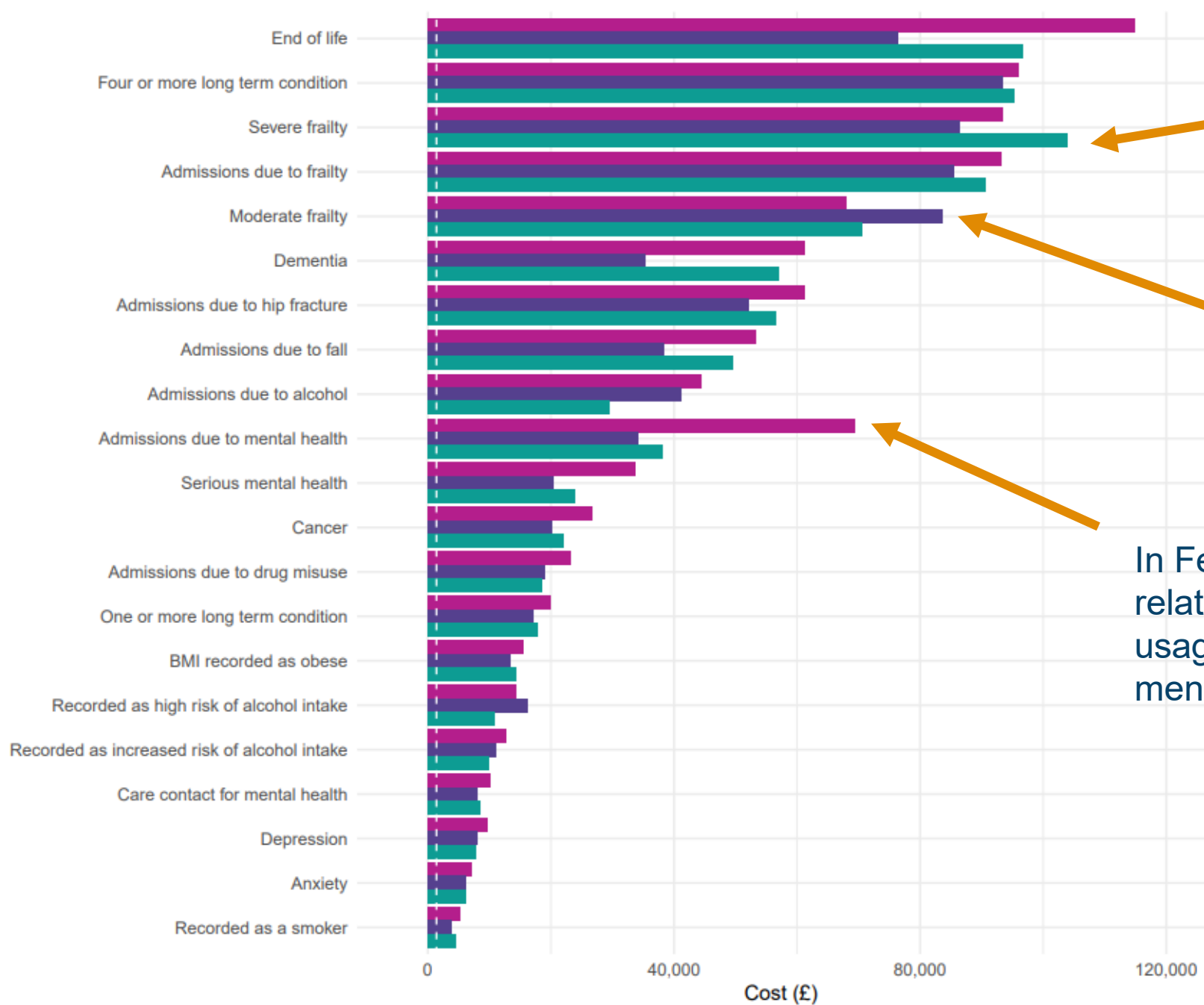


A note on costs

- We will represent usage of healthcare service in terms of ‘cost’
- This is a way of expressing use of a range of different services (e.g. GP appointments and inpatient stays) with a single number.
- It isn't a direct reflection of payments to or from any healthcare services



