



Department
of Health &
Social Care



Population Health in the East of England: The Financial Challenge Today and Tomorrow

HFMA Conference – From Insight to Impact:
Shaping tomorrow's NHS together
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Aim of Today

- Introduce population health and the shared 10 YHP focus
- Overview of population health outcomes
- Explore where you see the biggest opportunities and pressures are
- Begin a shared journey towards a value-based healthcare approach

Population health is central to the future of NHS sustainability

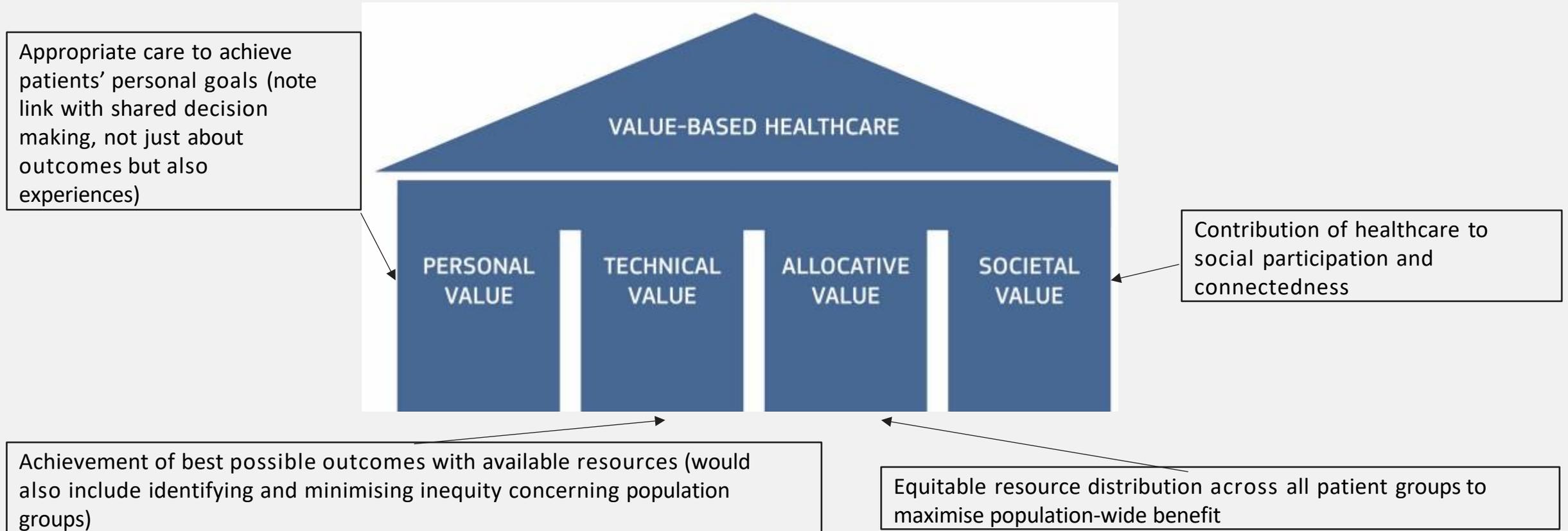
→ Finance teams are vital to support this

10 Year Health Plan

- Where resources are allocated
 - Prevention, out of hospital care, transformation, population health need, areas with economic challenges
- NHS Payment Scheme - Payment mechanisms directly linking funding to performance and quality
- Year of Care Payments - single capitated budget for a patient's care over a year patient's care over a year, instead of paying a fee for a service - calculated according to the health needs of the population being served
- Integrated Health Organisations holding the whole health budget for their local population – using resources to focus on population health and tackling health inequalities

Towards a Value Based Healthcare Approach

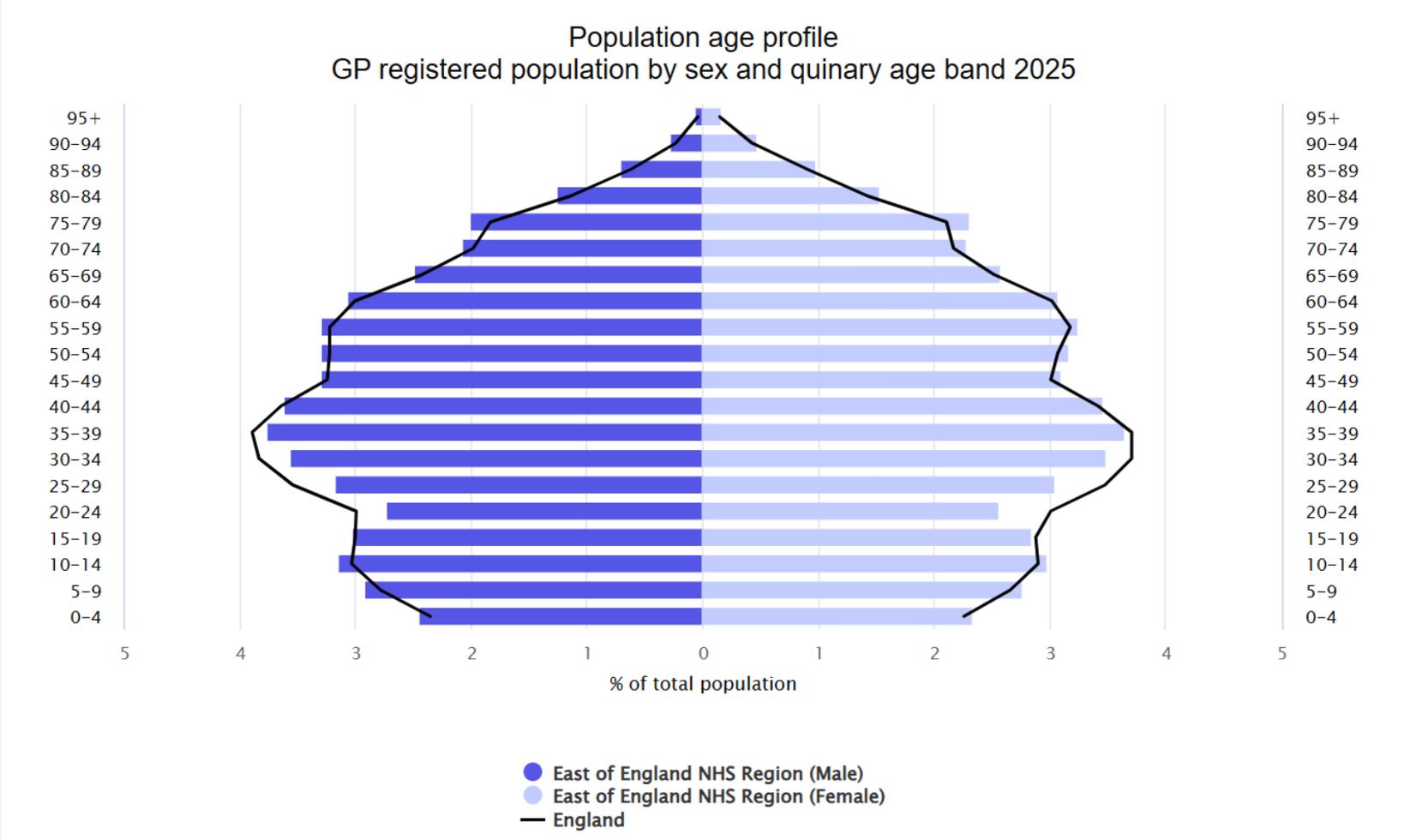
A fundamental shift from funding activity to a value-based approach and outcomes that matter



Source: European Commission (2019). [Report of the Expert Panel on effective ways of investing in Health \(EXPH\). Opinion on Defining value in "value-based healthcare"](#).

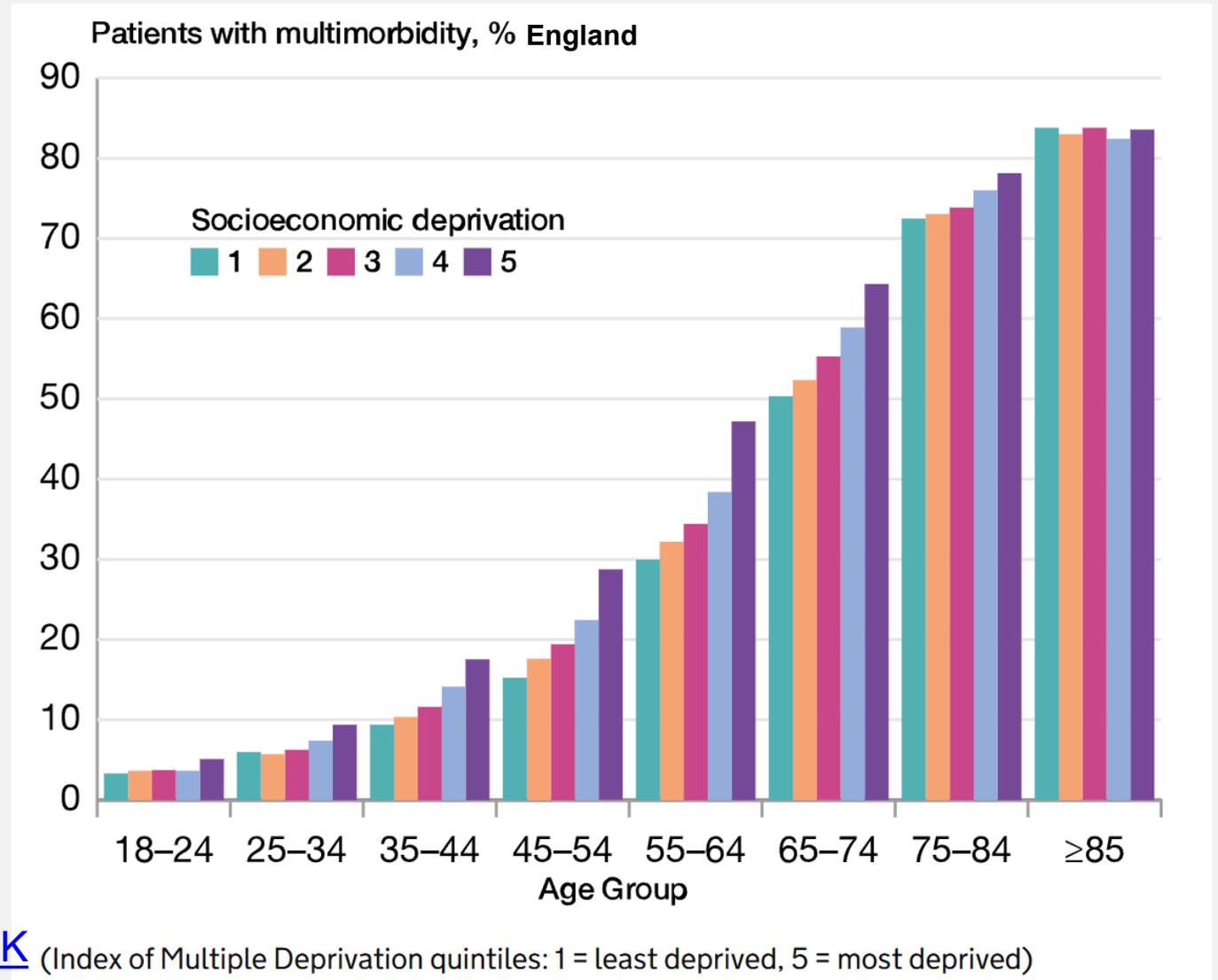
Population trends in the East of England

