

REFRESHING THE JOINT HEALTH AND WELLBEING STRATEGY

Pre-workshop evidence base information pack

Identifying population groups for the Joint Health and Wellbeing Strategy refresh

- There are a number of ways to identify population groups, whether this is by disease (such as diabetes, cancer, depression, Alzheimers), by cost to health and care systems, or by socio-economic factors (such as ACORN population identifiers). All of these would group a population together in ways that would aggregate needs or behaviours/lifestyle factors (such as likely method of accessing care).
- The London Health Commission have developed a 15-group model that addresses both needs and behaviours, and uses a familiar and recognisable set of identifiers for each group.

London Health Commission population groups

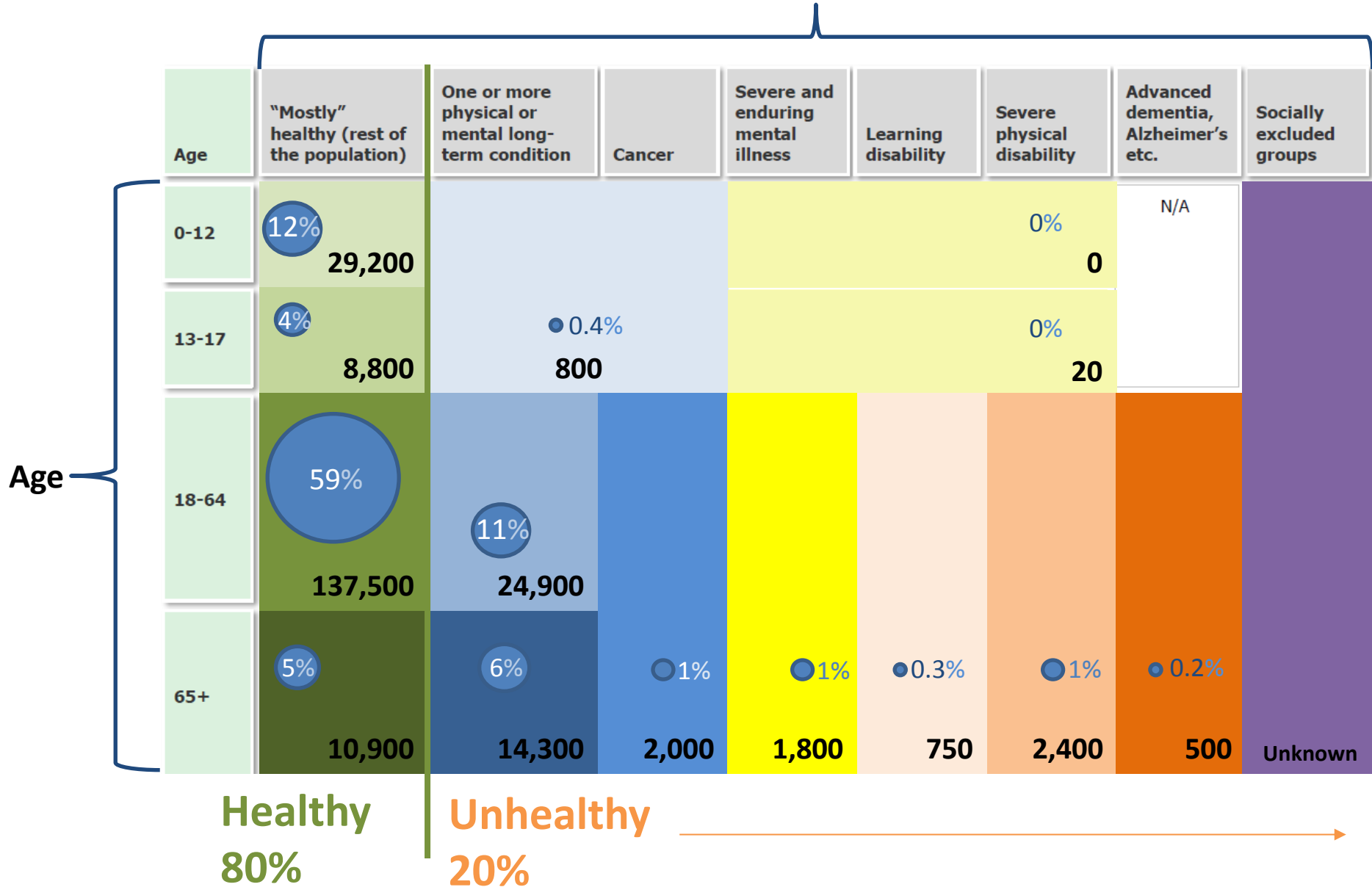
Age	"Mostly" healthy (rest of the population)	One or more physical or mental long-term condition	Cancer	Severe and enduring mental illness	Learning disability	Severe physical disability	Advanced dementia, Alzheimer's etc.	Socially excluded groups
0-12	1 "Mostly" healthy children	5 Children and young people with one or more long-term condition or cancer		9 Children with intensive continuing care needs			N/A	15 Homeless individuals and/or families (including children, young people, adults and older people), often with alcohol and drug dependencies
13-17	2 "Mostly" healthy young people			10 Young people with intensive continuing care needs				
18-64	3 "Mostly" healthy adults	6 Adults with one or more long-term condition	8 Adults and older people with cancer	11 Adults and older people with SEMI	12 Adults and older people with learning disabilities	13 Adults and older people with physical disabilities	14 Adults and older people with advanced dementia and Alzheimer's	
	65+			4 "Mostly" healthy older people				

