Bath and North East Somerset,
Swindon and Wiltshire Together

Case for Change Supporting Analysis:

This analysis is intended to highlight, at a high level, the extent and depths of the challenges faced by the BSW health and care system. It aims to describe why the system needs to change to meet the expected future needs of the population.

The information included is not for operational use and is deliberately summary in nature.

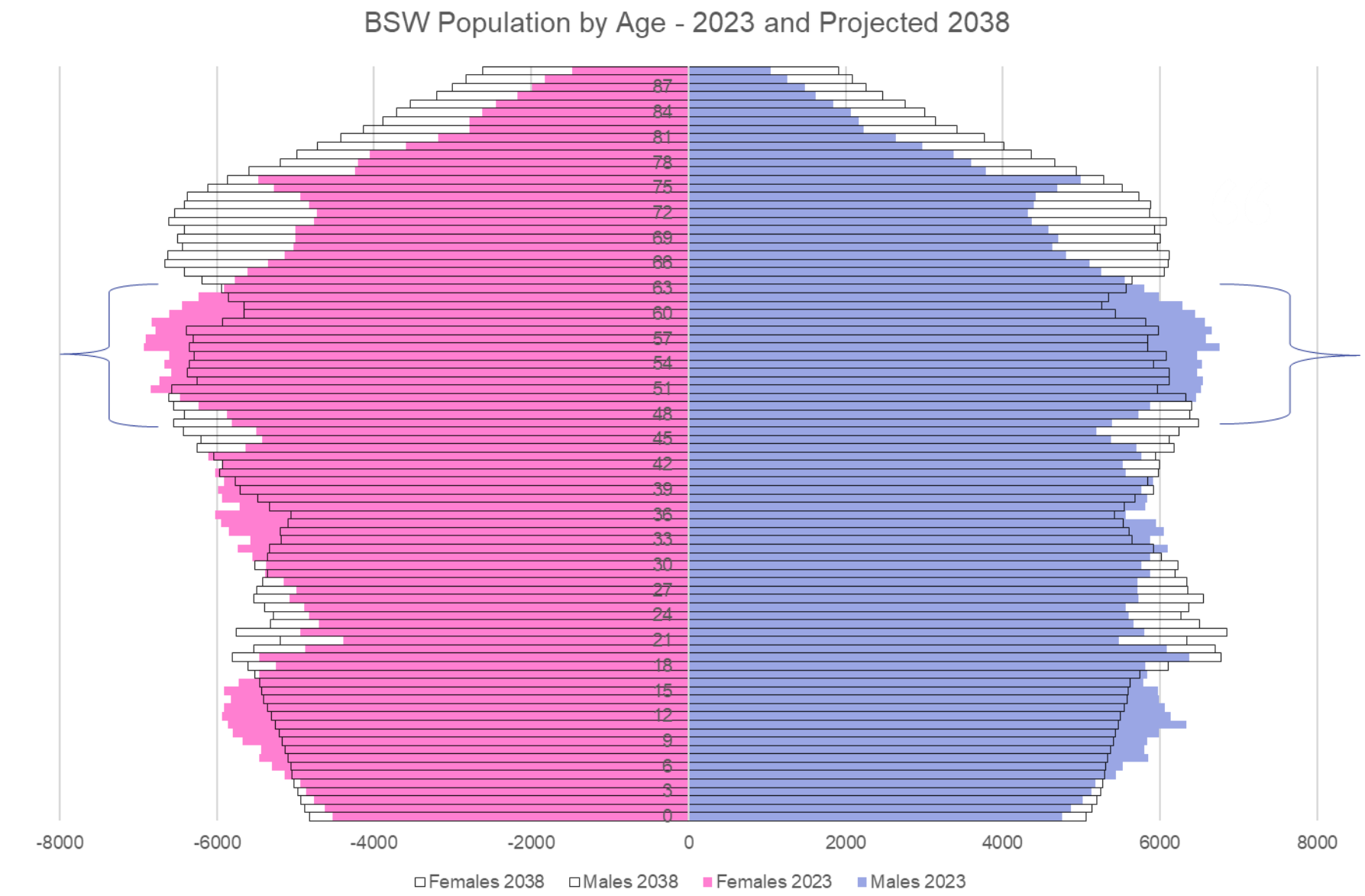
This analysis forms part of a 'phase one'. A wider set of analysis is to be agreed and provided as part of 'phase two', including to support in addressing some of the challenges highlighted within this pack.

August 2023

BSW Case for Change – Exec Summary

- The BSW population is projected to grow by 6% over the next 15 years, meaning there'll be an extra 60,000 BSW residents by 2038
- The number of people aged under 60 will remain stable. All of this growth is in the over 60s, meaning a 35% growth in our population aged 60+.
- Multimorbidity increases with age. These population changes mean there will be an additional 32,000 people with two or more long-term conditions by 2038.
- These population changes mean the ratio of people over 65 to those of 'working age' will decline, impacting upon the ability of the general population to support those with dependencies as they age, but also an ageing NHS workforce
- The cost of Acute Inpatient, Outpatient and A&E activity in BSW is currently £340M. In 15 years, demographic changes alone will see this rise to £410M – or by £5M per year (before inflation or new treatments)
- BSW health services are currently stretched, in particular urgent and emergency services. In 5 years' time our ageing population will require an additional:
    - 115 acute beds
    - 40 ambulance journeys per day
    - 51 additional ED attendances per day
- Many services for Children and Young People are under extreme pressure, with growing demand post-Covid and long waiting times. Improving the health of our CYP population now will make a difference for future health and use of services.
- Nationally and locally, the additional demand on Mental Health services since the pandemic is putting tremendous pressure on mental health and other services, and is increasing waiting times, especially for those needing more routine care
- Social Care services for adults and children are under pressure locally and nationally. Recent national trends have seen requests for support rise and people accessing support fall, and demographic changes will see large increases in demand.

The BSW population is ageing



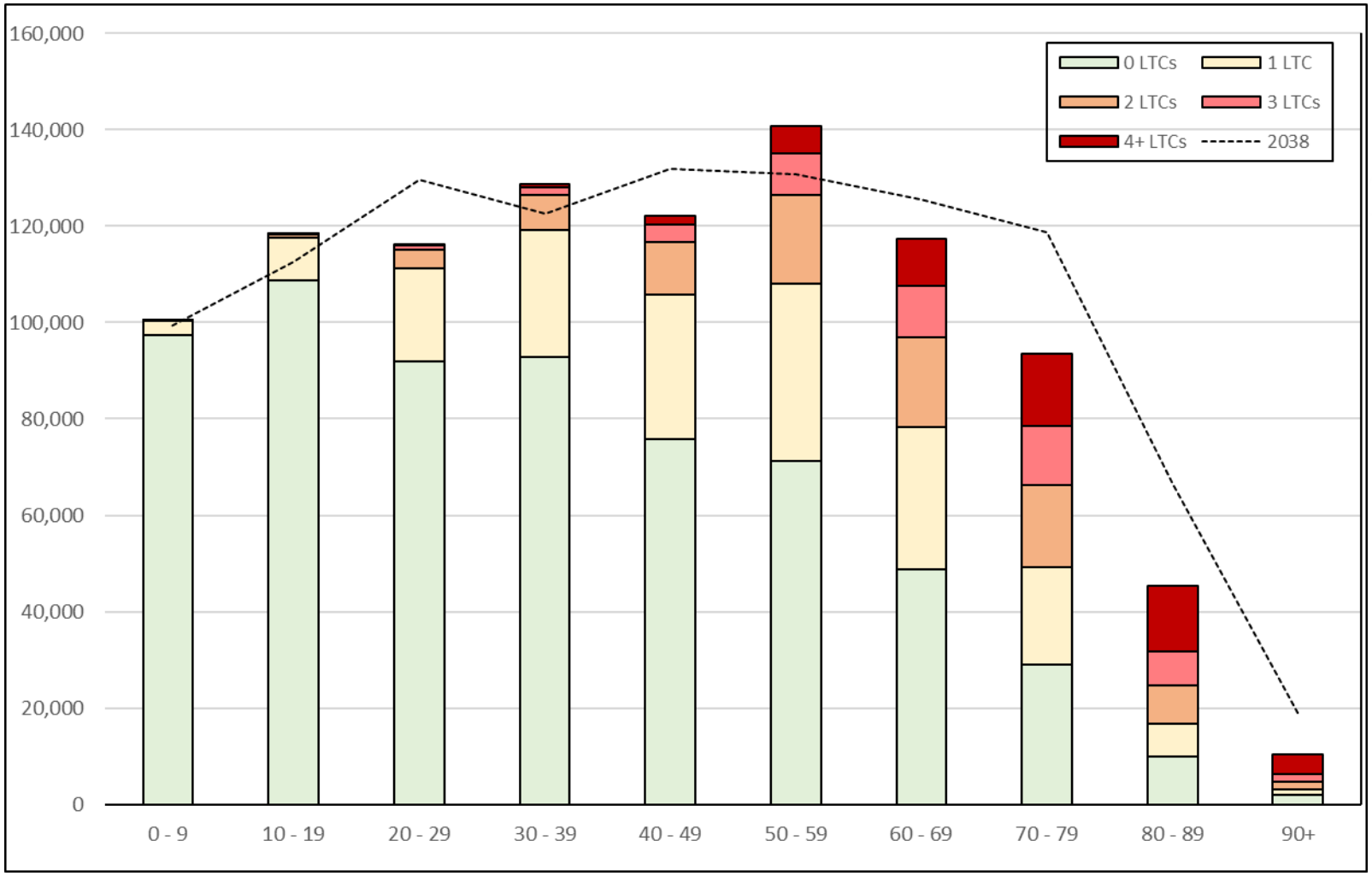
ONS projects the BSW population to grow from 947k to 1.1m over the next 15 years

This is overall growth of around 6%, however our population numbers under 60 will remain unchanged. The number of people over 60 in BSW will grow by 35% over the next 15 years.

BSW has a large population currently aged 50-59. As this group in particular ages, it's likely to put increasing pressure on services in BSW over the coming decade.

BSW also has a large population currently aged 12-18, and those reaching adulthood in the next 5 years are those of the Covid generation, with evidence suggesting substantial impact to their mental health and wellbeing. As this group reaches adulthood, it's likely to put increasing pressure on services in BSW over the coming decade.

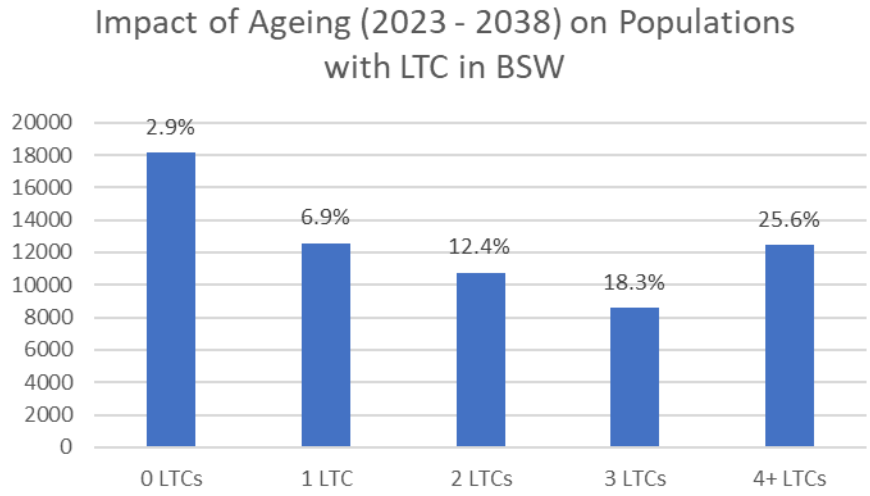
More older people means more multi-morbidity



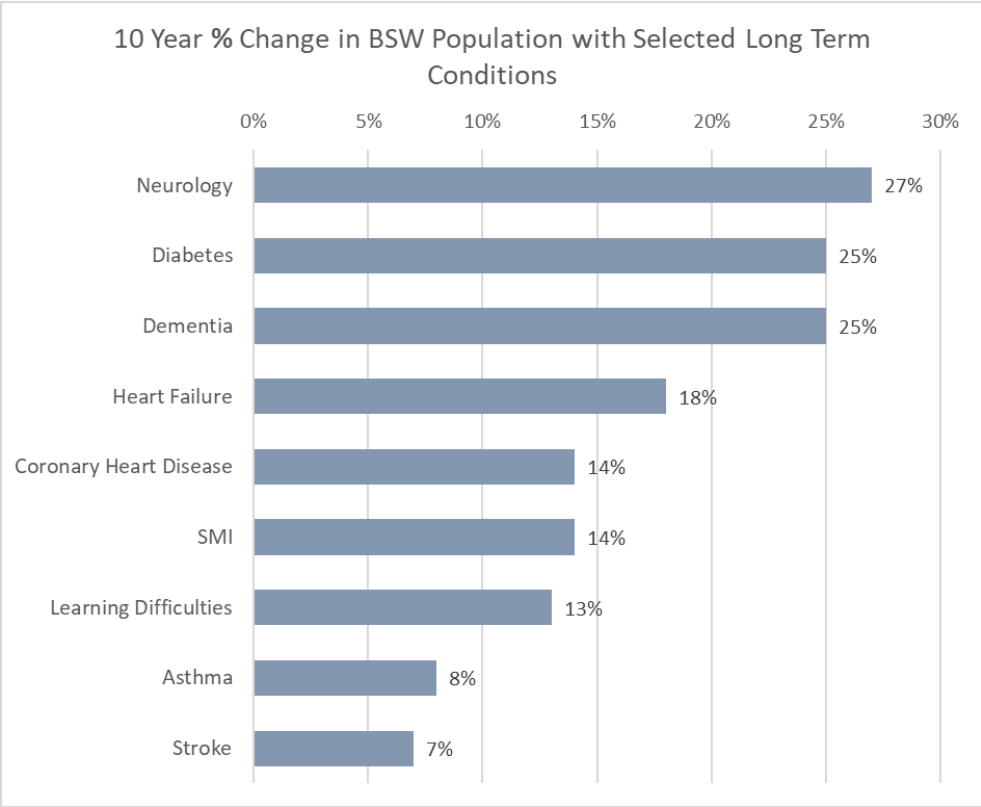
Multimorbidity increases with age. This chart shows the current BSW population by age and number of long-term conditions (LTCs).

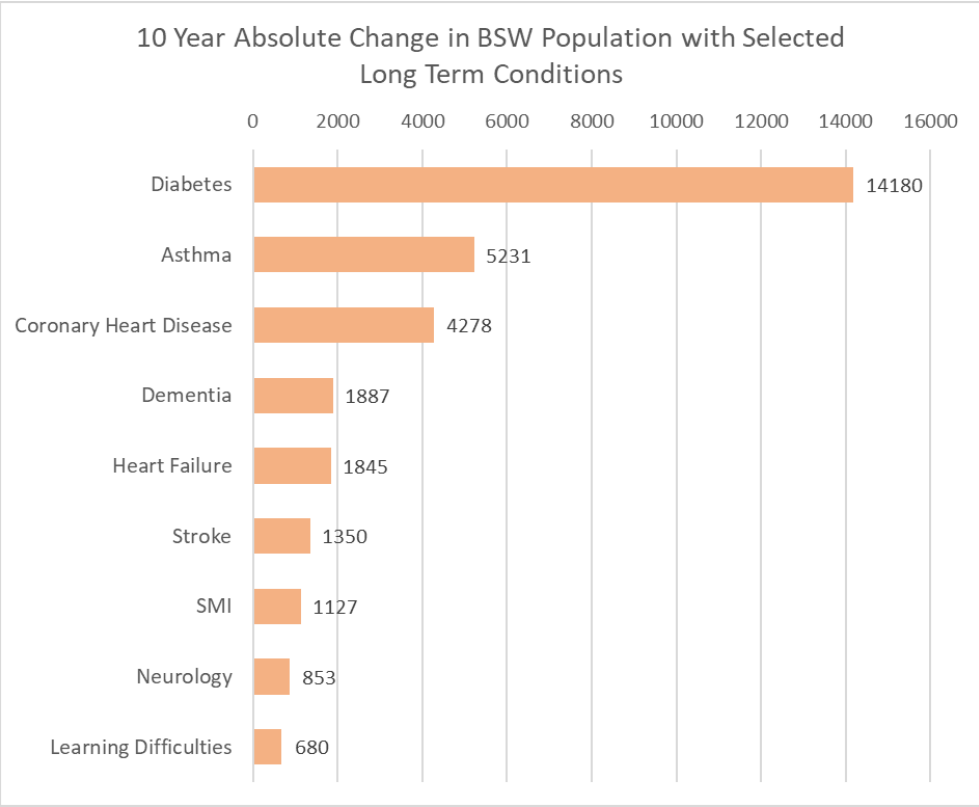
The dashed line represents the population for that age group in 2038. The projected growth in older age groups in BSW mean there will be significantly more people with multiple LTCs by 2038.

The chart below summarises the growth expected in the BSW population by number of LTCs. In 15 years, there will be an additional 32,000 people with more than 1 LTC.



A look at specific conditions





These charts highlight the scale of growth projected for selected long-term conditions taken from BSW modelling.

The % and absolute rises are significant and are compounded by the fact many patients will be multimorbid.

The modelling also shows that in 10 years BSW will have 25,000 more people with **frailty** than we do today.

Source: QOF and the BSW WSP Population Cohorts model

There will be less working age people to support an ageing population

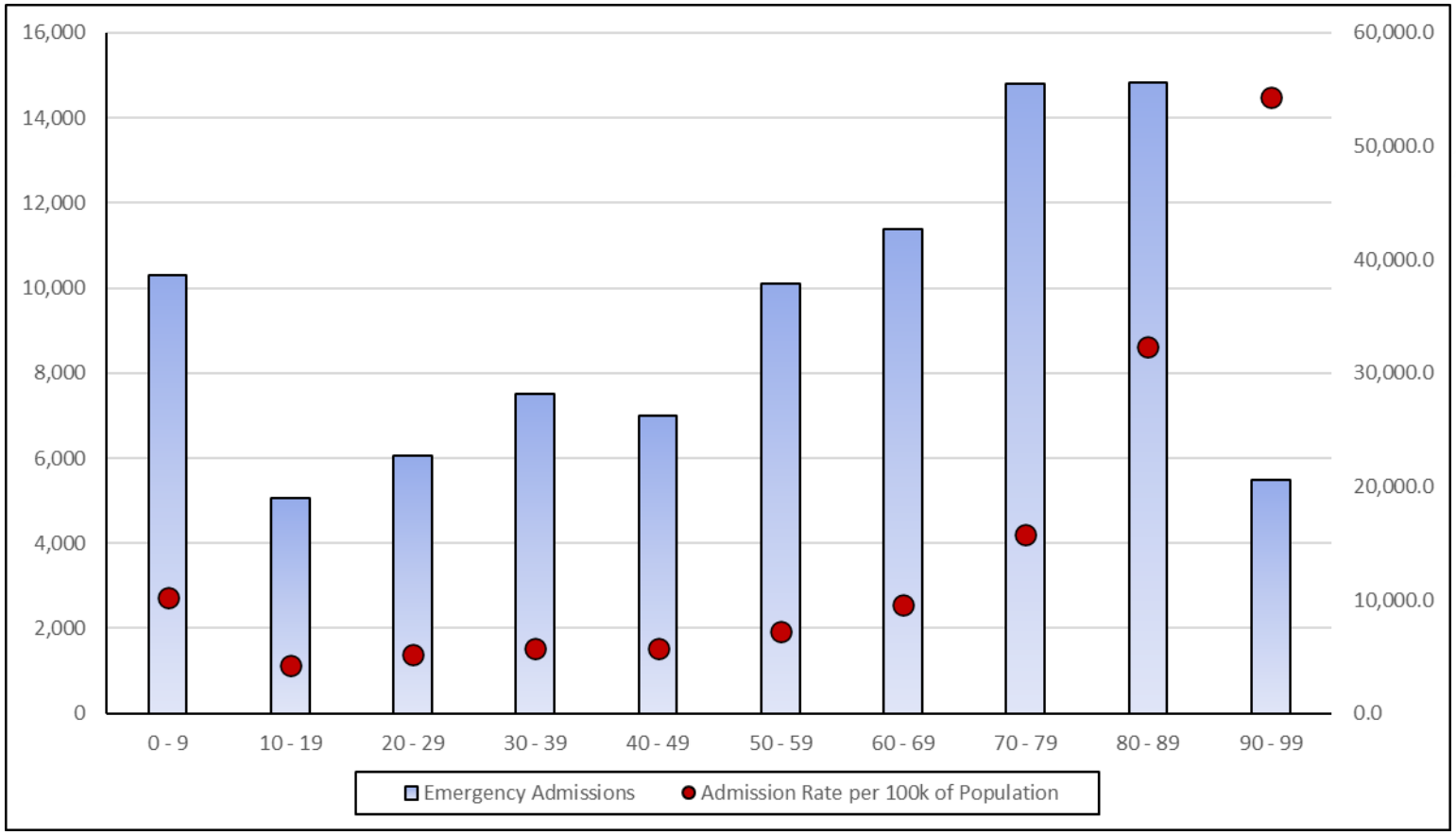
For every BSW person over retirement age there are currently 3.1 people of ‘working age’.

In 15 years, this will have dropped to 2.3

This is also reflected in our workforce. Around 30% of GPs in BSW are over 50.

Assumes retirement age as 66 based on State Pension age (although age increases to 67 around 2027)

With age and multimorbidity come emergency admissions



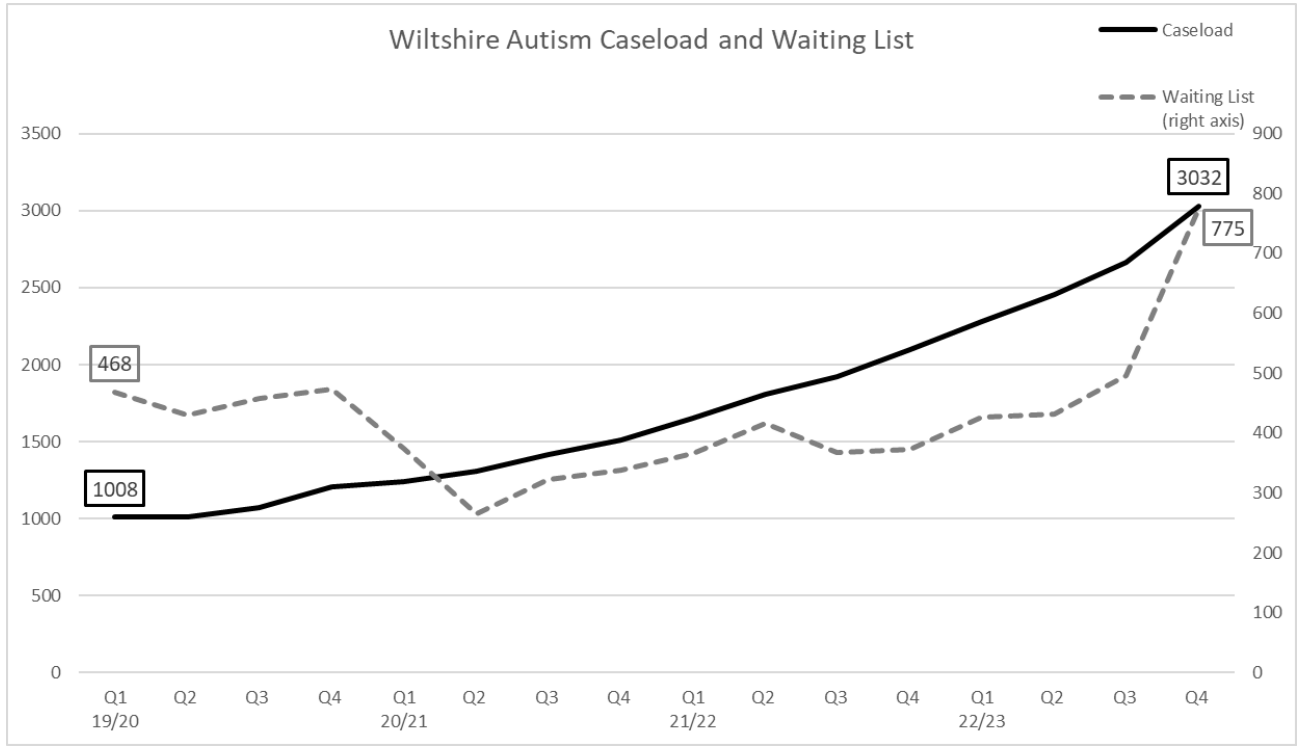
This chart shows BSW emergency hospital admissions by age group – both totals and rates. Emergency admission rates start to rise sharply from the 60-69 age group in line with rises in multimorbidity shown on slide 5.

Emergency admission numbers for 0-9 year-olds show a need to consider prevention measures for this cohort.

Over the next 15 years projections show the BSW population aged under 60 remaining relatively flat, whereas the population over 60 is projected to grow by 61,000.

This will result in a continued demand for emergency beds if services operate as they currently do.

Children's Services (Autism)



The needs and demands of our CYP population are growing. Many services are under extreme pressure post-pandemic, and the impact of our care will be carried forward by this group into adulthood.

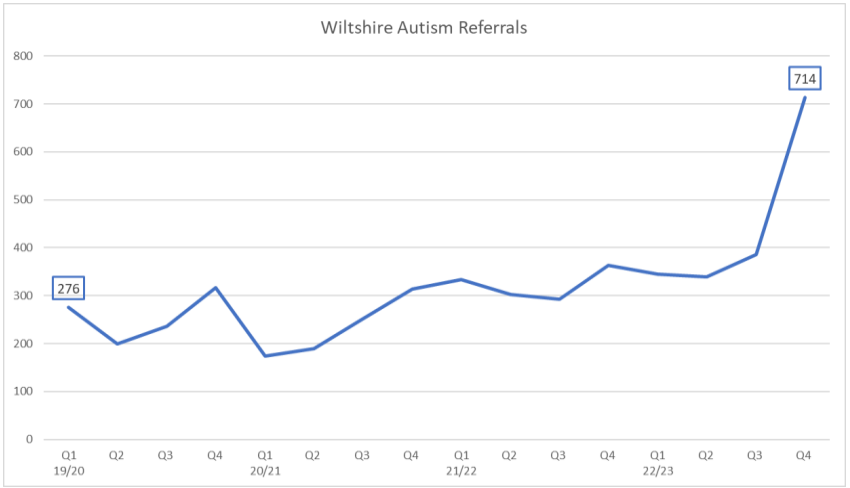
The example shown here is Autism in Wiltshire, however this picture is reflective of wider pressure on CYP services across BSW.