- Growing and aging population



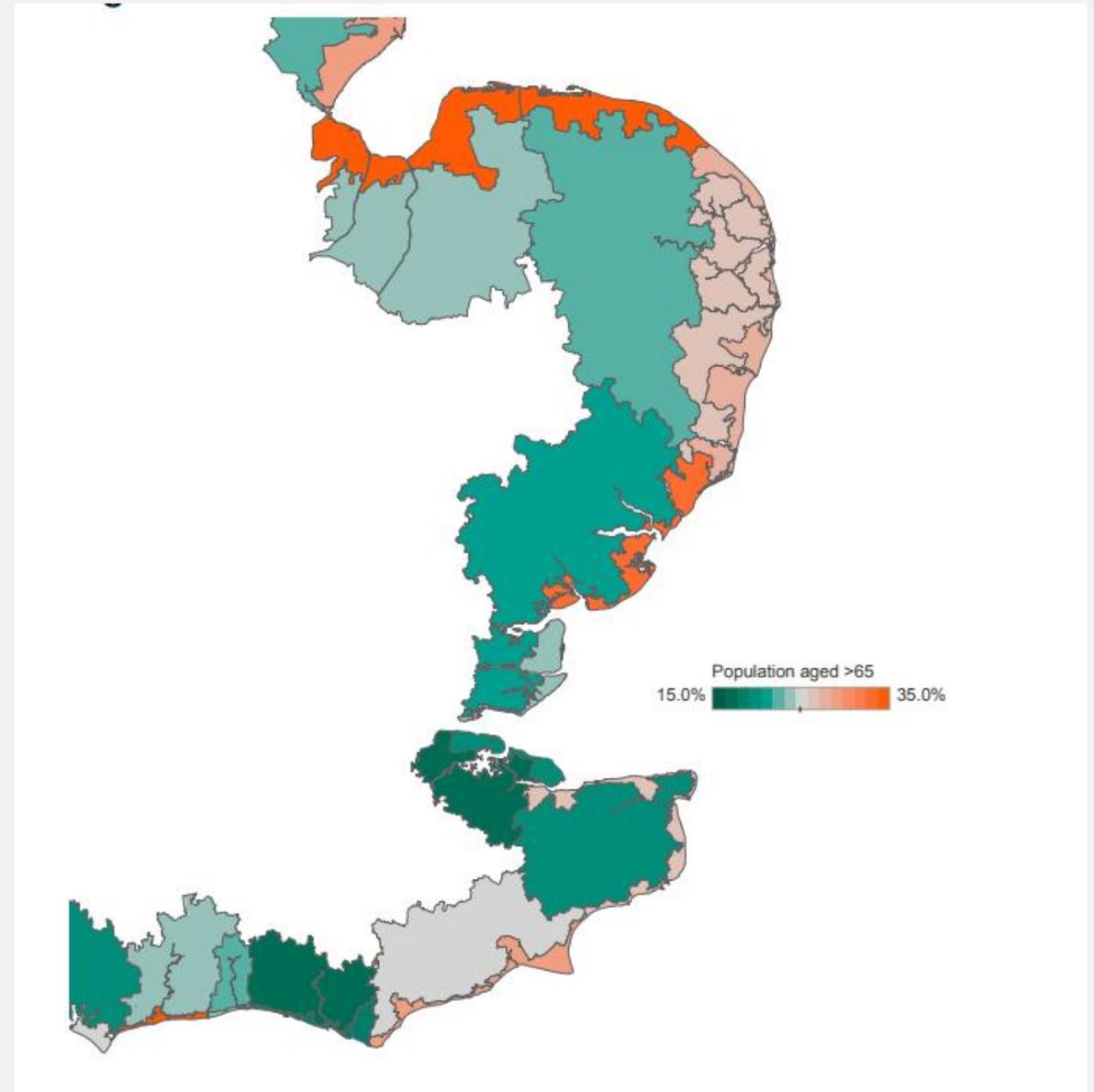
Population trends in the East of England

- Growing and aging population
- **Increase in multi-morbidity**



Population trends in the East of England

- Growing and aging population
- Increase in multi-morbidity
- **Geographical variation**



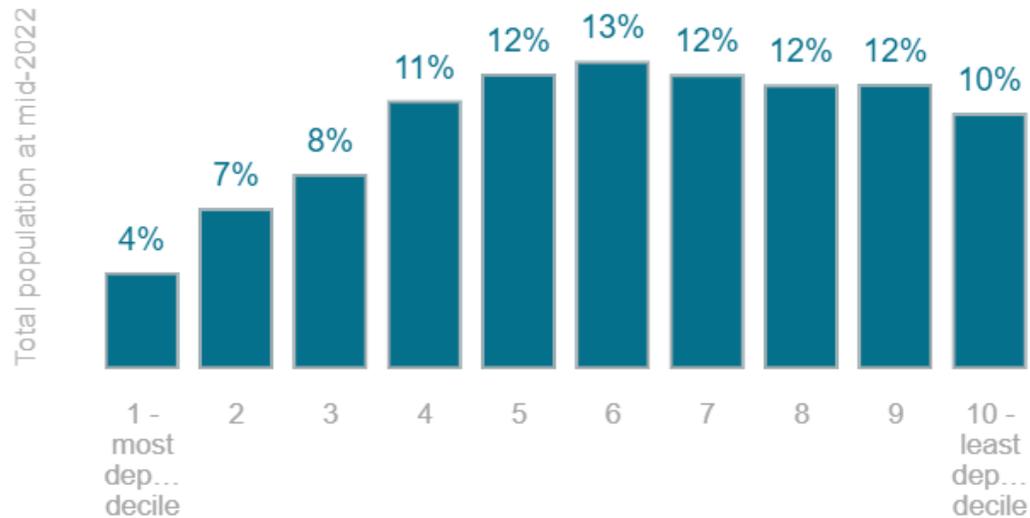
assets.publishing.service.gov.uk/media/60f98750e90e0703bbd94a41/cmo-annual_report-2021-health-in-coastal-communities-accessible.pdf

Population trends in the East of England

- Growing and aging population
- Increase in multi-morbidity
- Geographical variation
- **Deprivation**

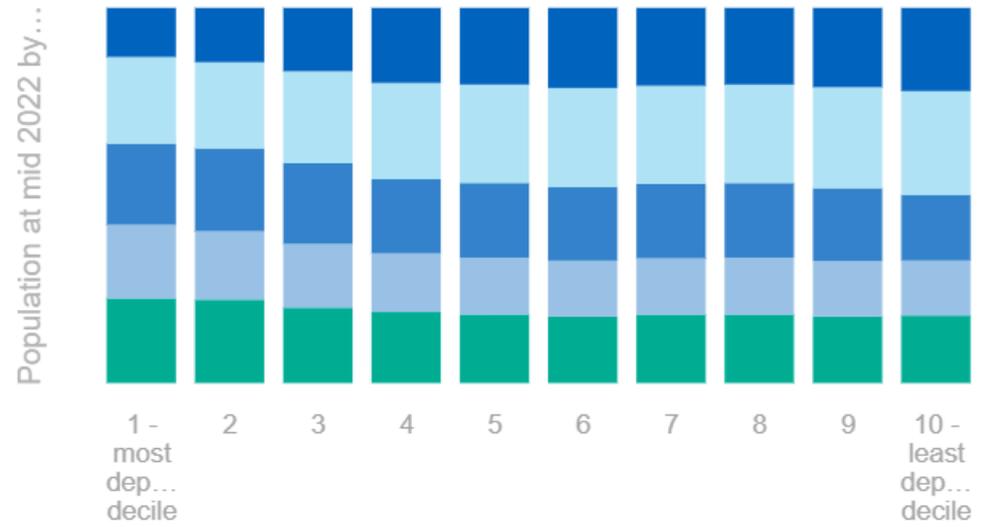
Estimated population size by deprivation decile

Index of multiple deprivation 2025



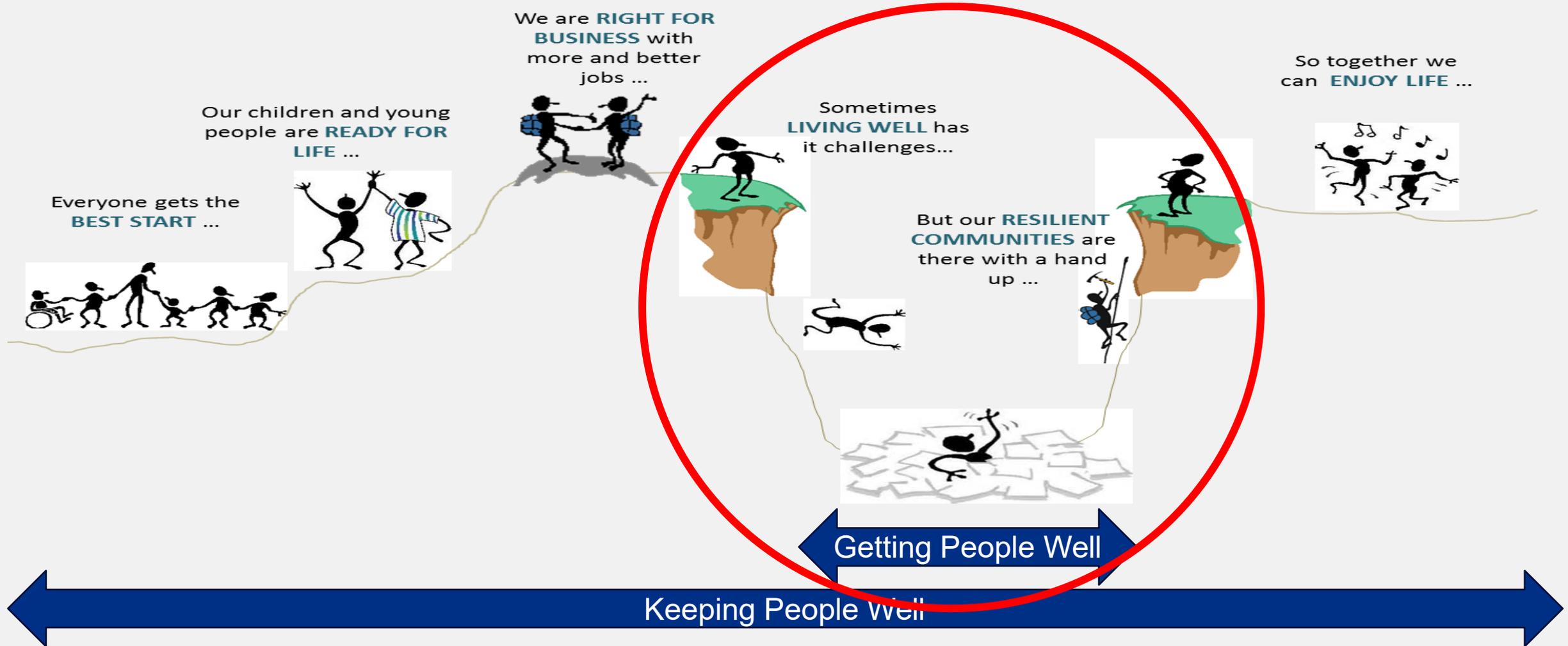
Age profile by deprivation decile

● Ages 0 to 15 ● 16 to 29 ● 30 to 44 ● 45 to 64 ● 65+



Core value of Population Health:

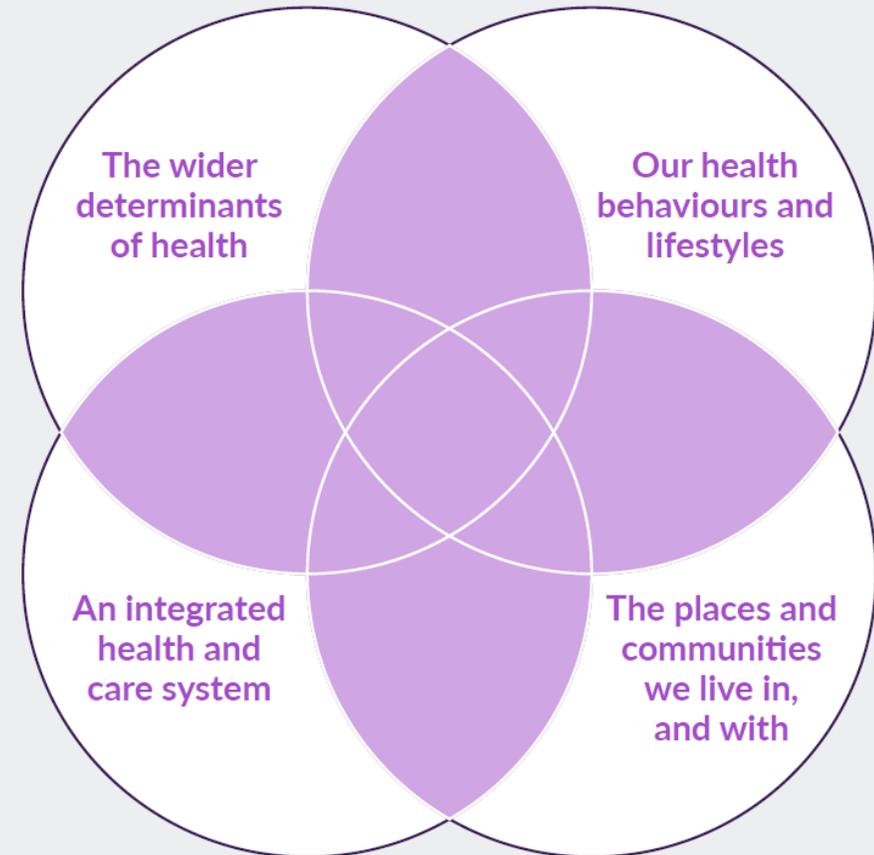
getting people well = quality care vs keeping people well = wellness + quality care