Question for consideration:

- What are your thoughts on structuring the Joint Health and Wellbeing Strategy around population groups?
- Could we reasonably combine some of the population groups to ensure that the Strategy is effective, whilst still retaining specificity?

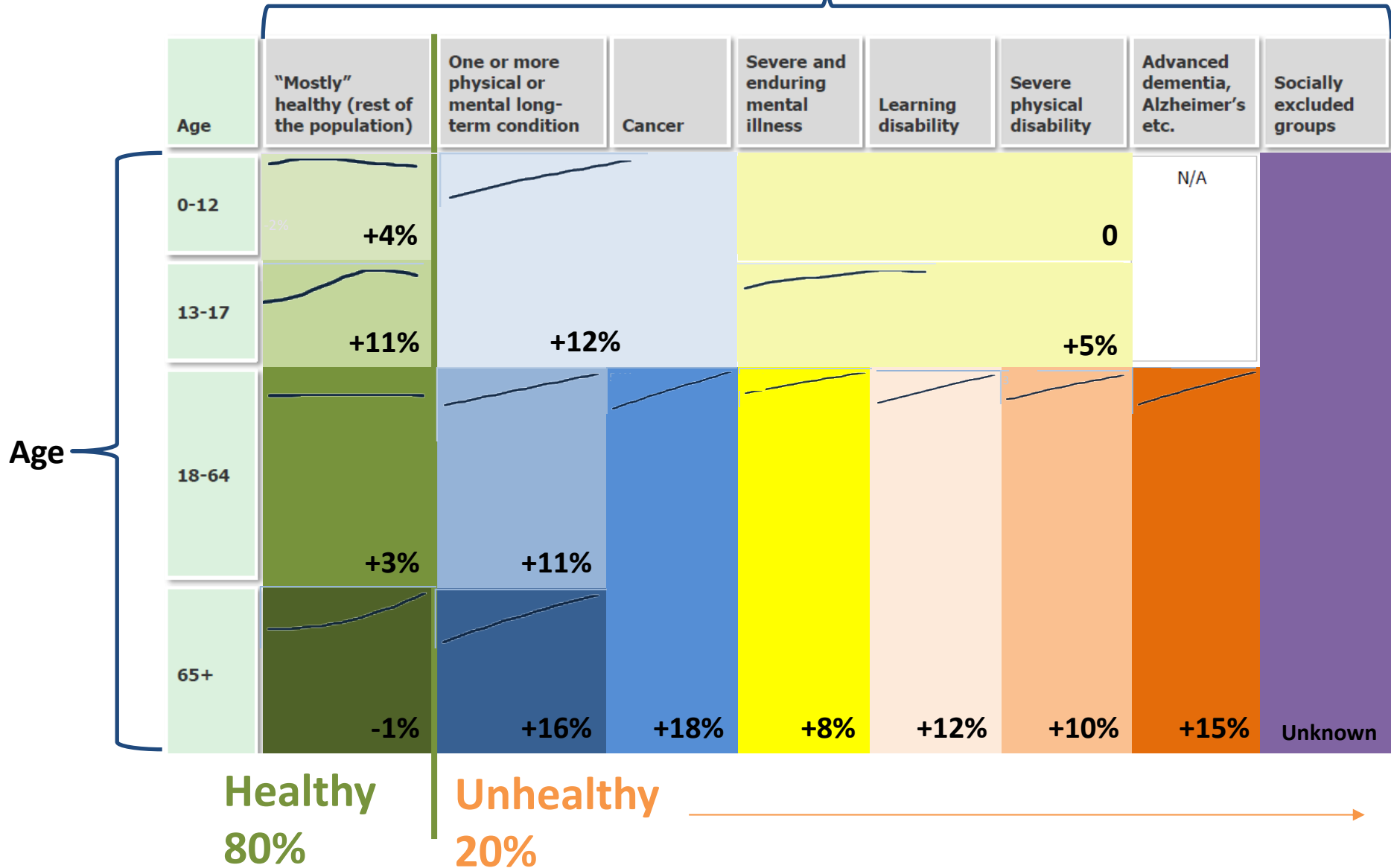
Current numbers and percentages of residents of Westminster within each population group in 2015