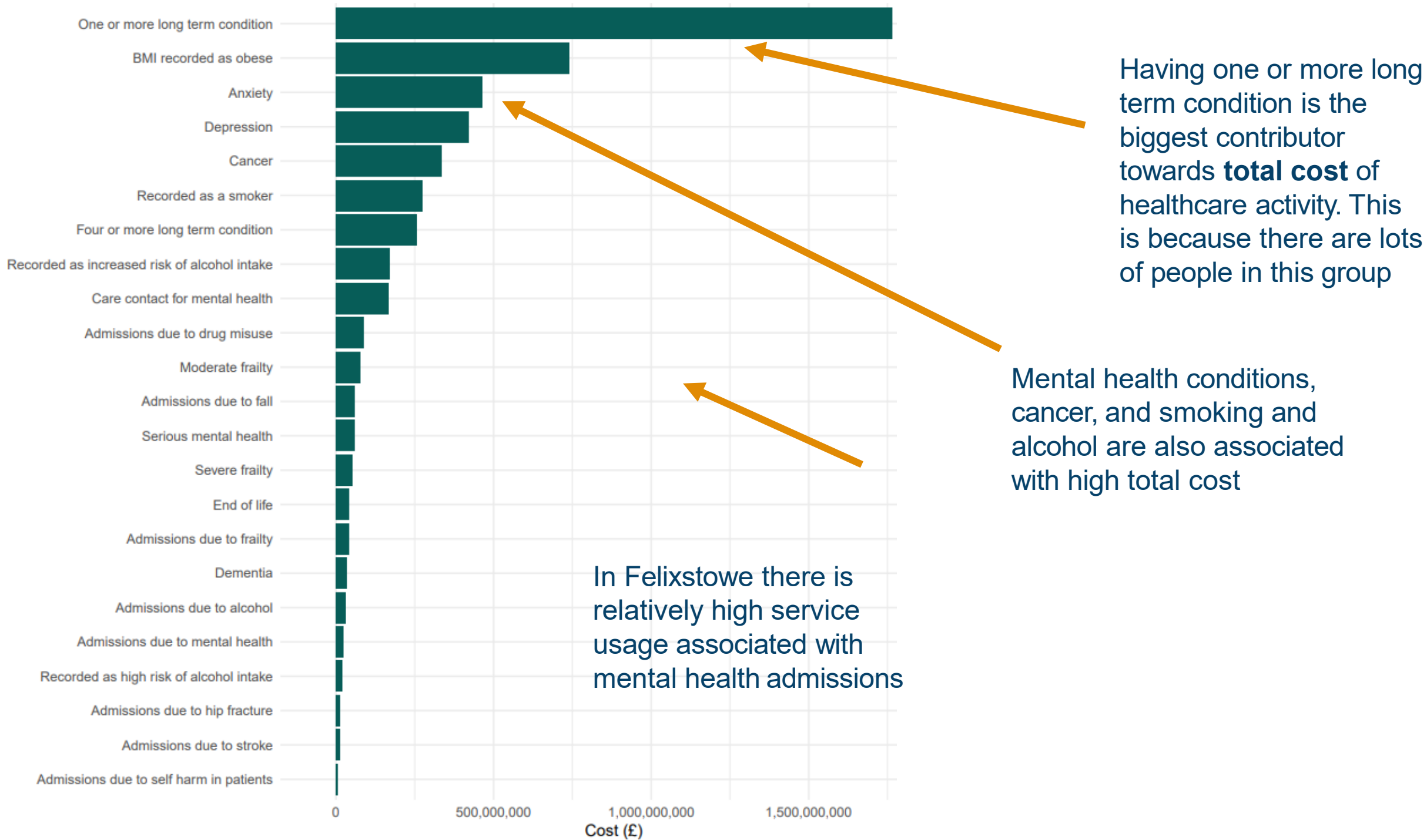
Felixstowe Saxmundham & North East Woodbridge



In Woodbridge there is relatively high service usage associated with frailty admissions

In Saxmundham and North East there is relatively high service usage associated with moderate frailty

In Felixstowe there is relatively high service usage associated with mental health admissions





Small group discussions

Small group discussions (separated by INT areas)

- What targeted interventions do you think are needed in your INT area to improve the health and wellbeing of the specific populations and cohorts identified through the data?
- What additional support or resources are needed to enable targeted interventions to happen?
- What interventions are already being delivered and working well?
- How would you like access to PHM intelligence in the future? E.g., written reports with user friendly language, face to face networking events, virtual lunch and learn events...

Next Steps

- Share feedback from today with our Integrated Neighbourhood Teams (CLT's). Does this reflect what's already being discussed?
- Not already a Connect member and want to get involved? Please provide contact details

Contact Details

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