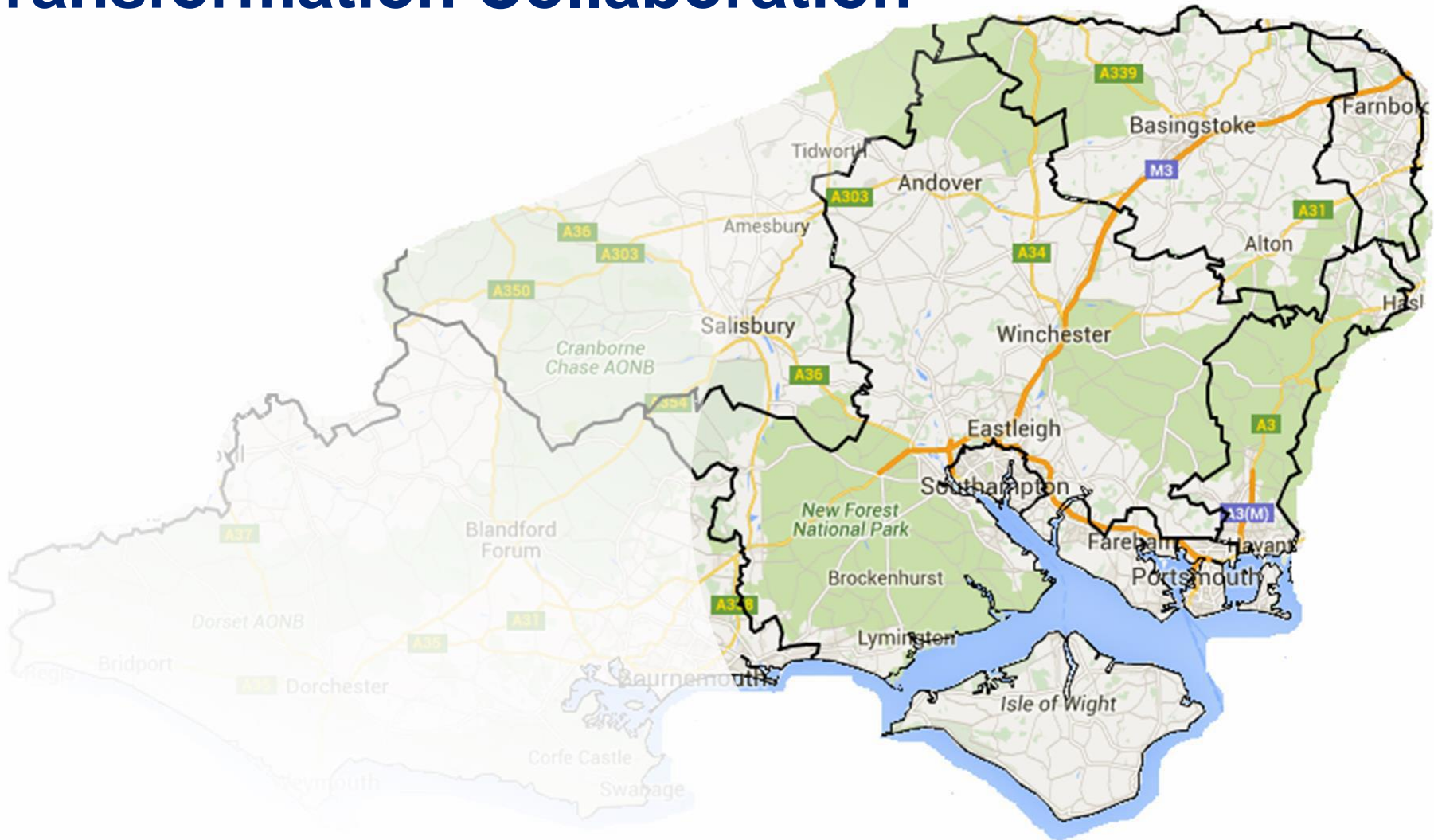
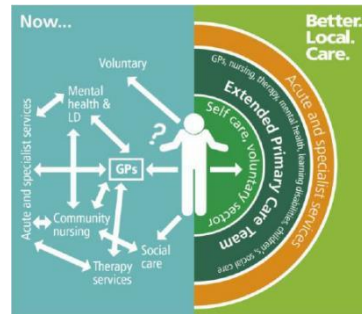


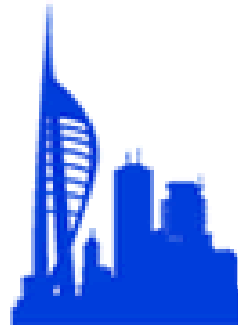
The Hampshire and Isle of Wight Health and Care Sustainability and Transformation Collaboration



Series of conversations with local people



My life
a full life



Meet Bill...

I know my partner doesn't know what to do to help me and our children keep getting angry with me because they think I don't try

I frequently miss appointments because I'm confused by all my different appointments

It's frustrating to explain what is wrong to all the different care professionals I see

I know I can look after myself better, but I'm not sure where to start

I've been in hospital twice this year as my blood sugar went very high

I get anxious and confused which means I call the GP a lot

I've been to A&E 3 times this year as I haven't known what else to do

Since I retired I have nothing useful to do and my garden is completely overgrown

Name: Bill Smith.....
Age: 67.....
Post code: PO2.....
Conditions: asthma, diabetes, early onset dementia.....

The case for change



Health and care funding is increasingly outstripped by increasing demand

Workforce pressures

Accessing care, information and support is often complicated and confusing

Too much variation in outcomes across the area

Increasing pace of technological change

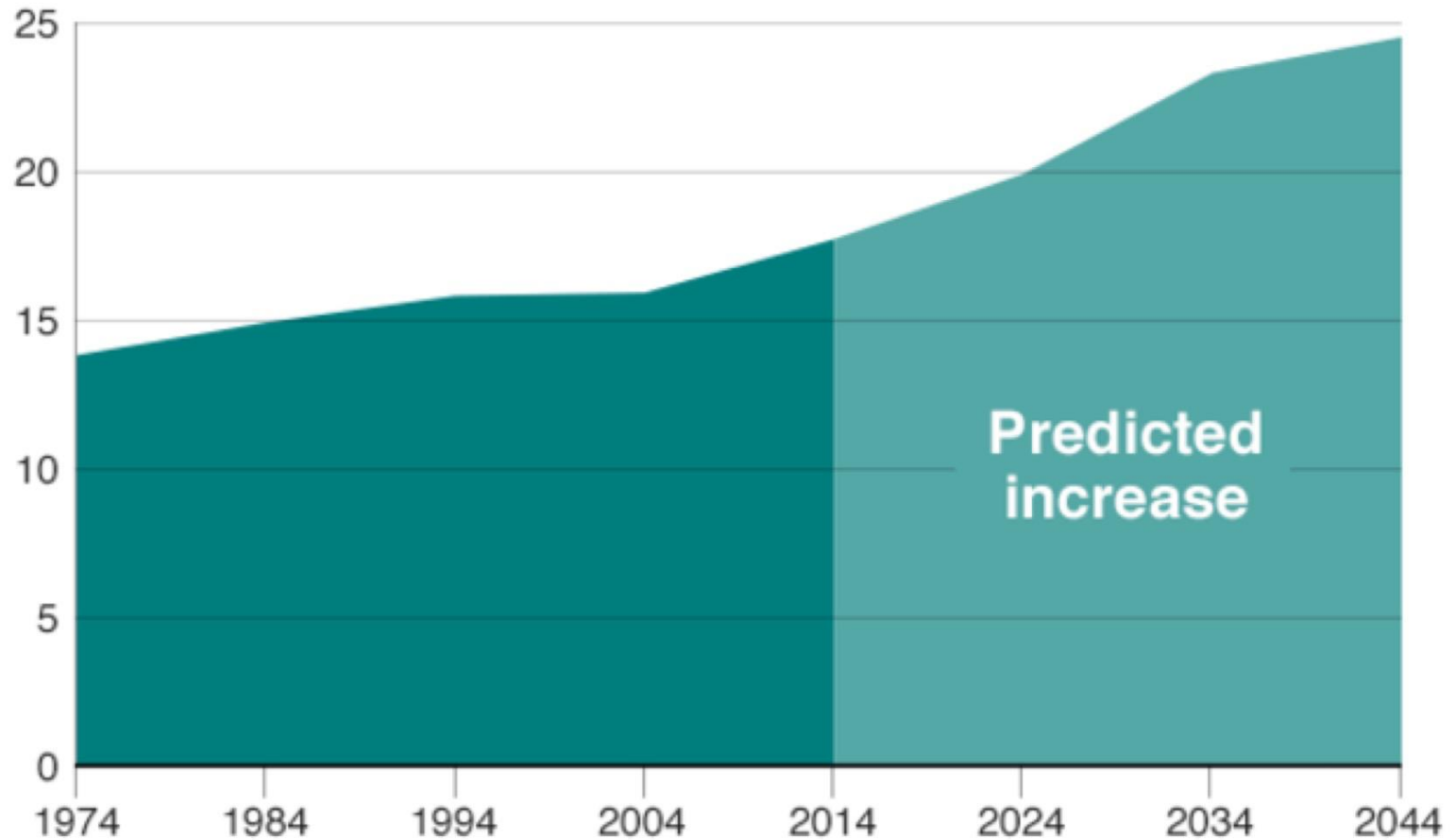
Health care today is too reactive

Healthier lives, world class sustainable services, strong primary and community care

We also looked at the data for the future.....