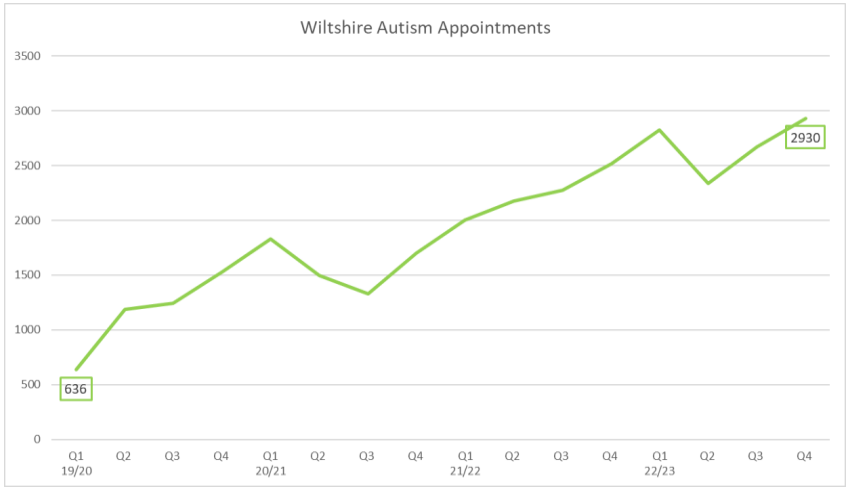
Both the Autism waiting list and caseload have grown significantly in recent years (left). The caseload is triple pre-pandemic levels, and the waiting list has trebled since its low point in 21/22.

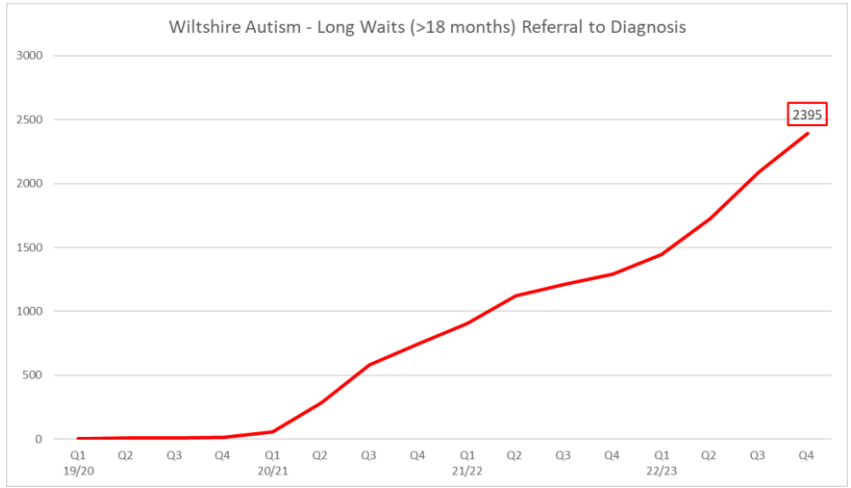
Demand for these services is increasing sharply (below left), and despite increases in appointments (below), waiting lists and times continue to grow. Referrals into the service are increasingly complex. Resources for those most in need is being diluted, and service user anxiety is increasing as a result.

It was historically rare to wait longer than 18 months from referral to diagnosis, however there are now thousands who wait this long (below right).

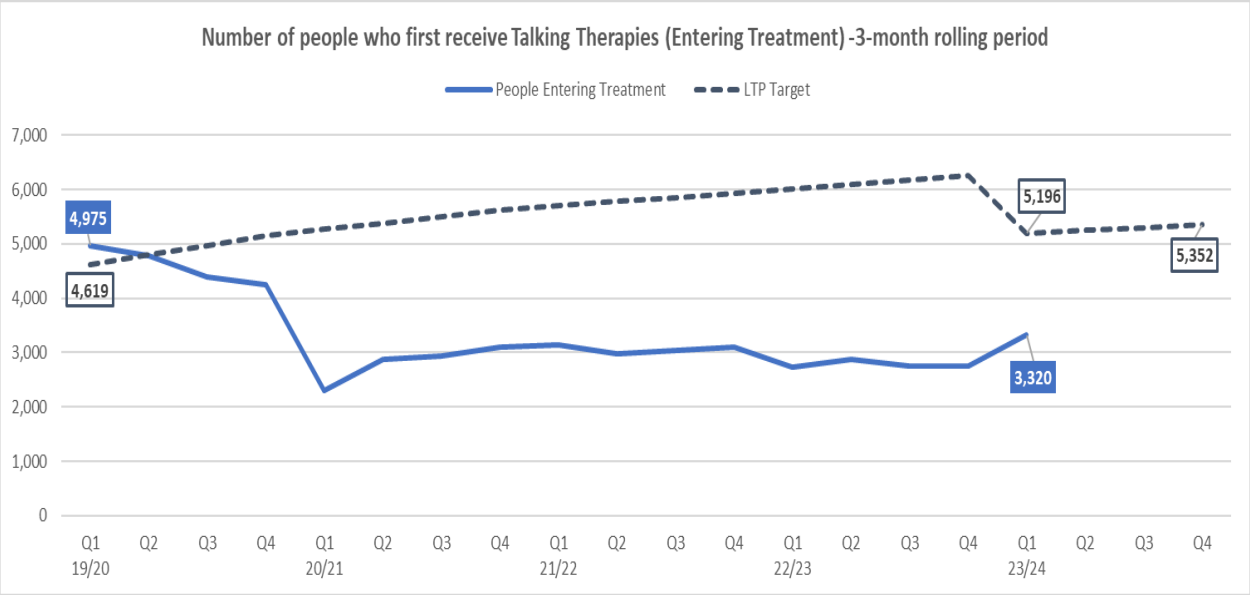
There is opportunity to work differently to address some of these huge challenges, including offers of early help prior to referral to children and their families.







Mental Health Services – Talking Therapies



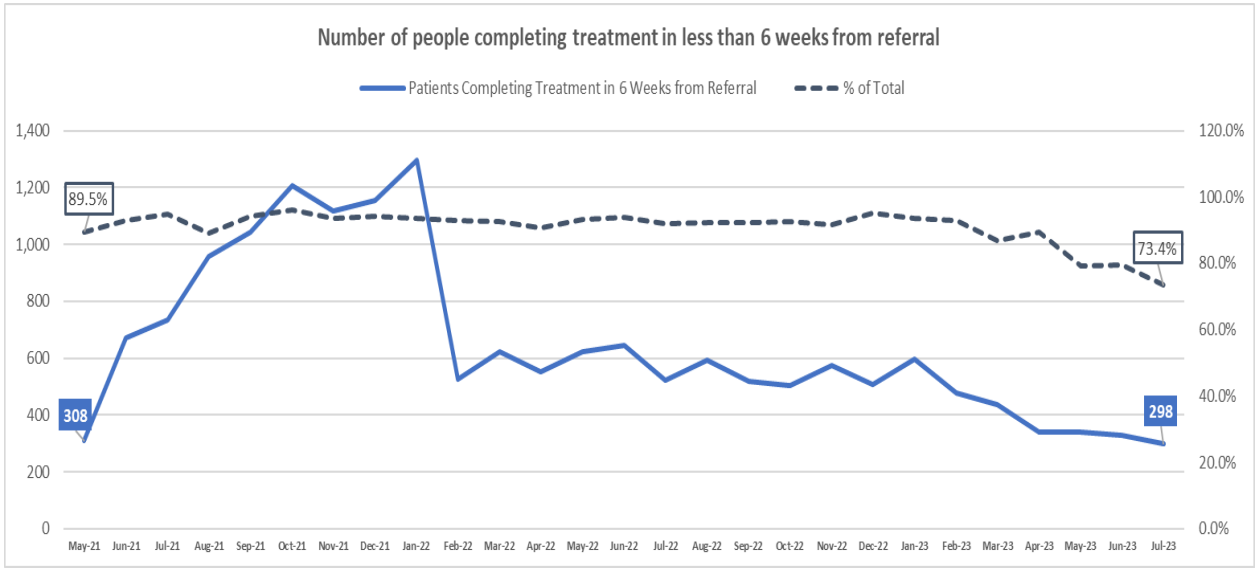
The chart to the left highlights the volume of people entering treatment for talking therapies, which BSW is currently under-delivering on, against its long-term plan targets.

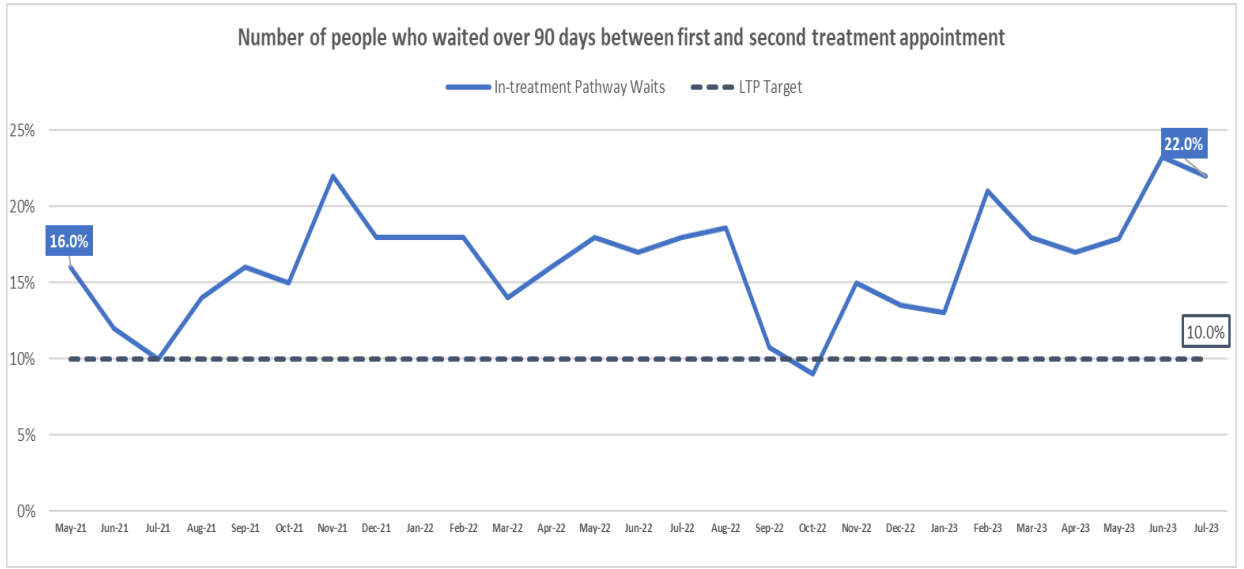
In addition, BSW has a large population currently aged 12-18, and those reaching adulthood in the next 5 years are those of the Covid generation, with evidence suggesting substantial impact to their mental health and wellbeing.

The data shows that there are now more people receiving talking therapies, who are waiting longer between first and subsequent treatments, and fewer patients that are completing first treatment within 6 weeks of referral.

An indication of more complex cases or increased demand/pressure with insufficient capacity. A risk if demand is likely to increase over the next 5-10 years within one of BSW's largest population cohorts.

BSW is beginning to work differently to address the challenges. To address underperformance against the nationally set KPIs, BSW Talking Therapies service converted its operational model in July 23 to align with NICE and the national IAPT/TT model; compliance with these standards will result in sustainably improved KPIs. Whilst not currently meeting the national targets, the service is performing above the proposed recovery trajectory for access and recovery rates.



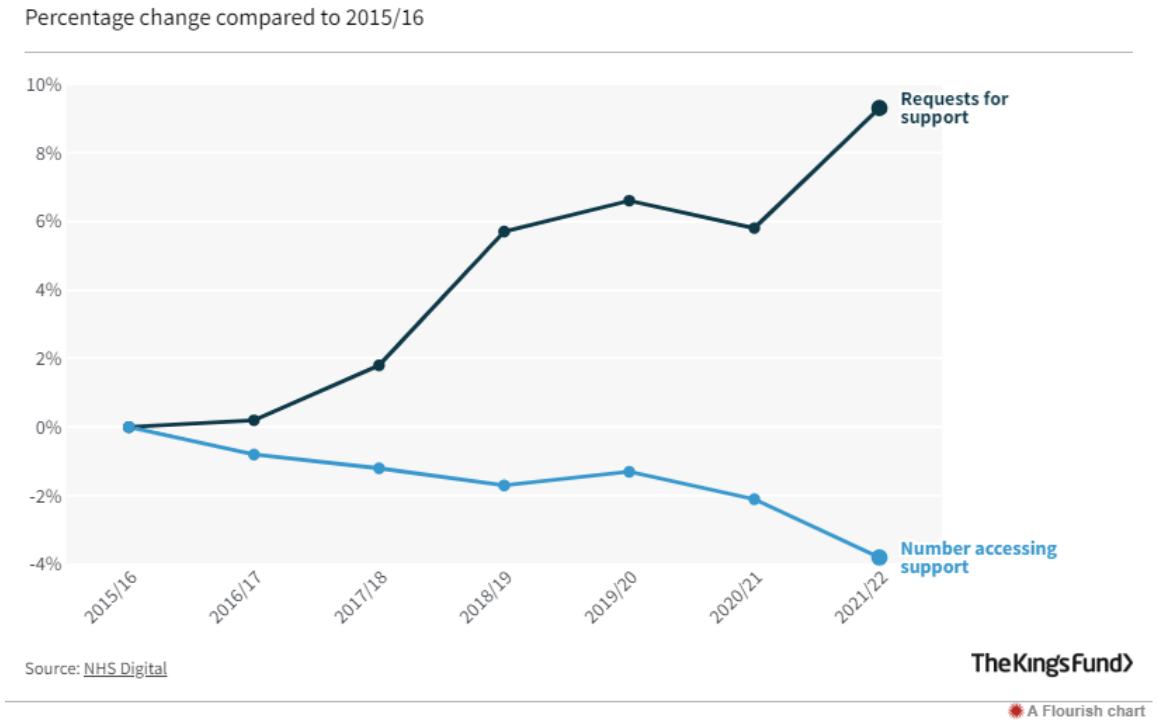


Social Care

The national evidence highlights pressure on social care both now, and the projected future demand pressures from a growing / ageing population.

‘Compared to 2015/16, more people in England are requesting social care support but fewer people are receiving it’

(The Kings’ Fund, 2023)

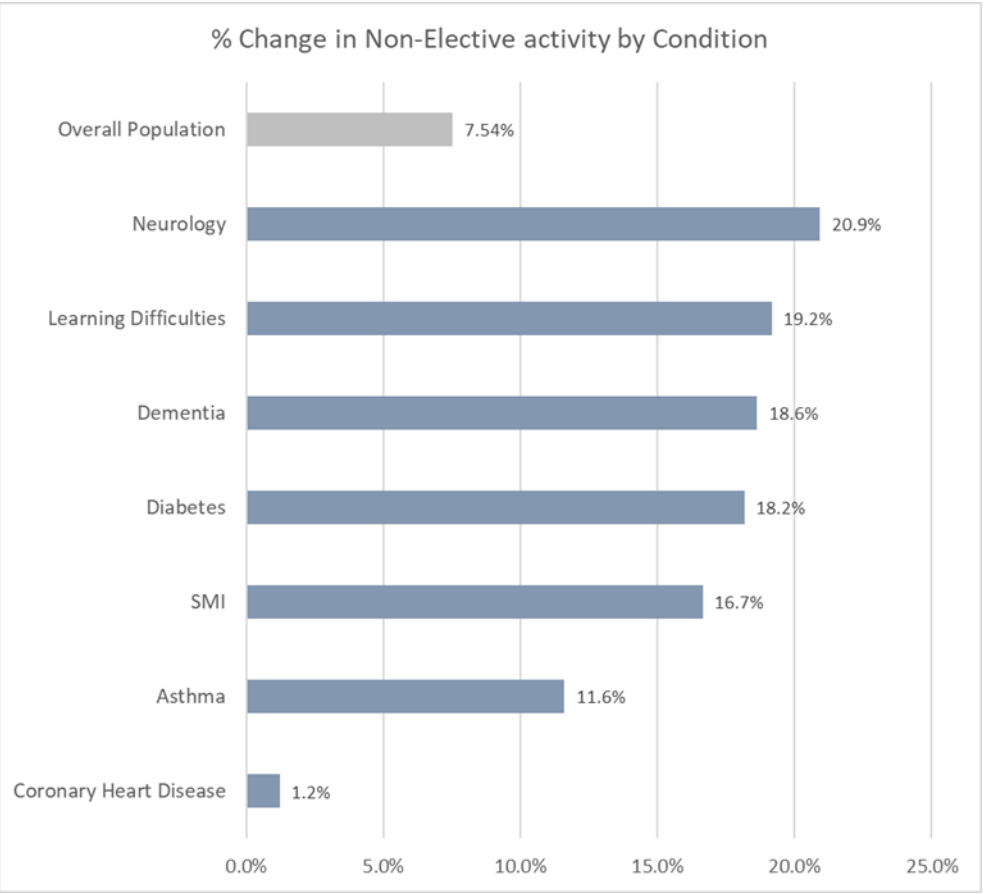


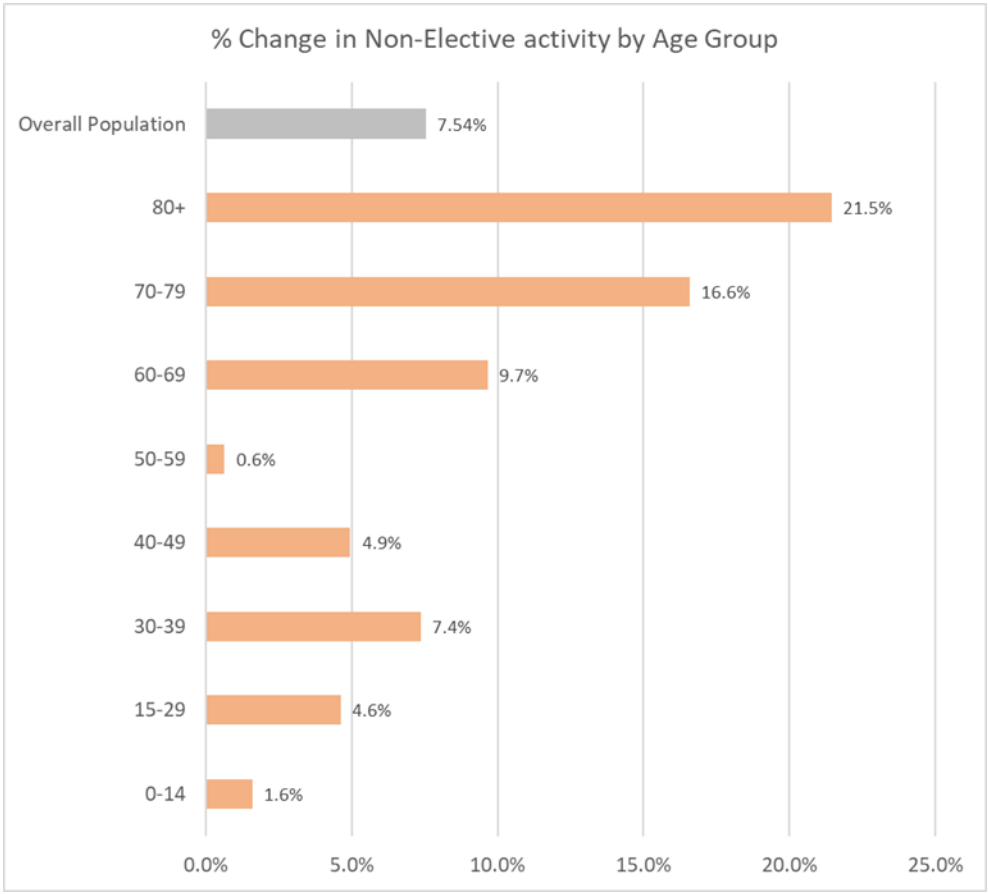
‘Based on long-term forecasts there will be large increases in future demand for care and therefore cost’

(National Audit Office, 2021)

29%	projected forecast increase in adults aged 18 to 64 requiring care by 2038 compared with 2018
90%	projected forecast increase in costs of care for adults aged 18 to 64 by 2038 compared with 2018
57%	projected forecast increase in adults aged 65 and over requiring care by 2038 compared with 2018
106%	projected forecast increase in total costs of care for adults aged 65 and over by 2038 compared with 2018

A look at emergency admissions by condition





BSW modelling allows us to projected emergency (non-elective) admission growth by condition, as well as by age band, from demographic changes over 10 years.

Emergency admissions are expected to grow by around 7.5% overall, however specific condition groups will see sizable growth in demand for emergency beds.

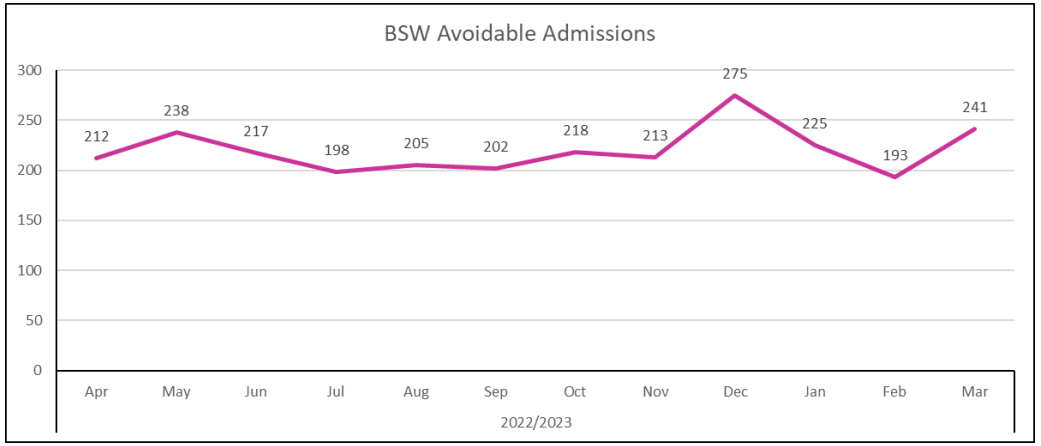
Source: QOF and the BSW WSP Population Cohorts model

Many admissions remain ‘avoidable’

There are several areas where there is opportunity to reduce demand for services in an ageing population.

Avoidable Admissions are emergency admissions for people aged over 75 with specific long-term conditions, which should not normally require hospitalisation.

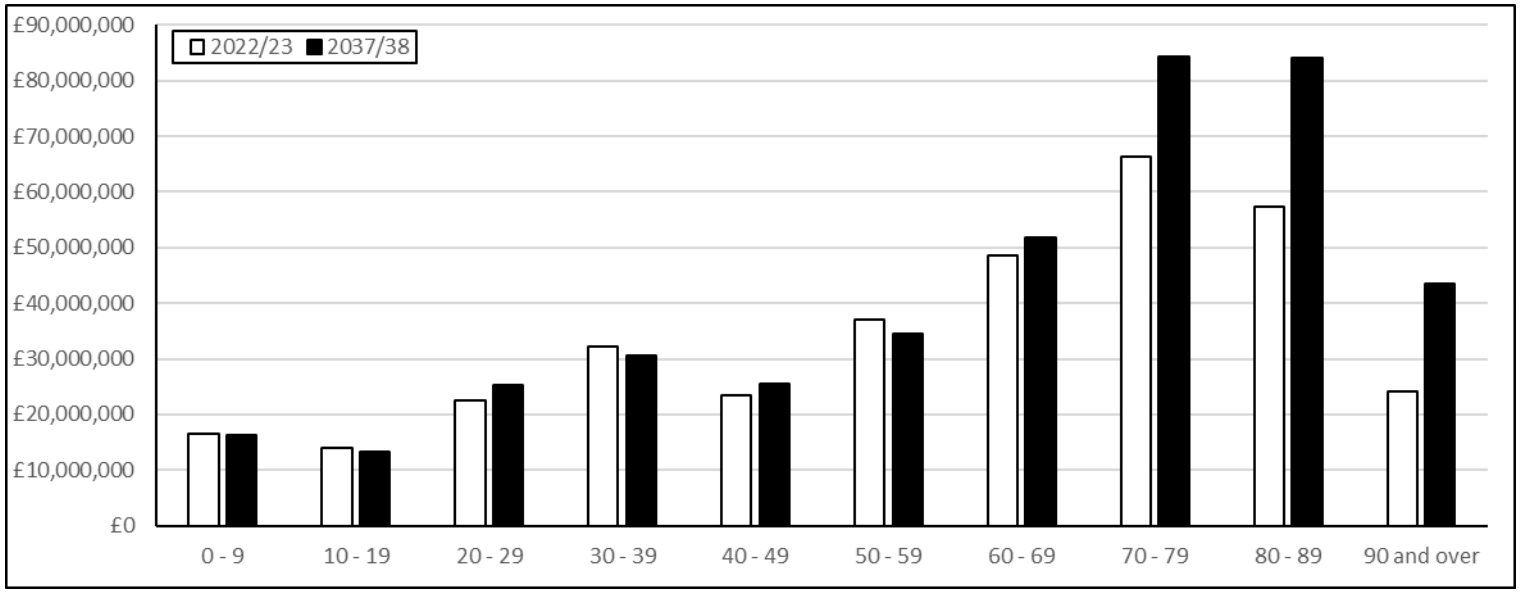
Measured as part of the Better Care Fund these include things like High Blood Pressure, Constipation and Gastro-oesophageal reflux disease.