Health group



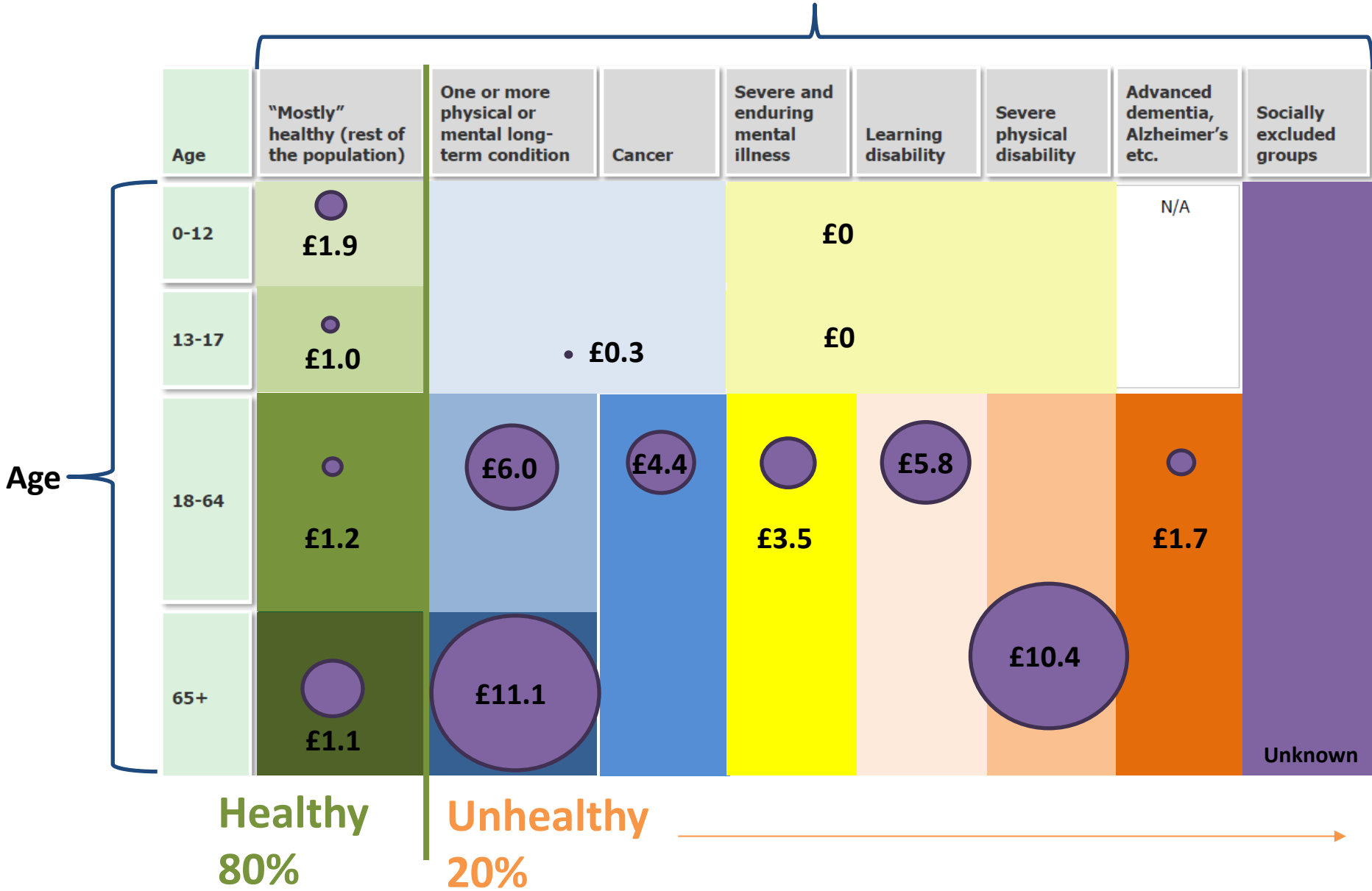
Percentage change in the number of residents in Westminster within each group between 2015 and 2030