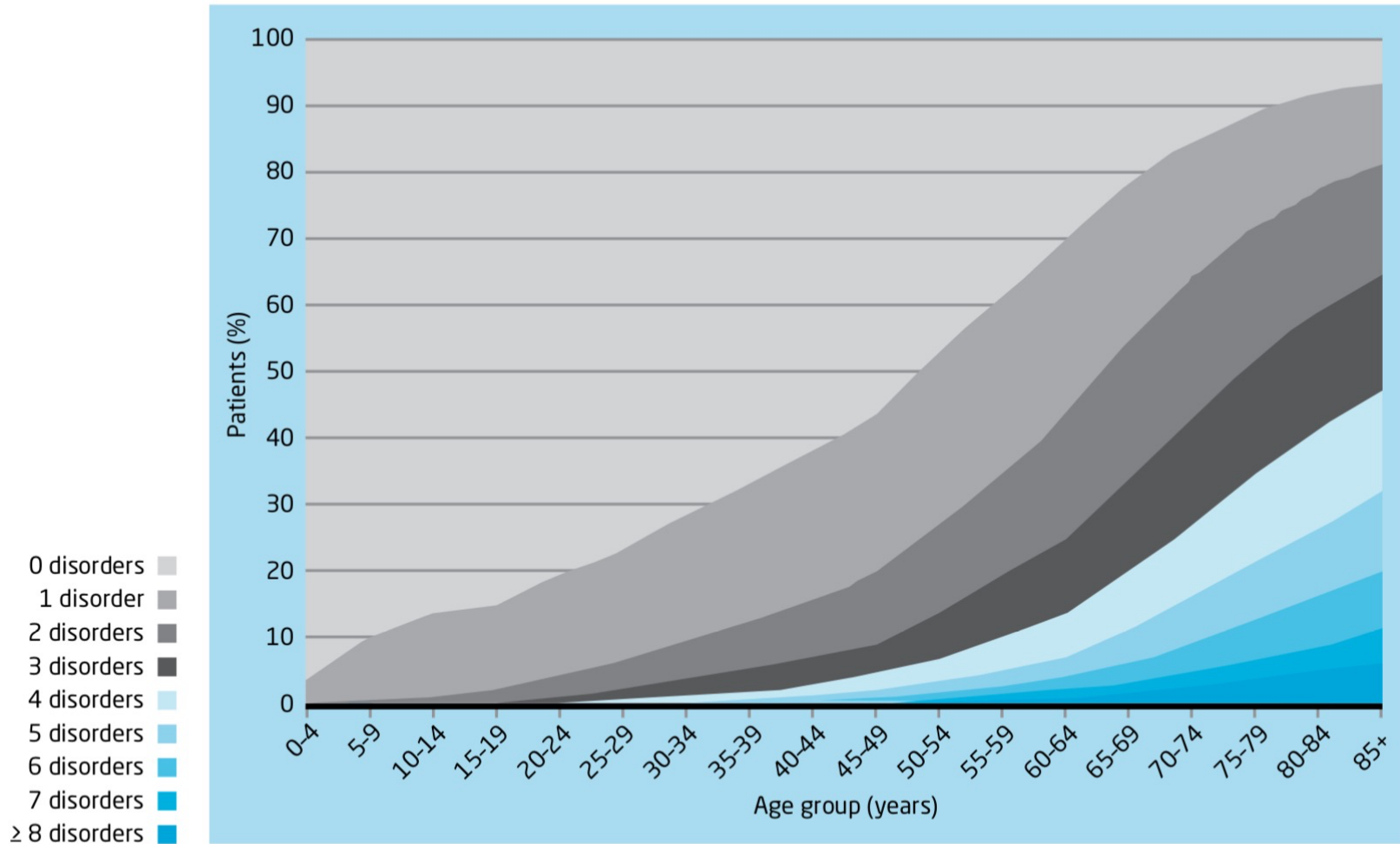
The UK's ageing population

% population aged 65 and over



We mapped the impact of age and societal factors....

Figure 5 Number of chronic disorders by age group



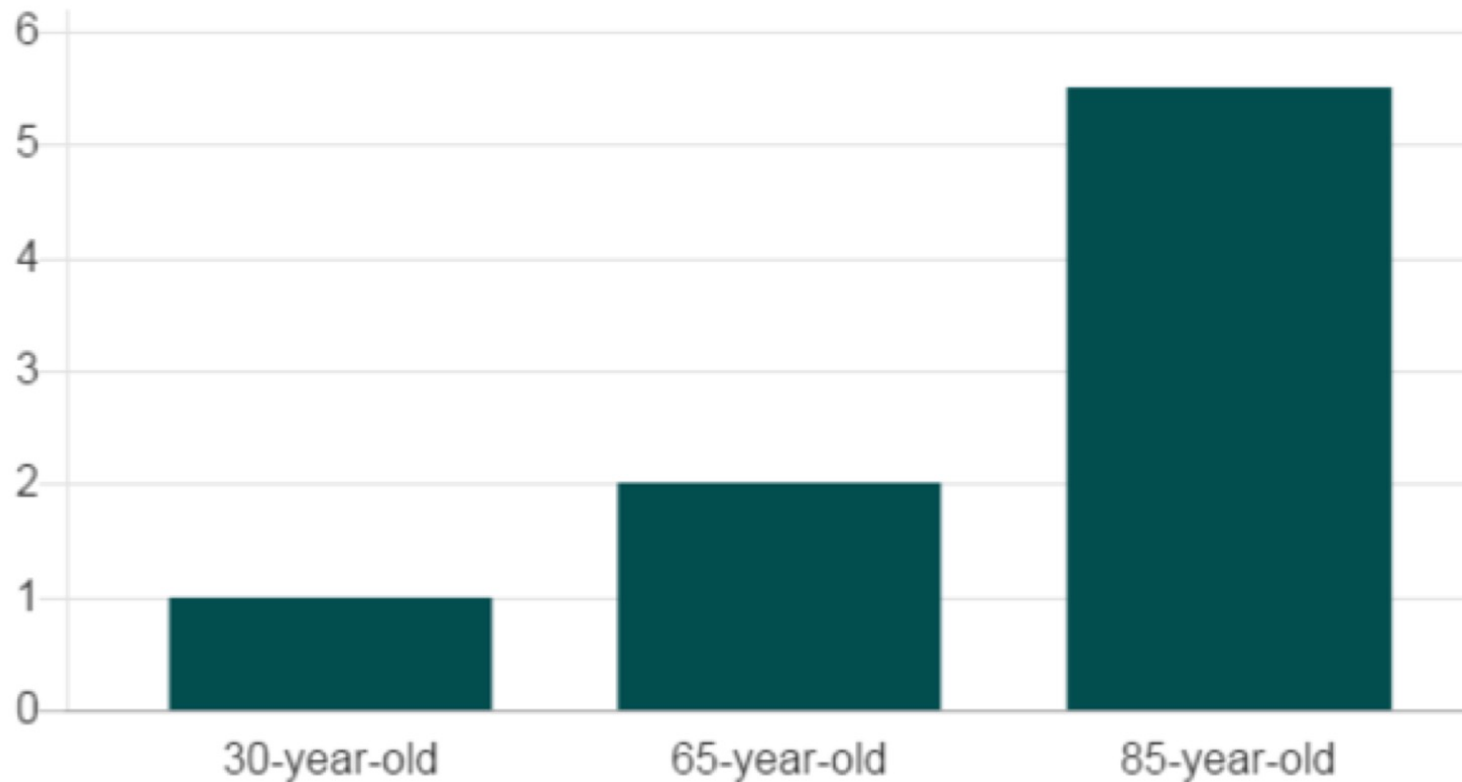
Note: This figure shows how common it is to have significant long-term conditions in relation to age. Few people (fewer than 30 per cent) do not have at least one condition by the age of 60, and many people will have two or three.

