

HOW CAN WE IMPROVE  
THE QUALITY OF  
NHS CARE?

HOW CAN WE  
MEET EVERYONE'S  
HEALTHCARE NEEDS?

HOW CAN WE  
MAINTAIN FINANCIAL  
SUSTAINABILITY?

WHAT MUST WE DO TO BUILD  
AN EXCELLENT NHS NOW &  
FOR FUTURE GENERATIONS?

## A Call to Action

# Briefing for Hampshire Health & Wellbeing Board

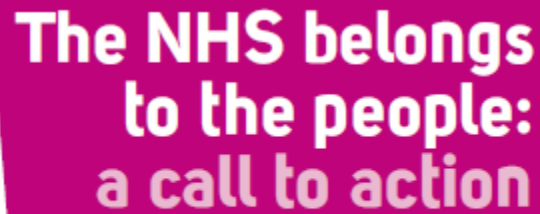
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# WHAT ARE THE NATIONAL CHALLENGES?

A pink speech bubble graphic with a white drop shadow, containing the text 'The NHS belongs to the people: a call to action' in white, bold, sans-serif font.

**The NHS belongs  
to the people:  
a call to action**

Every day the NHS saves lives and helps people stay well, but 65 years ago, many people faced choosing between poverty if they fell seriously ill or foregoing care altogether.

Today:

- The NHS treats 1,000,000 people every 36 hours
- Between 1990 and 2010, life expectancy in England increased by 4.2 years
- 88% of patients in the UK described the quality of care they received as excellent or very good

Throughout these changes the NHS continues to be highly valued by the public.

**71%** agree "Britain's National Health Service is one of the best in the world"



Source: Ipsos Mori 2013

# Current challenges



In **2011**, **1,325,360** patient safety incidents were reported to the National Reporting and Learning System, of which **10,916** or **>1%** were serious.



# What's next?

## Rise in Long Term Conditions



Diabetics up 29% by 2025 to reach 4 million

## An ageing population



The number of over 80s will double by 2030

## Increasing expectations



Seven day access requested

## How do we prioritise our resources to address these challenges?



- Limited financial resources
- If we do nothing by 2020, the NHS could face a gap in funding of £30bn

**Preserving the values** that underpin a universal health service, free at the point of use, will mean **fundamental changes** to how we deliver and use health care services.

This is NOT about:

- Privatising the NHS
- Charging for services
- Restricting access

“DOING NOTHING IS NOT AN OPTION – THE NHS CANNOT MEET FUTURE CHALLENGES WITHOUT CHANGE.”

# Seven National Strategy Work Streams

NHS England has identified seven key strategy workstreams to help us provide the strategic framework for developing excellent local and national strategic plans that will deliver a sustainable NHS for the future.

Listed below are the workstreams and the SROs.

- |   |               |
|---|---------------|
| 1. The Case for Change                                  | Bill McCarthy |
| 2. The Call to Action                                   | Bill McCarthy |
| 3. Future scenarios                                     | Bill McCarthy |
| 4. Specialised services commissioning                   | Bruce Keogh   |
| 5. A strategic framework for Primary Care commissioning | Ros Roughton  |
| 6. Transparency & public participation                  | Tim Kelsey    |
| 7. Tools, levers and incentives                         | Paul Baumann  |

# Six Engagement Themes



## **Prevention**

How can we work together to prevent ill health and treat disease quickly?



## **Future Scenarios**

What might the future look like? (A programme of stakeholder events)



## **Valuing mental and physical health**

How can we ensure mental and physical health are valued equally?



## **Patients in control**

How can we support patients being in control of their health care?



## **Well co-ordinated care**

How can we develop services centred on patients not organisations?



## **Learning from the best**

How do we identify, learn from and implement good practice in health?

# Six Strategic Questions

- The Call to Action is framed by the national context but informed by local priorities and challenges. CCGs and area teams, in partnership with health and wellbeing boards, will be asking the questions that will drive the development of the local commissioning response.
- 6 strategic questions that need to be addressed within each community:
  1. How do we release money from acute services to invest more in prevention, primary care and other community services?
  2. How do we encourage people to take more responsibility for their health and put them in control of their own care?
  3. How do we develop services that are genuinely centred on patients and not organisations?
  4. How do we speed up centralisation of services where clinical evidence supports the benefits?
  5. How do we use technology to deliver better outcomes and better value?
  6. What are the main barriers to local service transformation and what national solutions would address these?



## WHAT DOES THIS MEAN FOR YOUR CCGs?

# Health & Care in Hampshire currently achieves a significantly higher return on investment compared to the rest of England

Clinical Commissioning Group	Distance under Fair Shares Target	Distance under Fair Shares Target
NHS North Hampshire CCG	£15.3m	7%
NHS Fareham and Gosport CCG	£26.9m	12%
NHS South Eastern Hampshire CCG	£34.2m	14%
NHS West Hampshire CCG	£30.1m	5%
NHS North East Hants & Farnham CCG	£7.3m	3%



Outcome Indicator	LA and cluster distribution (LAs ranked; right = better outcomes)
1a Potential years of life lost (PYLL) from causes considered amenable to healthcare	
1bi Life expectancy at age 75 (Males)	
1bii Life expectancy at age 75 (Females)	
2 Health-related quality of life for people with long term conditions	
3a Emergency admissions for acute conditions that should not usually require hospital admission	
3b Emergency readmissions within 30 days of discharge from hospital	
4ai Patient experience of GP services	
4aii Patient experience of GP out-of-hours services	
4aiii Patient experience of dental services	
0.1i Proxy for healthy life expectancy a birth using Disability Free Life Expectancy (DFLE) at age 16	
0.2ii Life expectancy at birth	
0.2iii Slope Index of Inequality in life expectancy at birth [proxy dataset]	
1A Social care-related quality of life	
2A(1) Permanent admissions to residential and nursing care homes (age 18-64)	
2A(2) Permanent admissions to residential and nursing care homes (age 64+)	
3A Overall satisfaction of people who use services with their care and support	
4A Proportion of people who use services who feel safe	



# Hampshire Context

- Population continuing to grow
- Continued rise in birth rate
- Increasing older population living with multiple issues – living longer but not living healthy for longer
- Cancer taking over as main cause of death (was CVD)
- Impact of economy & housing
- Fundamental inequalities continue to exist across the county

## Hampshire NHS financial challenges:

- National: £30bn to be saved by 2020
- Local: £1bn to be saved by 2020

# The CCGs' Ambitions



**21<sup>st</sup> Century Primary Care**



**The next generation**



**Integration**

# How will we achieve these ambitions?

- Through local transformational programmes
- Working at both local system level and Hampshire level through the Health and Wellbeing Board and with Partners
- Engaging with those that deliver and receive health services to identify the problems and solutions
- More insight work with our local communities to identify why they make the choices they do