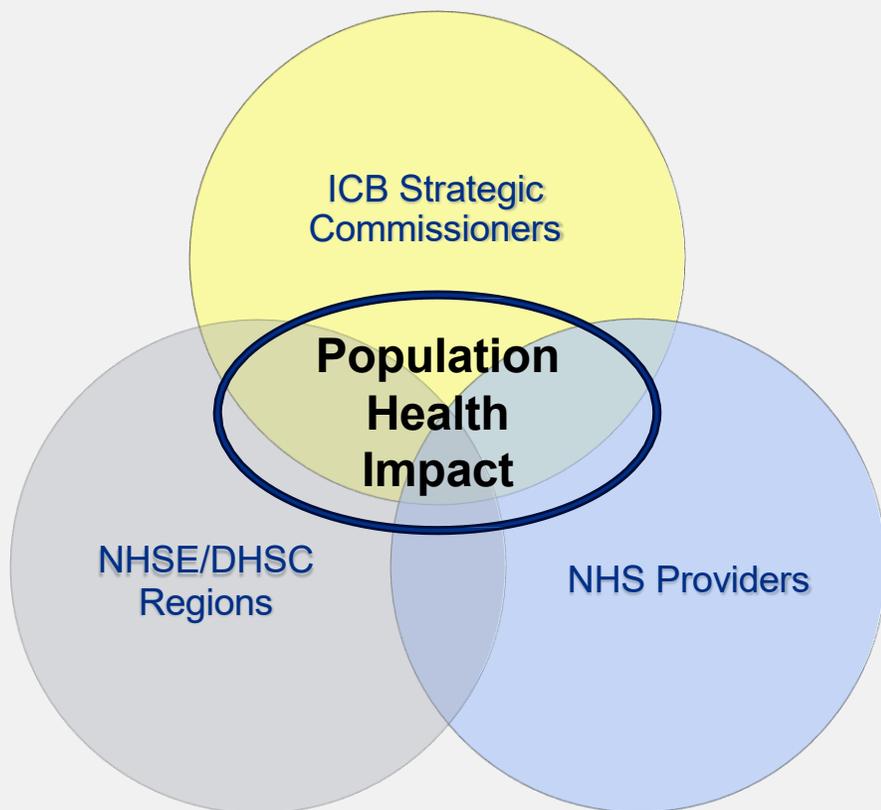
Population health

An approach aimed at **improving the health of an entire population**. It is about improving the physical and mental health outcomes and wellbeing of people within and across a defined local, regional or national population, while reducing health inequalities. It includes action to reduce the occurrence of ill health, action to deliver appropriate health and care services, and action on the wider determinants of health

[The King's Fund](#)



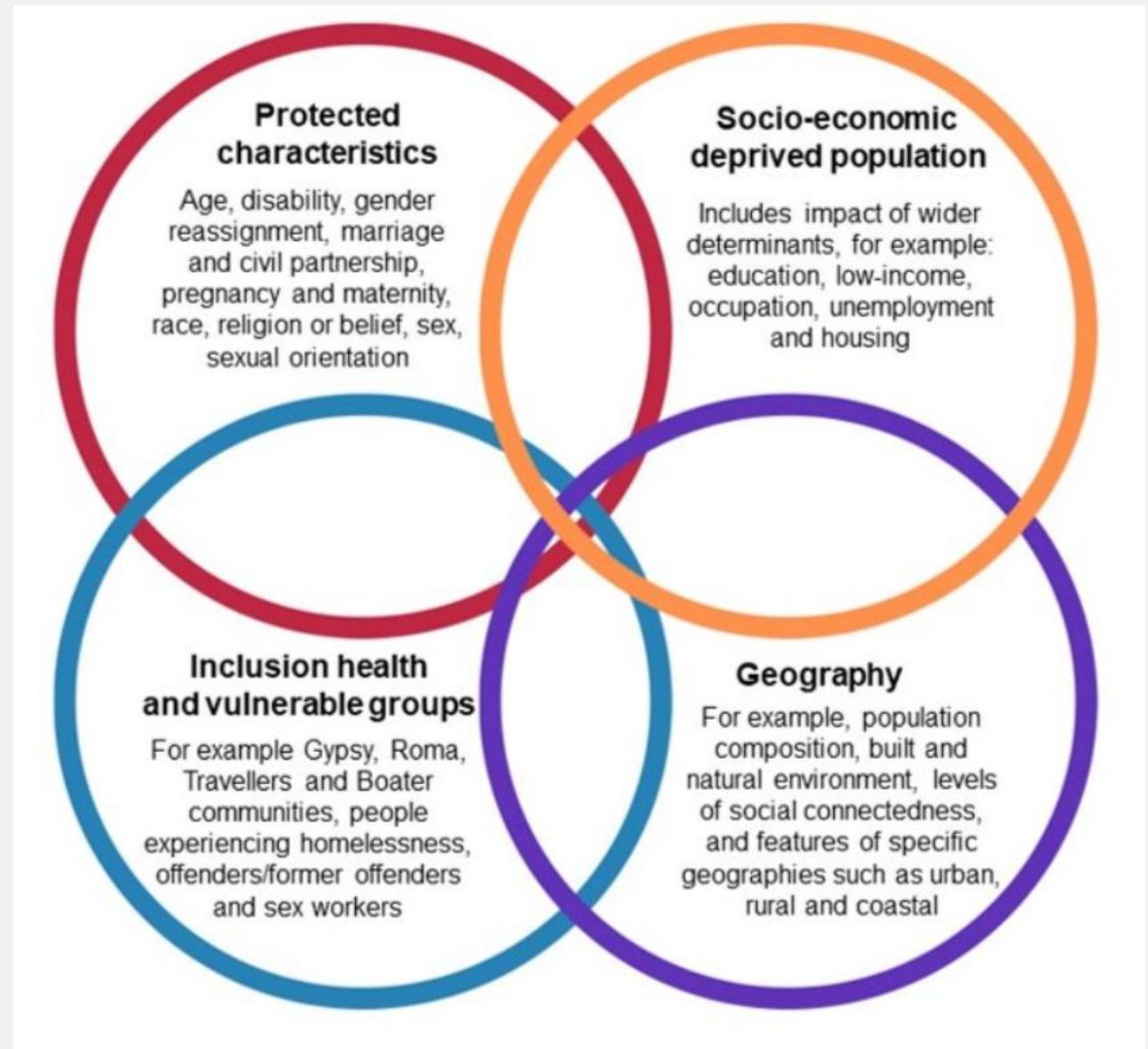
10YHP: Population Health as a unifying ambition for all ---- a shared leadership mission for health



- Central ambition of the 10YHP
Better outcomes, reduced inequalities,
sustainable use of resources
- Unifying theme for all key organisations
 - shared expectations of each organisations
 - Part of the NOF – ICBs and Providers
 - criteria for FTs/IHO transition
- Need for a shared understanding

Health inequalities

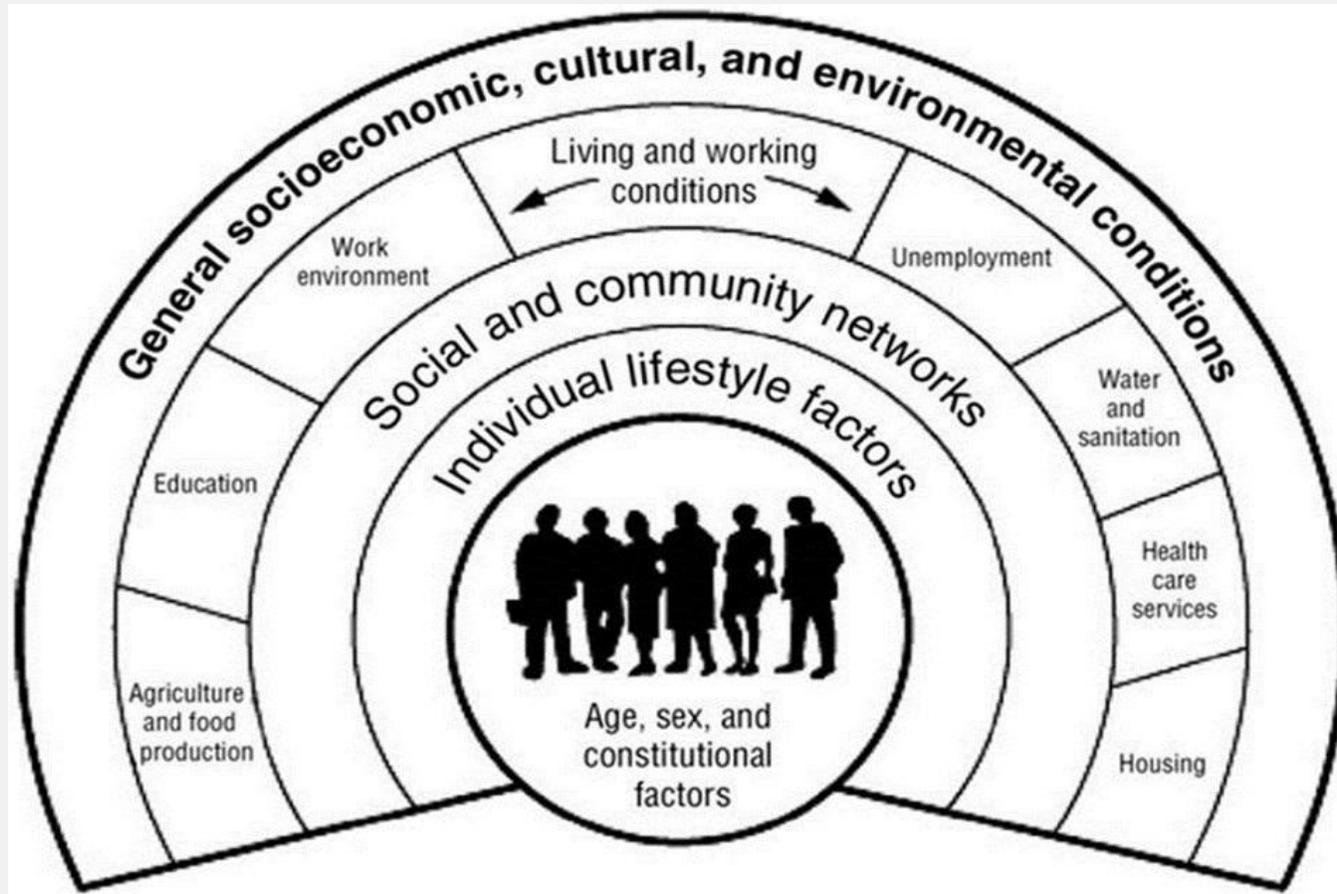
Health inequalities are defined as avoidable differences in health outcomes between groups or populations – such as differences in how long we live, or the age at which we get preventable diseases or health conditions



[Health disparities and health inequalities: applying All Our Health - GOV.UK](https://www.gov.uk/government/consultations/health-disparities-and-health-inequalities)