And the costs of how we do things....

Comparing NHS spending on people by age

Spending for patients increases as they get older

Relative
cost in £



Medicines in England

"Many people consider they have little or no control over whether and how they use their medicines"

"Estimates of long-term drug use indicate that as many as 40% of people do not take them as intended"

"Many people find the demand a long-term poly-pharmacy regimen places on them is detrimental to their health"

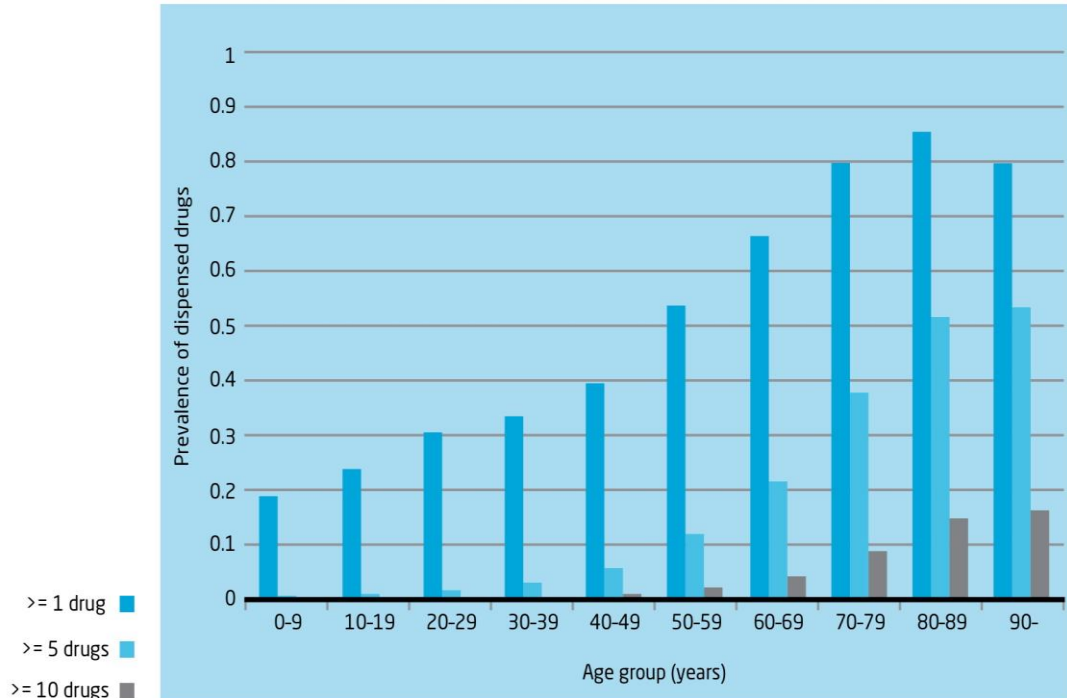


Table 2 Year-on-year change for drugs used to treat diabetes, England, 2005/6 to 2011/12

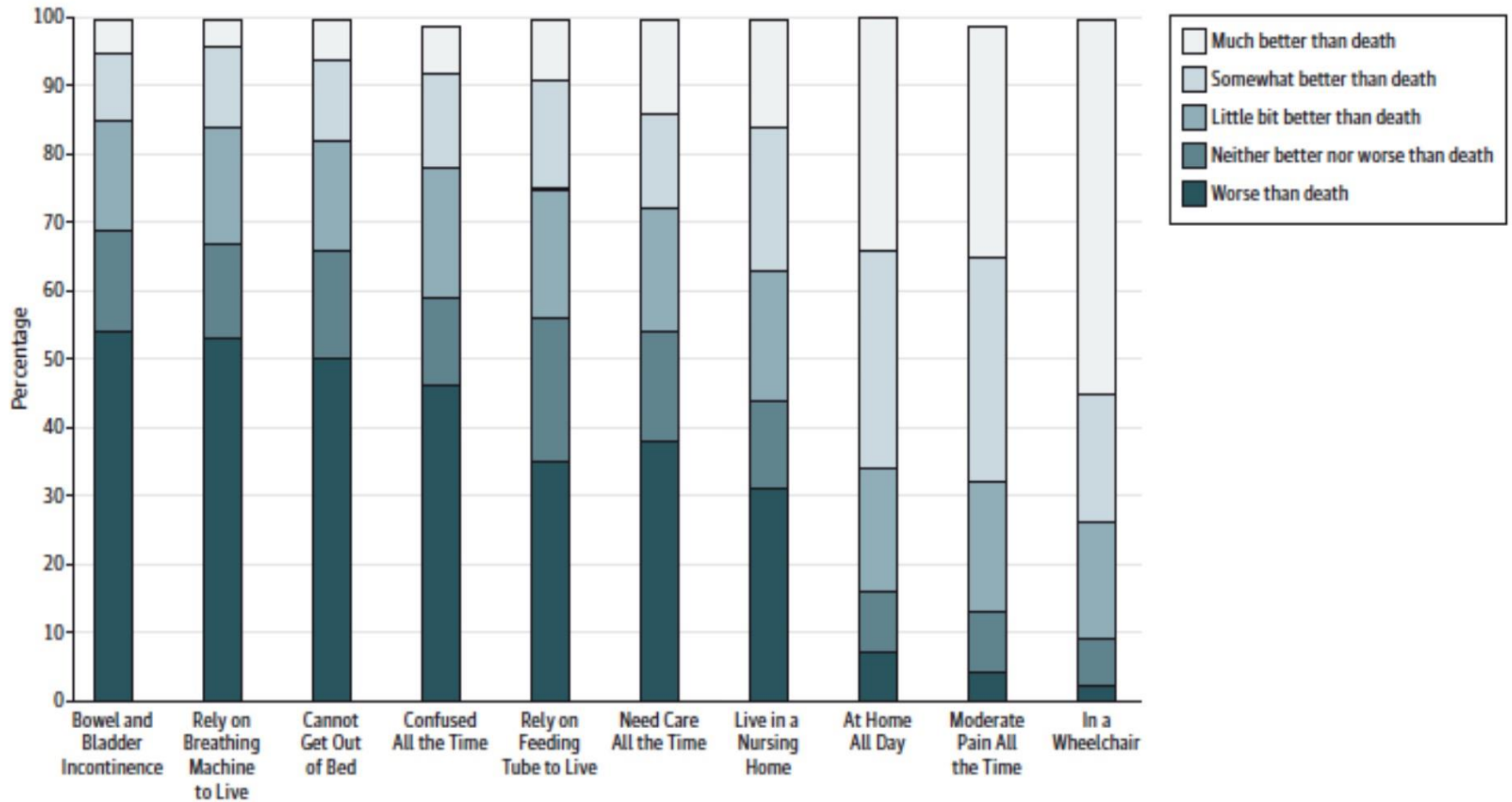
Financial year	Total items (millions)	Change in number of items on previous year (millions)	Percentage change on previous year
2005/6	27.1	2.3	9.3
2006/7	28.9	1.8	6.6
2007/8	30.8	1.9	6.7
2008/9	32.9	2.1	6.9
2009/10	35.5	2.6	7.8
2010/11	38.3	2.8	7.8
2011/12	40.6	2.3	6.1

Note: This table indicates how prescribing for people with diabetes has rapidly increased between 2005 and 2012.

Source: NHS Information Centre (2012) By 2020 an estimated 60m prescribed items for diabetes alone

But its not always about more treatment and intervention....

Figure. Ratings of States of Functional Debility Relative to Death by Hospitalized Patients With Serious Illnesses



Distribution of patient ratings of each queried health state on a 5-point Likert scale.