Health group



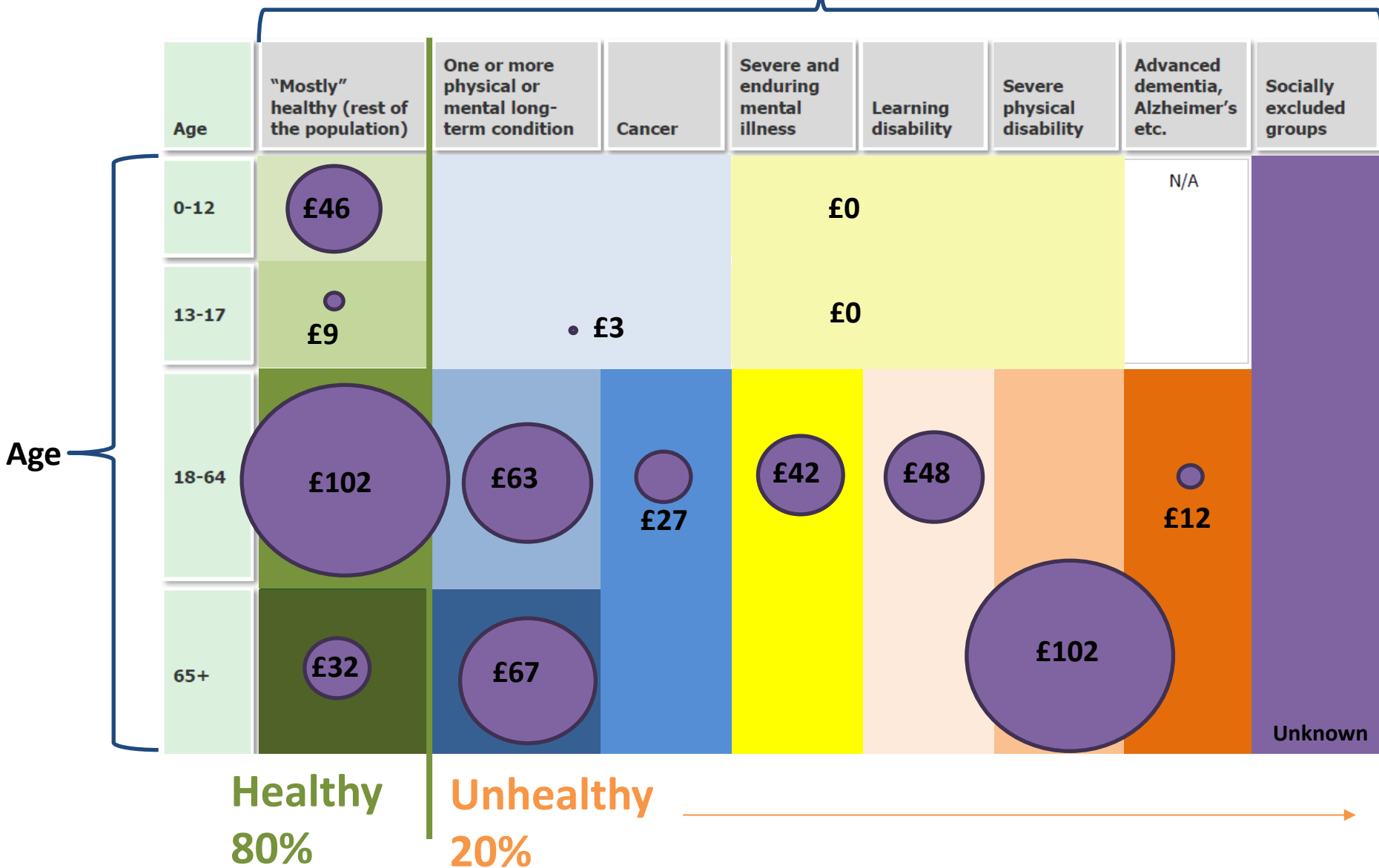
Projected growth in annual health and care costs for each population group in Westminster in between 2015 and 2020

Health group



Projected annual health and care costs for each population group in Westminster in 2020

Health group



Summary of key findings

- The largest populations currently in the Borough are working age adults and children (0-12) who are mostly healthy and working age adults with one or more long term condition.
- However, the largest growth in population over the next 10 years will occur in older people with one or more long term conditions, adults and older people with cancer and with advanced dementia and alzheimers. Despite an ageing population, the percentage of mostly health people over 65 is expected to decline by 1% as a percentage of the whole population.
- By 2020, those with severe physical disabilities, who will represent 1% of the population, will cost as much to health and care services as the mostly healthy adults group, which represent 59% of the population.
- The other key area of growth in cost is older people with one or more long term condition, which represents both a high growth and a high initial cost base for health and care services.

Question for consideration:

- Based on this data, there are three groups where population change will mean a significantly higher prevalence (number of residents) and a significantly higher cost per resident to the health and care system:
 - Adults and older people with severe physical disability;
 - Adults and older people with cancer;
 - Adults and older people with one or more long term conditions;