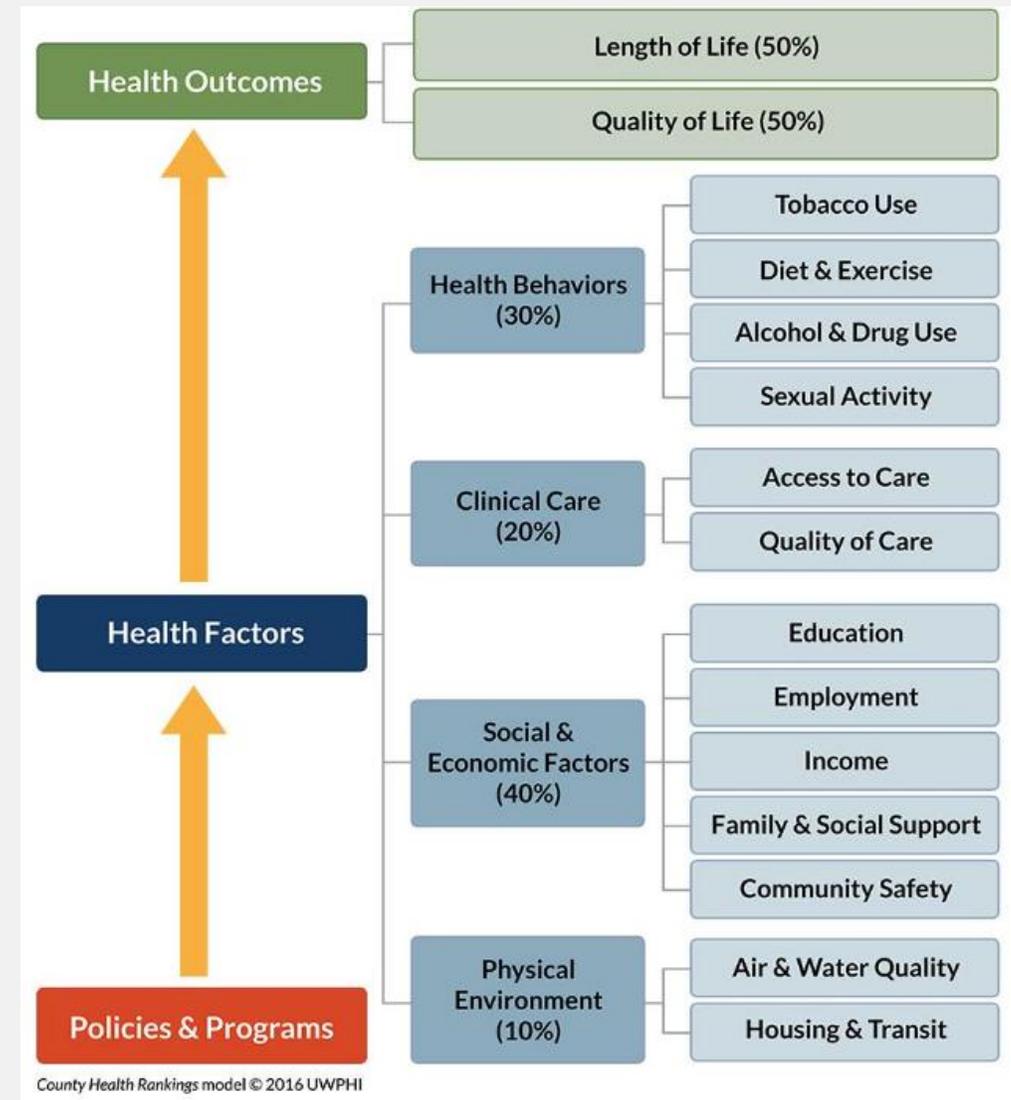
Major Determinants of Population Health

- Good health extends beyond healthcare



Major Determinants of Population Health: Relative contributions

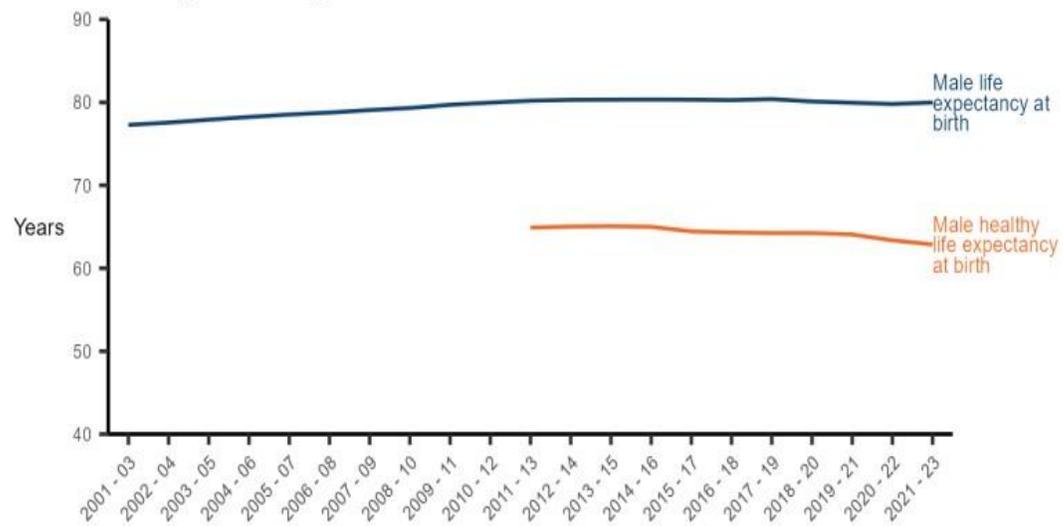
- Socio-economic & environmental factors are main drivers of health (45-60%), behaviours (30-40%) and healthcare (15-20%)
- System leadership & partnerships beyond the NHS is critical to success



Life expectancy and healthy life expectancy

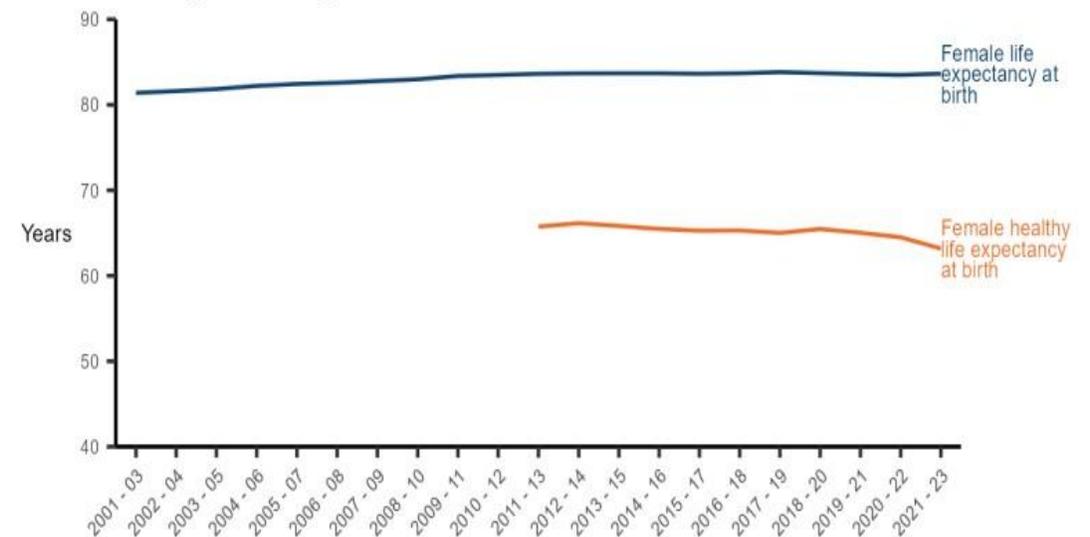
- Long term trends in increasing Life Expectancy have stalled since pre-pandemic
- Healthy Life Expectancy is declining since the pandemic

Trend in life expectancy at birth and healthy life expectancy at birth
East of England region



Office for Health Improvement & Disparities. Public Health Profiles. 09 Sep 2025
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Trend in life expectancy at birth and healthy life expectancy at birth
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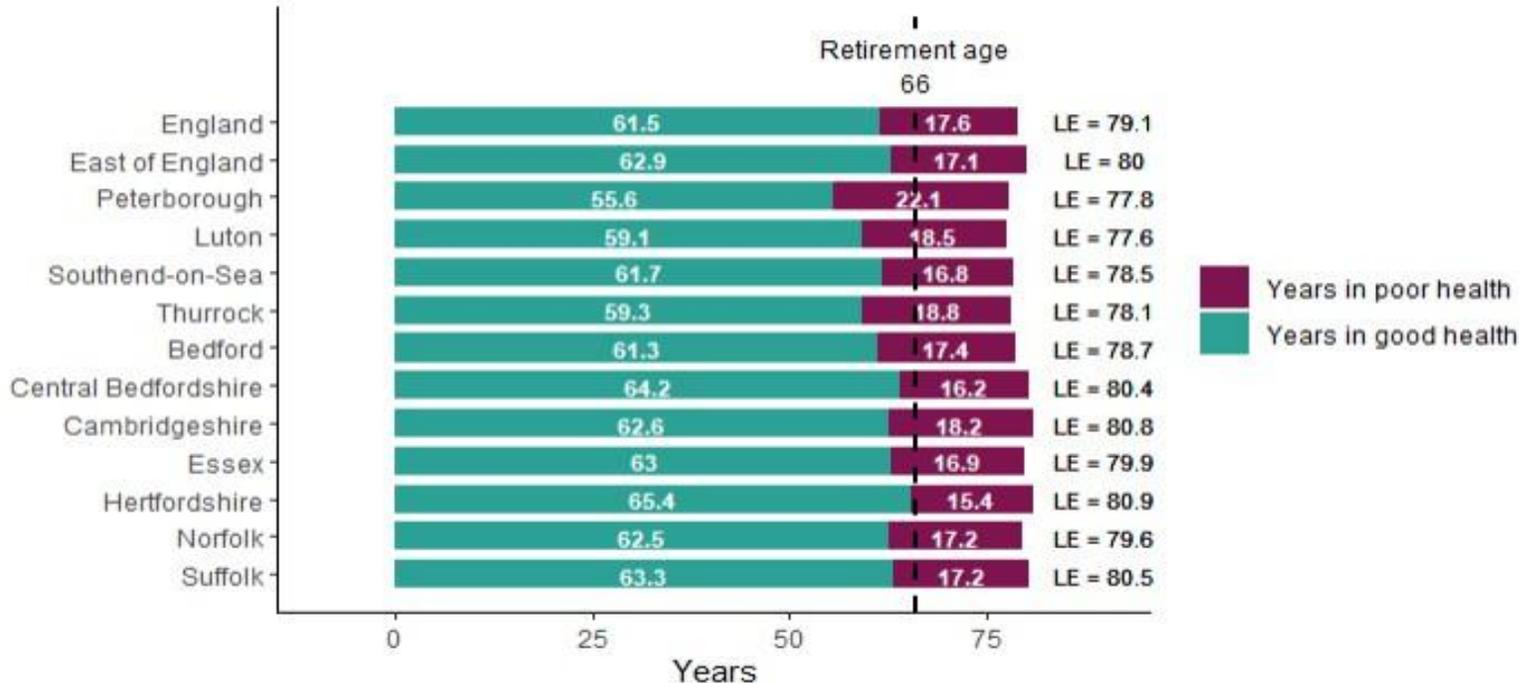
Office for Health Improvement & Disparities. Public Health Profiles. 09 Sep 2025
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HLE: Living in Good Health Beyond Retirement in EoE

There is no place in the region where on average people are expected to live a healthy life beyond retirement age.

Years lived in good, and poor, health, Male

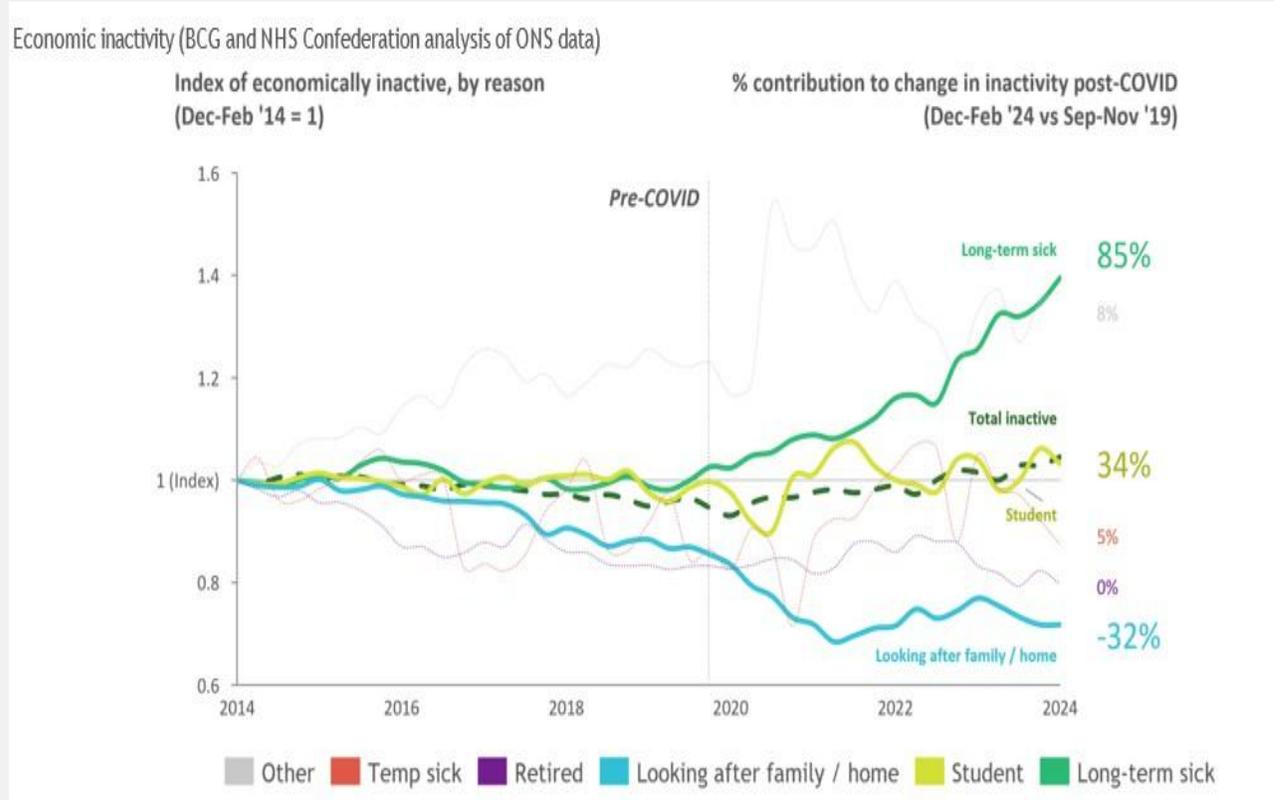
Derived from life expectancy at birth 2021 - 23, and healthy life expectancy at birth



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- Increasing time spent in ill-health
- More years lived in poor health = impact on NHS
- Increasing economic inactivity due to ill-health in poor areas – reducing working years

Work and health – sickness absence, productivity



- Economic inactivity in the UK has risen by 900,000 people, with 85% of this increase due to those who are long-term sick.
- 82% of those inactive due to long term sickness have multiple reported health conditions
- Importance of engagement with Health & Work initiatives

Life expectancy and healthy life expectancy in the East of England

10YHP Goal: halve the gap in HLE between the richest and poorest regions/areas

Healthy life expectancy and years lived in poor health | 2021 - 23

● Healthy life expectancy ● Years lived in poor health



Life expectancy gap by deprivation* | 2021 - 23

Inequalities in life expectancy by deprivation within East of England region (Slope index of inequality).