People are finding it harder to remain healthy

c. 35,000 years lost in 1 year in H&IOW due to diseases amenable to healthcare



Risk of **£138m-£178m** if steps are not taken to upgrade prevention

Tactical and fragmented investment in prevention that fails to capitalise on our opportunities

"I have been struggling with my diabetes, and have been to hospital a few times with complications"

"I don't know where to go to get help with my depression"

"I have asthma – I struggle with it on my own"

"I was diagnosed with cancer last June, I hadn't realised I'd had it for a year"

Diabetes

- Est. 17k people undiagnosed in H&IOW
- Below average referral to structured education 9.5% vs. 19% Eng

Mental Health

- 2.43% and 6.75% of populations access IAPT vs. target of 3.75
- 6.7% of people with a serious mental illness have a crisis plan

Cancer

- Cancer detection rates at stages 1&2: (41% HIOW vs. 45.7% Eng), and as low as 32%
- 75% women 50+ screened for breast cancer every 3m

Respiratory

- Of the 22k HIOW residents diagnosed with COPD, 40% still smoke²
- Emergency admissions for children with lower respiratory tract infections - 2 CCGs significantly higher than NHSF average

Source:

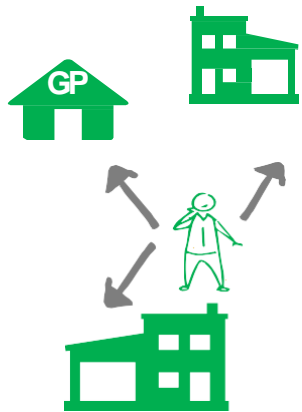
1 NHS Outcomes Tool: <http://ccgtools.england.nhs.uk/ccgoutcomes/html/atlas.htm>

2 Hampshire Health Record

Private and Confidential

The care system needs to be further adapted to address multiple morbidities

The current care system is fragmented resulting in variation in outcomes



In the next 5 years there will be a minimum estimated additional 41,000 LTCs in H&IOW

2 in 5 residents in H&IOW with a LTC do not feel supported to manage their LTC¹

Co-morbid mental health problems raise total health care costs by at least 45%, when interacting with physical illness²

Increased complexity of requirements



variation in outcomes

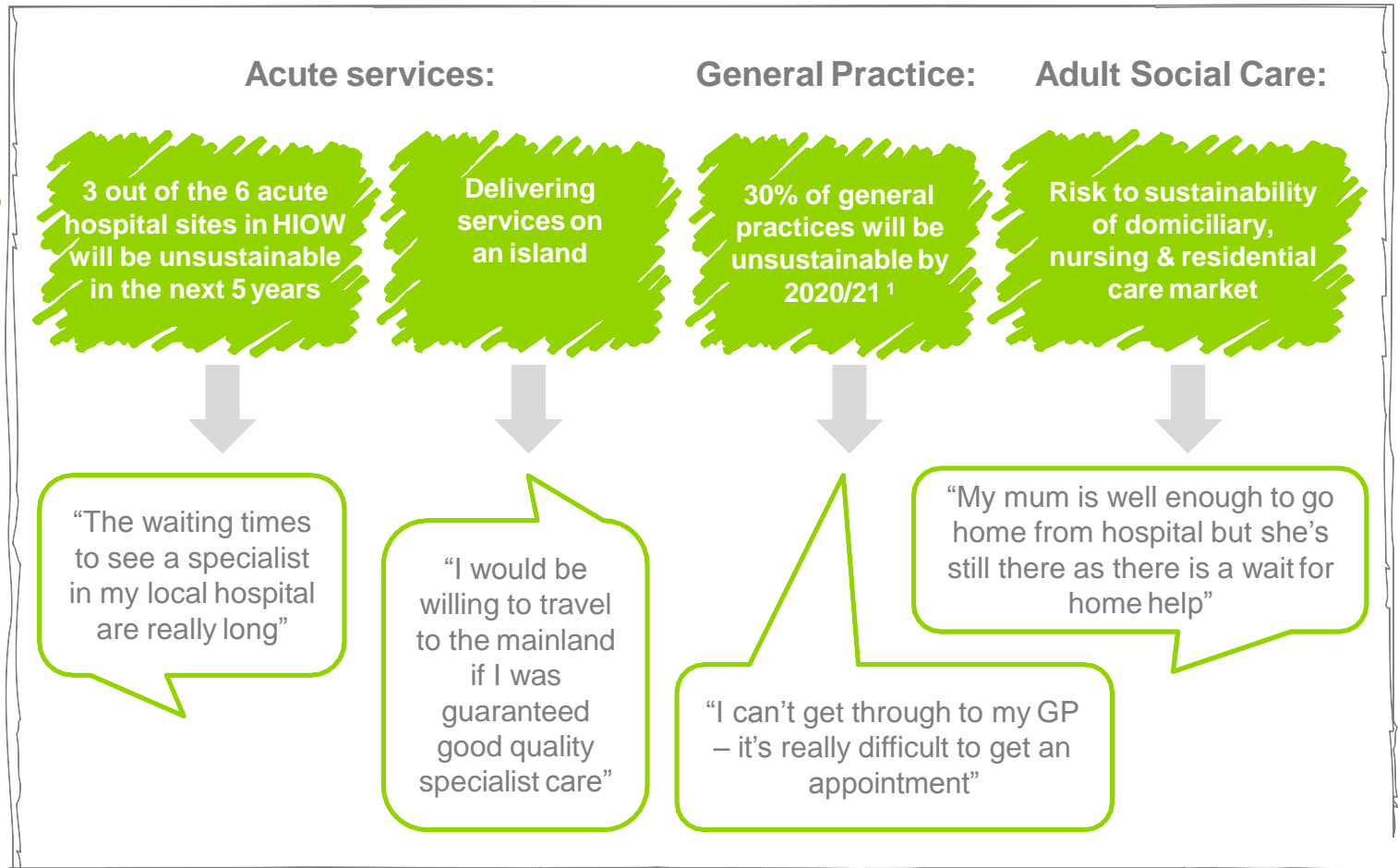
Source:

¹ NHS Outcomes Tool: <http://ccgtools.england.nhs.uk/ccgoutcomes/html/atlas.html>