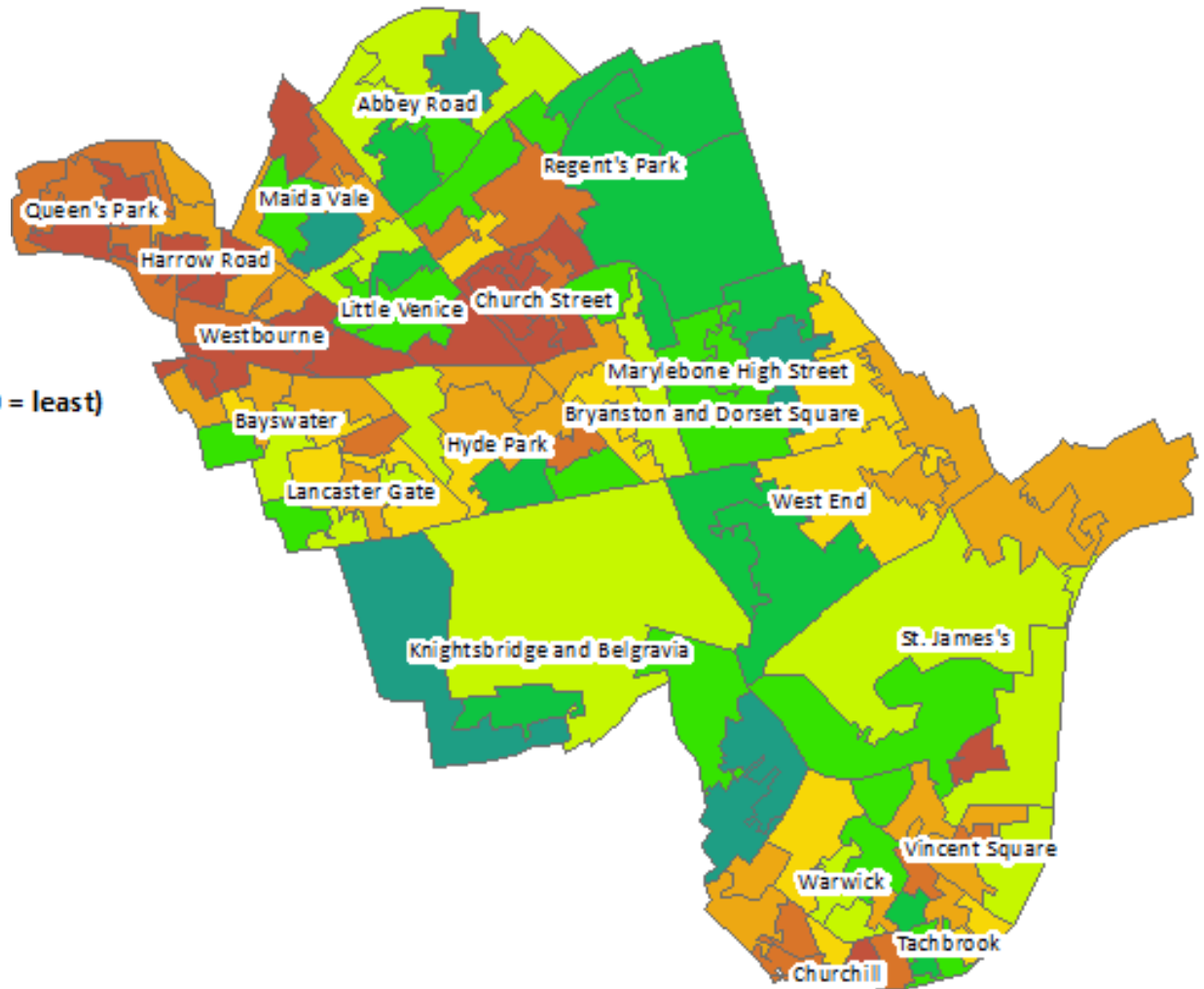
What do you think of these groups as areas of focus for developing priority outcomes for Westminster?

