



# Improving health outcomes: Summary of opportunities analysis

**23 February 2023**

# Why? Impact on strategic outcomes and system



Strategic outcome / system impact	Conditions of focus for East Sussex			
	Mental Health	CVD	Respiratory Disease	Frailty
Life expectancy (LE) premature mortality ( <i>generally worse in more deprived areas</i> )	<ul style="list-style-type: none"> <li>• People with SMI have 15-20 year shorter life expectancy</li> <li>• Excess CVD mortality for adults with SMI = 374%</li> </ul>	<ul style="list-style-type: none"> <li>• Biggest cause of inequality in LE ~2.4 years for men and 1.5 for women</li> <li>• 352 premature deaths in 2020</li> </ul>	<ul style="list-style-type: none"> <li>• 3<sup>rd</sup> biggest cause of inequality in LE ~ 1.2 years men, 0.6 years women</li> <li>• 153 premature deaths in 2020 of which 50 preventable</li> </ul>	<ul style="list-style-type: none"> <li>• Increasing population of old people</li> <li>• As a result of LE increasing faster than HLE – more people anticipated to be frail and / or have multiple illnesses</li> </ul>
Healthy life expectancy (HLE) and years lived with disability ( <i>generally worse in more deprived areas</i> )	<ul style="list-style-type: none"> <li>• Physical health conditions start much younger in people with SMI</li> <li>• Anxiety and depression reduce HLE</li> <li>• Mental disorders 2nd biggest contributor to years lived with disability</li> </ul>	<ul style="list-style-type: none"> <li>• Contributes to years lived with disability (10<sup>th</sup> highest)</li> <li>• Hypertension, atrial fibrillation, heart attack and stable angina associated with poor self-reported health ( part of HLE)</li> </ul>	<ul style="list-style-type: none"> <li>• Chronic respiratory disease contributes to 13307 years disability adjusted life years in ES in 2019</li> </ul>	<ul style="list-style-type: none"> <li>• Frailty associated with reduced ability to carry out normal daily activities, as well as reduced ability to recover from illness or accidents</li> </ul>
System impact / challenges	<ul style="list-style-type: none"> <li>• Affects children as well as adults</li> <li>• Long waiting times for CYP</li> <li>• Intersectionality with LD and Autism Spectrum Disorder, Dementia</li> <li>• Impacts on management of other long term conditions inc. CVD and respiratory</li> <li>• Workforce shortages</li> <li>• Low uptake of SMI health checks</li> </ul>	<ul style="list-style-type: none"> <li>• Under detection and management of hypertension, AF, hypercholesteremia and</li> <li>• Requires significant additional primary care capacity</li> <li>• Long lead in for population level benefits of improved detection and management</li> </ul>	<ul style="list-style-type: none"> <li>• Under detection of COPD, particularly in risk groups</li> <li>• Emergency admissions and readmissions for acute exacerbations</li> <li>• <i>How is increasing uptake of immunisations / reducing acute exacerbations going (Core20Plus5?)</i></li> </ul>	<ul style="list-style-type: none"> <li>• Prevention, delay and reducing rate of development possible – but needs multi-stakeholder approach</li> <li>• Potentially large number of people already frail who need more support</li> <li>• Workforce – capacity and ways of working with all partners</li> </ul>
Other	<ul style="list-style-type: none"> <li>• Wider societal impact on families, schools, police, employers, staff,</li> </ul>	<ul style="list-style-type: none"> <li>• Primary prevention of CVD also reduces risk of respiratory disease, dementia and others</li> </ul>	<ul style="list-style-type: none"> <li>• 90% of COPD caused by smoking</li> <li>• Exacerbated by cold homes</li> </ul>	<ul style="list-style-type: none"> <li>• Impacts on families and friends</li> </ul>

# Proposed approaches



## Health Outcomes Improvement Oversight Board

to focus on the conditions that are significantly leading to poorer healthy life expectancy and inequalities in life expectancy in our population and are amenable to measurable change:

- Mental health
- Respiratory disease
- CVD
- Frailty

## No issue can be resolved by a single organisation working on their own:

Developing integrated working in East Sussex and coordinating the use of learning from significant programmes aimed at increasing capacity and capability of our system working at Place to embed:

- A life course approach (from pre-conception to death)
- Prevention: from wider determinants (causes of poor health) through to tertiary prevention (recovery from ill health or injury and reducing risk of relapse)
- Right services, right time, right place (for the right people)
- Reducing inequalities in health outcomes
- Identifying right people and organisation to be involved in designing interventions and improvements at each level of intervention – universal, targeted and specialist
- Including citizens, professionals, services, communities