² The Kings Fund

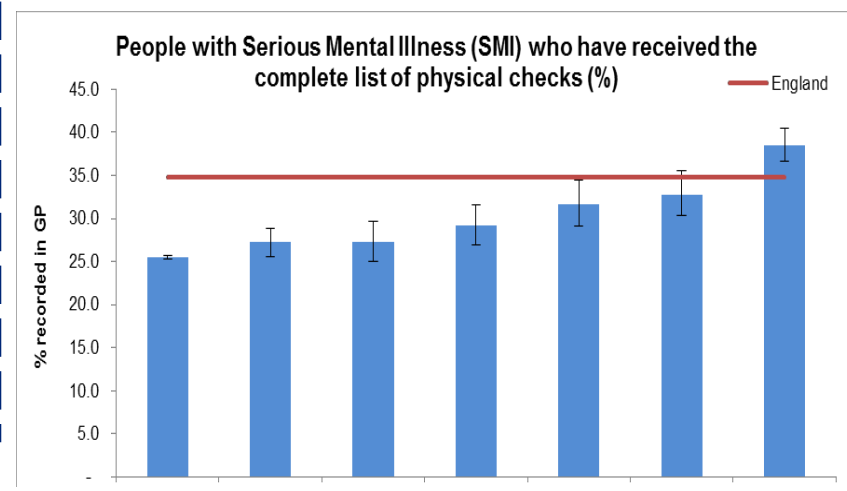
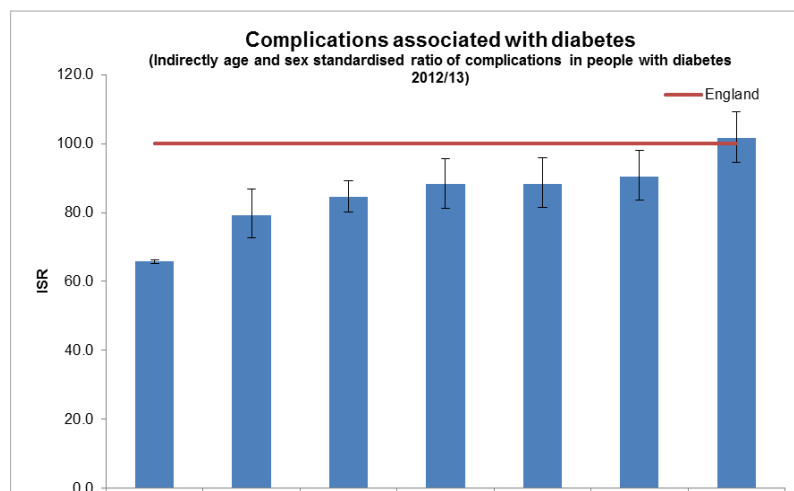
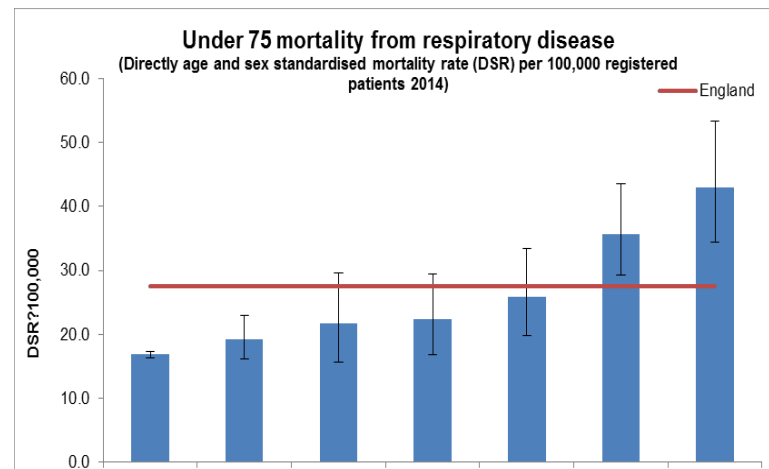
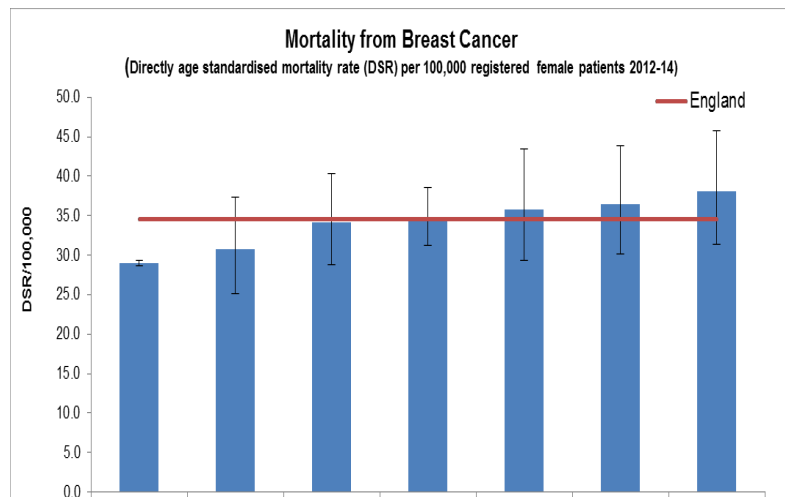
Fragility of services across all settings of care

Clinical, operational and financial sustainability issues exist across H&IOW and are contributing to the care and quality gap



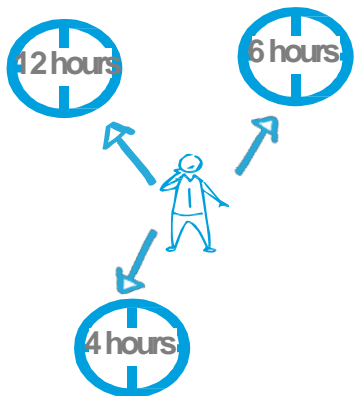
There is unwarranted variation in quality & performance across HIOW

Outcomes

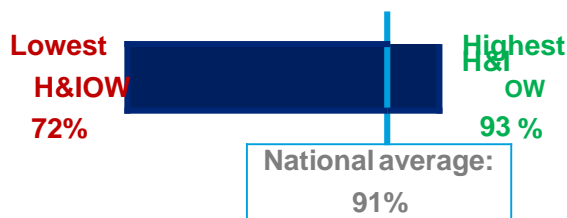


There is unwarranted variation in quality & performance across H&IOW

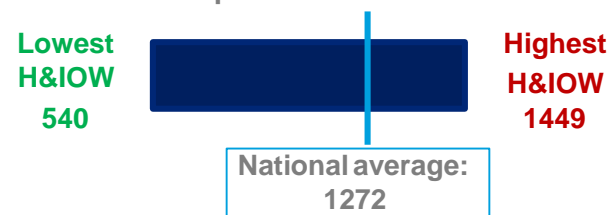
Performance



A&E admissions in 4 hours or less range (%)¹



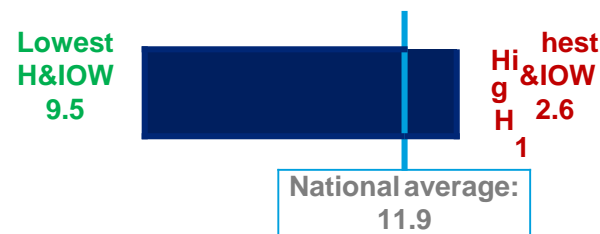
Emergency admissions for acute conditions that should not require hospital admission*¹



Mean length of stay for emergency admission to hospital for fractured neck of femur (days)²



Emergency readmissions within 30 days of discharge from hospital*¹



Source:

¹ NHS Outcomes Tool: <http://ccgtools.england.nhs.uk/ccgoutcomes/html/atlas.html>

² Right Care Tool http://www.rightcare.nhs.uk/atlas/2015_IAb/atlas.html

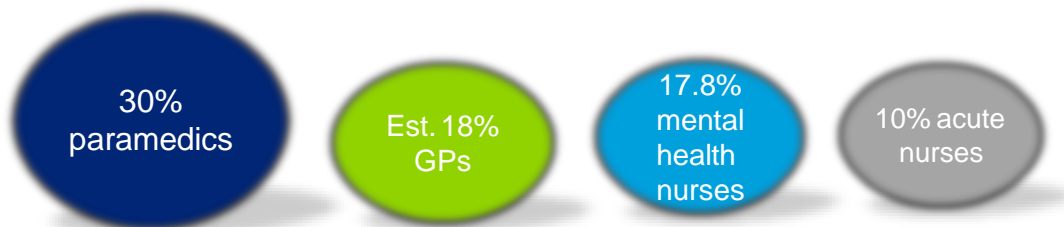
*per 100,000 registered patients
Private and Confidential

Challenges in workforce availability necessitate a different approach

There is not the workforce available to do more of the same



Vacancy rates for HIOW are higher than the national average amongst most professions, leaving the system with high agency costs ¹



Vacancy rates are further exacerbated by staff turnover

- 36% turnover of staff in the social care sector ¹
- 40% of practices are short of GP sessions ³

There is a fragile unpaid carer market ¹

- 4% of over 50 women spend more than 50 hours per week doing informal care

Compounded by a fragmented approach to the design, development and training of our workforce ²

- 21% of consultants report significant gaps in trainees

Over-reliance on acute services ³

- Over 65% of NHS staff are employed in the acute sector
- Demand for staff in the acute sector will grow by 13% over the next five years

