

# Place isn't a magic bullet: Managing population health and reducing health inequalities

PROF JOE RAFFERTY CBE | Chief Executive

Our 0 - 19 staff deliver the universal healthy child programme to

**100,000**

children and young people in Liverpool and Sefton



Provide services from more than

**230** sites



Largest provider of

**LEARNING DISABILITY**

forensic secure care



**1 OF 3**

providers of high secure services

**8** community NHS Walk in and Urgent Treatment Centres



Working in **six places**

**LIVERPOOL SEFTON**

**ST HELENS KNOWSLEY**

**HALTON WARRINGTON**



**ONE of only FIVE**

inpatient addiction services in the country



**983**

inpatient beds



The biggest

**Talking Therapies** service in the NHS



The LIFE ROOMS had

**37,280**

contacts



and issued

**16,975**

social prescriptions

2022/23



CIRCA

**11,000**

WORKFORCE

One of the **LARGEST healthcare employers** in the North West

Serve a population of

**MORE THAN 1.4 MILLION**

across our region and are also commissioned for services that cover the North West, North Wales and the Midlands

**£742 million** **TURNOVER**

£

£

£

£

**3,071,315** outpatient attendances



# The Problem



## Increasing co-morbidity

In 2015, 54% of people aged over 65 had two or more conditions and by 2035 this is predicted to have risen to 68%. 30% of people with four or more conditions are under 65 years old.



## Worsening inequalities

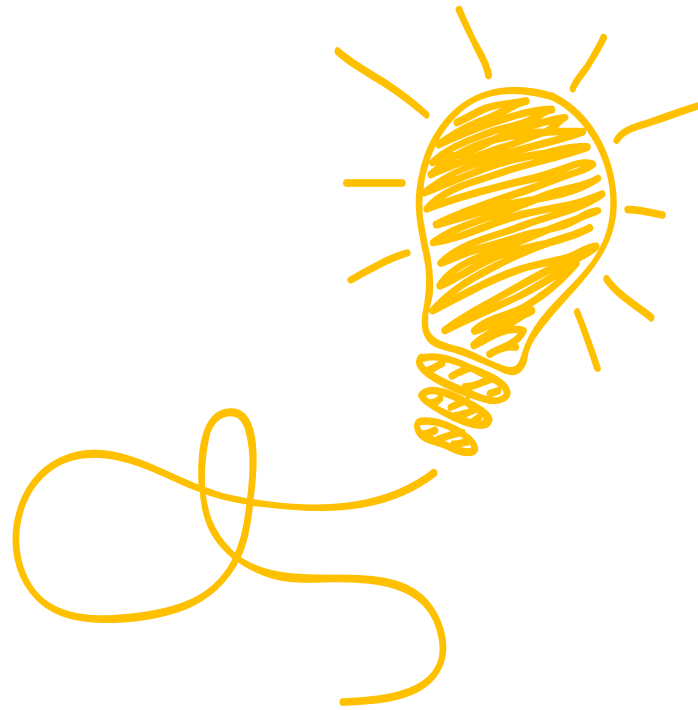
Female life expectancy gap increased from 6.9 years (2011-13) to 8 years (2018-20) with more years also being spent in poor health.



## Lack of prevention

Spending on public health by local authorities in England decreased by 13% on a like-for-like basis between 2013/14 and 2020/21. More broadly, there is a lack of investment across the whole prevention continuum.

**This is unsustainable and Place isn't a magic bullet.**



# The Solutions

**Population  
health  
management  
at scale**

**Taking  
community  
services  
seriously**

**Effective  
partnerships**

**Methodological  
approach and  
application of  
evidence about  
what works**

# We don't just want to tackle inequality, we want to programme equity

This means truly understanding how people experience our services.  
By asking questions, listening, and by using data to generate intelligent insights.  
And using this to **take action** within our services.

**We will only be able to  
convert our Population  
Health Management  
aspirations into reality if  
we apply some deliberate,  
practical strategies**

## Data

Collecting and accessing data from services, from service users and carers, and from population health platforms such as CIPHA

## Analytics

Applying data science techniques to analyse this data and reveal new insights.