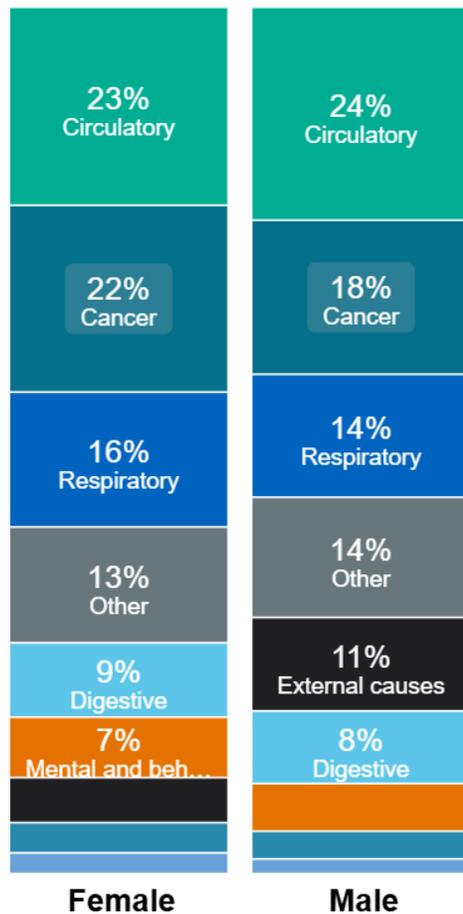
Aims

- Shorten the years spent in ill-health (compression of morbidity)
- Extend good health into later life
- Reduce pressure on the NHS
- Improve economic output
- Prevent cycle of poverty & ill-health

The causes/contribution to the Life Expectancy gap in the East of England

Causes of death that contribute to the gap in life expectancy by deprivation

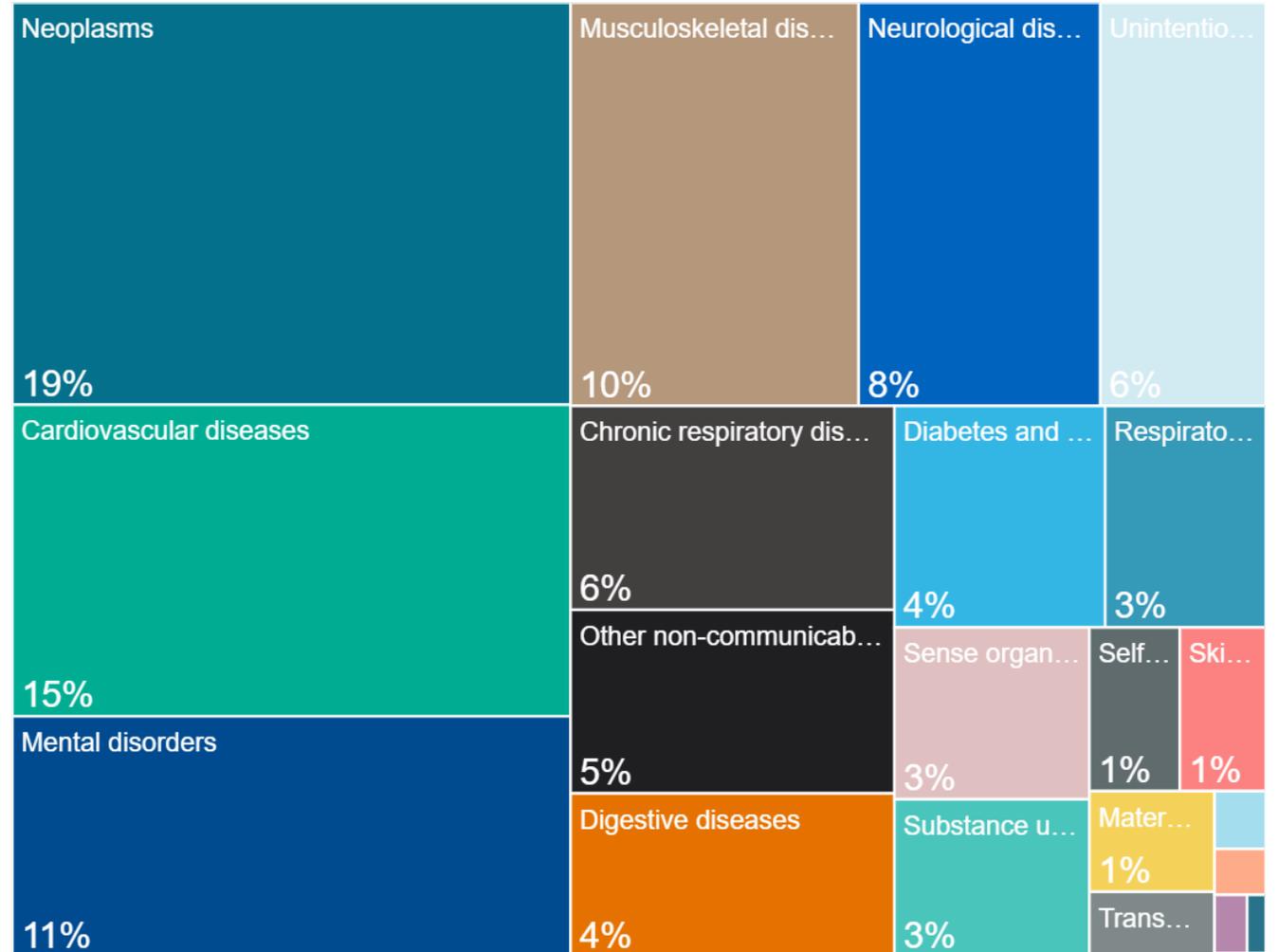
| 2022 to 2023



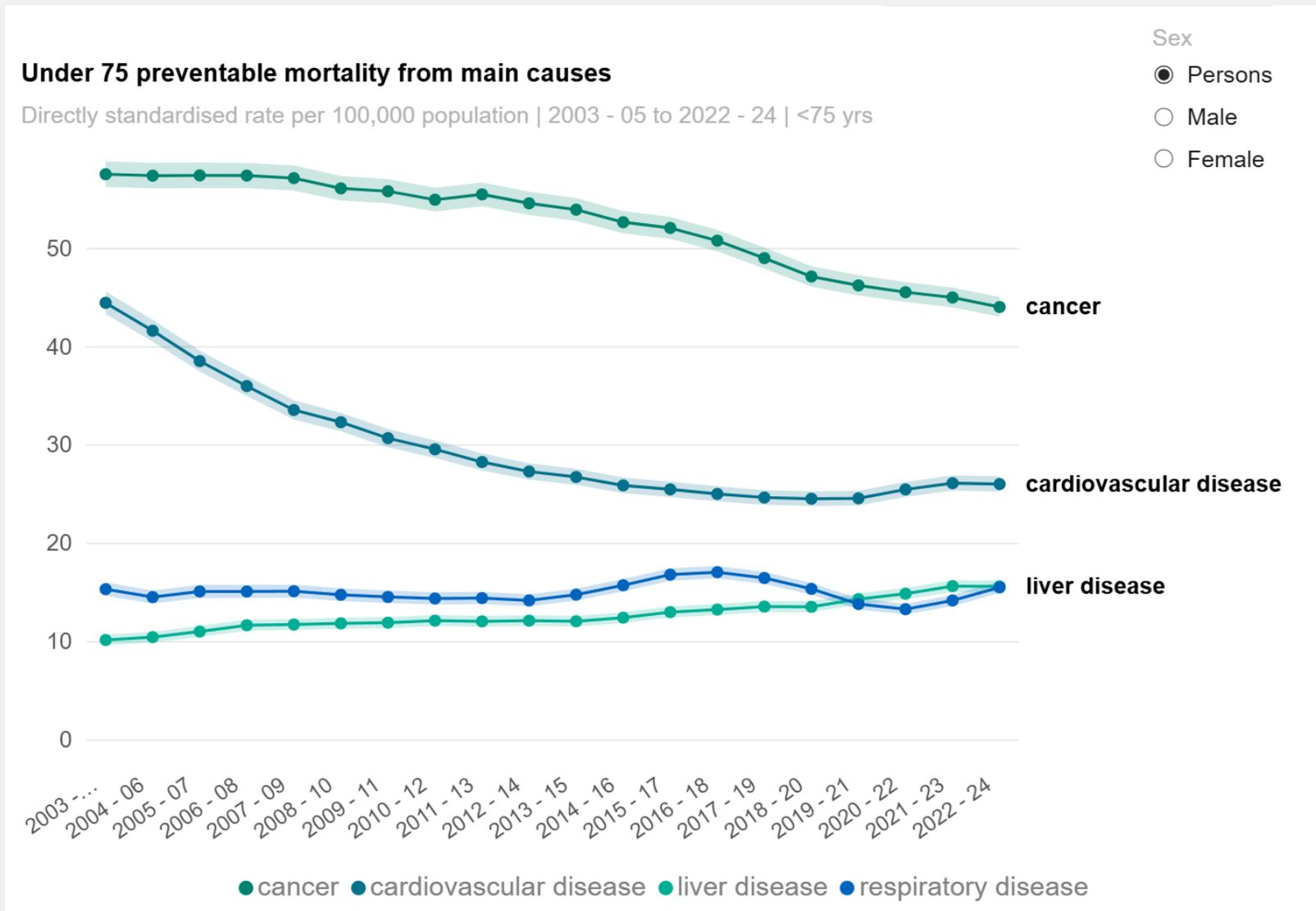
The chart shows the proportion which each broad cause of death contributes to the life expectancy gap - the gap between the least and most deprived neighbourhoods within East of England region

Source: OHID. [OHID Segment tool](#). 2025

Disability Adjusted Life Years

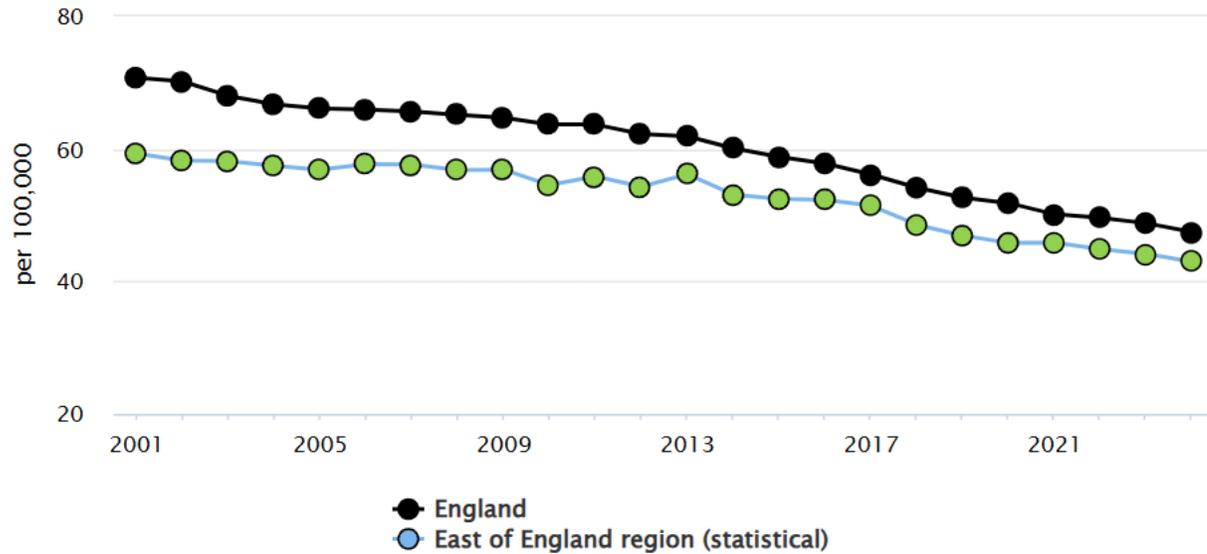


Trends in early preventable mortality in the East of England



Cancer

The long-term trend in decreasing preventable cancer mortality is stalling and the gap with England narrowing



Source: [Fingertips | Department of Health and Social Care](#)

- Annually, around 16,500 people die of cancer in the East of England
- Each year there are around 38,500 cancer diagnoses in our region
- Around 60% of patients are diagnosed at an early stage when curative treatment is most likely
- The most commonly diagnosed cancers are prostate, breast, colorectal, and lung cancers.
- The most common cause of cancer mortality is lung cancer

The National Cancer Plan sets out how we will improve cancer care so that 3 out of 4 people diagnosed with cancer survive for 5 years or more by 2035.