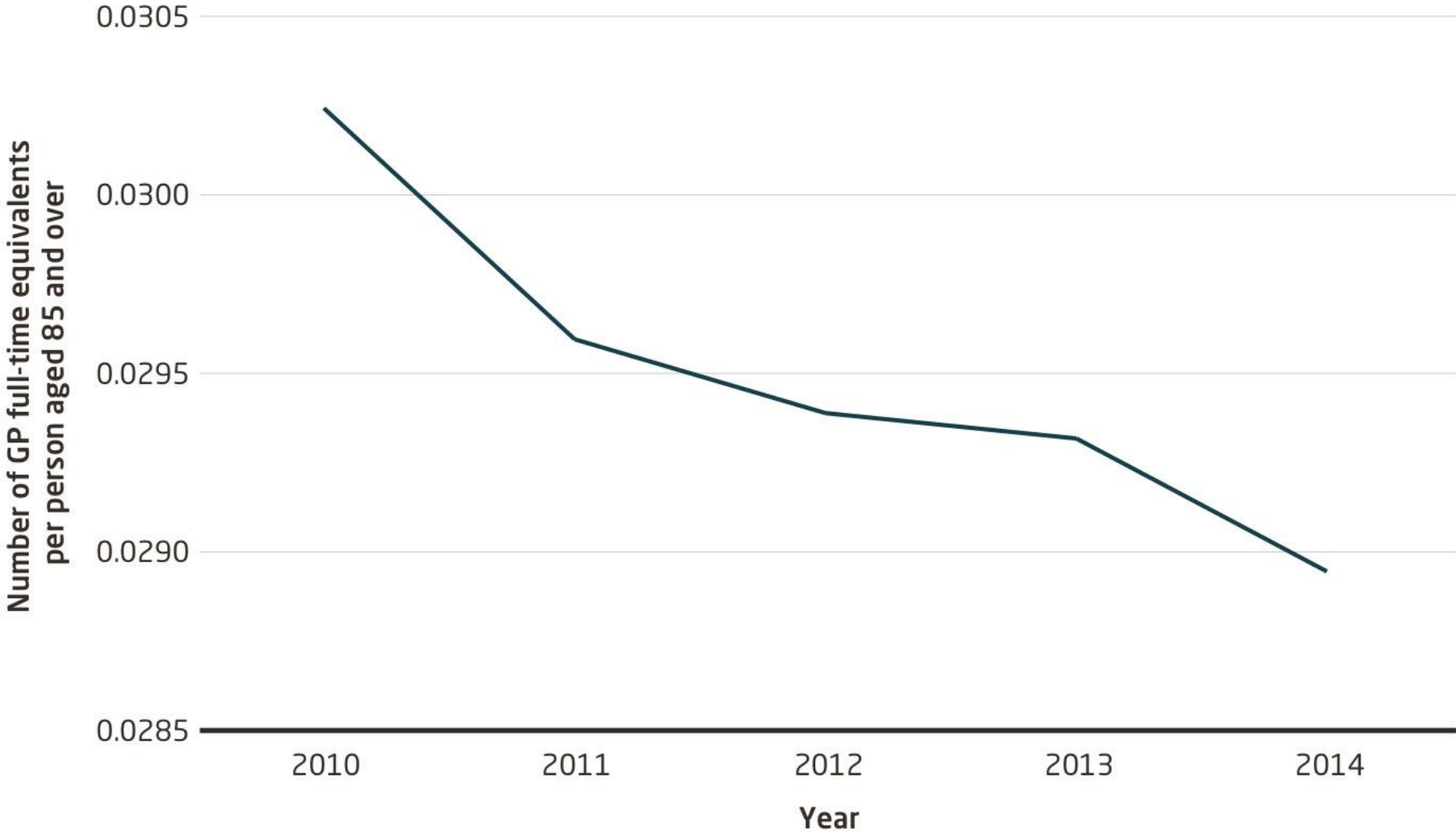
Source:

¹ NHS Public Health Data

² Census of Consultant Physicians 2014-15: <https://www.rcplondon.ac.uk/projects/outputs/2014-15-census-uk-consultants-and-higher-specialty-trainees>

³ The Case for Change: Workforce in HIOW

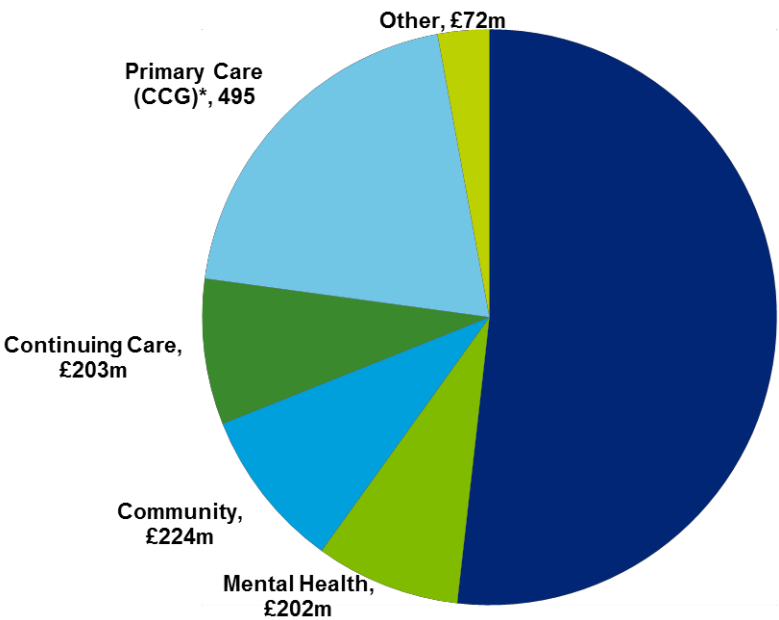
Figure 11 Number of GP full-time equivalents per person aged 85 and over



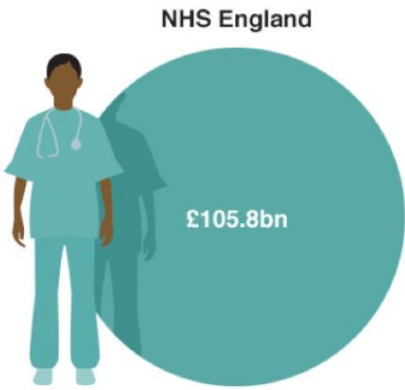
Source: [Health and Social Care Information Centre 2015a](#)

Current NHS expenditure totals £2.48bn

Breakdown of NHS expenditure



Acute, £1285m



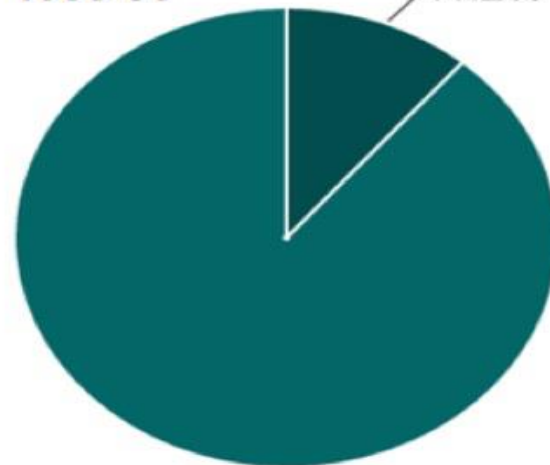
Total spending planned for 2016-17

* Excludes NHSE primary care expenditure (optometrists, dentists etc)

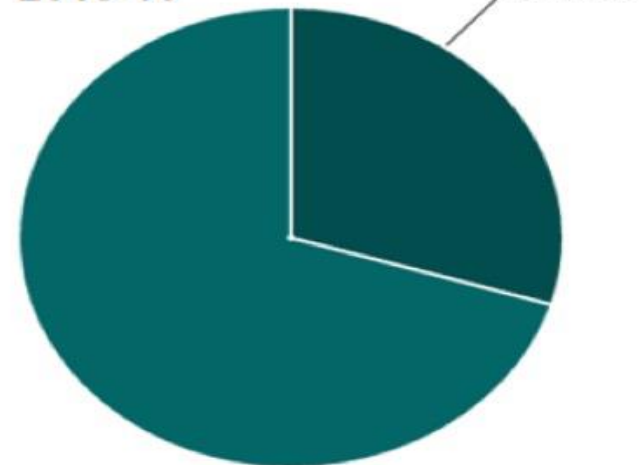
Change in proportion of public services budget spent on health

■ NHS ■ Rest of budget

1955-56

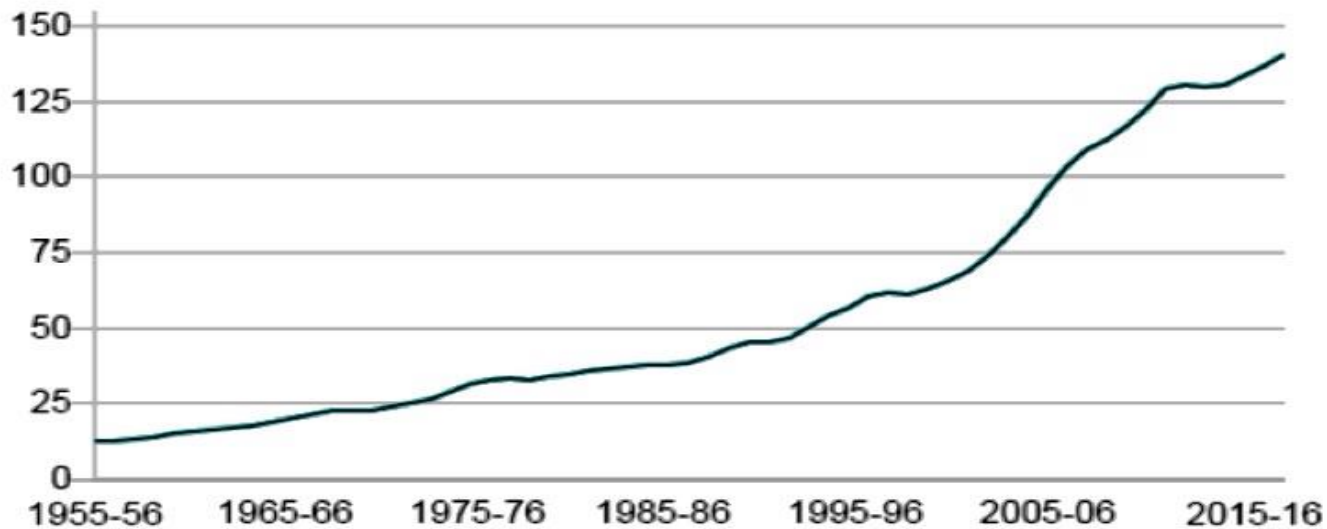


2015-16



How the NHS budget has grown

Health spending in the UK (£bn in 2016-17 prices)