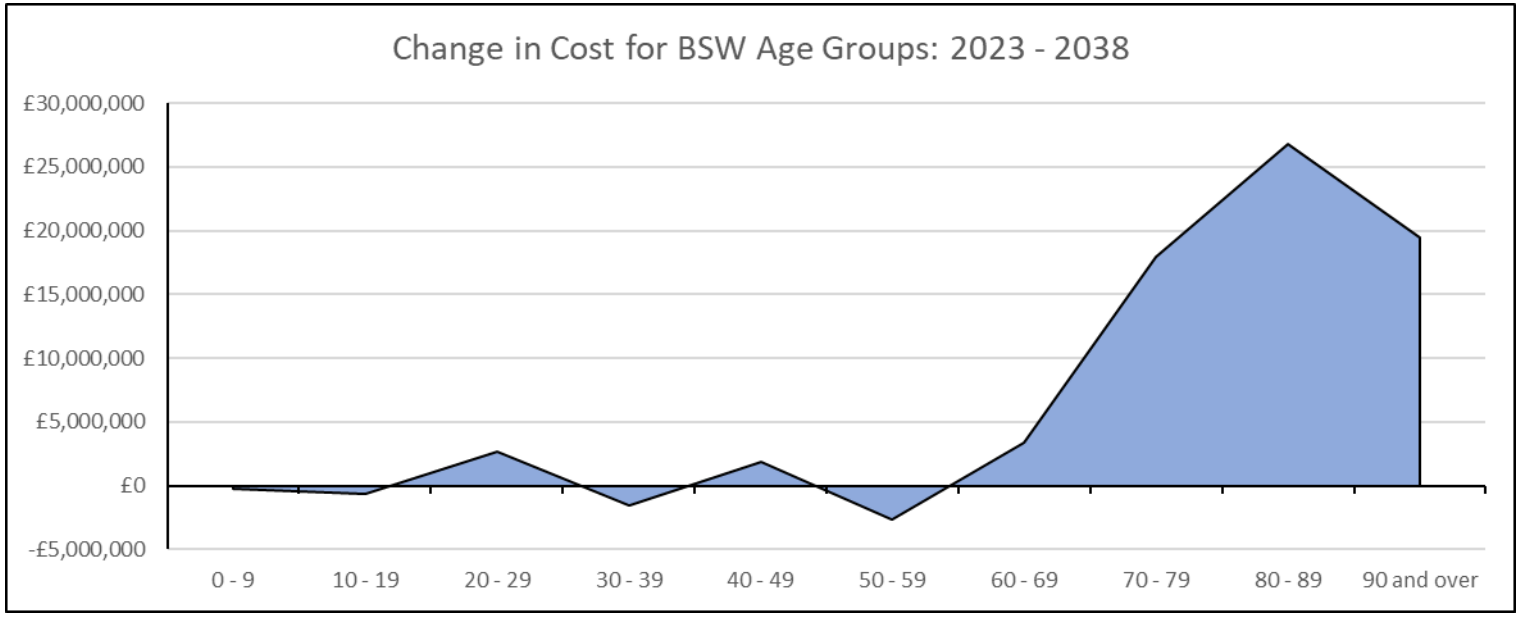


On average there were over 200 ‘avoidable’ admissions of over 75s per month in BSW during 22/23.

At any given time, these patients occupied around 50 acute hospital beds.

Our changing population will bring huge cost pressures



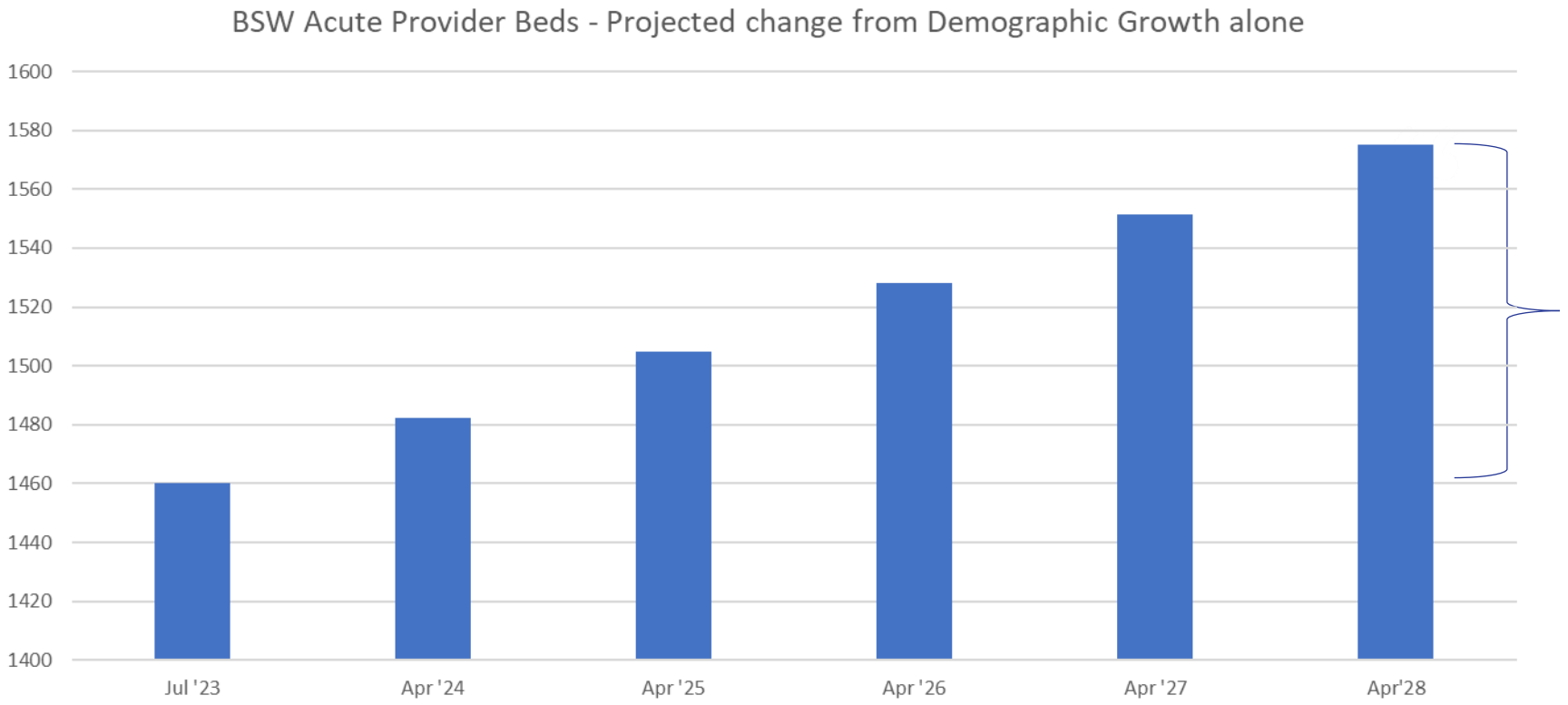


SUS data shows BSW spends around £340M annually on Acute Inpatient, Outpatient and A&E activity.

Demographic change alone is projected to increase this cost by £70M over the next 15 years, or around £5M per year. This is without adjusting for things like inflation, or the cost of new technologies and treatments.

The chart below shows how changes in the over 60s population are driving these cost increases.

Already stretched acute beds will see further demand



Acute beds are under enormous pressure with the BSW system.

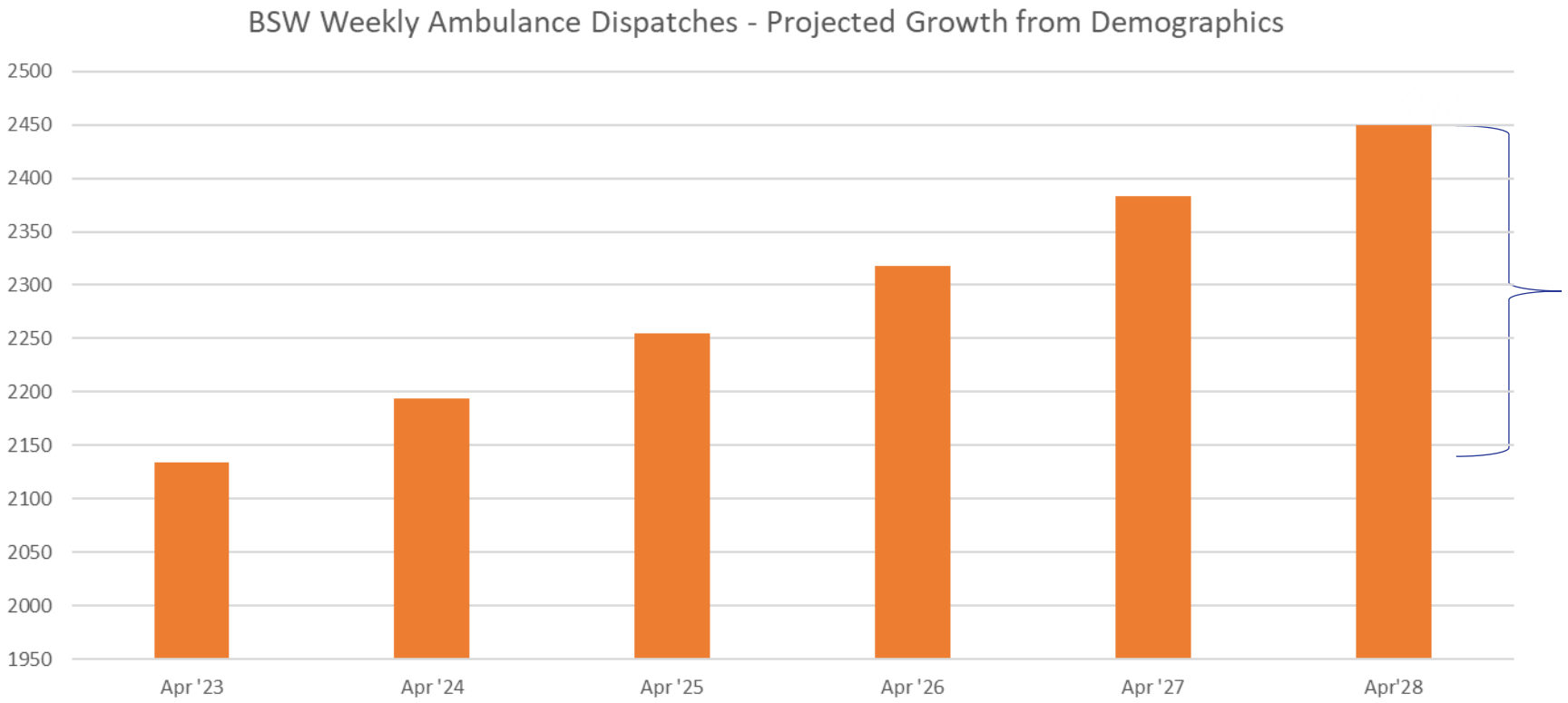
Bed occupancy in BSW is regularly around 95% leaving little headroom to maintain flow through hospitals.

BSW modelling shows that, with no changes to the current service model, demographic changes alone would increase demand for acute beds by 115 in five years - on top of an already stretched system.

This is the equivilent of 6 20-bed wards.

Basic growth projections taken from BSW Population Cohorts model and UEC model

We'll need to dispatch more ambulances



Ambulance services in BSW are under enormous pressure.

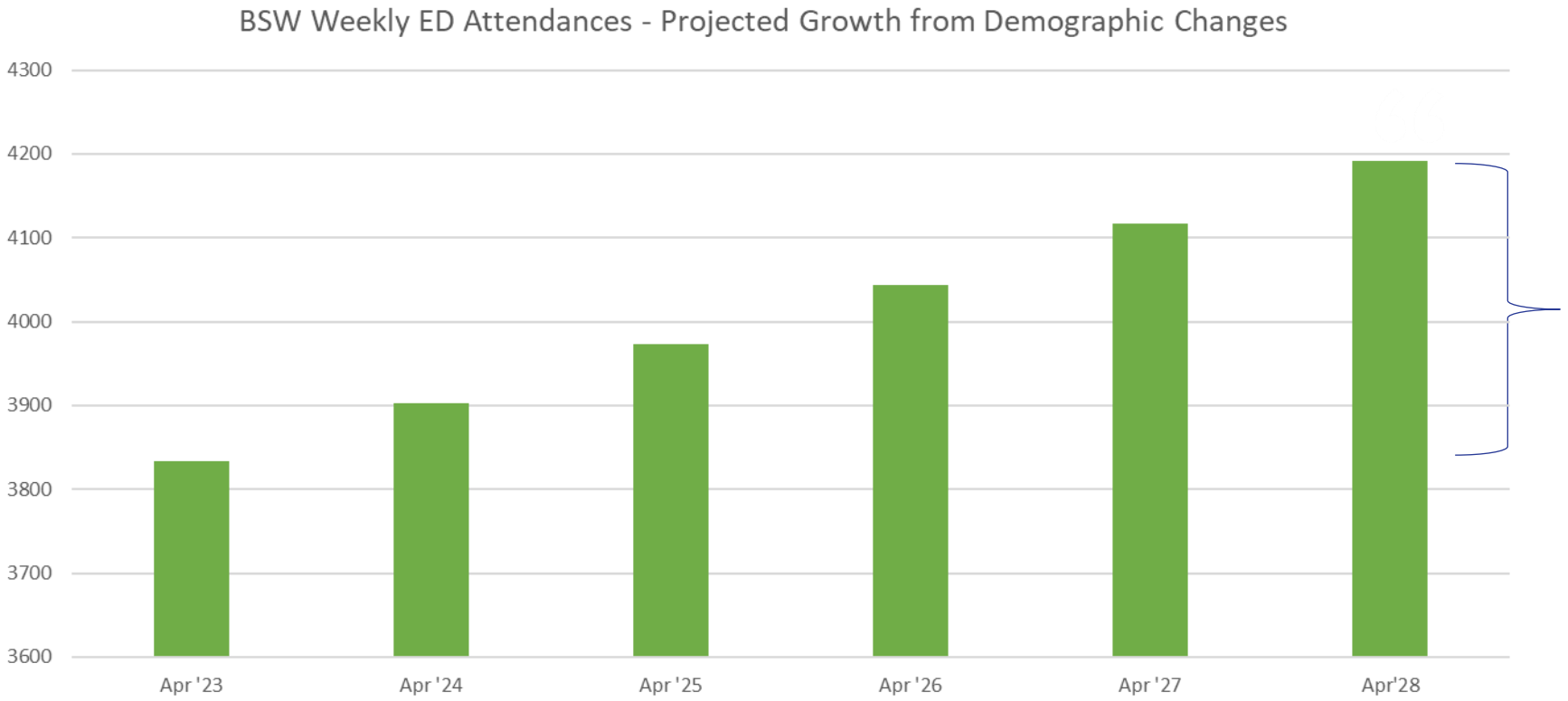
At the extreme end, in several days in December 2022 BSW regularly lost over 300 hours of ambulance time due to ambulances queuing outside hospitals.

BSW modelling shows that demographic changes alone would lead to an additional 280 ambulance dispatches per week in BSW in five years - on top of an already stretched system.

This is the equivilent of 40 extra ambulances journeys per day.

Basic growth projections taken from BSW Population Cohorts model and UEC model

And more people will put pressure on our ED departments



Emergency Departments (ED) in BSW are under enormous pressure.

Around 30% of BSW people attending ED wait longer than 4 hours.

Modelling shows that demographic changes alone would lead to an additional 360 attendances per week at BSW Acute A&E departments - on top of an already stretched system.

This is the equivilent of 51 additional attendances per day, or around 17 extra at each trust ED department.

Basic growth projections taken from BSW Population Cohorts model and UEC model

Bath and North East Somerset,
Swindon and Wiltshire Together

Case for Change Supporting Analysis: Children & Young People

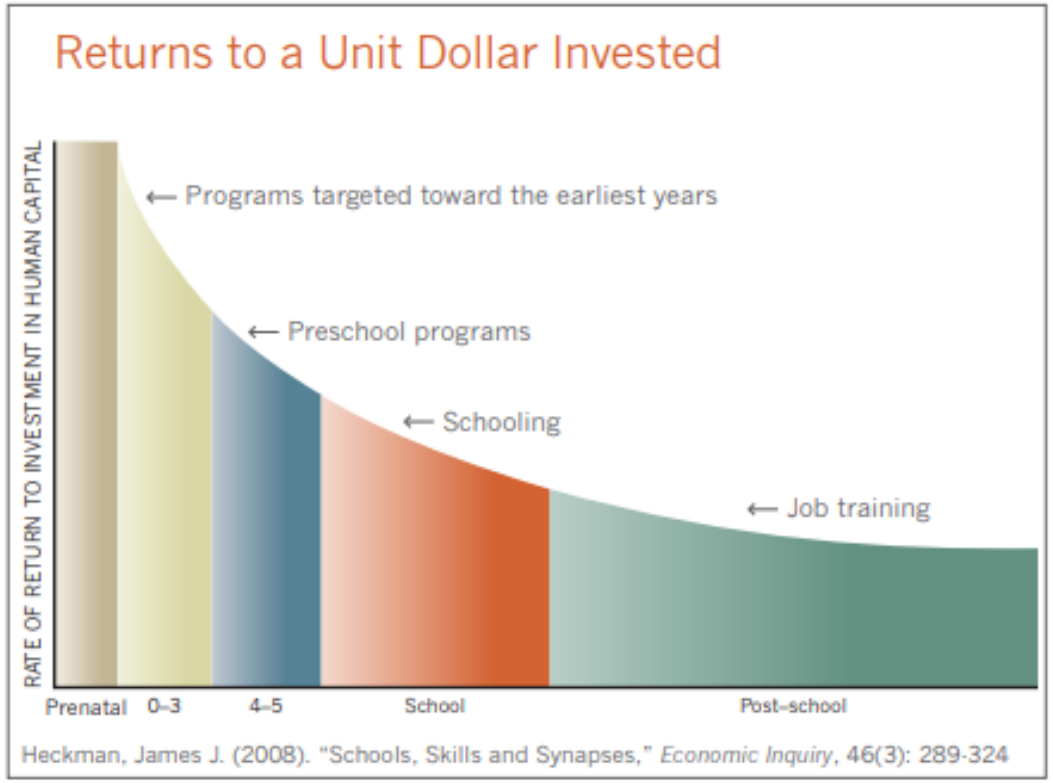
This analysis is intended to highlight, at a high level, the extent and depths of the challenges faced by the BSW health and care system relating to the Children and Young People Population. It aims to describe why the system needs to change to meet the expected future needs of the population.

The information included is not for operational use and is deliberately summary in nature.

BSW Case for Change – Exec Summary

- The BSW population is projected to grow by 6% over the next 15 years, meaning there'll be an extra 60,000 BSW residents by 2038.
- In BSW, CYP aged 0-25 account for 29.5% of our total population. BSW has a large population currently aged 12-18, and those reaching adulthood in the next 5 years are those of the Covid generation, with evidence suggesting substantial impact to their mental health and wellbeing. As this group reaches adulthood, it's likely to put increasing pressure on services in BSW over the coming decade.
- Circa 25k CYP in BSW have at least 1 LTC and of those, 2,643 have 2 and a further 496 have 3. A large segment of this cohort will have significant health needs which are likely to become increasingly complex. Compared to adults living with major conditions, children and young people have a much longer life span compared to the adult population.
- The likelihood of a person being in the most deprived 20% of the population ('Core20') decreases with age, meaning CYP are more likely to be deprived than adults of working age or over 65s. CYP with major conditions are then more likely still than their peers to be in the most deprived group.
- On average, for CYP there was a relative 10% increase in risk of death between each decile of increasing deprivation (as defined by the Indices of Multiple Deprivation (IMD)). The cost-of-living crisis will push more families into poverty, which is likely to exacerbate existing inequalities for children and young people.
- Mental health conditions have become more common among children and young people. Among those aged 6 to 16 in England, one in six had a probable mental health condition in 2021, up from one in nine in 2017. Current figures are especially concerning for adolescent girls aged between 17 and 19: one in four had a probable mental health condition in 2021.
- Many services for Children and Young People are under extreme pressure, with growing demand post-Covid and long waiting times. Improving the health of our CYP population now will make a difference for future health and use of services.
- Approximately 33% of children in 2021/22 were either overweight or obese, a measure which deteriorates across the Primary School Years. The 2021/22 increase in numbers and prevalence is particularly stark among those classified as severely obese.
- Covid has had a significant impact. 83% of young people with mental health needs agree that the Covid-19 pandemic has made their mental health worse. Persistent absence (defined as missing 10% of lessons) has doubled from 8% at primary and 13.7% of secondary school children to 17% and 28%.

Ensuring that babies, children and young people have the chance to live healthy lives will radically improve population health, economic prosperity and value for money for the NHS



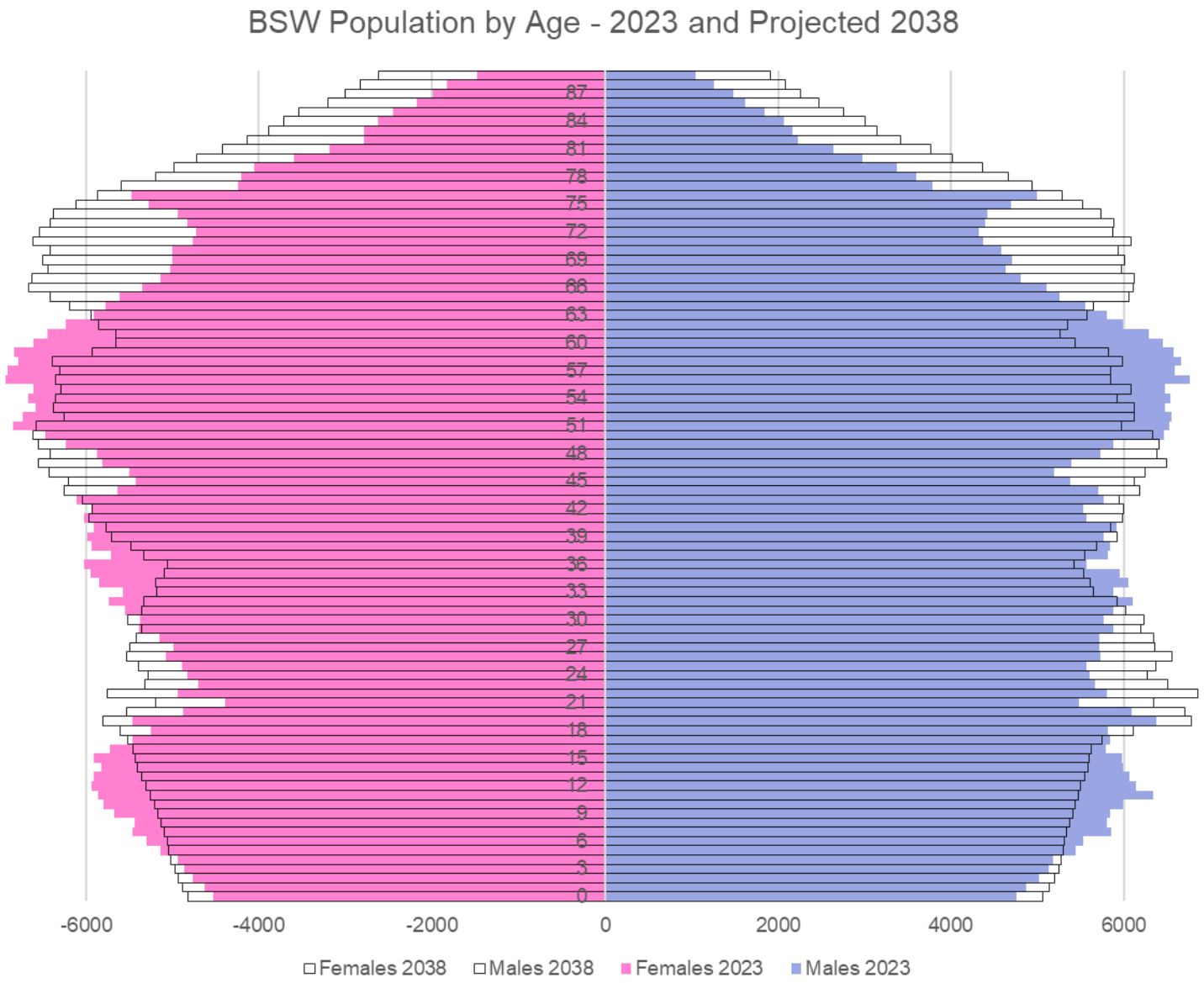
Making greater investments in children's health sets in motion favourable demographic changes, and shows that safeguarding health during childhood is more important than at any other age because poor health during children's early years is likely to permanently impair them over the course of their life.
Investing in children's health: what are the economic benefits? Belli PC, Bustreo F, Preker A.