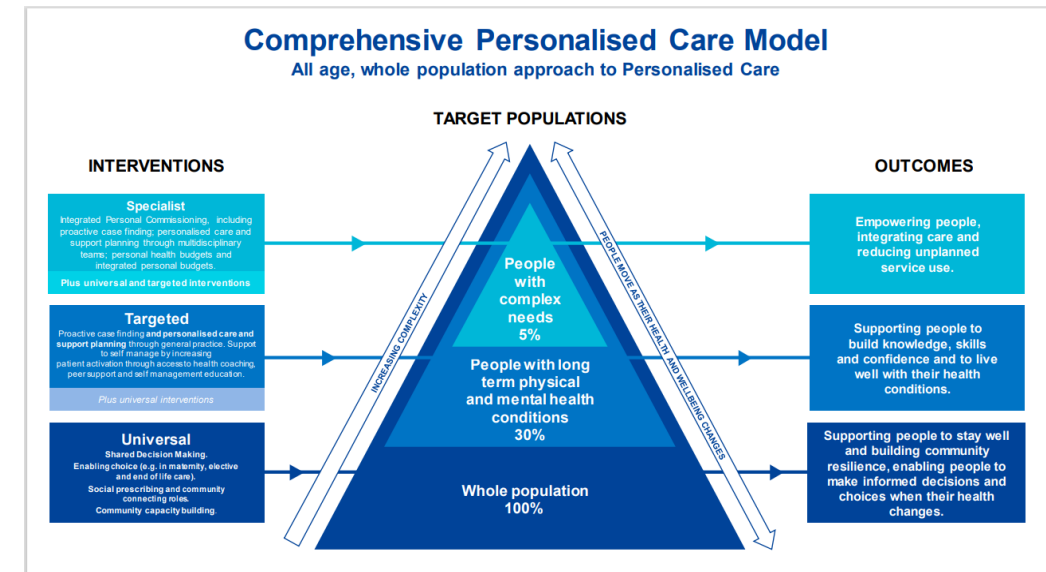
Four topic specific workshops to be held in Q1 2023/24 to refine understanding of issues, opportunities for change and improvement and develop plans for improving outcomes through working collaboratively and in a joined up way

The next slide is one way of looking at the range of factors to consider, and proposes some questions to work through in the workshops

## Strategic steering group for Population Health Management

To enable all four of the oversight Boards through bringing together intelligence and insight

- Using population segmentation and risk stratification to inform planning and prioritisation
- Recognising geographical variation in need and existing provision
- Understanding / identifying what would significantly impact service utilisation and demand



# Prevention : from wider determinants to reducing readmissions

Effects accumulate across life course

Proposed questions for planning and addressing at workshops

## Common risks

Tackling these will contribute to improving health outcomes in medium to long term  
Behavioural risks strongly influenced by psychosocial and wider determinants. Risk factors tend to be higher in deprived areas

### Psychosocial risk factors

- Loneliness, social isolation
- Stress, lack of control
- Health literacy
- Discrimination, stigma, racism

### Wider determinants

- Housing
- (Un)Employment
- Access to healthy food
- Environmental hazards
- Air pollution
- Access to green space, ability for active travel

### Behavioural risk factors

- smoking
- alcohol
- substance misuse
- poor diet
- low fruit and veg
- Being inactive
- Not enough physical activity
- Excess weight

## Conditions

See slide 4 for geographical need

### Mental Health

## Condition specific risks

- Poor attachment
- Abuse, trauma, neglect
- Long term poor health

### Undetected /unmanaged:

- hypertension
- raised cholesterol
- raised blood sugar
- atrial fibrillation

### CVD

### Respiratory

- Asthma (also risk for COPD)
- Access to spirometry
- Low uptake of flu, pneumococcal vaccines

### Frailty

- Age,
- Multimorbidity

## Identifying and managing risk at place

- Who is most at risk? (risk stratification models)
- Do we have all the data to help inform decisions?
- Where are opportunities to identify and manage these risks?
- Are services reaching the right people?
- Who isn't being identified?
- Are services seeing people at right time?
- Who can do this?

## Treating ill health and reducing risk of recurrence

- What is specifically causing concern for people, services, public?
- What is driving readmissions?
- What would help reduce readmissions?
- Who needs to be involved?

- What are roles of different stakeholders in addressing risk factors? What can I do?
- Where is issue best addressed e.g. county, district, locality?
- Who do I need to talk to? Who else is working on this?

- Are there pathways from clinical services to support in community?
- Are services working together around patients?
- How do we best support people to stay well?
- *Are resources allocated effectively between prevention and treatment to get maximum benefit?*

- How do we best support people to build knowledge, skills and confidence to manage their condition and live well?
- How to integrate care and reduce unplanned admissions and readmissions
- What else do we need to address to improve outcomes?

# High level identification of need by place



This slide shows the districts or boroughs in East Sussex where Public Health Outcomes Framework outcomes relating to key conditions of focus are worse than the England average, and are therefore offer greatest opportunity to reduce inequalities and improve outcomes .

Condition	Indicator	Geography / outlier				
		Eastbourne	Hastings	Lewes	Rother	Wealden
CVD	Mortality <75		x			
	Mortality >65				x	
	Alcohol-related CVD mortality		x			
	Hypertension management	x	x	x	x	x
Respiratory	Mortality <75	x	x			
	COPD mortality		x			
	Smoking	x	x			
	Air quality	x	x			
Mental Health	Estimated prevalence of common mental disorders in people aged over 16		x			
	Suicide	x				
	Self harm admissions	x	x		x	
Frailty	Emergency hospital admissions due to falls in people over 65	x	x	x	x	x
	Emergency readmissions within 30 day discharge	x	x			
	Preventable sight loss- sight loss certification					