Source: [Informatics :: East of England Cancer Alliance](#)

Cancer - survival in the East of England



- Around **three-quarters** of patients **survive for one year** or more
- **56%** of patients **survive for five years** or more; similar to England overall

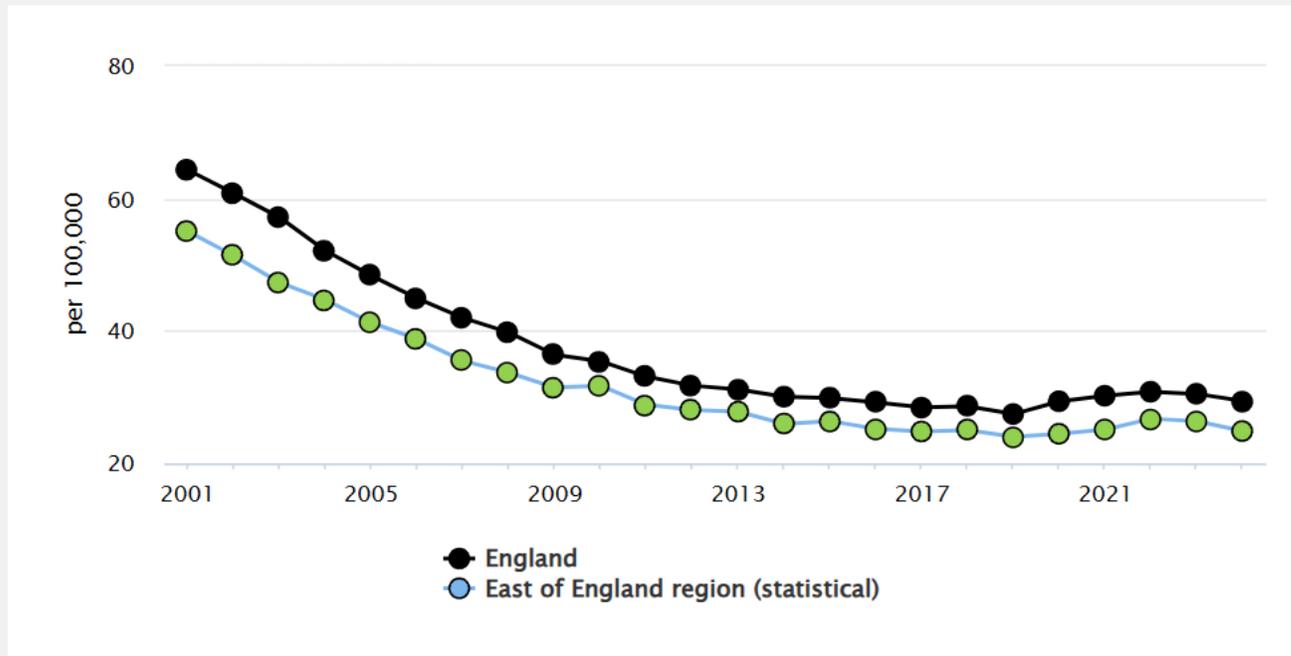
Cancer – screening



- **Bowel screening** Age Extension made a regional priority: for people aged 60 to 74, and now inviting people in their 50s. People aged 75+ can request a test
- **Lung cancer screening** is offered to current or former smokers aged 55 – 74 years. Regionwide roll out by March 2029 to invite all eligible people

Cardiovascular disease

The long-term trend in decreasing preventable cardiovascular mortality is not being sustained

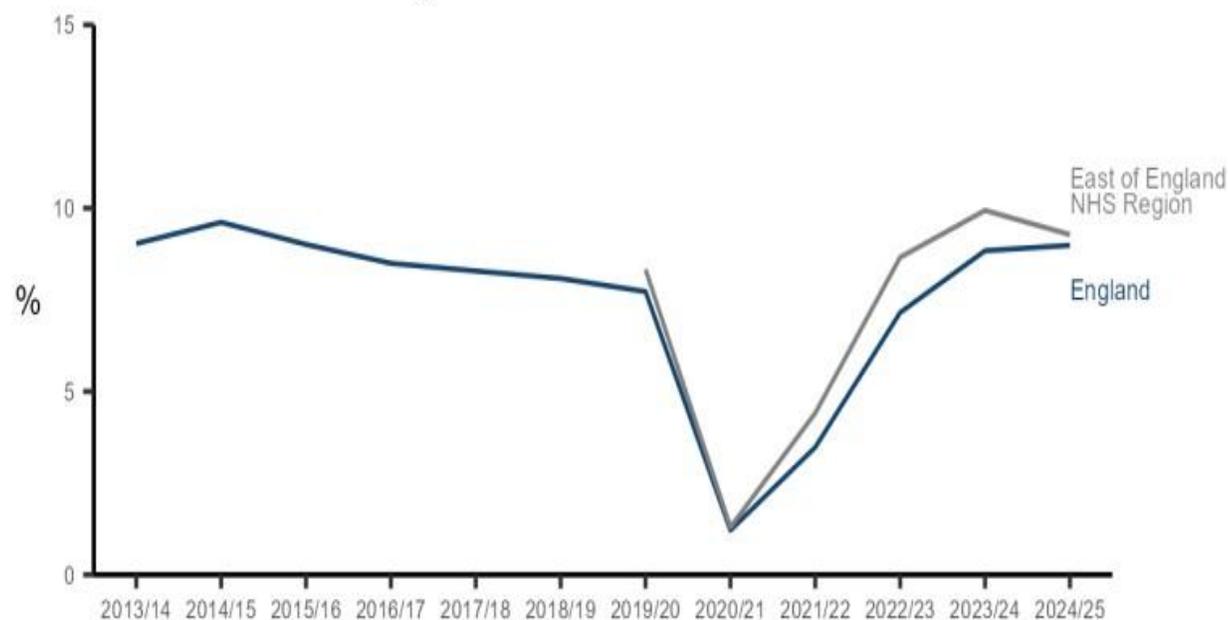


- In the East of England, over 113,000 hospital admissions were seen annually for CVD in 2023/24¹.
- Over the last decade, the rate of emergency admissions for CVD is becoming a greater proportion of all admissions.
- Hypertension remains the biggest risk factor
- Cardiovascular disease prevention is a regional priority (e.g. detection of undiagnosed hypertension, enhanced management of cases)

Cardiovascular disease – Blood pressure detection

People receiving an NHS Health Check per year

Percentage of the eligible population, aged 40 – 74 years, receiving an NHS Health Check in the financial year



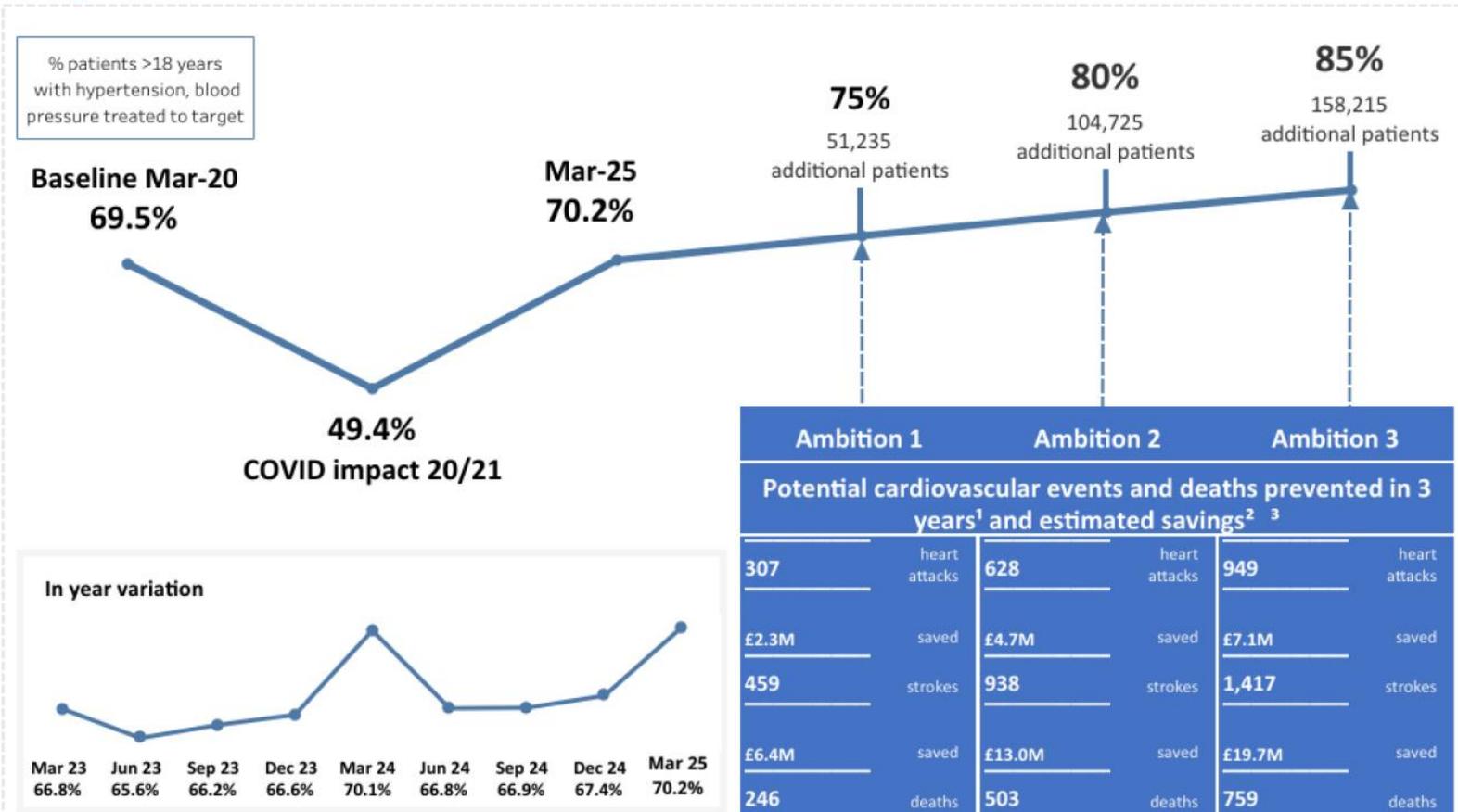
Office for Health Improvement & Disparities. Public Health Profiles. 09 Sep 2025
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- NHS Health Checks
- Proportion of the eligible population receiving an NHS Health Check has increased since the pandemic but has fallen slightly in the region in the most recent year.

Cardiovascular disease – Hypertension treated to target

Size of the Prize - East of England

BP Optimisation to Prevent Heart Attacks and Strokes at Scale



We are making progress...

Between March 2024 and March 2025 in the East of England:

- Identified 181,465 additional people with hypertension
- Treated 128,590 additional people to target

But we can still do much better

References

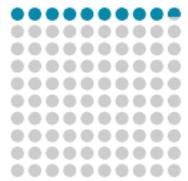
1. Public Health England and NHS England 2017 Size of the Prize
2. Royal College of Physicians (2016). Sentinel Stroke National Audit Programme. Cost and Cost-effectiveness analysis.
3. Kerr, M (2012). Chronic Kidney disease in England: The human and financial cost

Modelling

Data source: CVDPrevent. Briefing note: [CVDPrevent online methodology annex v1 December 2022](#)
 Potential events calculated with NNT (theNNT.com). For blood pressure, anti-hypertensive medicines for five years to prevent death, heart attacks, and strokes: 1 in 100 for heart attack, 1 in 67 for stroke.