Level of funding and investment in early years remains below OECD and EU averages. In 2016, Early Intervention Foundation estimated that the national cost of 'late intervention' (the acute, statutory and essential benefits and services that are required when children and young people experience significant difficulties in life that might have been prevented) was £16.6 billion. Investment in the early years, the stage at which the most significant changes can be made to people's long-term outcomes, is the most cost-effective and equity-effective time to invest.
The Marmot Review 10 Years On; Michael Marmot

Data shows that one of the most effective strategies for economic growth is investing in the developmental growth of at-risk young children.
Short-term costs are more than offset by the immediate and long-term benefits through reduction in the need for special education and remediation, better health outcomes, reduced need for social services, lower criminal justice costs and increased self-sufficiency and productivity among families.
A critical time to shape productivity is from birth to age five, when the brain develops rapidly to build the foundation of cognitive and character skills necessary for success in school, health, career and life.
Invest in early childhood development: Reduce deficits, strengthen the economy; James J. Heckman (Henry Schultz Distinguished Service Professor of Economics at The University of Chicago, a Nobel Laureate in Economics and an expert in the economics of human development)

Slide credit: NHS Medium Term Plan Children and Young People 15062023

The BSW population is changing



ONS projects the BSW population to grow from 947k to 1.1m over the next 15 years

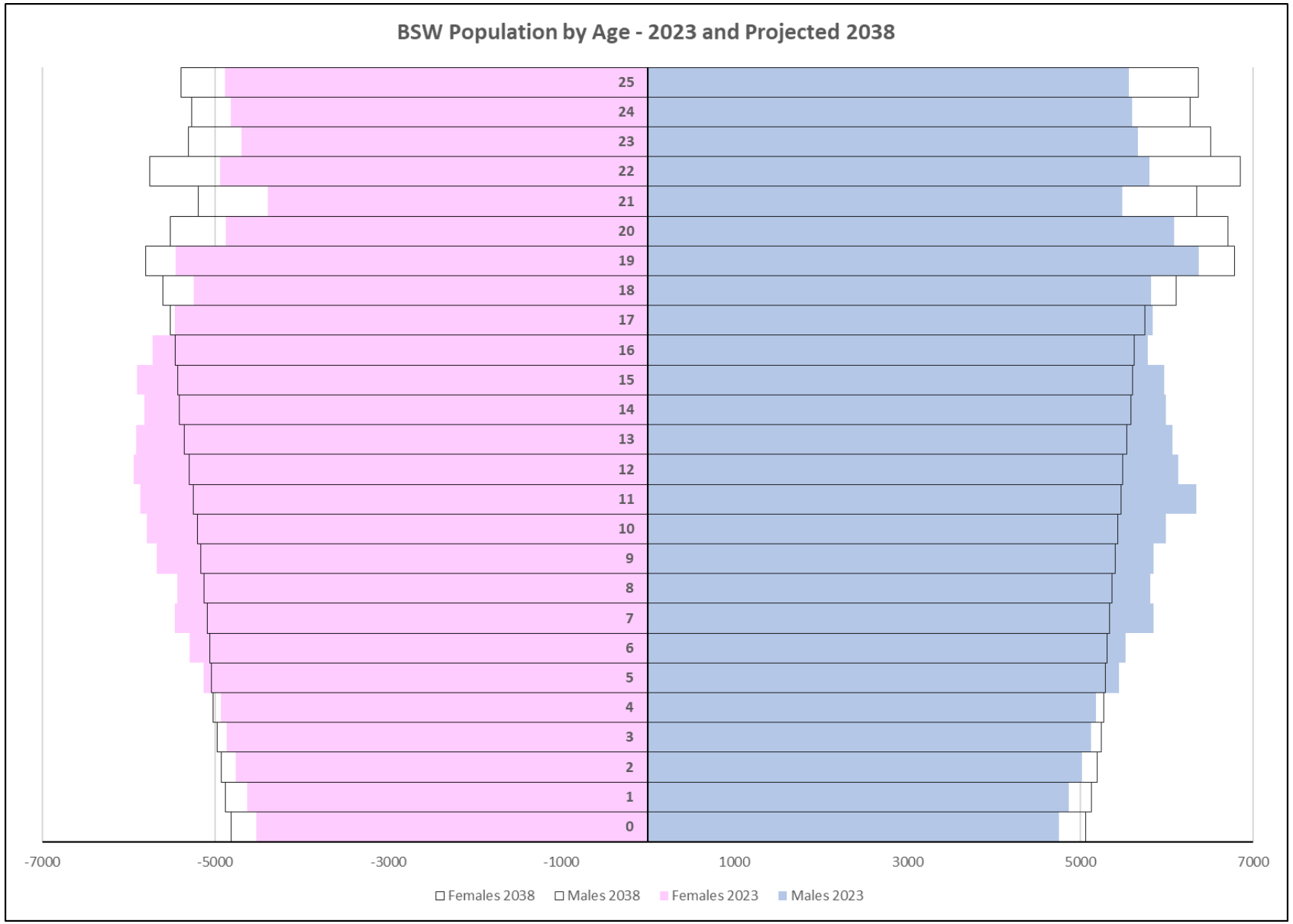
Under the Health and Care Act 2022[1], Integrated Care Boards (ICB) must demonstrate how they will 'address the particular needs of children and young persons under the age of 25'.

In BSW, CYP aged 0-25 are 29.5% of our total population. Babies, children and young people, working age adults and older people all have specific needs and preferences to be considered in our models of prevention and treatment.

BSW children with major conditions, mental health issues, living with excessive weight, learning disabilities and autism, special educational needs and disability are already facing a sense of crisis.

1Health and Care Act 2022

The BSW CYP population



The Children and Young People population (CYP) is defined as those aged 0 to 25 years old.

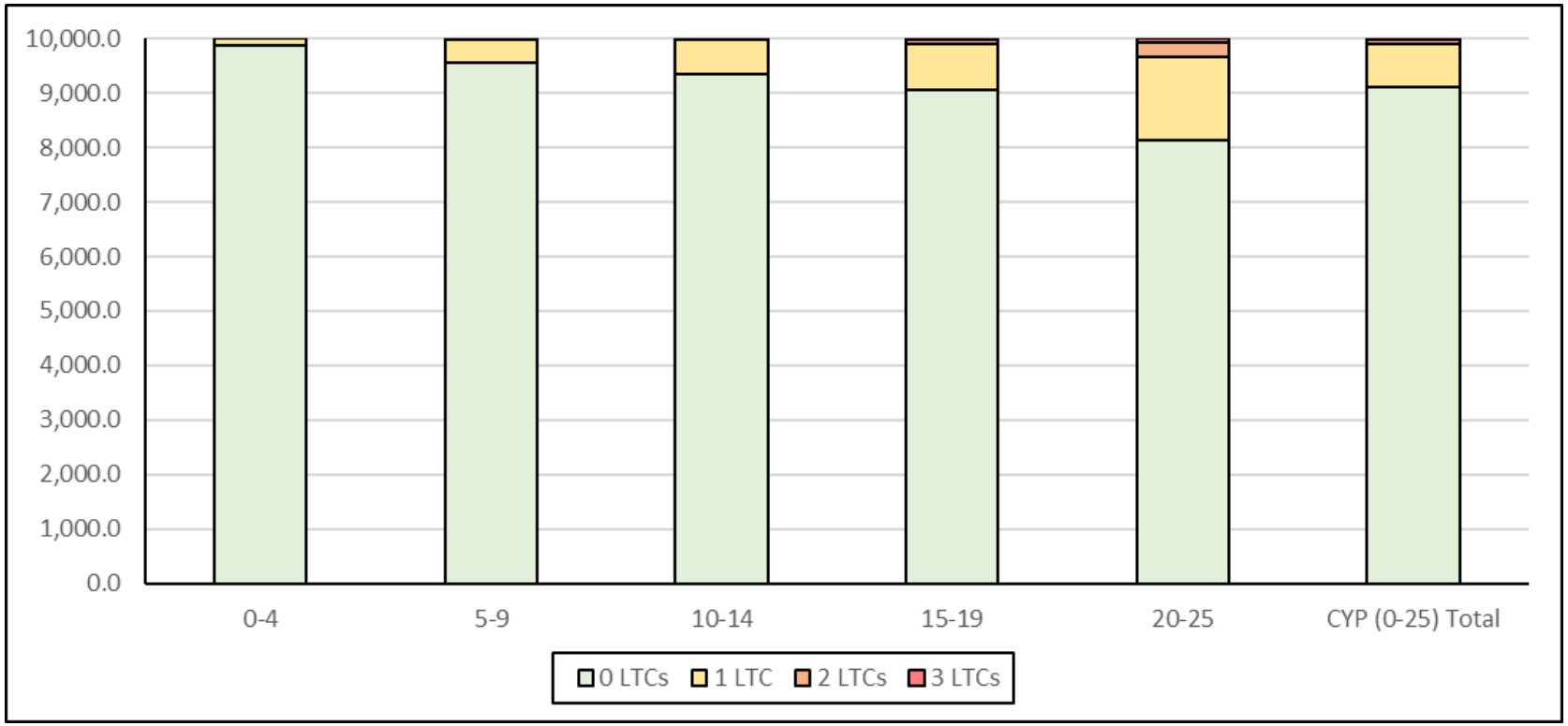
ONS projects the BSW population to grow from 947k to 1.1m over the next 15 years, including growth of 1.7% among the CYP population.

BSW has a large population currently aged 12-18, and those reaching adulthood in the next 5 years are those of the Covid generation, with evidence suggesting substantial impact to their mental health and wellbeing. As this group reaches adulthood, it's likely to put increasing pressure on services in BSW over the coming decade.

The CYP populations in each LA area are reasonably varied, with a large university population in B&NES, the BAME population in Swindon, and the decreasing CYP population in Wiltshire.

The BSW CYP Population and Major Conditions

Number of LTCs	0-4	5-9	10-14	15-19	20-25	CYP (0-25) Total
0	44,425	52,847	56,570	52,262	55,631	**261,735**
1	572	2,444	3,741	4,989	10,473	**22,219**
2	12	60	159	471	1,941	**2,643**
3+		5	6	63	422	**496**



The table opposite details the absolute numbers of each CYP age group in BSW, shown by these populations' number of major, or 'long term' conditions (LTCs).

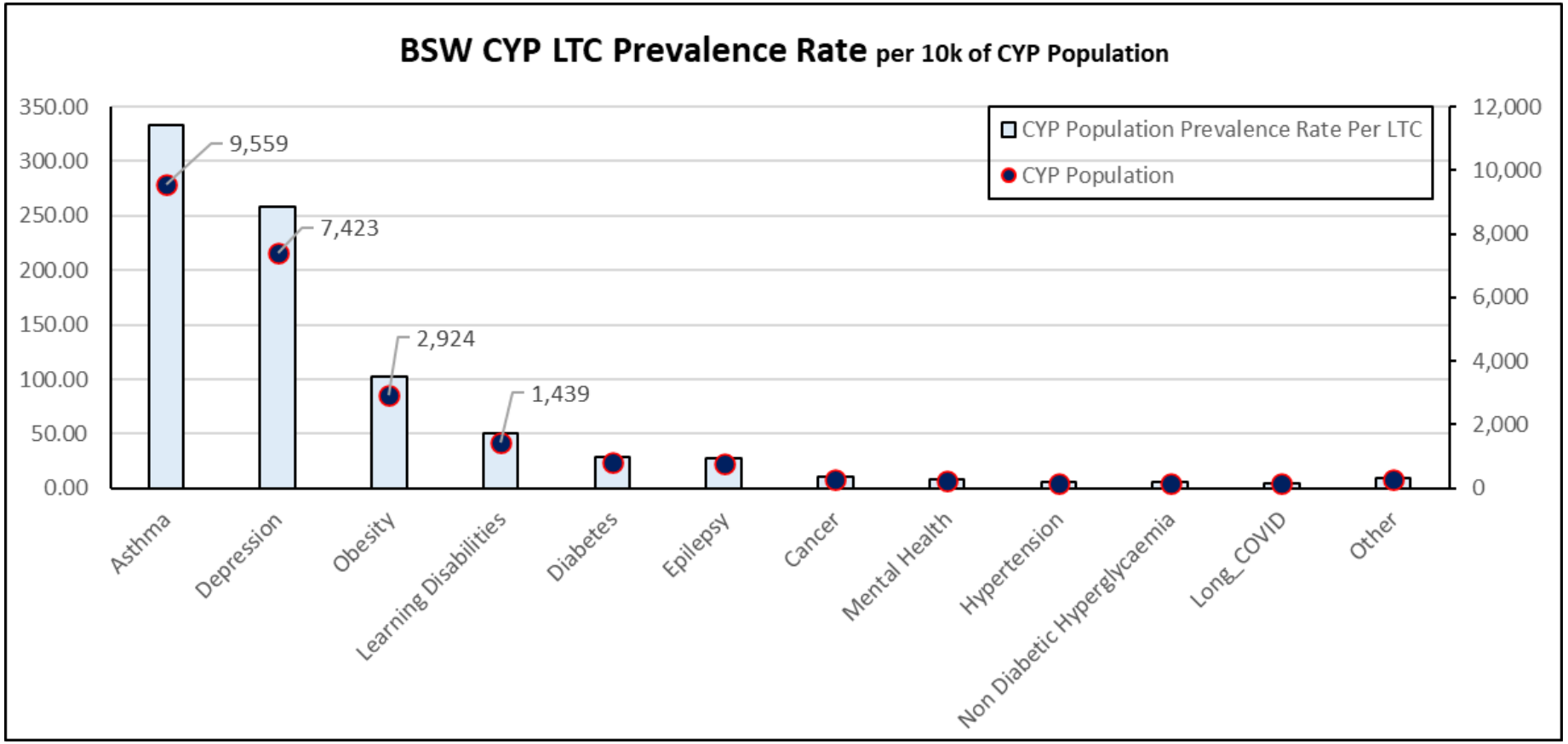
The graph opposite demonstrates the LTC count as a rate per 10k of each age group's population.

Circa 25k CYP in BSW have at least 1 LTC and of those, 2,643 have 2 and a further 496 have 3. A large segment of this cohort will have significant health needs which are likely to become increasingly complex. Compared to adults living with major conditions, children and young people have a much longer life span.

The complex interplay between factors means there are some children that are extremely vulnerable and impacted as a result.

For example, Children Looked After (CLA) and care-experienced young people have an increased likelihood of having a learning disability, autism, higher mental health needs and are more likely to live with excessive weight or obesity[1]. The complications arising from this are compounded further by having a major condition.

A look at specific Long-Term Conditions

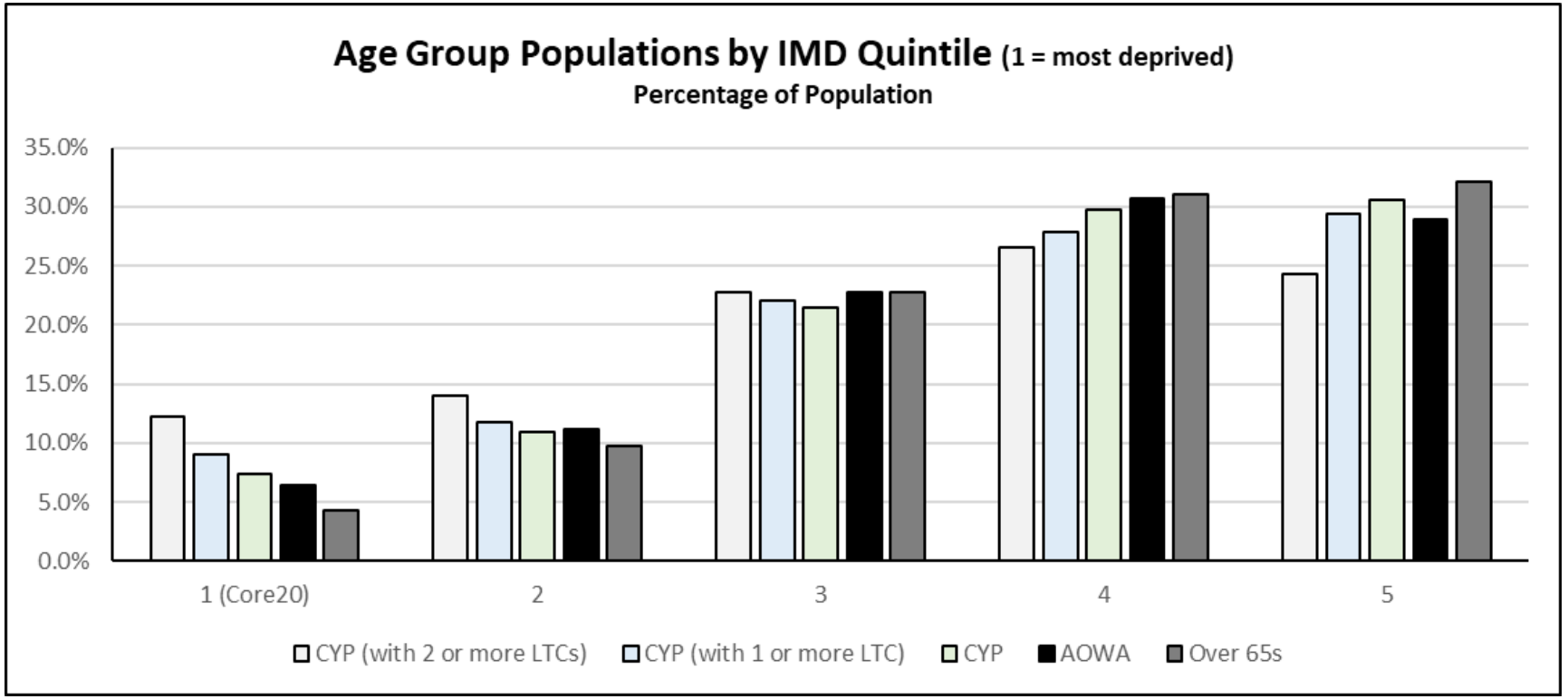


The graph opposite demonstrates the long-term conditions prevalence (selected QOF conditions) and absolute population numbers in BSW.

Among the 0 to 25-year-olds in BSW, Asthma and depression are the most prevalent conditions. For example, there are around 340 with a diagnosis of asthma and 250 with depression per 10k of the population. There are also a significant number living with obesity or with learning disabilities.

Although BSW's prevalence benchmarks relatively well nationally, this is at least partly due to the relative deprivation of the BSW population. Conditions such as asthma, depression, and obesity are strongly linked to deprivation and socio-economic factors, thus creating a health inequality.

The CYP Population and major conditions (LTCs)



The graph opposite demonstrates the link between age and deprivation and highlights the link between health and deprivation among the CYP population.

Using the Indices of Multiple Deprivation (IMD) as the method of defining deprivation, the likelihood of a person being in the most deprived 20% of the population (IMD quintile 1, 'Core20' Population) decreases with age, meaning CYP are more likely to be deprived than adults of working age or over 65s. CYP with major conditions are then more likely still than their peers to be in the most deprived group.

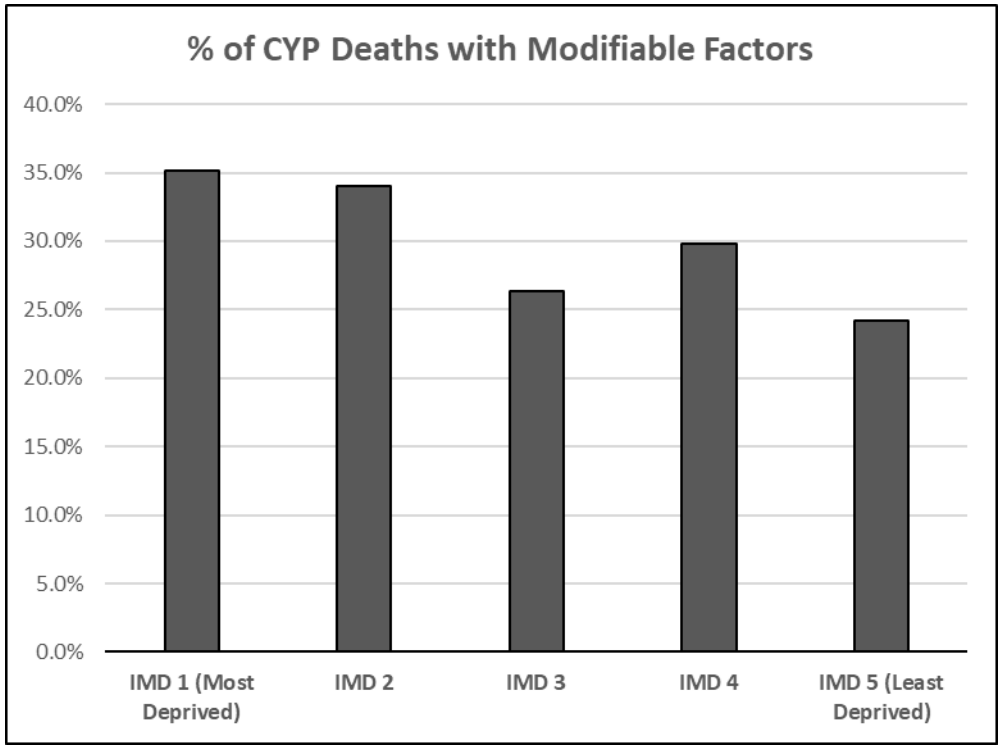
The decreasing bars in IMD categories 1 and 2 demonstrate this, and the increasing bars under IMD categories 4 and 5 reflect the same trend, but reversed – those in the least deprived categories are less likely to be CYP and even less likely to be CYP with major conditions.

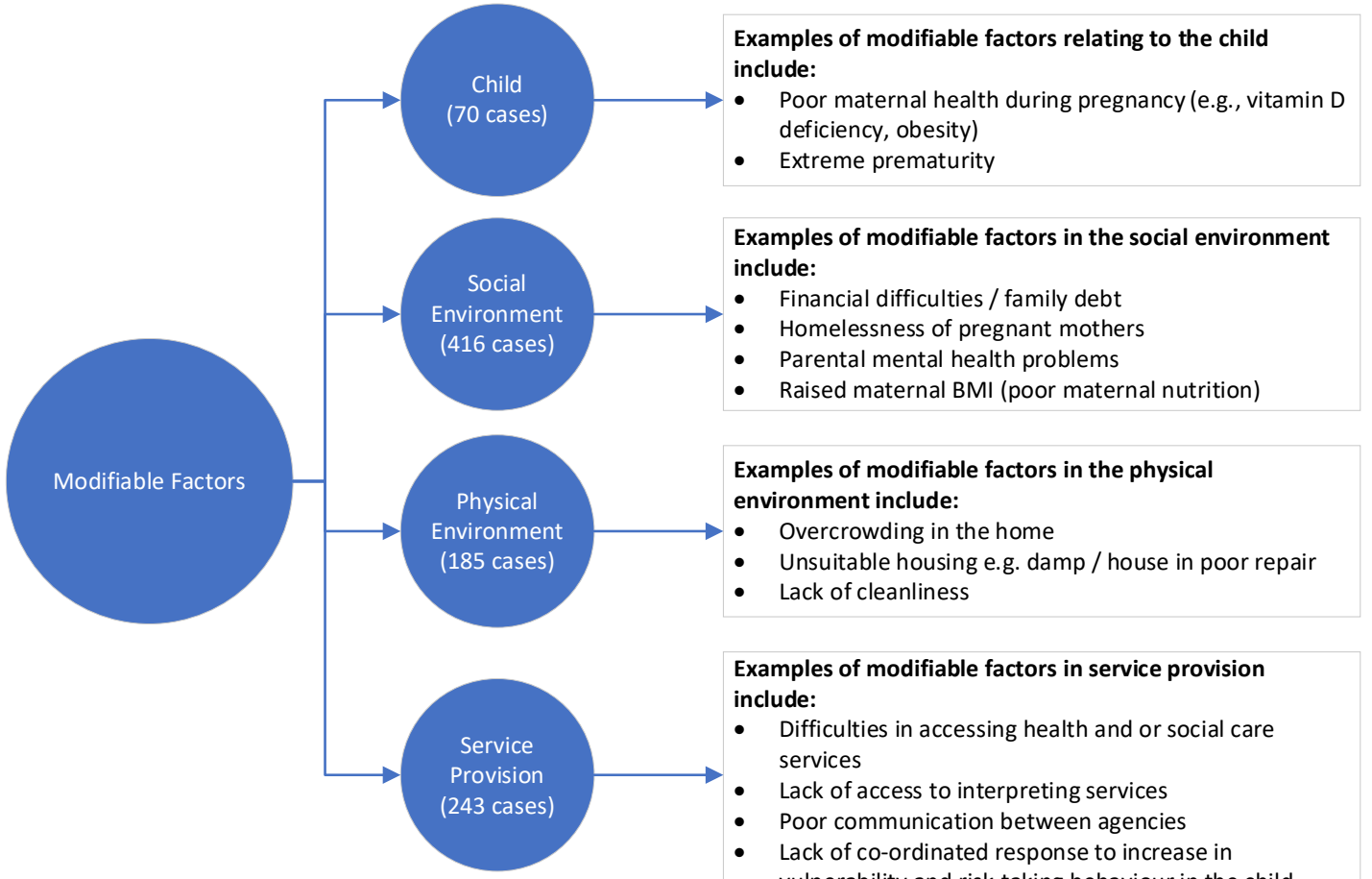
With the exacerbating effects of these inequalities, the needs of these CYP will continue to grow and develop into adulthood. Along with the increasing needs for the 12-18 age group identified (slide 5), we are likely to see a significant increase in complexity and added pressure to BSW services over the next five years.

CYP Mortality and Inequality

The pandemic and cost of living crisis will have long-lasting effects on the health of children and young people. On average, for CYP there was a relative 10% increase in risk of death between each decile of increasing deprivation (as defined by the Indices of Multiple Deprivation (IMD)). The cost-of-living crisis will push more families into poverty, which is likely to exacerbate existing inequalities for children and young people.