In a 'do nothing' scenario H&IOW will face a financial gap of a projected £540m - £610m by 2020/21



Demand due to an ageing population



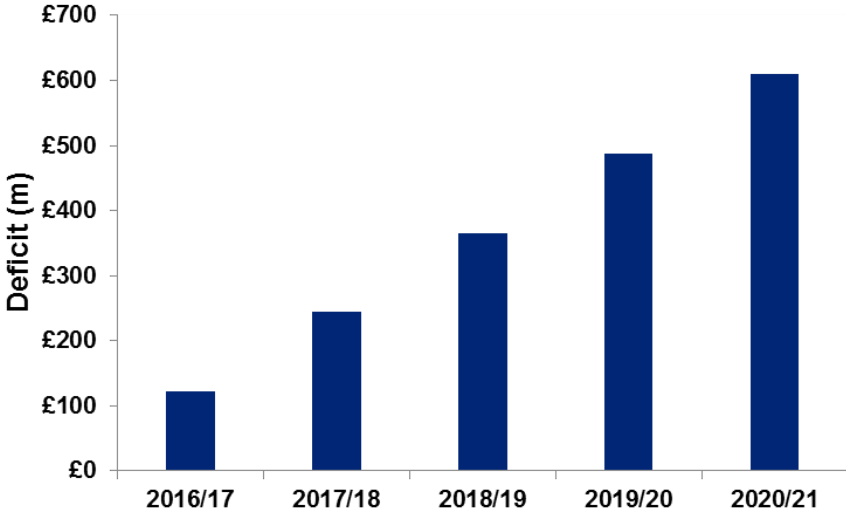
Cost of services



Advances in technology

£540m-£610m gap by 2020/21

“Do nothing” by year



This equates to **19-21%** of the commissioner allocation for H&IOW

Which is equal to **the turnover of 2 of our smaller provider trusts** combined

....and does not include the shortfalls in **social care** and **specialised commissioning**