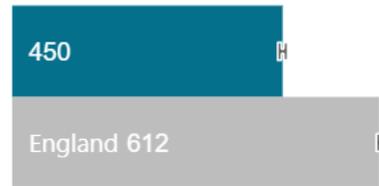
[Size of the Prize for high blood pressure](#)

Modifiable risk factors in the East of England

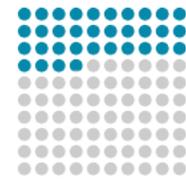


10% ● England 10%
of adults estimated to
currently smoke 2024

19% ● England 20%
in routine and manual
occupations smoke 2023



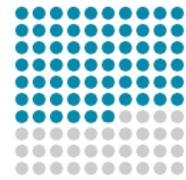
450 ● → per 100,000
Hospital admission episodes for
alcohol-specific conditions 2023/24



34% ↓ England 36%
Year 6
children
overweight or
obese 2024/25

22% → ● Reception children
overweight or obese
2024/25 | England 24%

50% ● Children aged 5 to 16
physically active
2023/24 | England 48%

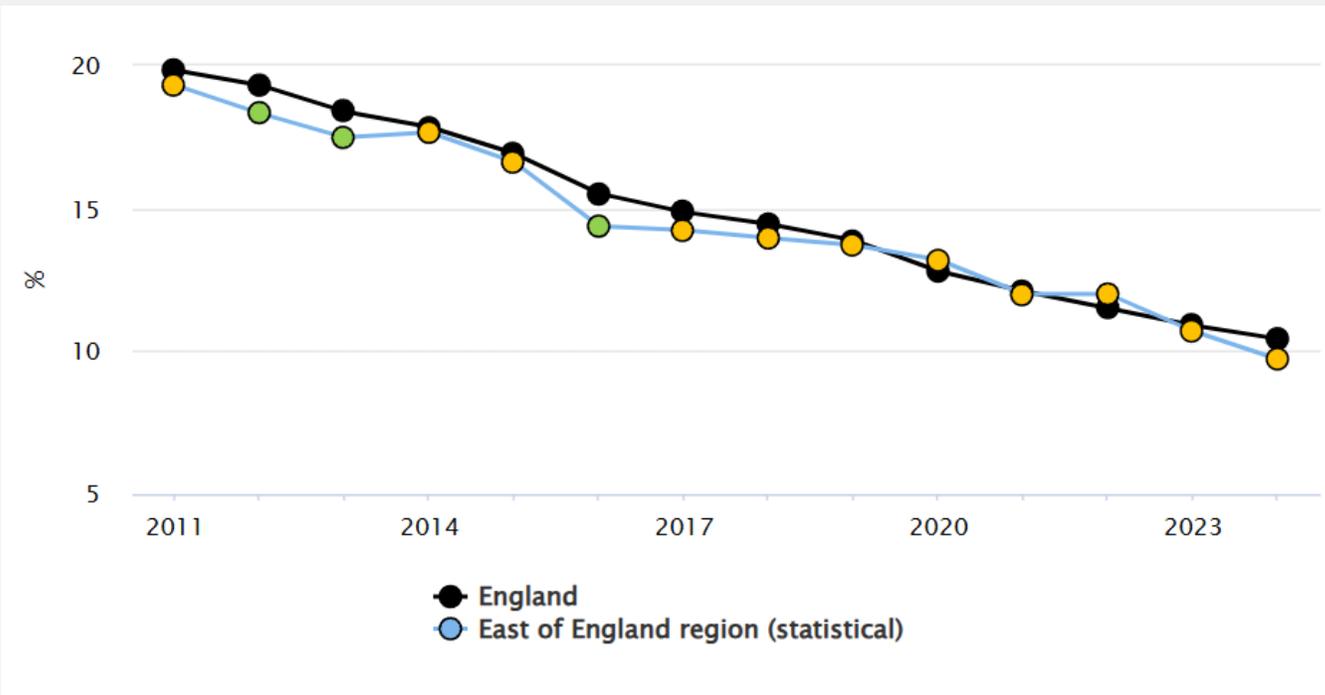


66% ● England 64%
of adults overweight
or obese 2023/24

68% ● England 67%
of adults physically active
and 20 % inactive. 2023/24

Smoking

Good progress is being made in reducing the prevalence of smoking in the general population

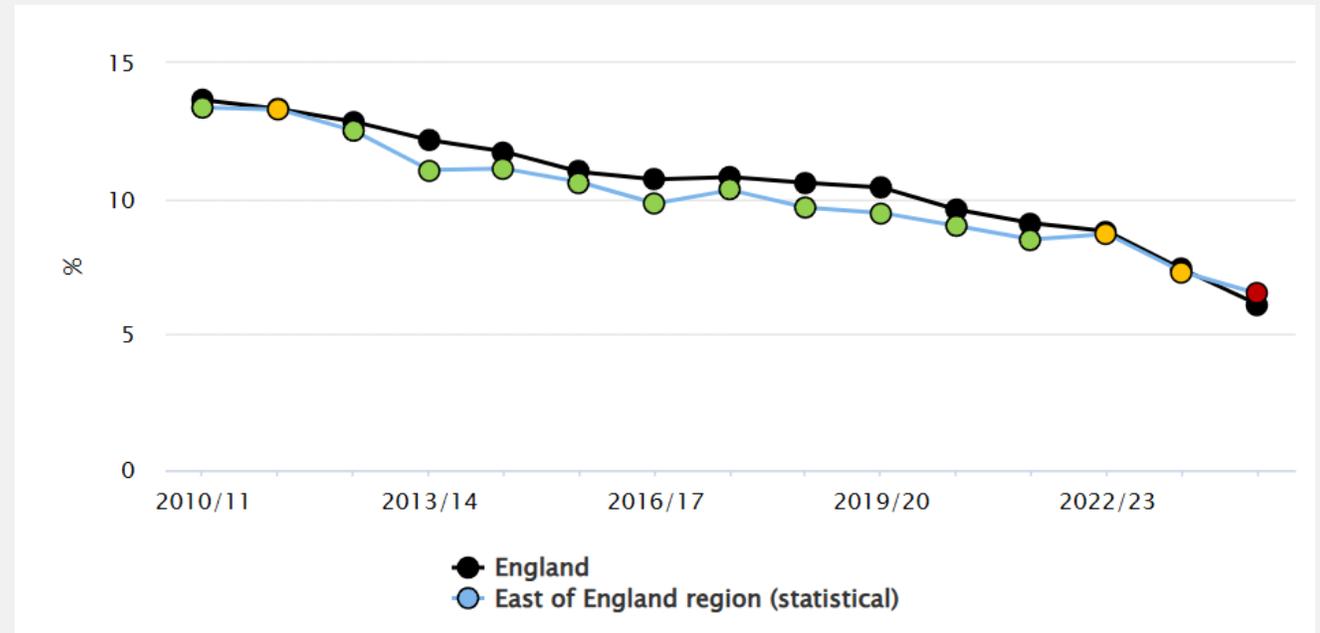


- Smoking is the biggest single cause of preventable illness and death
- Over 70% of lung cancers are caused by smoking
- It is a major risk factor for heart disease, stroke and dementia
- Rates remain high in some groups

Smoking – NHS tobacco dependence treatment services

- Evidence - hospital smoking prevalence (25%¹) vs 11.6% of the general population.
- Treating tobacco dependence is an important part of delivering high quality care in hospitals, and links to several NICE quality standards²
- NHS commitment to establish Tobacco Dependence Treatment Services
 - Maternity services – improvement in smoking at time of delivery
 - Acute inpatient services

Smoking status at time of delivery



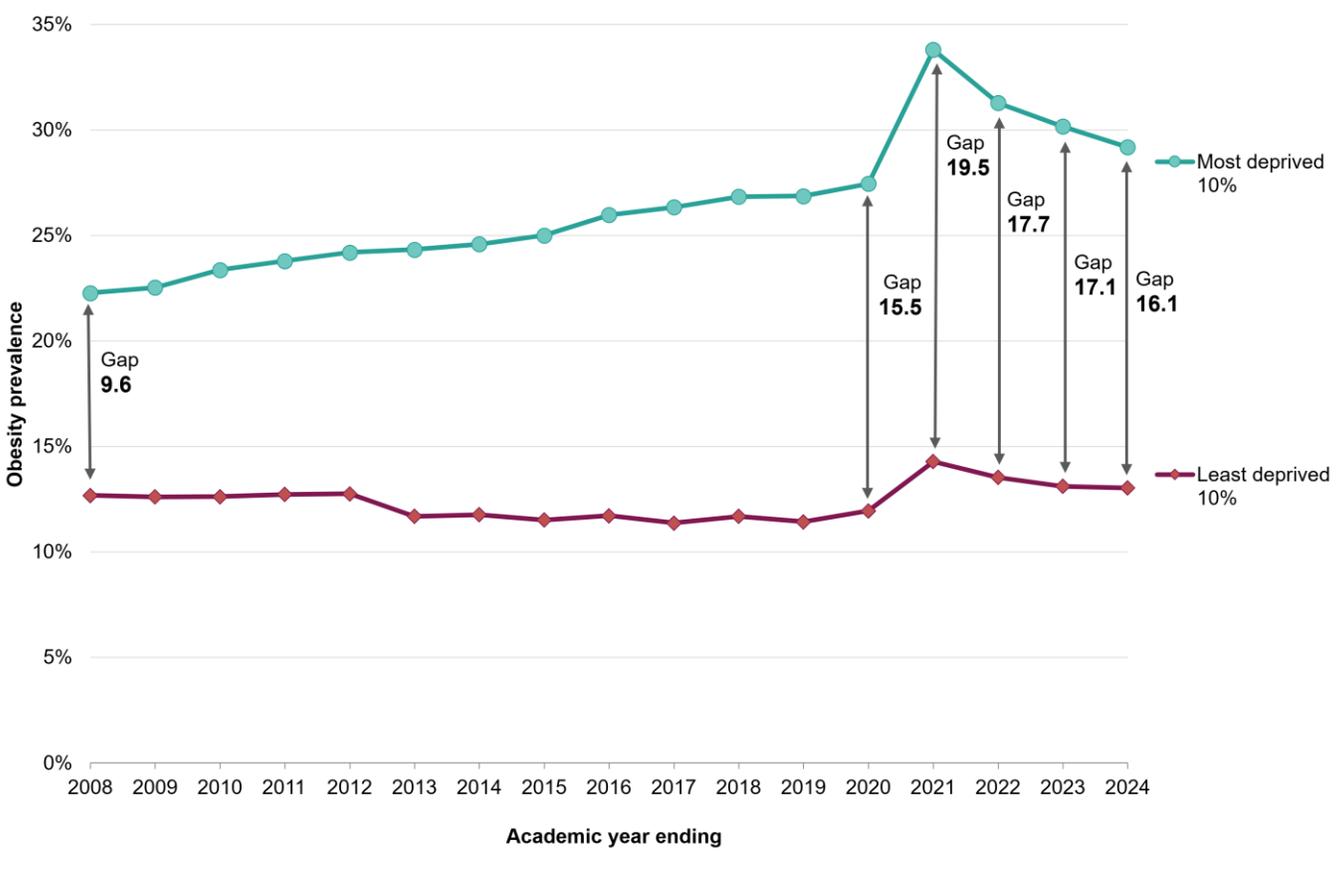
[Fingertips | Department of Health and Social Care](#)

1. Hutchinson J, Mangera Z, Searle L, Lewis A, Agrawal S; British Thoracic Society. Treatment of tobacco dependence in UK hospitals: an observational study. Clin Med (Lond). 2018 Feb;18(1):35-40.