This National Child Mortality Database study highlights the link between CYP mortality and 'modifiable factors' linked to deprivation. A modifiable death is defined where there are factors which may have contributed to the death. These factors are defined as those which, by means of nationally or locally achievable interventions, could be modified to reduce the risk of future child deaths. https://www.ncmd.info/publications/child-mortality-social-deprivation/



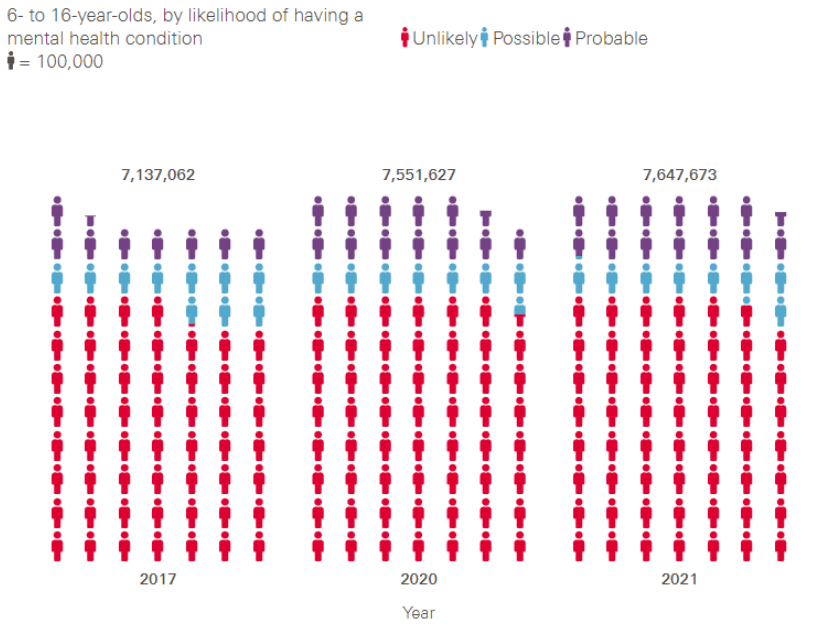


National CYP Mental Health

- Mental health conditions have become more common among children and young people.
- Among those aged 6 to 16 in England, one in six had a probable mental health condition in 2021, up from one in nine in 2017. Current figures are especially concerning for adolescent girls aged between 17 and 19: one in four had a probable mental health condition in 2021.
- This rise in prevalence since 2017 corresponds to an additional 500,000 young people between 6 and 16 with a probable mental health condition, who may need support from children and young people's mental health services (CYPMHS).
- The underlying causes are complex, but increased recognition of mental health issues, social isolation and disruptions to home and school routines during the pandemic likely played a role.
- After schools closed due to COVID-19 and ways of accessing GPs changed, new referrals to CYPMHS fell sharply (by 35% in April 2020 compared with the year before). However, about a year later, these reached a new high of 100,000 per month.
- In 2021, 24% more patients were in contact with CYPMHS compared with 2020, and 44% more than in 2019 (based on the January to September period). This includes patients waiting to be seen, suggesting CYPMHS may be struggling to meet demand.

60% more young people have a probable mental health condition in 2021 compared to 2017

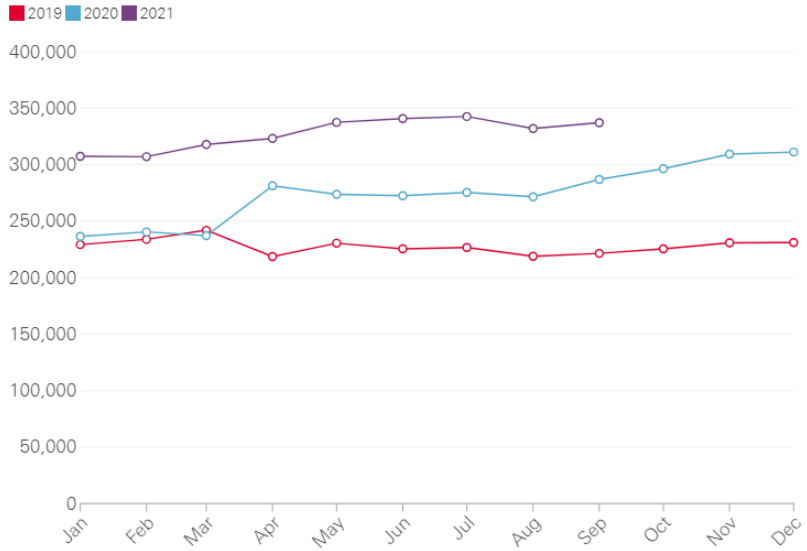
6–16-year-olds in England



Source: NHS Digital: Mental Health of Children and Young People in England • Estimates are based on nationally representative samples and population figures from the ONS (for 2021, ONS population projections were used)

July 2021 saw highest ever number of children and young people in contact with mental health services. 1/2

The number of people in contact with children and young people's mental health services in England



Source: NHS Digital: Mental Health Services Monthly Statistics • Data for new referrals and first contacts start in April 2019.
We used the following measures from MHSDS monthly statistics: CYP01 (people in contact), MHS32a (new referrals), MHS61a (first contacts).

BSW CYP Mental Health

- **BSW:**

Mental Illness*:* Across BSW, rates of hospital admissions for mental health conditions in those U18 years is consistently higher than national average. Hospital admissions due to mental health conditions in U18 in Wiltshire rose to their highest in 5 years in 2020/21 (~108.2 per 100,000 population).

Self-harm*:* admissions due to self-harm 10-24yo in Wiltshire were also at a 5 year high in 2020/21 (600+; ~751.3 per 100,000 population). In B&NES admissions have been consistently higher than the National average since 2011/12 with 240* in 2020/21. *U18 admissions for alcohol* B&NES currently highest in the South-West. *Core20PLUS5*: Wiltshire is a large, rural area and rurality is identified as a 'PLUS' group (for adults) due to the difficulties in accessing appropriate services.

- **B&NES:**

Mental illness. The Mental Health of Children and Young People (MHCYP) national survey found rates of probable mental disorder in 6–19-year-olds increased between 2017 and 2021 from one in nine (11.6%) to one in six (17.4%) in 6–16-year-olds and from one in ten (10.1%) to one in six (17.4%) in 17–19-year-olds. This would give an estimated 5,750 children and young people with a probable mental disorder in B&NES. Rates of hospital admissions for mental health conditions in those under 18 years is higher than the national rate.

Self-harm The rate of hospital admissions as a result of self-harm in 10–24-yearolds have been consistently higher in B&NES than the National average since 2011/12 with 240* admissions in 2020/21. Females consistently have higher rates than Males both nationally and in B&NES with 205* female and 35* male admissions in 2020/21. Female rates in B&NES have generally been significantly worse than the national female rate since 2012/13. The rate of hospital admissions for self-harm is significantly higher in B&NES compared to England.

Deprivation: The rates in a number of wards in B&NES are significantly higher than the national rate, namely: Twerton, Radstock, Moorlands, Westfield, Weston, Keynsham North, Combe Down, Peasedown, Keynsham South and Midsomer Norton Redfield. These areas overlap with our most deprived areas.

- **Swindon:**

Mental Illness: Hospital admissions rate for mental health conditions in 0-17 years old has been on a rising trend since 2013/14, with Swindon and the South-West at much higher levels than England. In 2020-21, rates for Swindon dropped to settle at a lower level than the South-West.

Self-harm: In 2020/21, there were 735 emergency hospital admissions in Swindon for intentional self-harm. This is a higher rate than other areas across the South-West and England (340.7 per 100,000 compared with 249.4 and 181.2 per 100,000 respectively). Trends show that Swindon's rate has been consistently higher than England since 2010/11 with some fluctuations year on year.

- **Wiltshire:**

Mental Illness***:*** Hospital admissions due to mental health conditions in under 18-year-olds in Wiltshire rose to their highest recorded rate for five years in 2020/21 following a period of fluctuation between 2016/17 – 2019/20. In Wiltshire, rates of hospital admissions due to mental health conditions have been notably and consistently higher in young females compared with young males since 2017/18. The gap also looks to be widening with admission rates in young females markedly rising between 2018/19-2020/21. Conversely rates amongst young males have consistently declined over the same time frame. In 2020/21, just over 80% of hospital admissions of this nature involved females compared with just over 50% in 2016/17.

Self-harm: Hospital admissions as a result of self-harm in 10–24-year-olds in Wiltshire rose to their highest rate in five years in 2020/21 following a period of sustained, gradual increase between 2016/17 – 2019/20. In 2020/21, almost 600 hospital admissions were recorded relating to self-harm in 10–24-year-olds in Wiltshire, equivalent to a rate of 751.3 per 100,000 population. This is significantly higher than rates reported in both the South-West as well as England.

BSW CYP Hospital Admissions due to Mental Health

Hospital admissions for mental health conditions (<18 yrs) 2021/22

Crude rate - per 100,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	11,740	99.8	98.0	101.6
South West region	–	1,670	153.6	146.3	161.2
North Somerset	–	115	268.4	219.5	319.6
Somerset Cty	–	200	182.7	160.0	211.9
Devon	–	260	179.3	159.4	203.9
Cornwall	–	185	175.8*	151.4	203.0
Plymouth	–	80	154.9	126.3	197.1
Bath and North East Somerset	–	55	153.8	113.5	197.1
Bournemouth, Christchurch and Poole	–	105	143.2	117.1	173.4
Torbay	–	35	139.0	93.5	188.7
Gloucestershire	–	175	137.6	119.4	161.2
South Gloucestershire	–	80	135.1	105.6	166.2
Dorset	–	85	128.7	100.1	155.8
Swindon	–	65	126.4	99.3	163.3
Bristol	–	115	125.5	105.6	153.1
Wiltshire	–	110	106.6	87.6	128.5
Isles of Scilly	–	-	*	-	-

Mental health problems often start early in life. Half of all mental health problems have been established by the age of 14, rising to 75% by age 24[1]. This is why intervening as early as possible is essential. Nationally and locally, we know that the impact of Covid and the wider social determinants are affecting the health and wellbeing of our young people. We are seeing high and increasing levels of under 18 hospital admissions for mental health conditions, eating disorders, self-harm, and alcohol. This includes Children and young people who display significant emotional and behavioural disturbance resulting in highly dysregulated behaviour characterised by self-harm or harm to others that results in admission and/or placement breakdown. Children Looked After and Care Experienced young people are disproportionately represented in this cohort.

B&NES

Rates of hospital admissions for mental health conditions in those under 18 years is higher than the national rate but has shown reduction in 2020/21 compared to 2018/19 & 2019/20. Admissions increased from 33 in 2016/17 to 50* in 2018/19 and 2019/20, reducing to 40* in 2020/21.

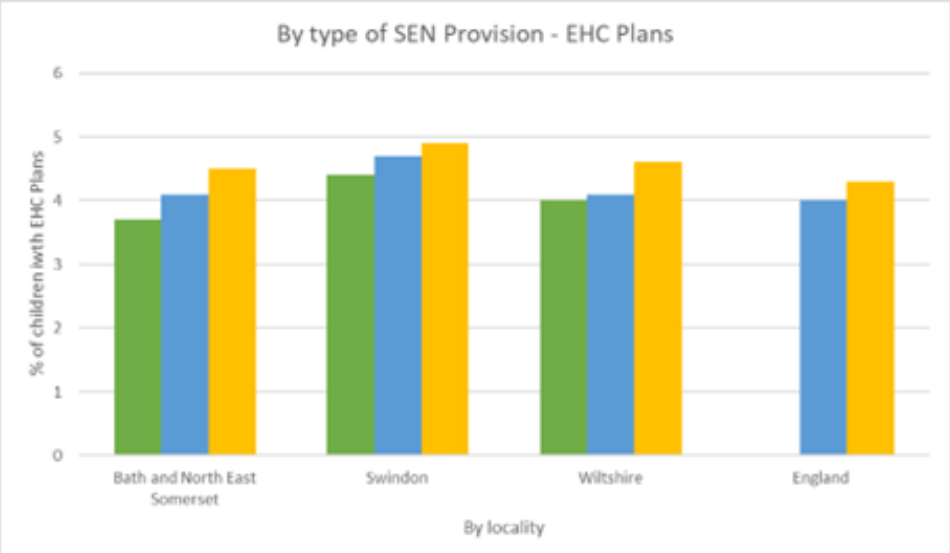
Swindon

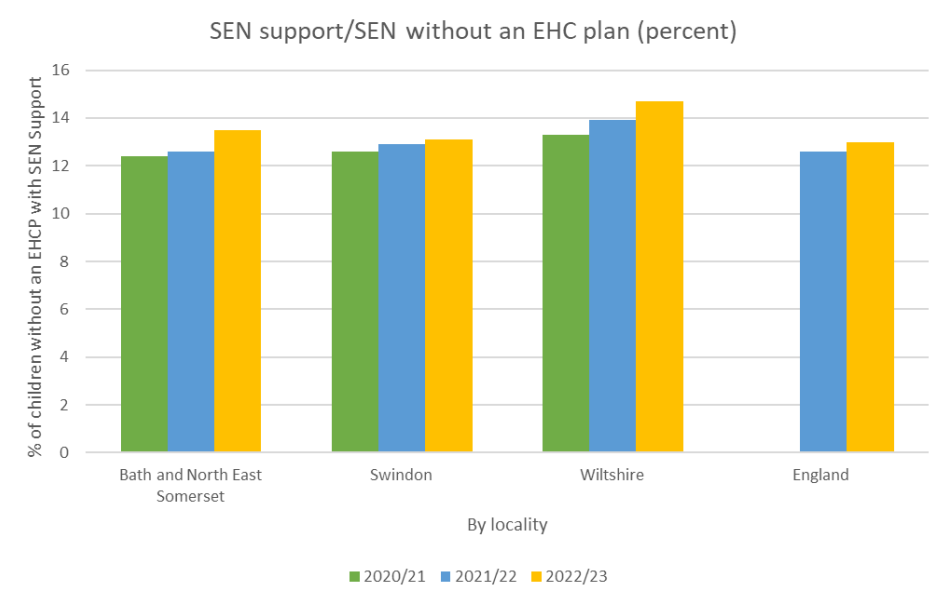
Hospital admissions rate for mental health conditions in 0-17 years old has been on a rising trend since 2013/14, with Swindon and the South-west at higher levels than England. In 2020-21, rates for Swindon dropped to settle at a lower level than the Southwest. Hospital admissions caused by self-harm amongst children and young people have been declining from around 2018/19, although levels in Swindon have been consistently higher than the Southwest and England. Reported levels of high anxiety have risen and are higher than the national average. Rates of hospitalisation are also up and comparatively high, particularly for young women and girls.

Wiltshire

Hospital admissions relating to self-harm in Wiltshire's overall population and the 10–24-year age group have increased annually since 2016/17. In 2020/21, admissions of this type were significantly higher than both the South-west and England. Also, Hospital admissions for 2020/21 caused by unintentional and deliberate injuries has increased and higher than the rates recorded in the South-west, by statistical neighbours and across England in the same year. (Child and Maternal Health - Data - OHID (phe.org.uk))

Special Educational Needs and Disability (SEND)



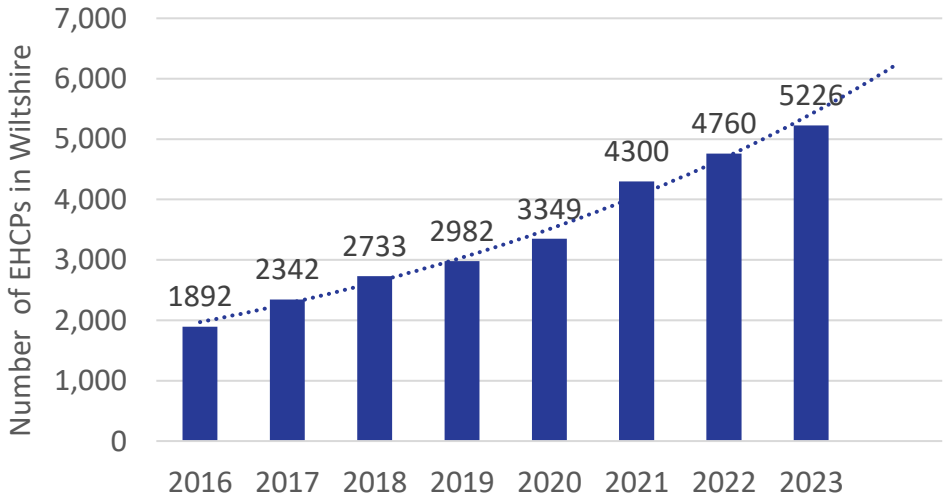


A child or young person has special educational needs and disabilities if they have a learning difficulty and/or a disability that means they need special health and education support, we shorten this to SEND. This includes Autism and neurodiversity.

The BSW footprint is above the national average for children with Education Health and Care Plans (EHCP) and SEN support. Since 2014 there has been a sharp rise in EHCPs following the introduction of the Children and Families Act 2014, figures have steadily risen over the last 6 years. This upward trend is expected to continue across the BSW footprint.

As an example of BSW need, in Wiltshire there were 4760 EHCPs in place in Wiltshire at the end of the 2022 Calendar Year which has increased by 10.7% from the previous year. This represents a rate of 330 EHCPs per 10,000 population compared to 270 across England, 292 for the southwest region and 299 amongst our statistical neighbours.

Current high needs provision in Wiltshire is made up of a combination of special schools, resource bases and enhanced learning provision (ELP). Although Wiltshire has a higher percentage of our learners with an EHCP than national average, it has a significantly lower number of special school places, but when combined with Resource Base and ELP places the amount of specialist provision is a little higher than our statistical neighbours and the national picture.



Learning Disability, Autism and Neurodiversity

It is estimated that **15-20%** of children and young people* in the UK are neurodivergent. https://mentallyhealthyschools.org.uk/risks-and-protective-factors/vulnerable-children/neurodiversity/

Neurodiversity is an umbrella term that encompasses a range of differences in how our brains function. It includes conditions such as **ADHD**, **autism**, **dyslexia,** among others. These conditions are often present from a young age and can have a lasting impact throughout a person's life

BSW has historically had long autism assessment waiting times for children and young people. This mirrors the national position. A revised model of assessment has been implemented in 2022 and is still in a live transformation phase, which is reducing these waits. Co-produced work continues on a new end to end pathway with a focus on need not diagnosis

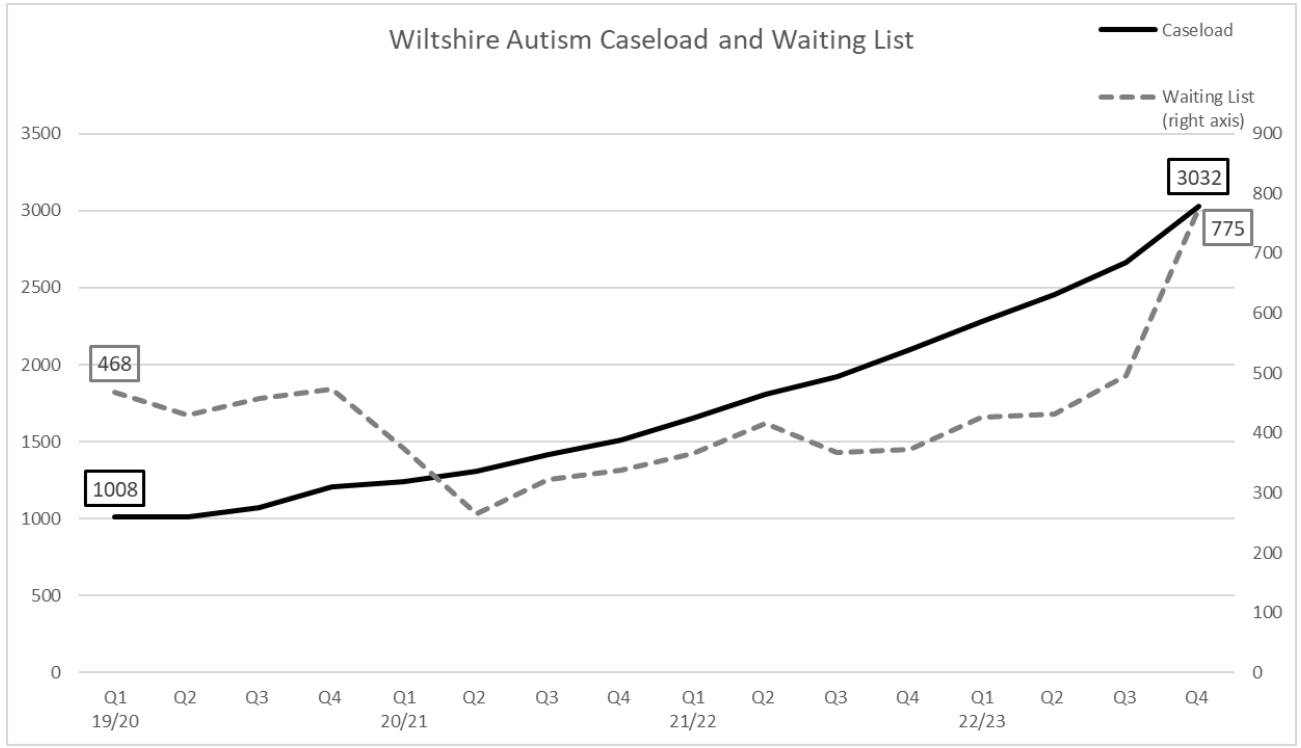
It is estimated that **351,000 children** and young people in the UK have a Learning Disability. https://www.mencap.org.uk/learning-disability-explained/research-and-statistics/children-research-and-statistics

Increasing number of babies born at low gestational age are now surviving, this is leading to increasing numbers of children with life long needs. Some of the long-term health outcomes that preterm babies may experience include behavioural and social-emotional problems, learning difficulties and increased risk of neurodiverse conditions. Source: BMJ.

The need to provide early intervention and prevention support for CYP with LD, A or neurodiversity is well recognised. BSW has mirrored the national picture with an increase in CYP and adults with autism presenting in crisis and requiring inpatient care. Nationally, the keyworker programme has been developed to provide targeted support to CYP, families, carers and supporters and goes lives in BSW Oct 2023

Neurodiversity and Autism

Source: *HRCG's BSW Scorecard*



The needs and demands of our CYP population are growing. Many services are under extreme pressure post-pandemic, and the impact of our care will be carried forward by this group into adulthood.

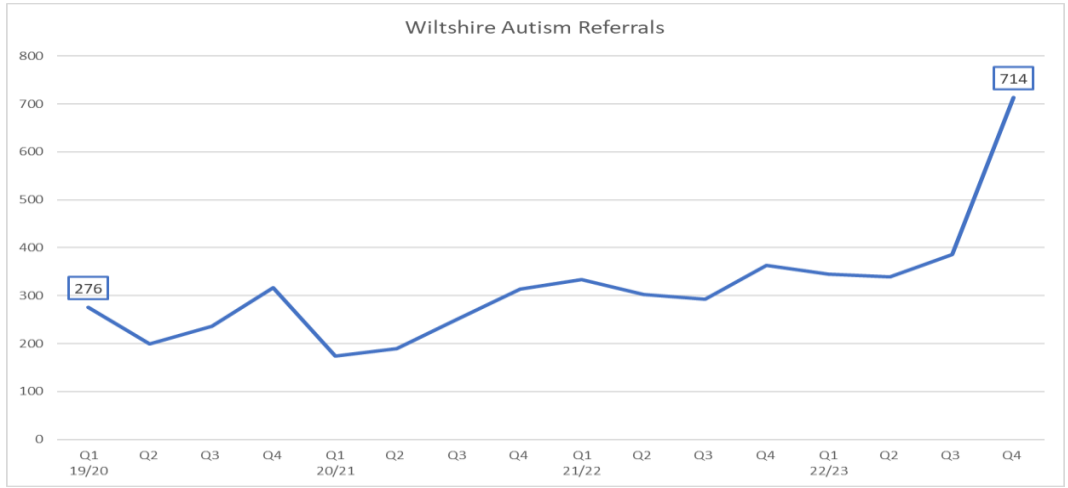
The example shown here is Autism in Wiltshire, however this picture is reflective of wider pressure on CYP services across BSW.

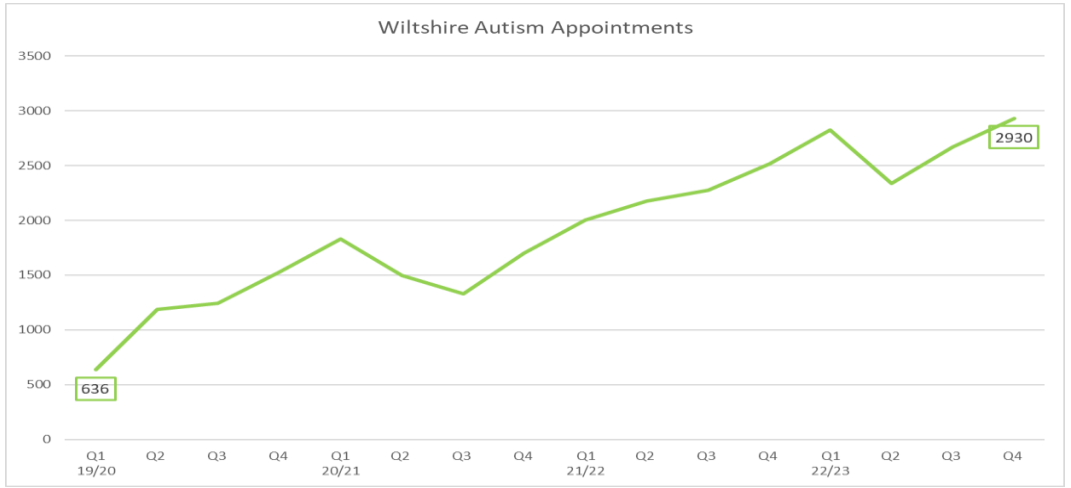
Both the Autism waiting list and caseload have grown significantly in recent years (left). The caseload is triple pre-pandemic levels, and the waiting list has trebled since its low point in 21/22.

Demand for these services is increasing sharply (below left), and despite increases in appointments (below right), waiting lists and times continue to grow. Referrals into the service are increasingly complex. Resources for those most in need is being diluted, and service user anxiety is increasing as a result.

The dedicated Waiting List Initiative service is helping to support with additional capacity for these patients. This services currently provides an additional 500 – 600 contacts per month (across all commissioned patients, not only Wiltshire).