Health Inequalities

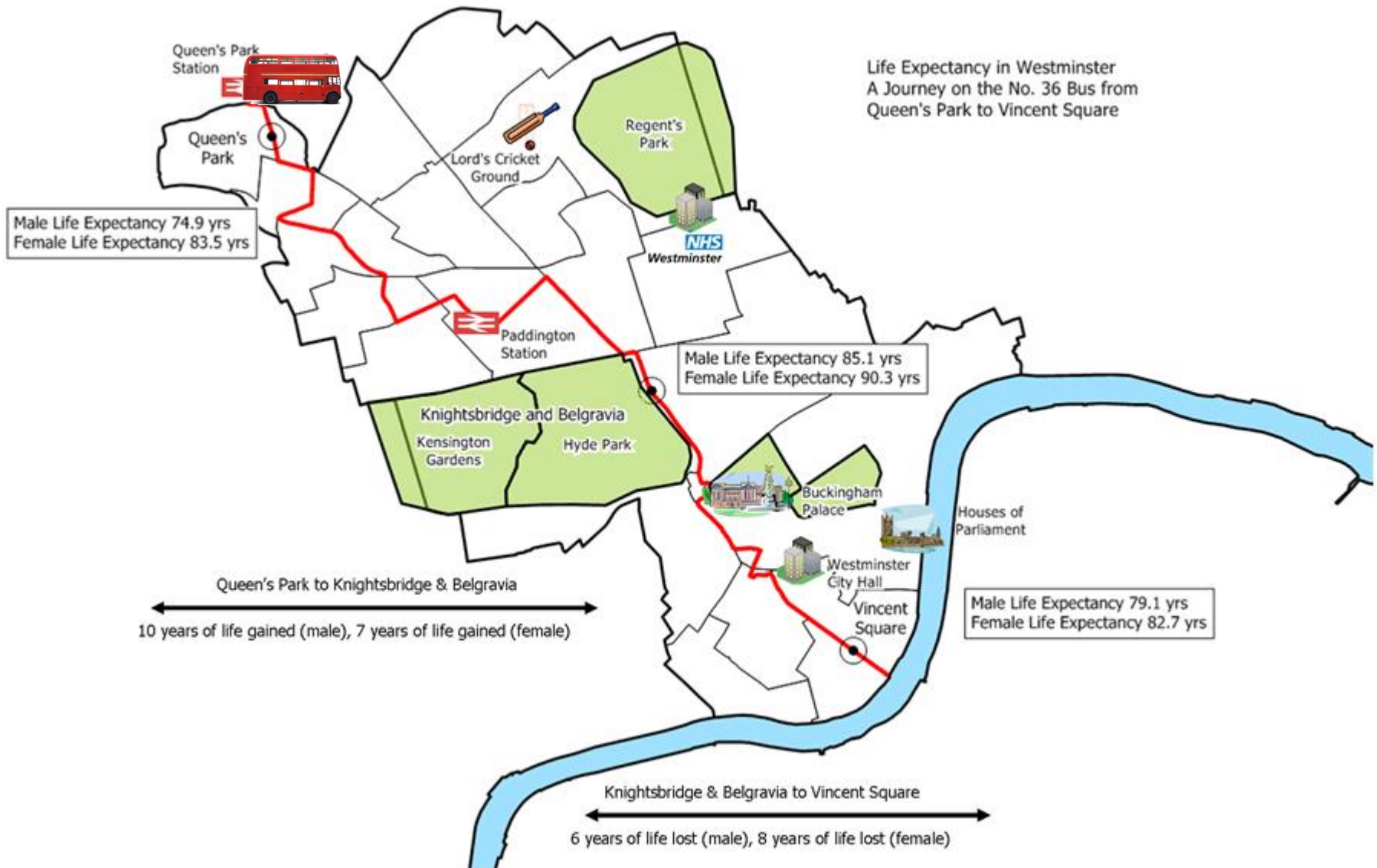
- geographical areas of deprivation in Westminster

IMD 2015 (LSOA)

National Decile (1=most deprived, 10 = least)



Geographical health inequalities in Westminster



Question for consideration:

- As part of the integration of health and care, how do we reflect the role of wider determinants in the priorities and outcomes for the Joint Health and Wellbeing Strategy refresh?
- What are the key wider determinants affecting health and care needs in Westminster?