2. [Overview | Tobacco: treating dependence | Quality standards | NICE](#)

Obesity

Obesity has increased nationally over recent decades in 10-11 year olds

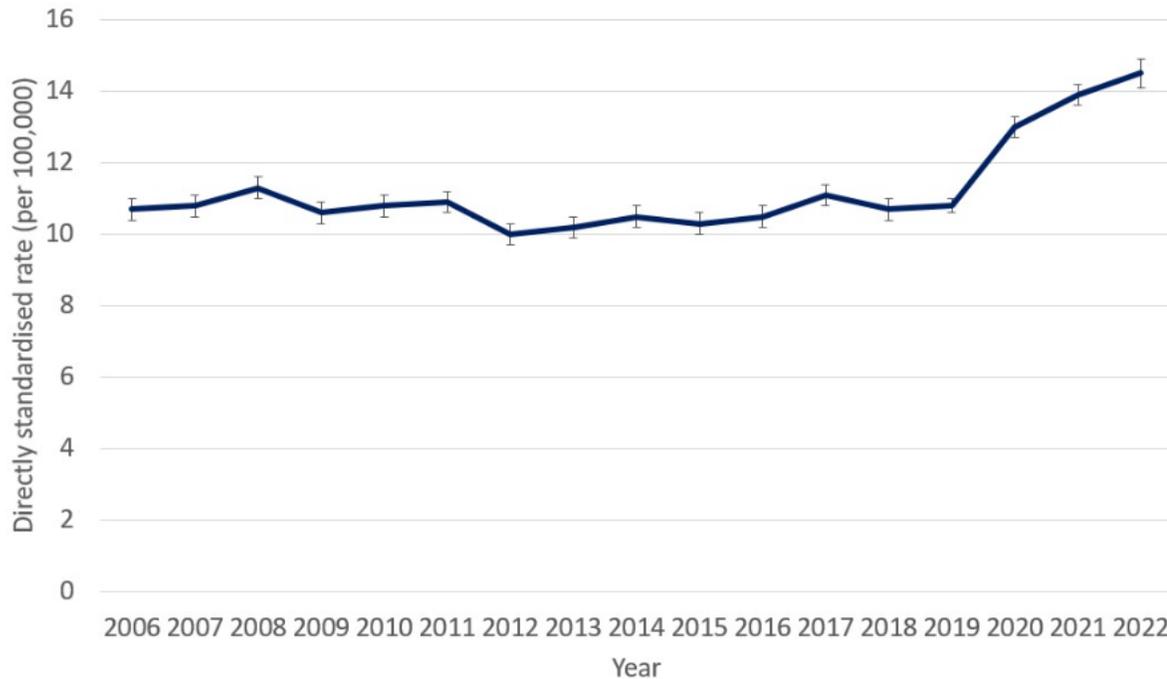


- A leading cause of cancer and CVD
- Obesity in childhood significantly increases the risk of becoming an adult with obesity
- Prevalence of obesity is unequally distributed
- Effective partnerships required for physical activity, obesity, and weight management, including access to GLP1 medicines

Alcohol Harm

Alcohol-specific deaths have significantly increased nationally since 2019

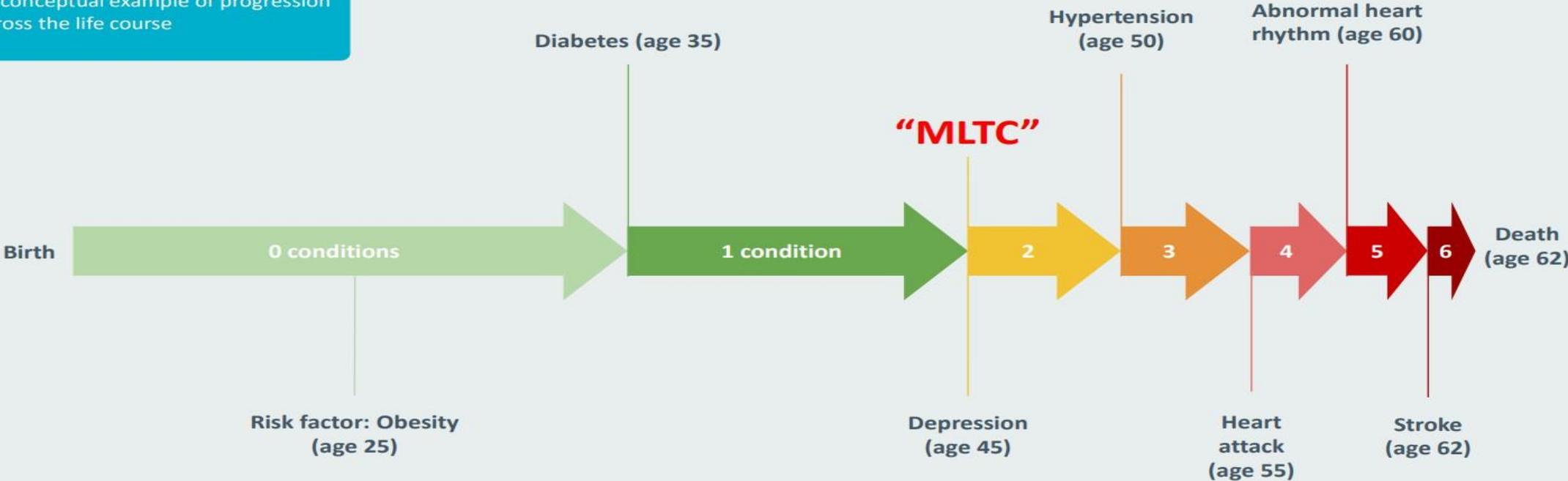
Figure 1: directly standardised alcohol-specific mortality rate, all ages, England, 2006 to 2022



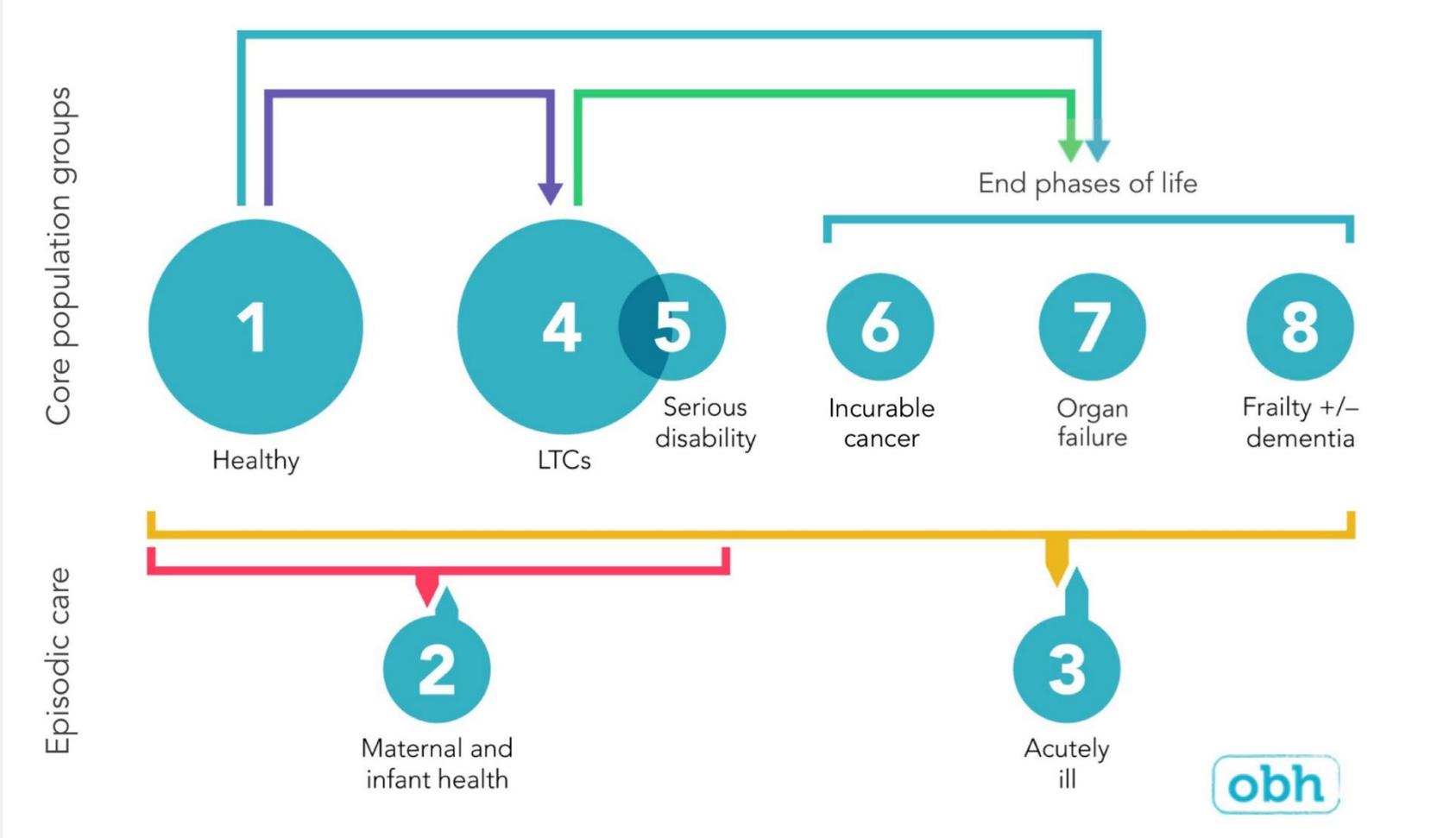
- Many long-term health risks associated with alcohol misuse
- Alcohol intake has dropped amongst younger people and increased for older people (both mean consumption and rates of risky drinking) - the most common users of alcohol treatment services are now older people
- Increasing availability and access to treatment services through NHS Provider Trusts

Considering from an individual perspective

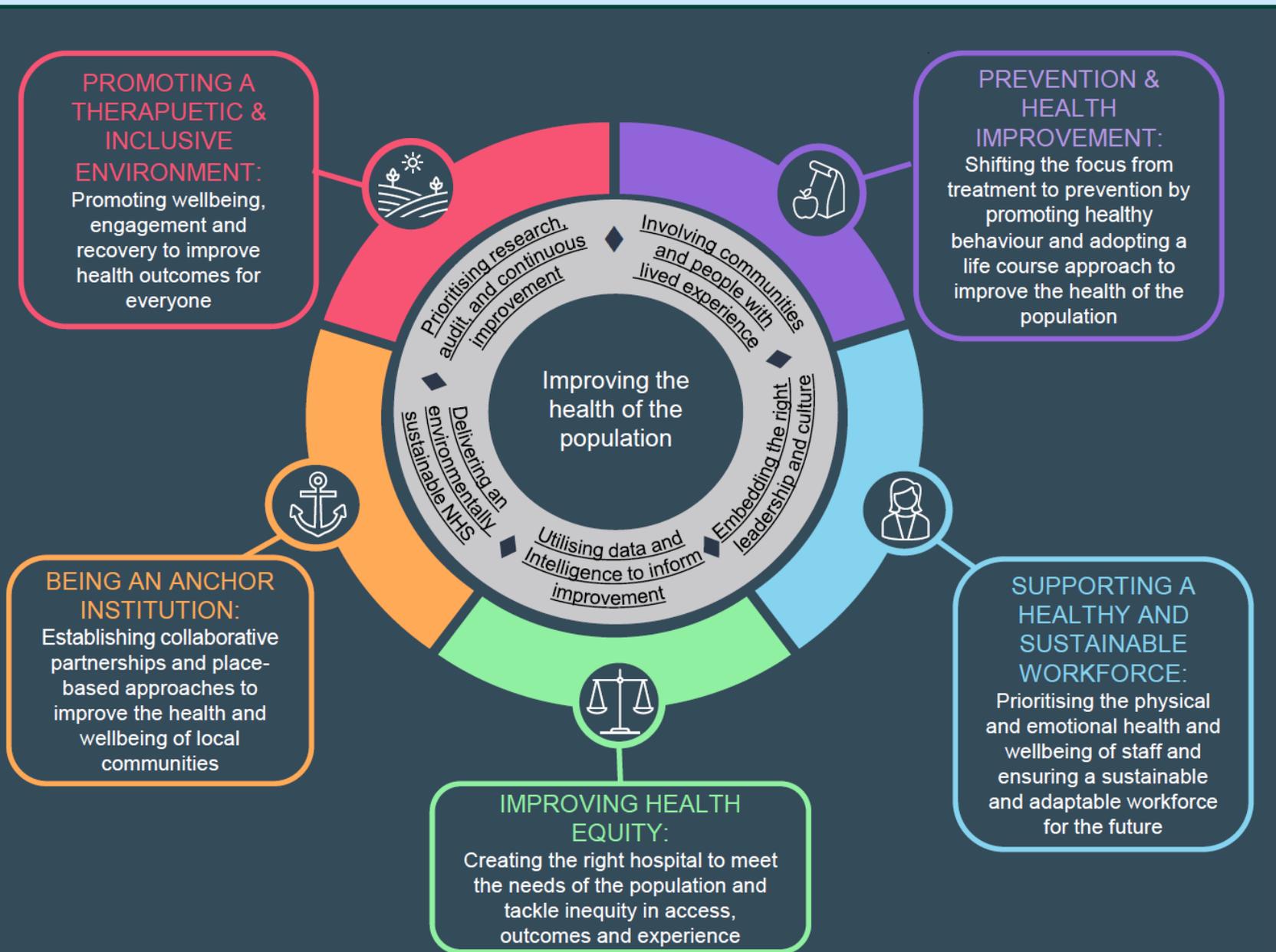
Illustrative/conceptual example of progression of MLTC across the life course



Considering from a population perspective



Healthy Hospitals: An Enhanced Framework



Click on the icons and headings to find out more

**Where do you see the biggest opportunities
and challenges?**



Summary

- Population health is central to NHS sustainability
- We have made some progress, but we need to do more to equitably improve the health of the people we serve
- The 10YHP provides an enabling opportunity for transformational leadership to address the regional challenges
 - Compress morbidity, increase HLE, and improve economic prosperity
- Finance colleagues are essential partners to shaping that future

Thank you!

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