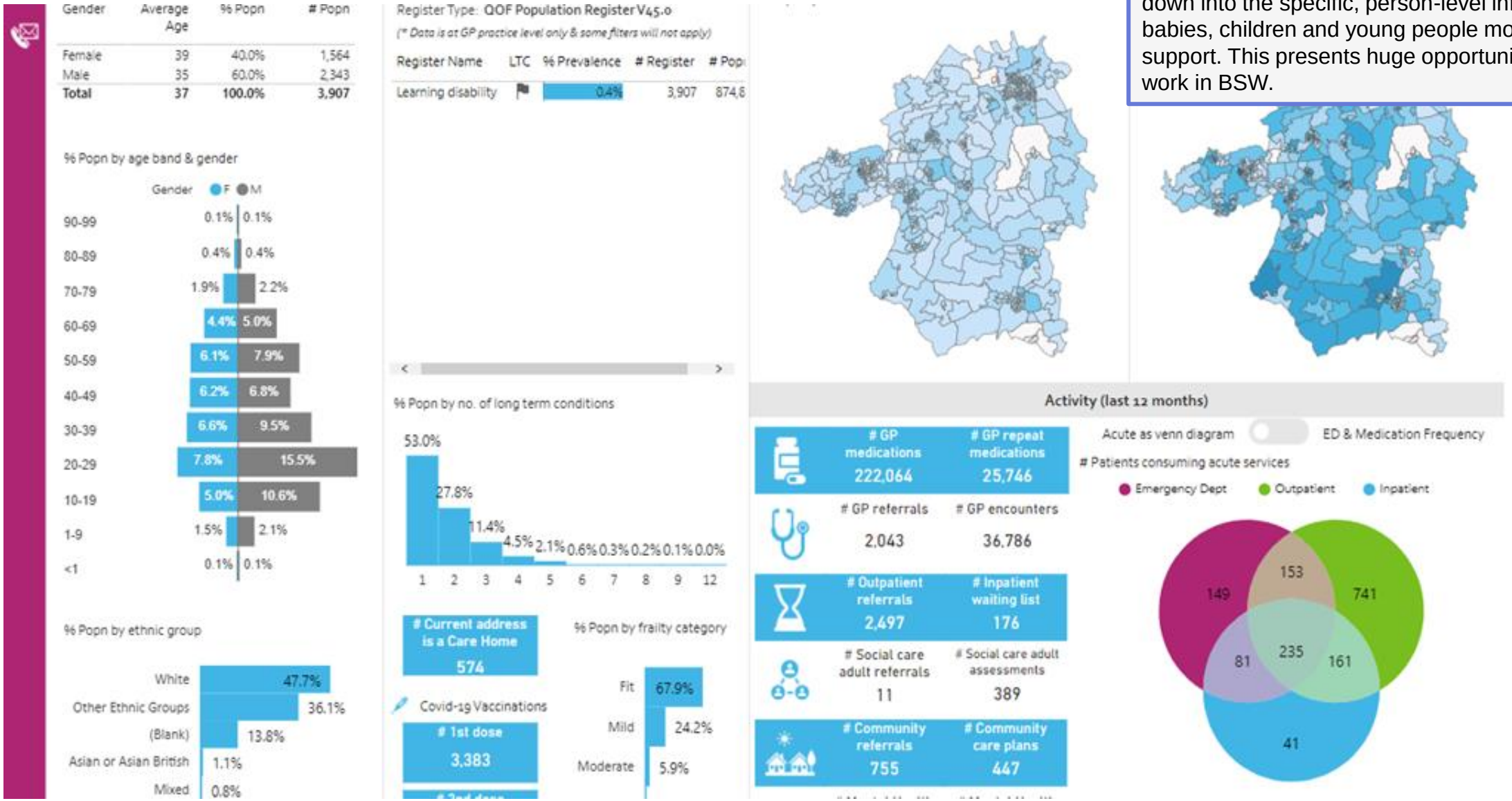
There is opportunity to work differently to address some of these huge challenges, including offers of early help prior to referral to children and their families.





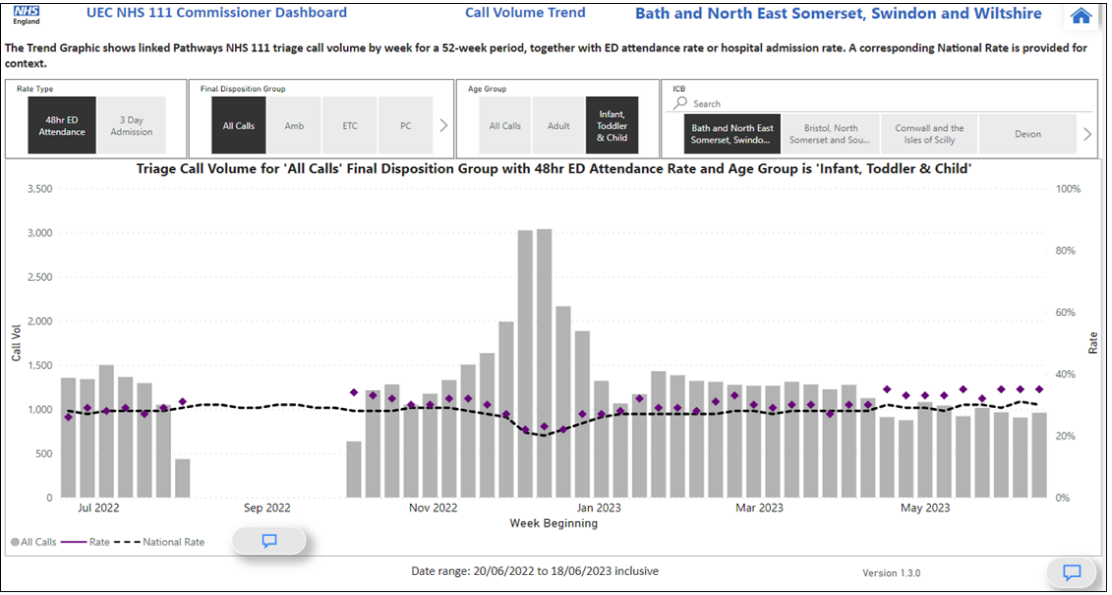
BSW LDA Population Health Management

Our linked data sets now provide us with a better holistic understanding of our CYP population. The tools (like this one) developed within our Integrated Care Record give us the potential to take this high-level insight and drill-down into the specific, person-level information about our babies, children and young people most in need of support. This presents huge opportunity for the way we work in BSW.

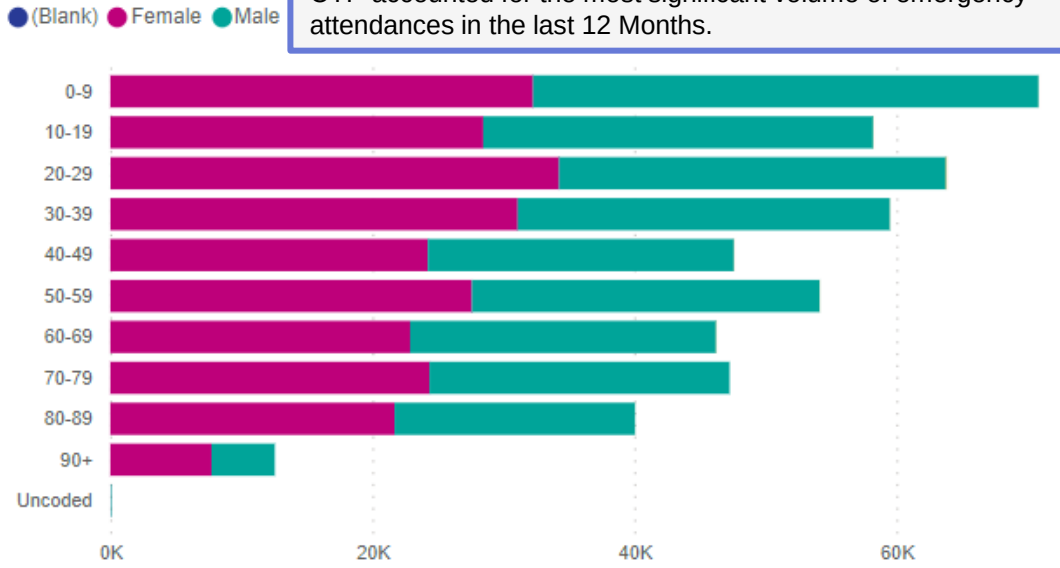


CYP Urgent & Emergency Care

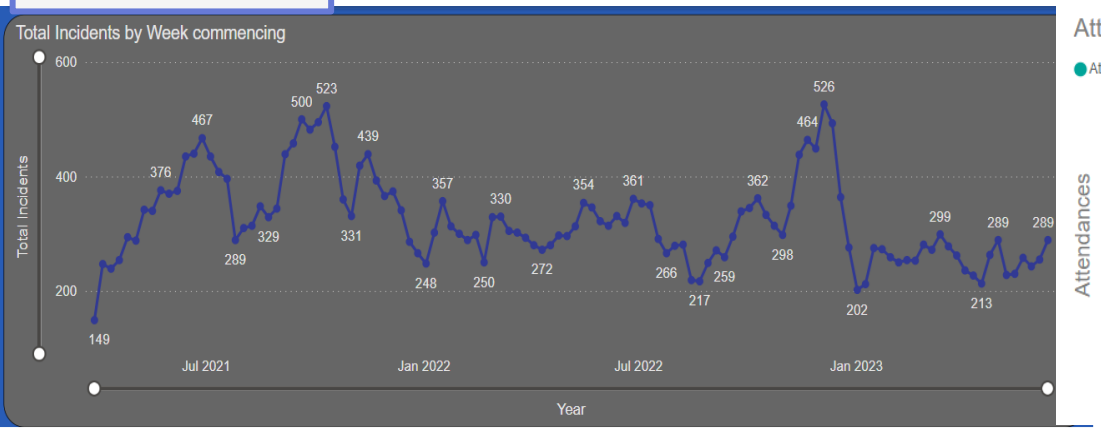
CYP NHS111 Calls



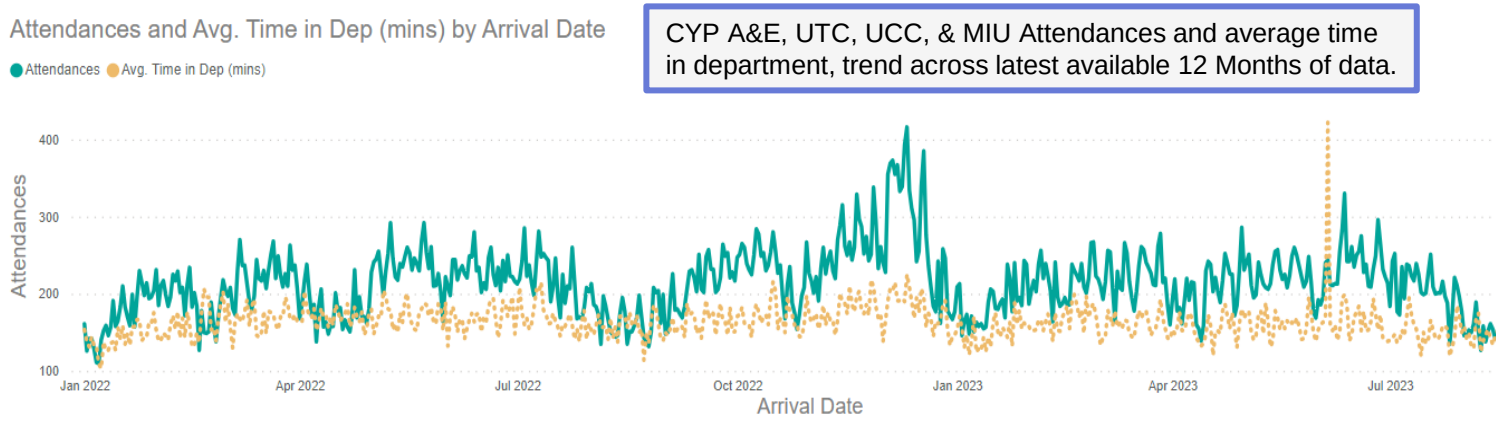
A&E, UTC, UCC, & MIU Attendances, latest available 12 Months of data.
CYP accounted for the most significant volume of emergency attendances in the last 12 Months.



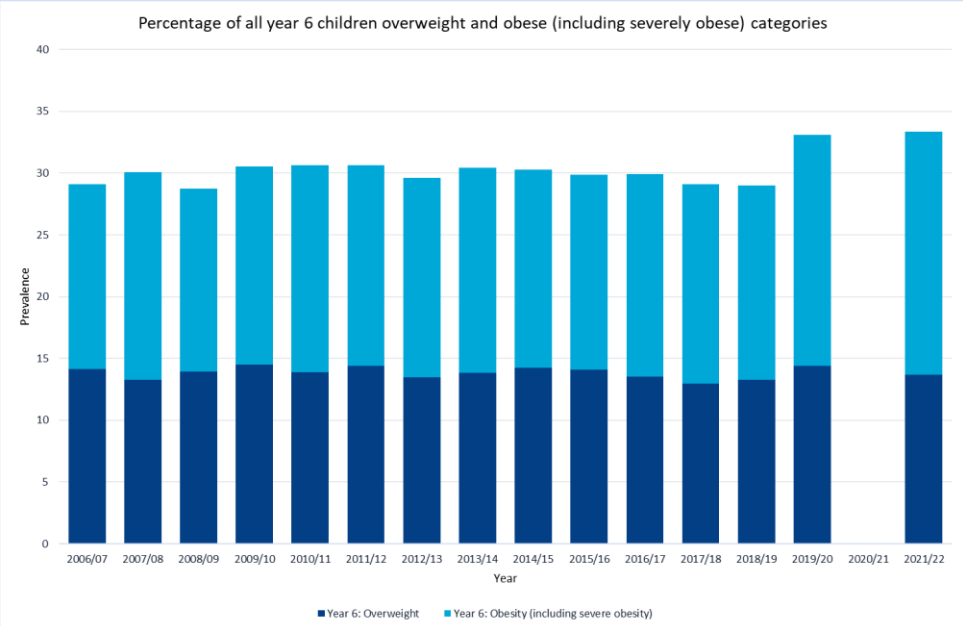
CYP SWAST Incidents



CYP A&E, UTC, UCC, & MIU Attendances and average time in department, trend across latest available 12 Months of data.



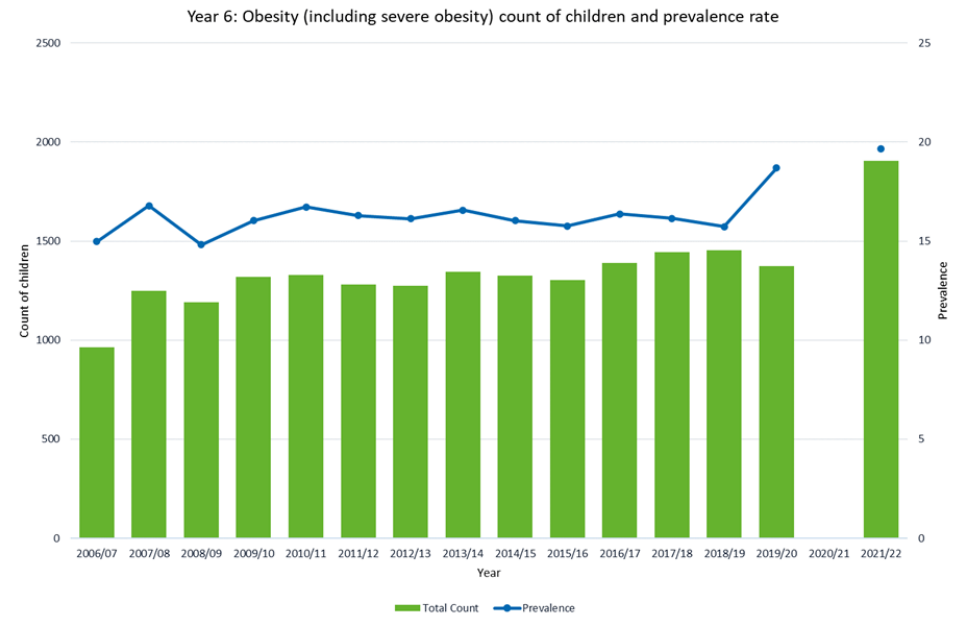
Annual Prevalence of children living with excessive weight and obesity in Year 6

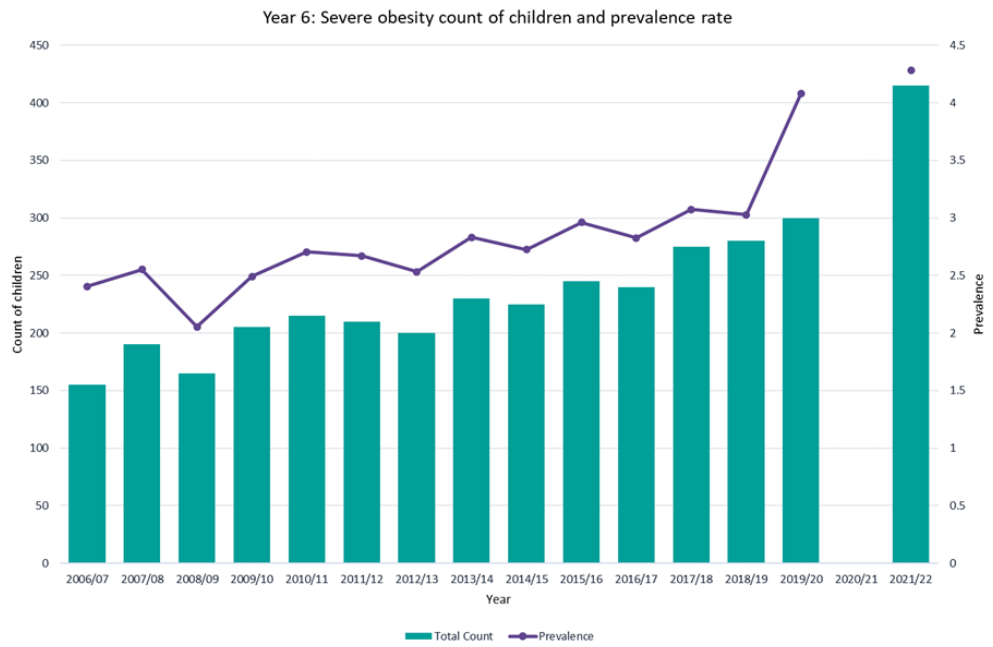


The bar chart shows the prevalence of year 6 children in BSW who are both overweight and obese. The totality of these two bars equates to the overall prevalence. Approximately 33% of children in 2021/22 were either overweight or obese.

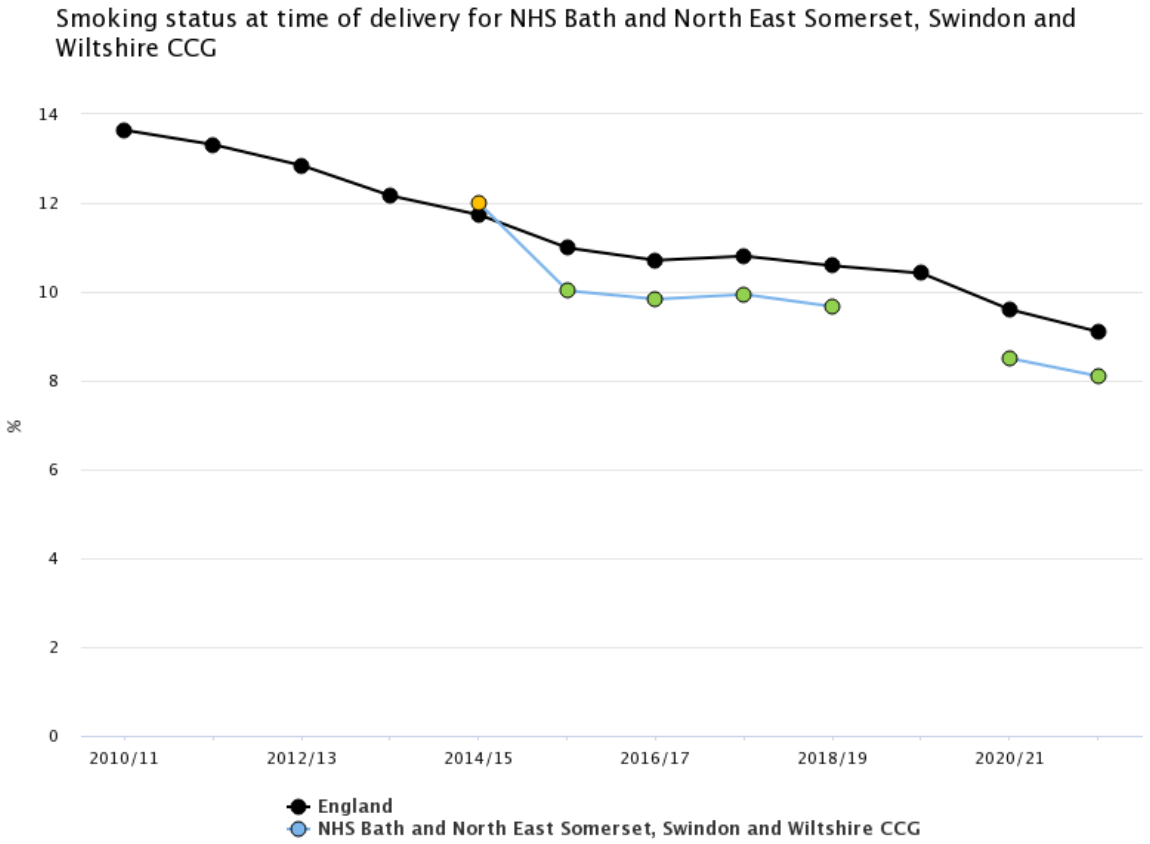
When compared to the latest data for reception aged children, there is a noticeable decrease in the percentage of children who are at a healthy weight, meaning that the position deteriorates across the Primary School Years.
The 2021/22 increase in numbers and prevalence is particularly stark among those classified as severely obese.

Deprivation is a significant factor in the number of those living with obesity among Year 6 children, both in BSW and nationally, and this is even more marked for Year 6 boys.
In Year 6 there is a higher proportion of boys living with obesity than girls.

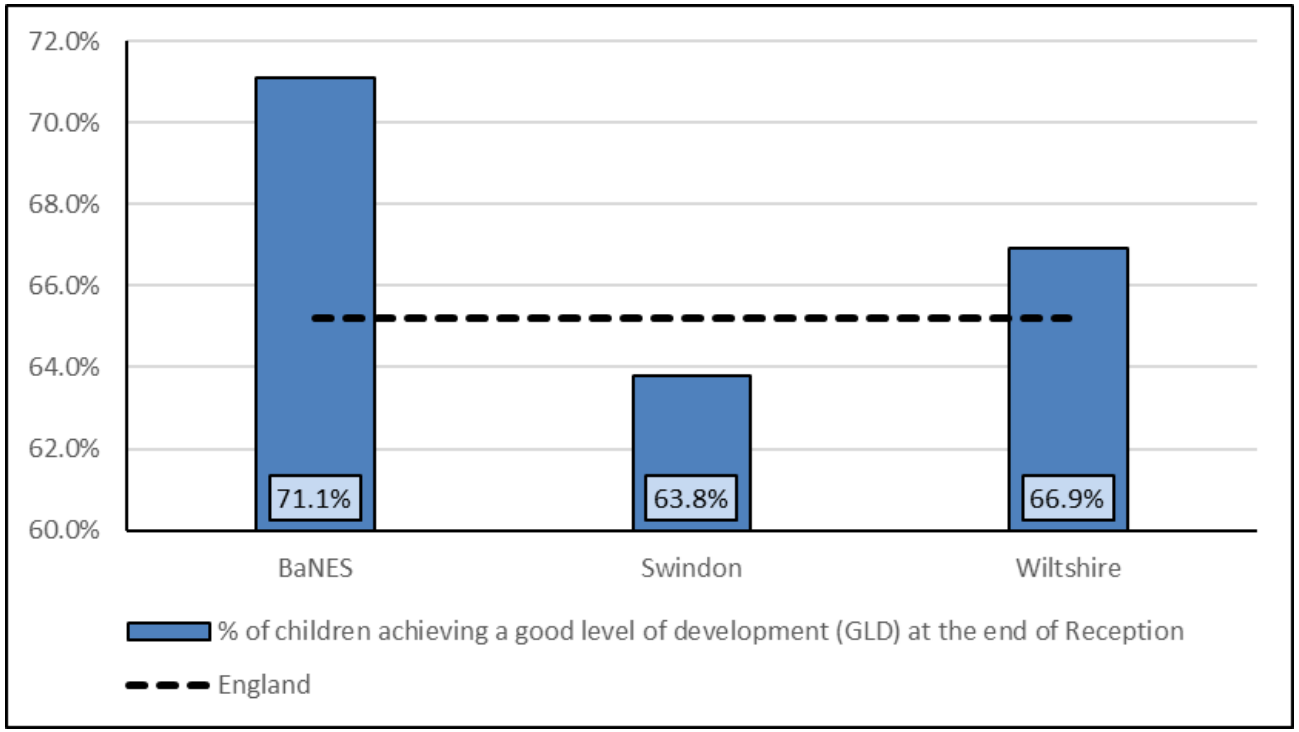




Maternity and Early Years Development



Smoking in pregnancy is also a key indicator due to the link with stillbirths and low birth weight babies, which in turn increases risks for the child longer term, eg cognitive developmental. Although BSW performs better than the national average and the percentage continues to improve, continued focus on this area is key.



Good level of development (GLD) achievement rate is below the England average in Swindon.

Across BSW, the gap between all children and disadvantaged children (FSM) at the end of reception highlights issues that need to be addressed during the earliest years.

Impact of Covid on CYP and “The Covid Generation”

The cost-of-living crisis and Covid have increased poverty figures and levels, affecting CYP and families.

In 2021/22 the national disadvantage gap index increased to their highest levels since 2012 for both KS2 and KS4 suggesting that disruption to learning during the Covid-19 pandemic had a greater impact on disadvantaged pupils.

1 in 6 children aged five to 16 were identified as having a probable mental health problem in July 2020.

Less than 1 in 3 young people with a mental health condition get access to NHS care and treatment.

83% of young people with mental health needs agree that the Covid-19 pandemic has made their mental health worse.

Persistent absence (defined as missing 10% of lessons) has doubled from 8% at primary and 13.7% of secondary school children to 17% and 28% respectively in the most recent year. This is more likely to affect children eligible for school meals, with special educational needs and those from ethnic minority backgrounds.

Neurodivergent and disabled children are missing twice as much school as those who are neurotypical and abled.

Only 53.5% of secondary and a scant 26.6% of primary schools have access to mental health support.