Delivering these savings year on year will require fundamental change

The case for change



Health and care funding is increasingly outstripped by increasing demand

Workforce
pro

Accessing care, information and support is often complicated and confusing

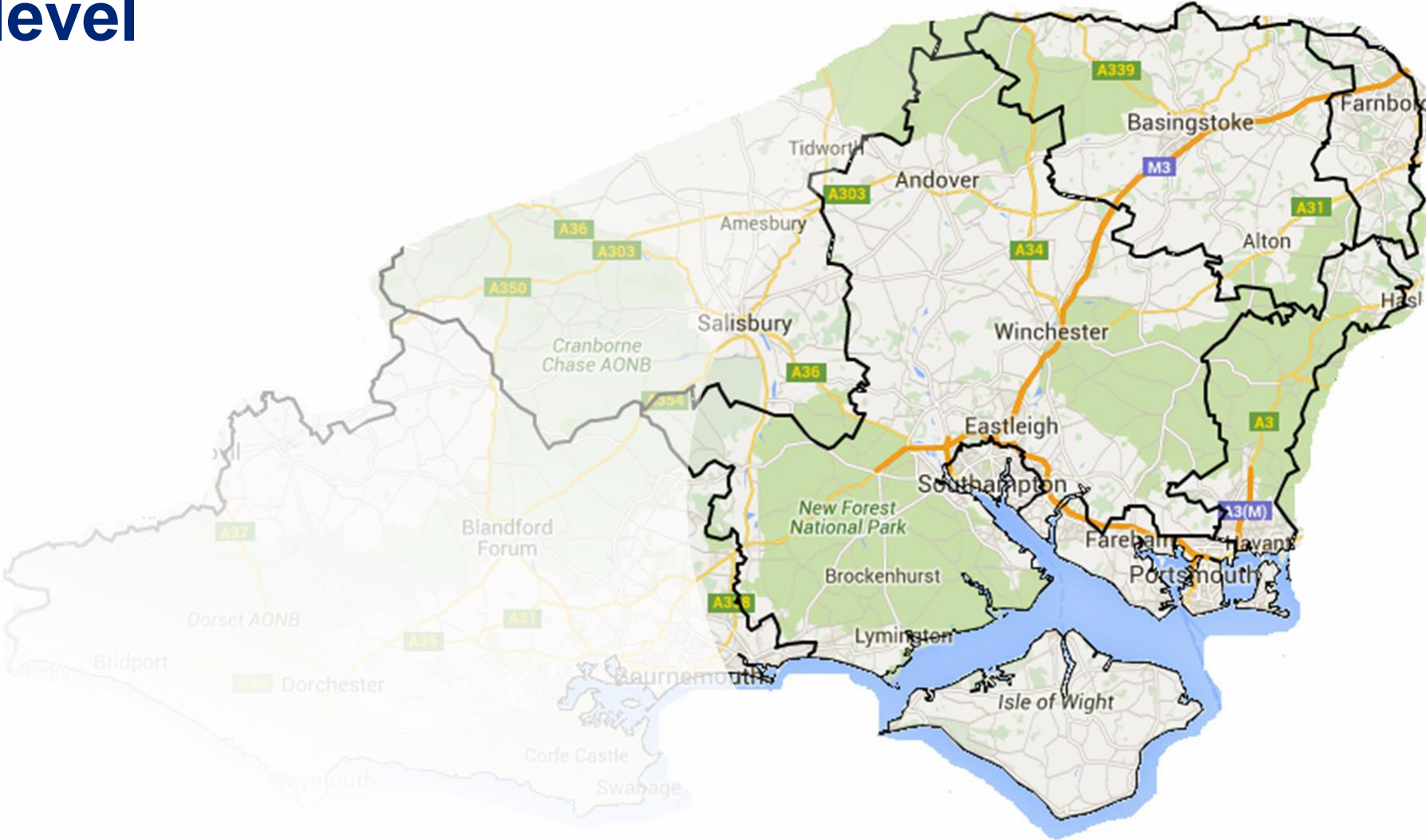
Increasing pace of technological change

Health
is too reactive

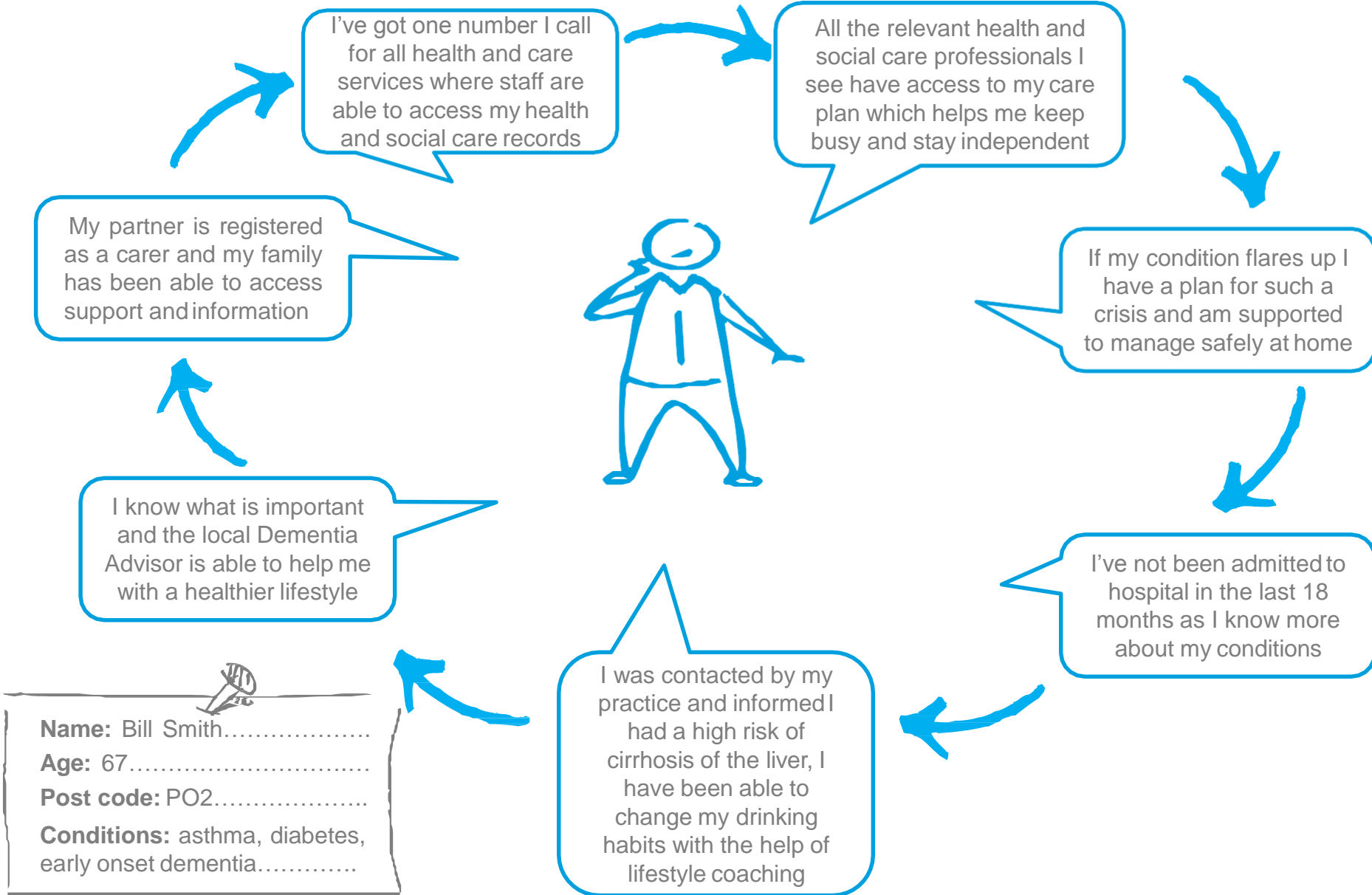
**£0.3 billion
MORE over
next five years
to invest in
health care**

Healthier lives, world class sustainable services, strong primary and community care

Priorities to address our challenges at an H&IOW level



How will the health and care system look different for Bill?

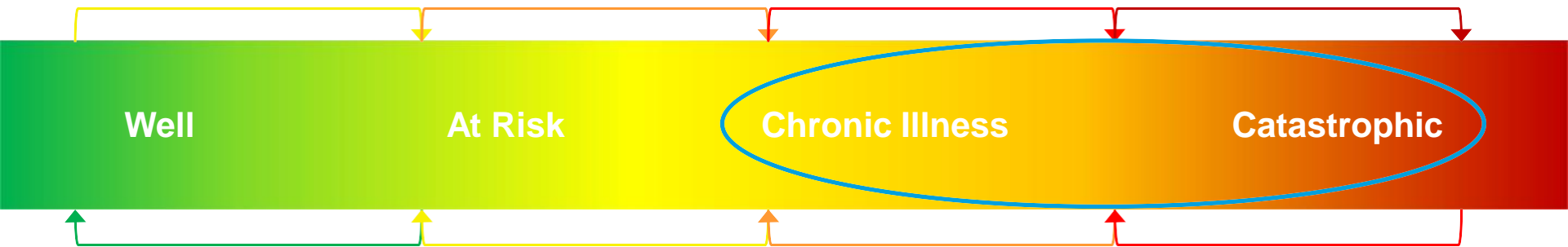


An approach to population health

individuals are segmented along a continuum

Clinical and care risk profiling continuously monitors individuals along entire continuum

Without timely intervention, individuals can needlessly escalate into higher risk categories



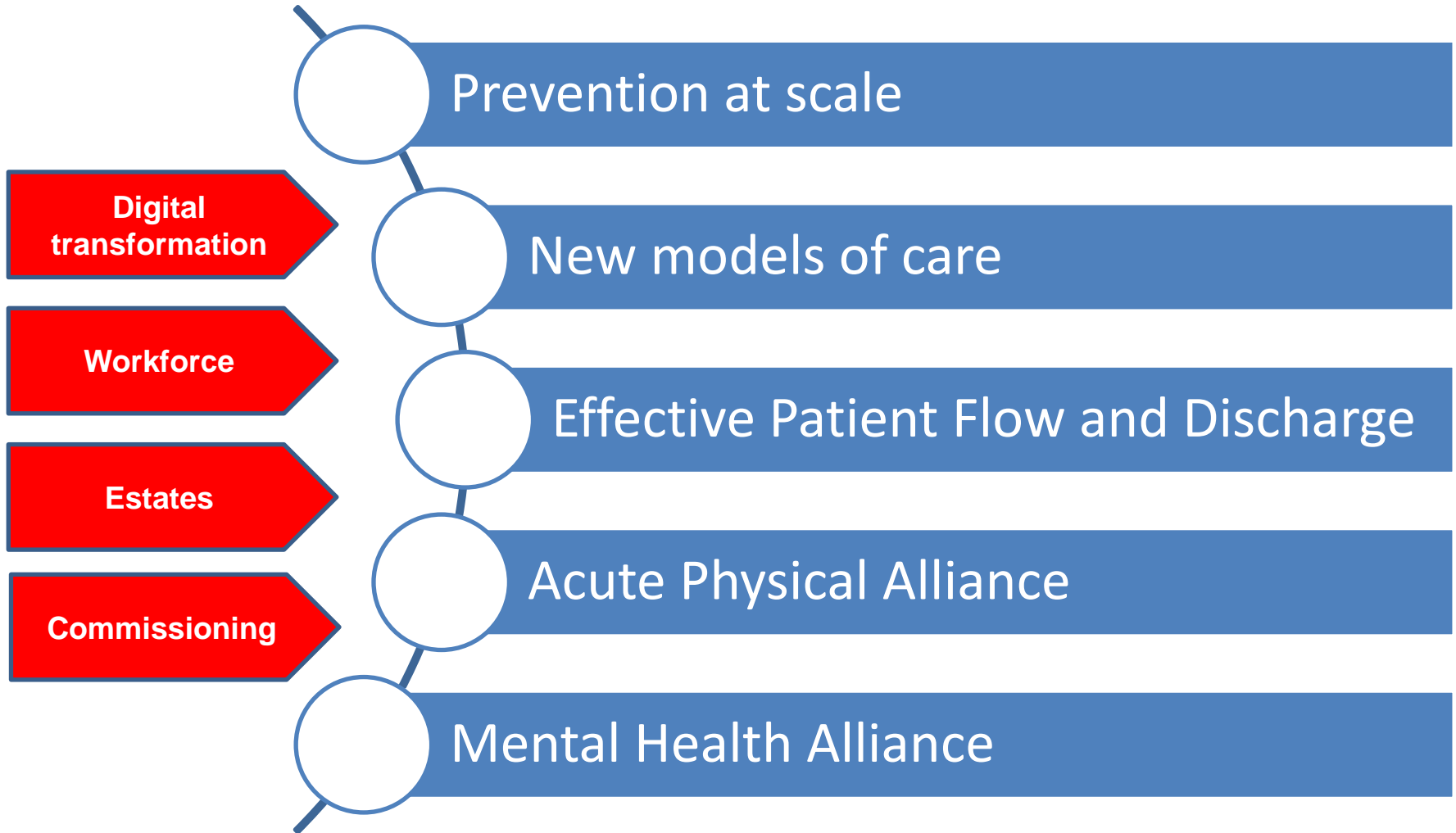
Targeted interventions maintain or move participants towards greater health

Prevention

Integrated Care Management

Wellness and Lifestyle Management

Focus for transformation



Healthier lives, world class sustainable services, strong primary and community care

By 2021



**Living in good
health for
longer**

**World class
care that is safe,
consistent and
affordable**

**Control of your
own health and
information**

**More health and
care provided
closer to or in
your home**

**Proactive,
targeted care**

Healthier lives, world class sustainable services, strong primary and community care

Questions?