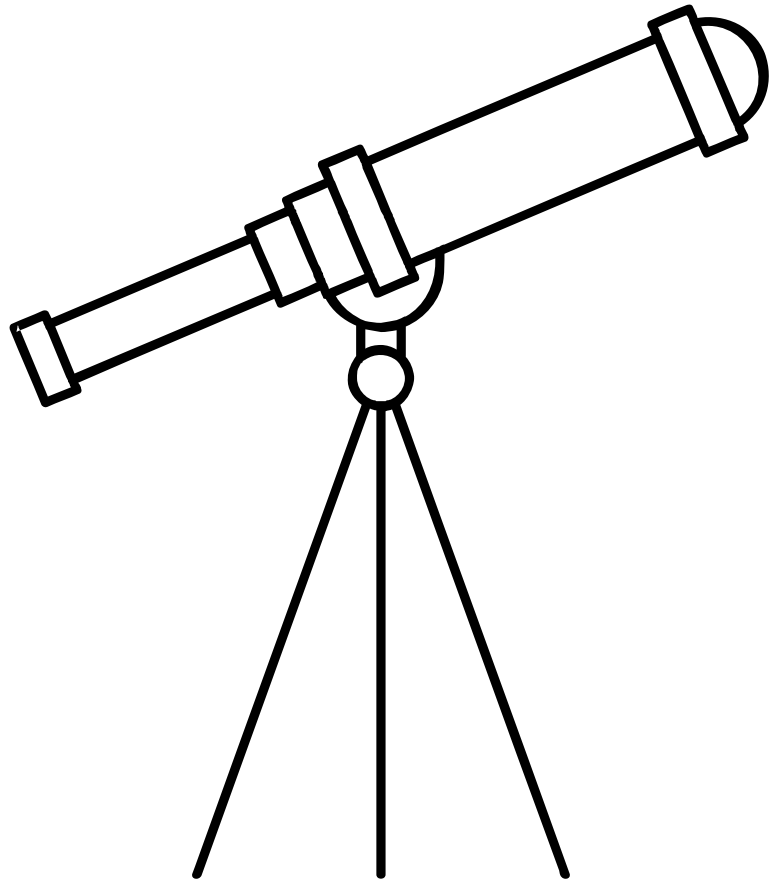
## Care

Work with services to turn these insights into new models of care.

## Payment

All the while considering how this fits with payment and funding mechanisms, removing barriers to person-centred care

# How can NICE help?



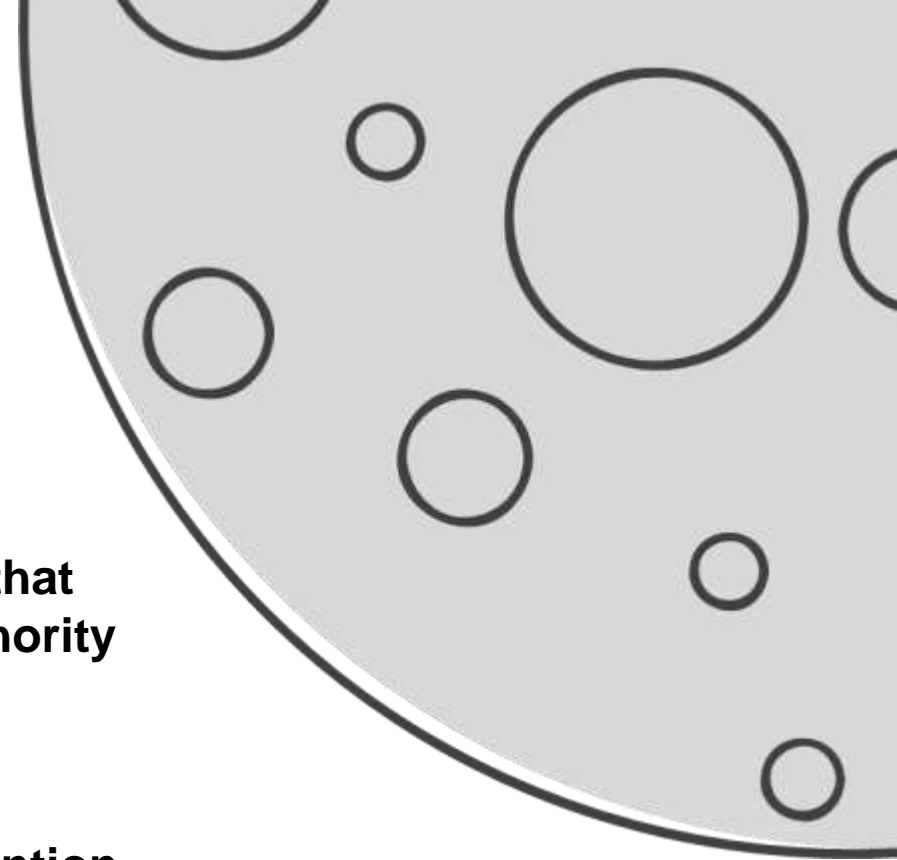
**Produce integrated guidelines that extend across health, local authority and public health partners.**

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**Offer a stronger focus on prevention and programming equity, not just tackling inequalities.**

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**Increasingly address payment and funding mechanisms to enable new models of care.**







**Thank you**