The number of A&E attendances by young people aged 18 or under with a recorded diagnosis of a psychiatric condition more than tripled between 2010 and 2018-19.

Suicide was the leading cause of death for males and females aged between five to 34 in 2019.

Nearly half of 17–19-year-olds with a diagnosable mental health disorder has self-harmed or attempted suicide at some point, rising to 52.7% for young women.

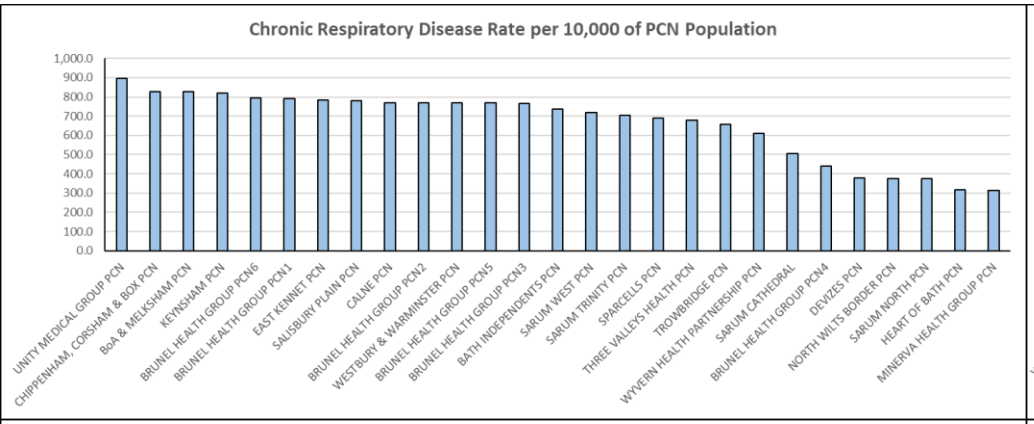
Bath and North East Somerset,
Swindon and Wiltshire Together

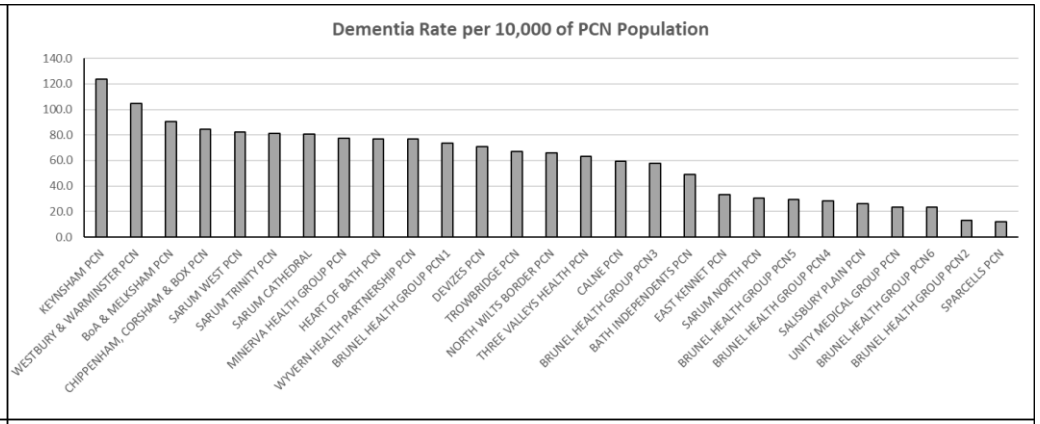
Variation in BSW

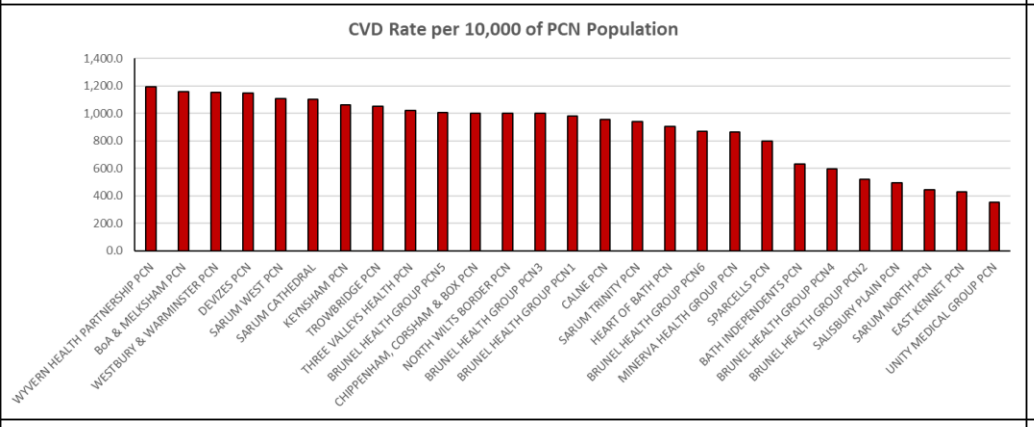
The following analysis builds on the Case for Change, starting to describe variation across BSW in some of the major conditions driving poor health outcomes with a view to supporting how we prioritise and address these together as a system.

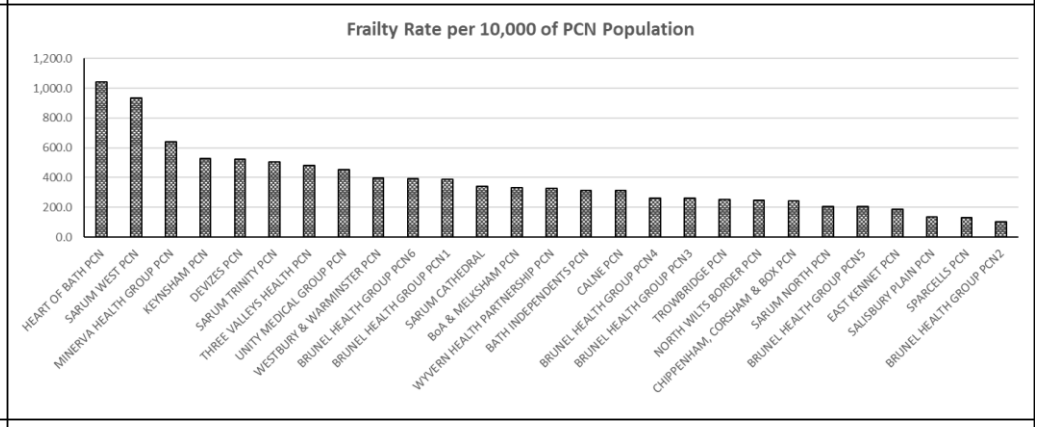
Further analysis will then seek to provide evidence for working differently and, in time, will start to quantify the opportunity and potential benefits for BSW and our populations.

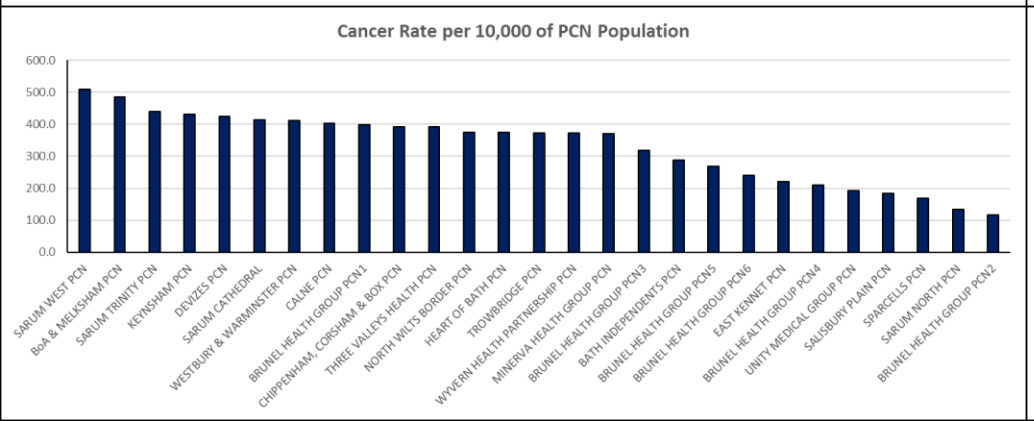
Variation for Major Condition Prevalence

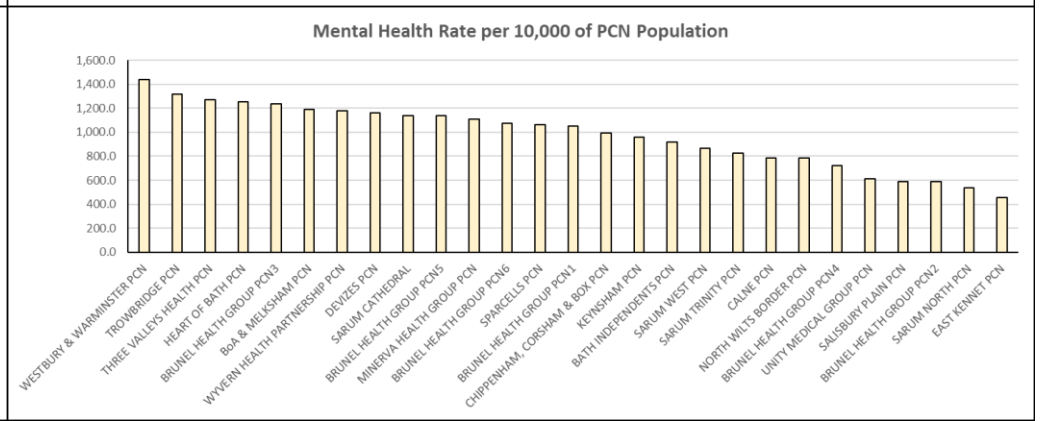










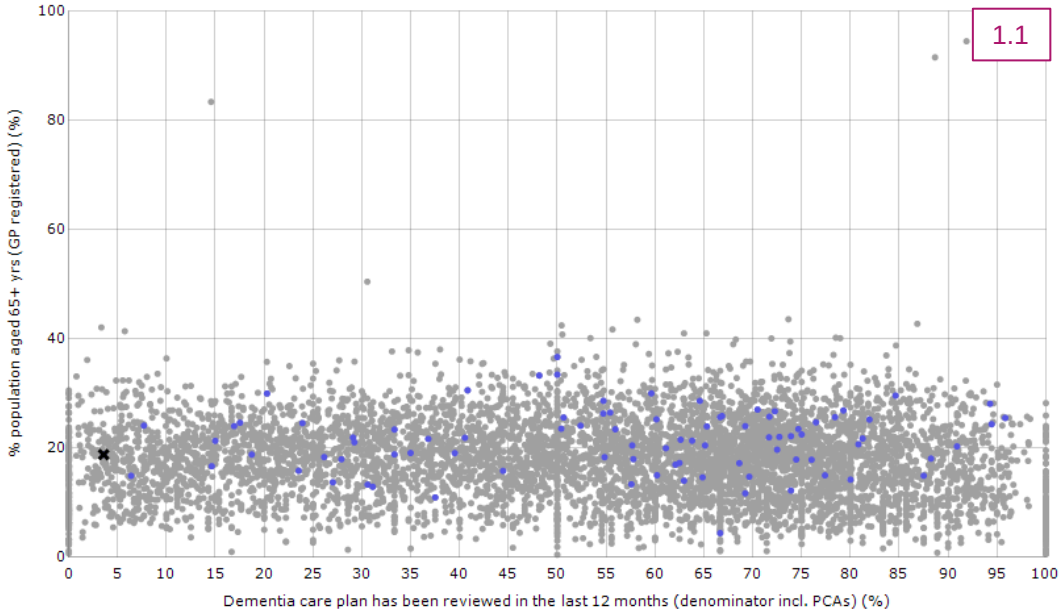


The variation in major condition prevalence across BSW is significant, influenced by the differing population characteristics within PCN populations and smaller geographies. For example, the age profile at certain PCNs is materially younger than others, creating expected variation in certain conditions. The dementia rate at Sparcells is a fraction of the rate among Keynsham's population, for example.

Similarly, variation in relative deprivation is linked to variation in some conditions' prevalence, such as CVD.

Variation of Major Condition Outcomes

1.1



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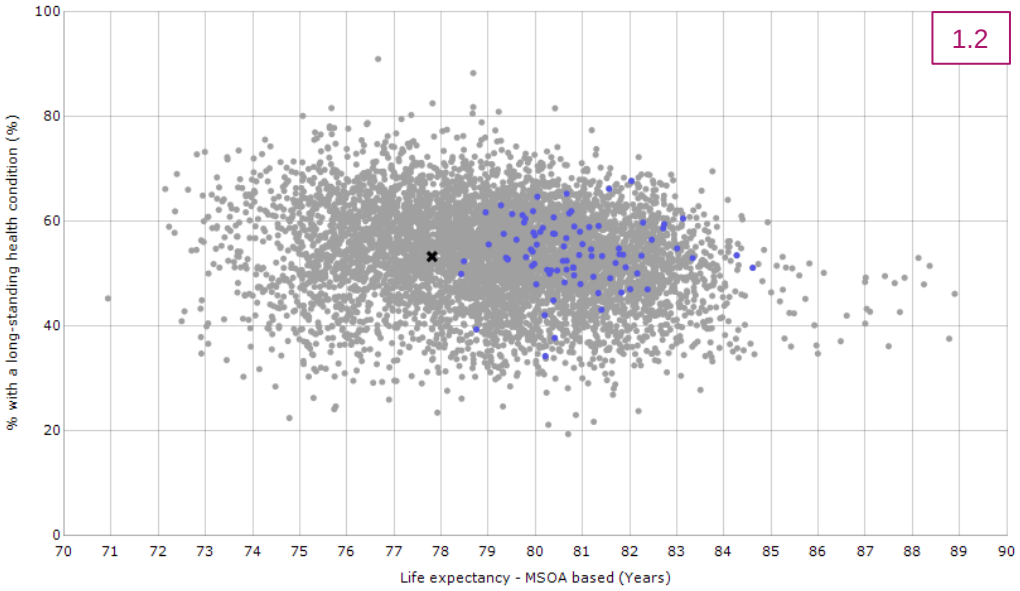

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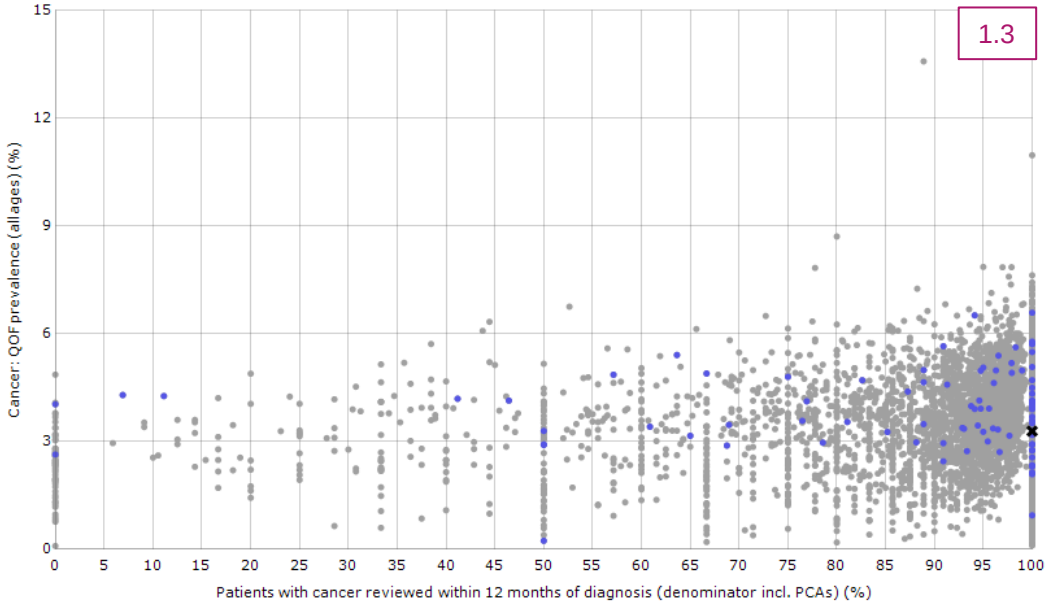

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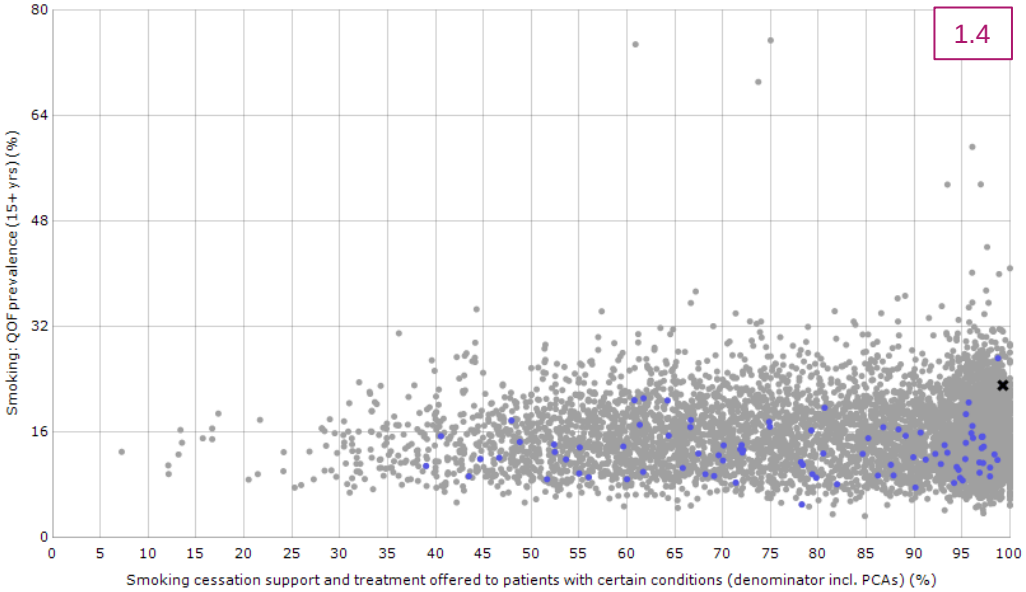


- GP Practices across England
- BSW GP Practices

x Lowest/Highest Performing Practice

1.1) x axis: % of dementia care plans reviewed in the last 12 Months.
y axis: % of population aged 65+.

1.2) x axis: life expectancy in years. Y axis: % of population with an LTC.

1.3) x axis: % of cancer patients reviewed within 12 months of diagnosis. y axis: cancer prevalence.

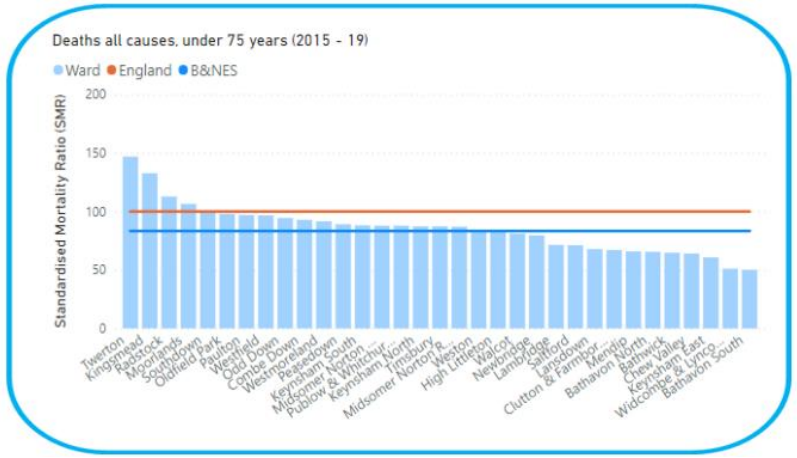
1.4) x axis: % of patients in applicable cohort offered smoking cessation services. y axis: smoking prevalence.

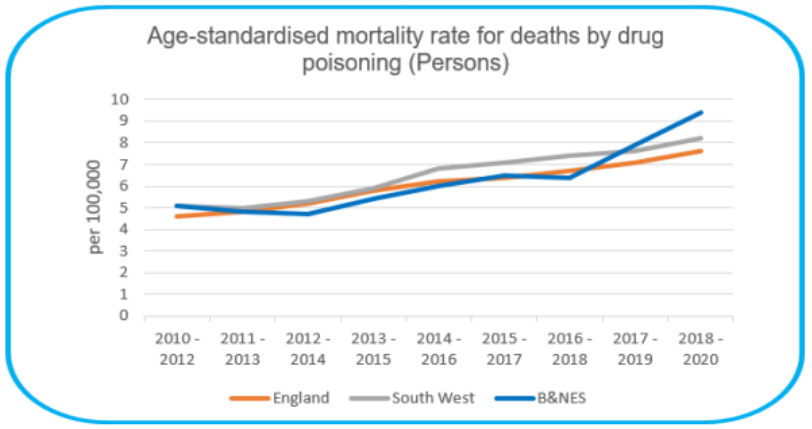
JSNAs: BaNES

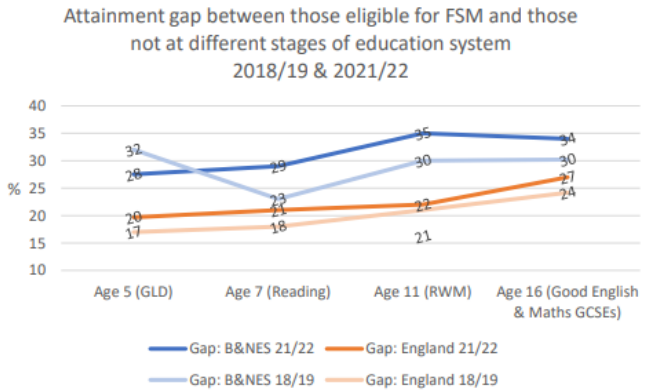
Strategic Evidence Base | Bath and North East Somerset Council (bathnes.gov.uk)
Updated source: (1) https://fingertips.phe.org.uk/profile/mortality-profile/data#page/1/gid/1938133009/pat/6/par/E12000009/ati/401/are/E06000022/yrr/1/cid/4/tbm/1/page-options/car-do-0

Highlights

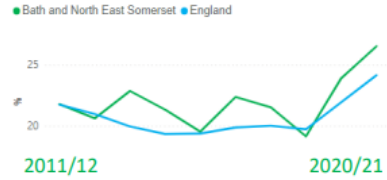
- Most LTC prevalence below the national average.
- **Compared to national, relatively high hospital admission rates** in:
  - u18 MH
  - Alcohol Specific Conditions
  - Eating Disorders
  - Self-harm
- The two main broad causes of premature death are cancer and CVD.
- Higher **premature mortality** rate compared to England for **Injuries to Males** (although the recent rise is linked to a rise in deaths from drug poisoning / misuse, which is significantly higher compared to England).[1] There are higher rates of premature mortality in wards with higher levels of deprivation.
- **Educational attainment gaps** across the school years between Free School Meal pupils and their peers are **higher** in B&NES **compared to national**.







...with signs of worsening mental health.



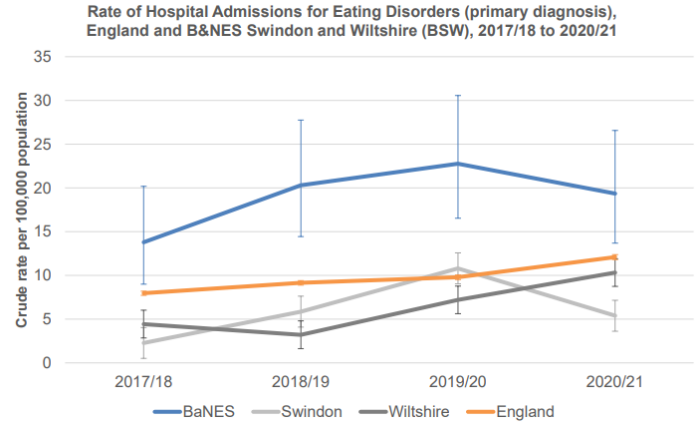
Reported levels of **high anxiety** in the population ↑ and higher than England.

424 children receiving SEND support for **social, emotional and mental health**, ↑ **50%** since 2019.

Rates of **hospitalisation** are ↑ and comparatively high for:

- Under 18 mental health
- Under 18 alcohol conditions
- Eating disorders
- Self-harm

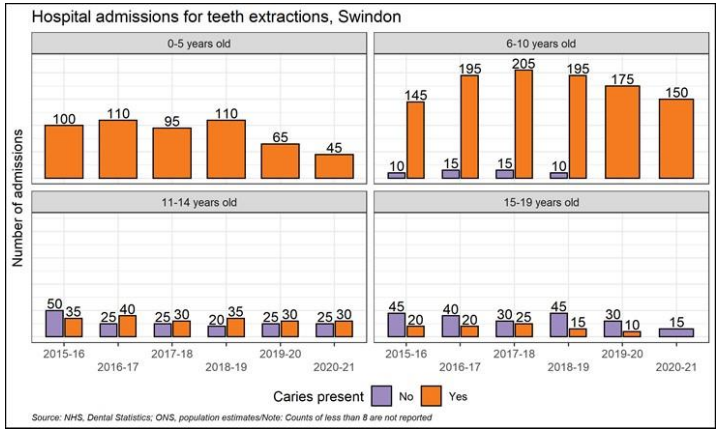
} Particularly for **young women and girls**.

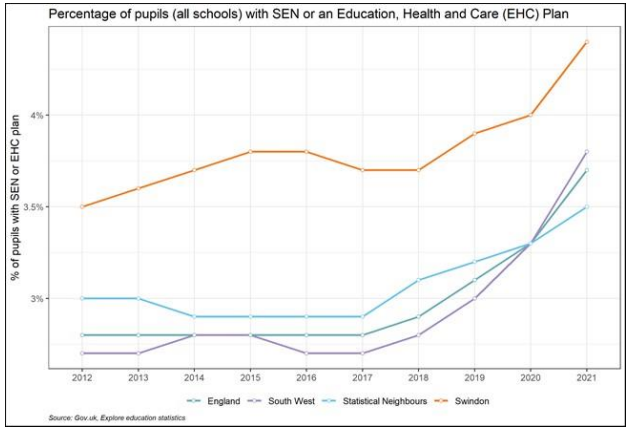


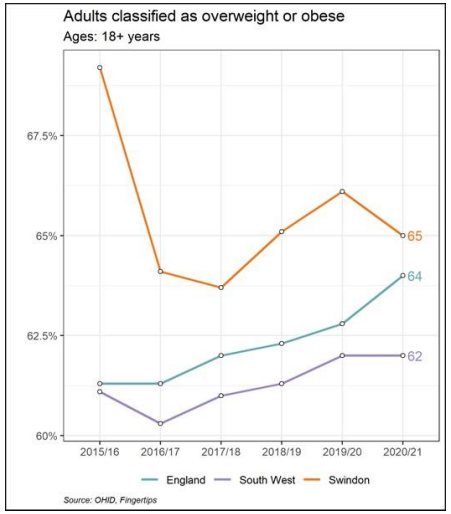
JSNAs: Swindon

Highlights

- High rate of smoking during pregnancy
- Higher rates of social, emotional or mental health needs in children (higher SEND and EHCPs) and adults
- Lower educational attainment for children in reception year
- Self-harm and substance misuse in young people
- Oral health concerns amongst 0-10 year olds
- Major causes of ill health similar to NHS Major Conditions strategy list
- Higher rates of obesity
- Dementia prevalence to increase with ageing population







Most prevalent conditions in Swindon's GP practices (2020/21)

Condition	Age	Prevalence	People	Recent Trend	Comparison with England
Hypertension	All ages	14.2%	35,070	↑	Higher
Depression	18+ years	11.9%	22,766	↑	Lower
Obesity	18+ years	8.7%	16,664	–	Higher
Diabetes	17+ years	7.9%	15,464	↑	Higher
Asthma	6+ years	6.9%	15,832		Higher
Non-Diabetic Hyperglycaemia (NDH)	18+ years	4.0%	7,582		Lower
Chronic Kidney Disease (CKD)	18+ years	3.3%	6,366	–	Lower
Cancer	All ages	2.8%	7,000	↑	Lower
Coronary Heart Disease (CHD)	All ages	2.7%	6,760	–	Lower
Atrial fibrillation (AF)	All ages	1.9%	4,652	↑	Lower
Chronic Obstructive Pulmonary Disease (COPD)	All ages	1.7%	4,299	–	Lower
Stroke	All ages	1.6%	3,917	↑	Lower
Epilepsy	18+ years	0.8%	1,621	–	Similar
Heart Failure	All ages	0.8%	2,009	↑	Lower
Mental Health	All ages	0.8%	1,939	–	Lower
Rheumatoid Arthritis	16+ years	0.7%	1,436	–	Not compared
Osteoporosis	50+ years	0.6%	560	–	Lower
Dementia	All ages	0.5%	1,295	↓	Lower
Learning disability	All ages	0.5%	1,186	–	Lower
HIV*	15+ years	1.6	284	–	Better

*diagnosed prevalence rate per 1,000 population for Swindon UA

Main causes of DALYs in Swindon for 2019 (GBD 2019)

Cause	DALYs	Percentage
Ischemic heart disease	3,873	6.4%
Low back pain	3,342	5.4%
Chronic obstructive pulmonary disease	2,441	4.0%
Tracheal, bronchus, and lung cancer	2,102	3.5%
Depressive disorders	1,956	3.2%
Diabetes mellitus	1,929	3.1%
Stroke	1,858	3.1%
Headache disorders	1,772	2.9%
Lower respiratory infections	1,494	2.5%
Falls	1,461	2.4%

Main causes of YLL and the percentage change in Swindon for both genders and all ages
(Global Burden of Disease Study 2019 (GBD 2019))

Cause	YLL		Percentage Change	Rate		Disease Burden (percentage of total)
	2010	2019	2010 to 2019	2010	2019	2019
Ischemic heart disease	3,567	3,727	4.3%	1,712	1,562	13.0%
Tracheal, bronchus, and lung cancer	1,839	2,070	11.2%	882	868	7.2%
Chronic obstructive pulmonary disease	1,478	1,588	15.9%	641	665	5.5%
Stroke	1,335	1,563	5.5%	709	655	5.5%
Lower respiratory infections	1,220	1,482	17.7%	585	621	5.2%
Colon and rectum cancer	930	1,112	16.4%	446	466	3.9%
Breast cancer	849	928	8.5%	407	389	3.2%
Alzheimer's disease and other dementias	745	907	17.9%	357	380	3.2%
Self-harm	759	770	1.4%	364	323	2.7%
Cirrhosis and other chronic liver diseases	703	760	7.5%	337	319	2.7%

JSNAs: Wiltshire

Highlights

- Projected 87% increase in 85+ population by 2040 (from 2021) = increases in dementia, falls etc
- Admission rates for self-harm in Wiltshire are at their highest level in 5 years.
- Prevalence of common MH disorders rising
- Significant deprivation-linked inequalities in admissions related to alcohol, in levels of smoking and in life expectancy

Population and deprivation: Ageing population

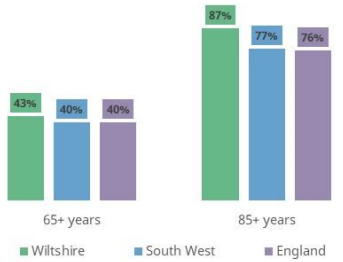
Our **65+ population currently** represents just over a **fifth** of Wiltshire's population, but **by 2040** this age group will make up nearly **a third** of the total population.

The increases expected to be seen in Wiltshire in both the 65+ and 85+ age groups are higher than the expected increases in the South West and England

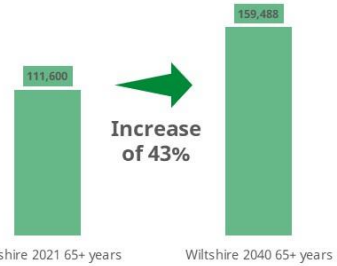
By 2040 in Wiltshire...

- **65+** population expected to have **increased** by ↑ **43%**
- **Under 65+** population expected to have **decreased** by ↓ **3%**
- **85+** population expected to have **increased** by ↑ **87%**

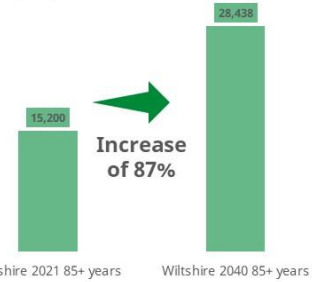
Ageing population: Projected percentage increase in population aged 65+ years and 85+ years from 2021 to 2040
Geographical comparison, 2021 and 2040



Wiltshire population aged 65 years and above: Number of people
Comparing 2021 census data and 2040 projections



Wiltshire population aged 85 years and above: Number of people
Comparing 2021 census data and 2040 projections



Wiltshire Health and Wellbeing JSNA 2022 — Wiltshire Council

Diseases and ill health: Key focus areas

Sensitively promoting healthy behaviours to lower the risk of preventable conditions associated with lifestyle factors. These include:

Hypertension: 15.4% of people in Wiltshire had a recorded diagnosis of hypertension in 2020/21, higher than levels in South West (14.8%) and England (13.9%).

Diabetes: 7.2% of Wiltshire's population aged 17 and over were recorded as having diabetes in 2020/21, similar to the South West (6.9%) as well as England (7.1%)

Coronary heart disease: In 2020/21 3.4% of people in Wiltshire were registered as having coronary heart disease, comparable with regional (3.5%) and national levels (3.0%)

Strokes: 2020/21 prevalence data shows that 2.2% of Wiltshire's population were recorded as having experienced a stroke or transient ischaemic attack, broadly in line with levels reported regionally (2.2%) as well as in England (1.8%)

Disease prevention and health protection with a specific focus on

Early childhood vaccine coverage: Meningitis B vaccinations for 2 year olds, Dtap/IPV boosters (protecting against diphtheria, tetanus, pertussis and polio) and the second MMR vaccine (both for 5 year olds) were below the national coverage target of 95% in Wiltshire in 2020/21.

Cervical and breast cancer screening: Levels of screening in these areas has reduced in Wiltshire over the last 2 years as a result of the pandemic. For both metrics, uptake is consistently lower in the most deprived areas of the county.

Wiltshire's ageing population and age related conditions, particularly:

Dementia: In 2022, the dementia diagnosis rate in over 65 year olds in Wiltshire is estimated to be 58.5%, equivalent to around 4,300 people. This indicates that there are in the region of a further 3,000 people in older age groups in the county that are undiagnosed.

By 2030, it is estimated that almost 11,500 people in Wiltshire aged 65 and above will be living with dementia, driven primarily by an aging population and increased life expectancy.

Supporting good mental health and emotional wellbeing.

The prevalence of common mental health disorders is rising in Wiltshire

In 2020/21, almost a quarter (24.6%) of persons aged 16 and over in the county were estimated to have higher levels of anxiety. Whilst this is similar to the South West (23.4%) and England (24.2%), it represents a 6% rise compared with the previous year (18.3%).

Almost 44,000 people in Wiltshire (18 and over) had a recorded diagnosis of depression in 2020/21, equivalent to 11% of the adult population. Levels have been steadily rising since prior to 2016/17.

Rates of hospital admissions for self harm in Wiltshire are now at their highest level for five years

Hospital admissions relating to self harm in Wiltshire's overall population and the 10-24 year age group have increased annually since 2016/17. In 2020/21, admissions of this type (in both age ranges) were significantly higher than both the South West and England. Admission rates for both metrics in Wiltshire are notably higher in women and young females.

Wiltshire Health and Wellbeing JSNA 2022 — Wiltshire Council

Life expectancy and causes of death: Key focus areas

Life expectancy

In 2018-2020 the average life expectancy for females in Wiltshire is 3.6 years more than males, with females expected to live to 84.5 years and males 80.9 years in Wiltshire .

Healthy Life expectancy

Male - Within Wiltshire, male healthy life expectancy is above that of its statistical neighbours and the South West; meaning that the time males spend in a healthy life extends into their state pension age at 66

Female - Wiltshire's female healthy life expectancy has been in continual decline and has dropped by 4.2 years over the past 4 years to 65.2 years and now sits below that of the region, whilst Wiltshire's comparators have remained largely stagnant.

All-age all-cause mortality – 2021

1.	Diseases of the circulatory system	26%
2.	Neoplasms (cancers)	25%
3.	Diseases of the respiratory system	9%
4.	Mental and behavioural disorders	9%
5.	Codes for special purposes (mainly Covid-19)	8%
6.	Diseases of the nervous system	7%
7.	Diseases of the digestive system	4%
8.	Other causes	11%

Trends in under 75 mortality

Cancer and CVD are the main causes of premature mortality in Wiltshire causing around 60% of premature deaths.

Gender inequality - Men have a higher rate of premature mortality than women (803 to 588 deaths in 2020), and the inequality is particularly evident in premature CVD deaths with 85.2 male deaths per 100,000 population compared to 32.3 deaths for females.

The gap between genders is smaller when looking at premature mortality from cancer. However, there is substantial variation between genders for preventable premature cancer mortality, with 52.3 male deaths per 100,000 compared to 30.8 for females.

Under 75 preventable mortality

In Wiltshire, under 75 preventable mortality is considerably lower than England and South West.

Yet, within Wiltshire preventable deaths were over 3x higher for men living in our most deprived areas than in our least deprived areas. For women it was 3.7x higher.

Identifying inequalities in life expectancy in Wiltshire

Healthy life expectancy – in years (England)

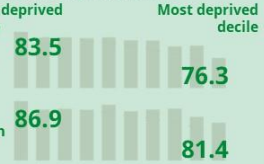
The areas of deprivation in England have a large variation in healthy life expectancy at birth:

	Least deprived decile	Most deprived decile
Men	70.5 years	52.3 years
Women	70.7 years	51.9 years

Nearly 120,000 people in Wiltshire live in in the most deprived 5 deciles (half) of areas in England, and face these inequalities in their healthy life expectancy.

Life Expectancy - in years

Wiltshire deprivation deciles



This difference in life expectancy among the different deciles is likely to worsen as a result of the cost of living crisis.

Wiltshire Health and Wellbeing JSNA 2022 — Wiltshire Council

Preventative ways of working - CVD

There is a strong rationale and an increasing evidence base for pivoting current ways of working towards preventative approaches in several areas. Cardiovascular Disease (CVD) is one such area, with several potentially high impact interventions, including:

Optimisation of hypertension treatment
Improving diagnosis and ensuring those with an existing diagnosis are receiving and adhering to the right medication to control their hypertension.

Systematic review of high BP on patient records: to achieve at least 73% control according to QoF, or 3% greater than pre-pandemic levels (whichever is greater) by March 2024. The clinical management of hypertension accounts for 12% of visits to primary care and up to £2.1 billion of healthcare expenditure. Lowering blood pressure reduces the incidence of stroke by 35%–40%, heart attacks by 20%–25% and heart failure by 50%.

Over 10 years a reduction in the population average blood pressure by 5mmHg through improved prevention, detection and management could save an estimated 716 quality adjusted life years (QALYs) and save £13.5m on related health and social care costs in BSW.

Optimisation of Heart Failure treatment through annual reviews
Managing blood pressure, atrial fibrillation, cholesterol and anticoagulant use to identify and address deterioration early.

Heart failure represents the only major cardiovascular disease with increasing prevalence and carries a poor prognosis for patients – 30-40% of people diagnosed with Heart failure will die within 1 year. Reviews are associated with a reduction in non-elective readmission and mortality in those diagnosed with HF, and are monitorable via QOF- HF007 - The percentage of HF Register patients who have had a review in the preceding 12 months.

Evidence suggests early detection of deteriorating health in heart failure patients reduces absolute hospitalisations by 45%. This could total approximately £1.7m in savings per year in BSW. Identifying high-risk patients with recurrent admissions for heart failure (due to social vulnerability) using a population health management approach in primary care, saves around £7,500 per person per year in non-elective admissions. BSW have an estimated 1,486 such patients, equating to theoretical savings of £11.1m, including the £1.7m noted above.

Source: B1590-cvd-high-impact-interventions.pdf (england.nhs.uk)

Bath and North East Somerset,
Swindon and Wiltshire Together

BSW ICBC Opportunities

What are the opportunities to be realised around the priorities of the BSW Together strategy?

1. Focus on prevention and early intervention	What is the opportunity for focusing on prevention and early intervention?
2. Fairer health and wellbeing outcomes	What is the opportunity through understanding and managing variation and inequality?
3. Excellent health and care services	Where is the opportunity to design our services to better manage/meet demand, and improve services?

Prevention and Early Intervention

1. Focus on prevention and early intervention

The greatest opportunities lie in those conditions which cause most premature mortality, and for people to live in disability for the longest.

80% of premature mortality caused by……

- Cancer
- CVD
- Respiratory Disease
- Drug and Alcohol related

In addition, these are the great cause of disability…..

- ‘MSK’ Pain
- Common Mental Illness

The greatest opportunity to address these is in the early years, which is the ‘most cost-effective and equity-effective time to invest’

Avoidable mortality in the UK - Office for National Statistics (ons.gov.uk)

Changes_in_health_in_England_global_burden_disease_2013.pdf (publishing.service.gov.uk)

The Marmot Review 10 Years On; Michael Marmot

Secondary Prevention Opportunities

1. Focus on prevention and early intervention

The BSW opportunity for Secondary Prevention in **CVD** and **Respiratory Disease**

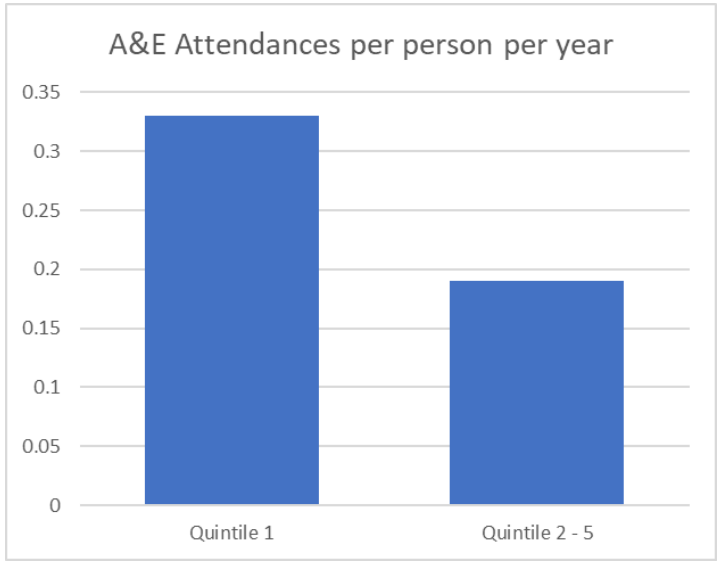
Intervention	Estimated BSW Opportunity
Cardiac Rehab for Acute CVD	1,000 deaths 3,000 admissions (over 10 years)
10% improvement in Hypertension management / diagnosis	140 CVD events
Heart Failure Annual Reviews	£1M on admissions (per year)
Identifying High Risk patients using a PHM approach, and intervening	£7,500 per patient

Intervention	Estimated BSW Opportunity
Preventing CYP Asthma Exacerbations	£200k
Meeting LTP objectives for Pulmonary Rehab	1,500 admissions
Accurate diagnosis of COPD and Asthma	£27-£140k
Early diagnosis of COPD	16% cost reduction per patient (over 2 years)

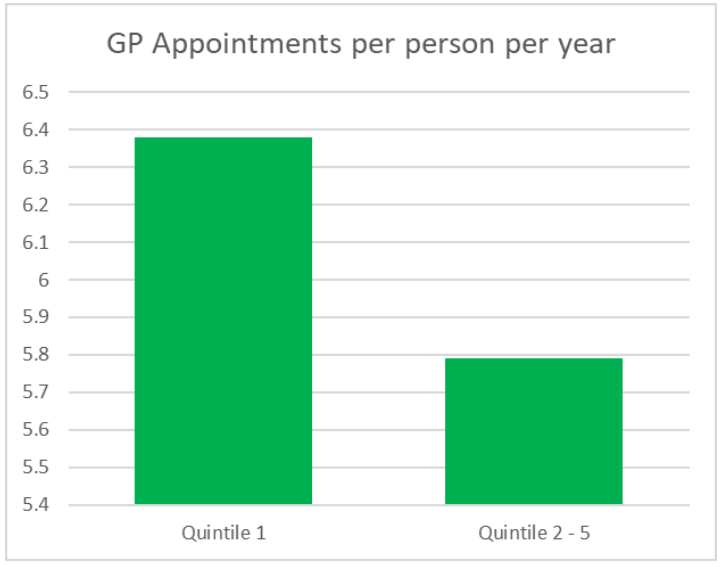
B1590-cvd-high-impact-interventions.pdf (england.nhs.uk)
B1590-respiratory-high-impact-interventions.pdf (england.nhs.uk)

Fairer Health and Wellbeing Outcomes (1)

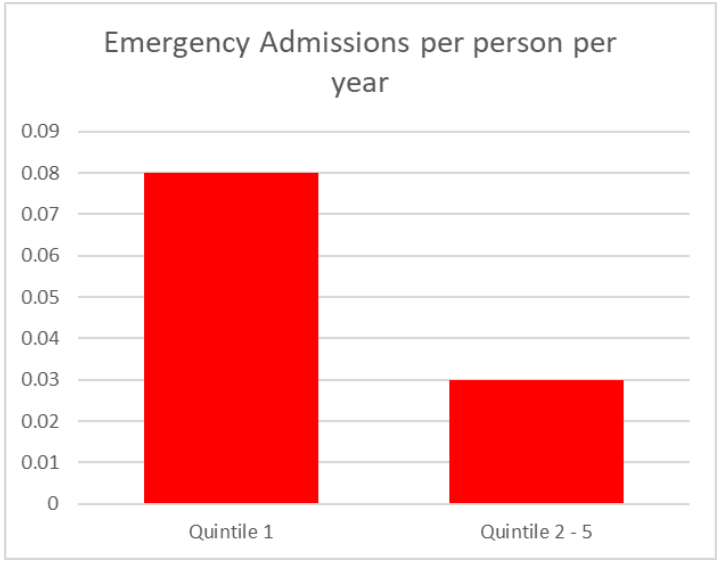
2. Fairer health and wellbeing outcomes



If A&E attendances rates for Quintile 1 were in line with those for Quintile 2 -5 then there would be **7,500 less attendances** per year in BSW



If GP appointment rates for Quintile 1 were in line with those for Quintile 2 -5 then there would be **32,000 less appointments** per year in BSW

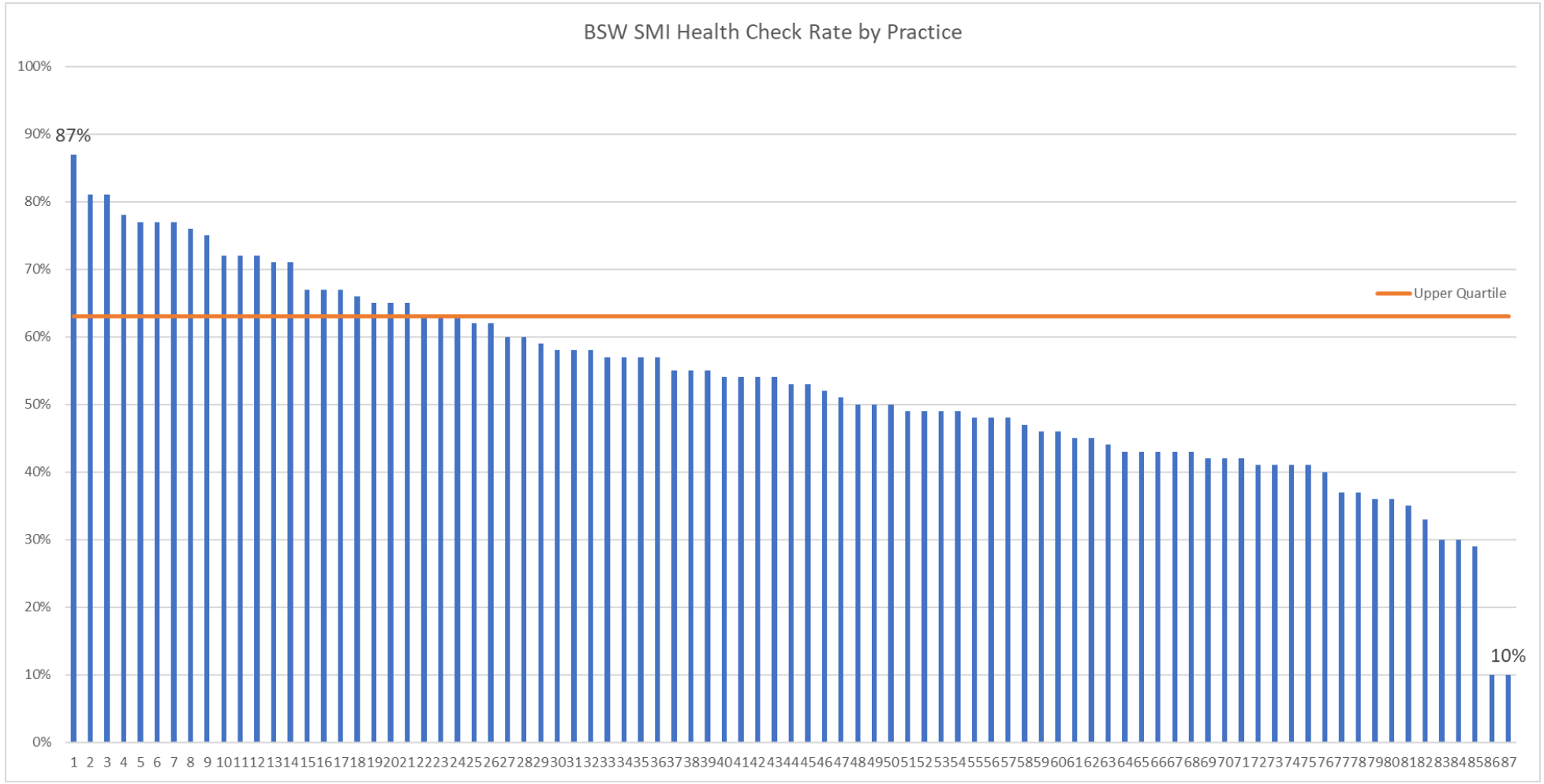


If emergency admission rates for Quintile 1 were in line with those for Quintile 2 -5 then there would be **2,600 less admissions** per year in BSW

Fairer Health and Wellbeing Outcomes (2)

2. Fairer health and wellbeing outcomes

There is opportunity to address variation across PCNs / Neighbourhoods to improve outcomes:



Physical Health Checks for patients with SMI (by practice)

Best = 87%
Worst = 10%
Average = 53%

Moving everyone in BSW to top quartile would see an extra 900 patients receive a check.

Supporting people to manage their condition would reduce demand and reduce the risks of premature mortality.

Excellent Health and Care Services

3. Excellent health and care services

25,000 bed days each year (10%) for **Ambulatory Care Sensitive Conditions** are **potentially avoidable** with improved out of hospital care.

31,000 ED attendances each year in BSW (15%) are **potentially 'inappropriate' or 'avoidable'**

Child Health Hubs could reduce demand for Paediatric outpatients, ED attendances and admissions. Crude opportunity to save an estimated **£11M** (over 10 years) in BSW by repeating models from elsewhere.

Mental Health (MH) services users make up 5% of the population but account for 15% of ED attendances and emergency admissions. Around **£18M** of this activity is considered 'amenable to change' via improved out of hospital care. (note this activity relates to both mental and physical health presentations)

nwlicbchhebdvalue-analysis--final-website-jacx-mallender.pdf (imperial.nhs.uk)

(Avoiding hospital admissions: What does the research evidence say? The King's Fund, December 2010 (kingsfund.org.uk)

Reducing inappropriate accident and emergency department attendances: | British Journal of General Practice (bjgp.org)

PowerPoint Presentation (strategyunitwm.nhs.uk)