



# The case for change for health and care in Southampton

Looking at the next five years and beyond



# 1 Introduction

Southampton City Clinical Commissioning Group (CCG) is the local NHS organisation that buys and plans your health services. Our vision is:

***"A healthy Southampton for all"***



***We are working with our partners to make our vision a reality.***

## What this document is about?

Locally and nationally the NHS is facing huge challenges. The scale of these challenges mean that there will need to be some changes to the way NHS services in Southampton are run and delivered. The purpose of this document is to set out the 'case for change' explaining what the issues are and why we need to do things differently. We regularly discuss our work and the issues facing the NHS with local people, to get their input when determining our priorities - we will keep talking and listening to get as many views as we can. If you have any questions or feedback after reading this we would love to hear from you, please see details of how to give us your views on page 7.

## 2 The national picture

The NHS, publicly funded, comprehensive and free at the point of use is the envy of the world and embodies values that are at the heart of our society.



**Looking to the future** - In October 2014, NHS England published the national **Five Year Forward View for the NHS**.

All NHS organisations are working to achieve this. The Forward View identifies three 'gaps':



**Public satisfaction with the NHS remains strong** at 65% (British Social Attitudes Survey)



But we need to do more to keep the NHS we all love in good health in the long term

### The three NHS gaps

Health and wellbeing gap

> Bridging this will require a radical upgrade in **prevention**

Care and quality gap

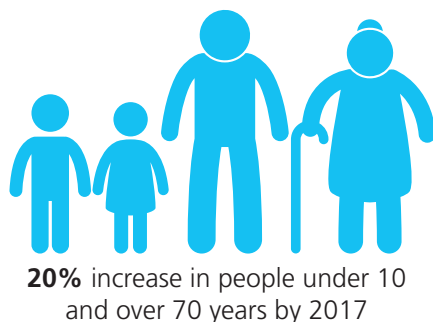
> To resolve we need to redesign services with new ways of doing things that **join up health and social care**

Funding gap

> By 2020 the NHS faces a £30 billion funding gap. The plan is to tackle £22 billion of this by **working more efficiently and changing the way care is delivered**. The Government have committed to funding the remaining £8 billion

### 3 In our city:

The population is growing:



➤ But the type of population in Southampton is quite different to the national average – it is considerably younger. This is largely due to:

the relatively high number of students we attract to the city and...



...recent growth in younger migrant families from Europe



➤ This large student/younger population brings additional complexities:



many in this age group don't register with a GP so the local NHS doesn't get funding for their care.



national health funding formulas don't allocate a significant spend for young people but locally the 15-34 age group are high users of costly urgent care services.

As well as having lots of younger people:

- **We still have growing numbers of older working adults and people over 75** – This is an unusual combination and results in a different type of demand on services than is seen in the rest of England. It means we need to change the way we work to accommodate our changing population.
- **Many city residents have a long term condition** – Around 86,000 people in Southampton, 32% of the population, have an ongoing health condition (such as diabetes, epilepsy, heart disease breathing problems, etc).
- **Over half of these have multiple long term conditions** – when we look at the number of long term conditions across the age groups, we are surprised to see how early in life people are developing multiple problems. This is not a situation confined to the elderly.
- **We are also a city with complex health, social and economic challenges** – levels of teenage pregnancy, GCSE attainment and smoking at time of giving birth are all worse than the England average.

### 4 Key facts:

Deprivation is higher than average and about **25.9%** children live in poverty.

People die earlier in the most deprived areas of Southampton - men by 8.9 years and women by 4.5 years.



In Year 6, **20.3%** of children are classified as obese – a higher rate than the national average.



In 2012, a **quarter** of all adults in the city (25.1%) were classified as obese.



The rate of alcohol-specific hospital stays among those under 18 during 2014 was **77.2 per 100,000 population**, worse than the average for England.



The rate of self-harm hospital stays was 348.7 per 100,000 population, worse than the average for England. This is equivalent to **899** stays per year.



The rate of smoking related deaths was 325 per 100,000 population. This set to rise as the estimated levels of adult smoking in Southampton are worse than the England average.

## 5 The financial position



### What we can spend on your health needs

As a CCG, our role is to lead the improvement of health care within the constraints of a budget.

Each year we are delegated money by NHS England to plan and buy health services for people in Southampton. The next few years will present several financial challenges:

- In 2015/16 our financial plans forecast an **overspend of £1.335m**. This is because the amount of money we receive to buy local healthcare is not growing at the same pace as demand.
- As well as this we face another challenge, the NHS now feels some CCGs have been given too much money. CCG budgets were based on those of their predecessor organisations, PCTs but in some cases NHS England think they set budgets at the wrong level, based on a complex funding formula.
- Southampton City CCG is one of the organisations affected and is deemed to be £6.189m 'over-funded'. NHS England aim to reduce the money given to over-funded CCGs over the next few years. By 2016/17 we will have **lost around £4.5m**.
- Over-funded CCGs did not receive any of the £1.98bn of additional NHS funds pledged by the Chancellor of the Exchequer in Autumn 2014.
- On top of this, there have been changes to the to the NHS charging or 'tariff' system. Effectively, these changes mean the CCG has to pay more money to care providers for the same services.

We are already planning to make a high level of savings in our budget for 2015/16 - £14 million or 4.7% - this is ambitious and more than we have ever achieved in the past. As a consequence, our finances will continue to be pressured over the coming years and tough choices will need to be made about how to best spend our budget to ensure the best possible care for the people of Southampton.

## So just how much do things cost?

Your local NHS buys a huge variety of services but most of us don't have any idea how much different care and treatment costs. Below are just a handful of examples:

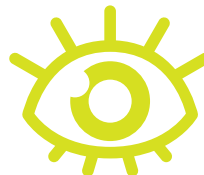
£100,000 would buy each of the following types of care:



**855**  
A&E  
Attendances



**1,613**  
Minor Injuries Unit  
(MIU) attendances



**145**  
Cataract  
operations



**2,222**  
District Nurse  
visits



**25**  
IVF courses of  
treatment



**18**  
Hip replacements



**645**  
Outpatient  
attendances



**654**  
MRI scans



**54**  
Courses of ante-natal  
and pregnancy care

Looking closely at these and other costs can be quite an eye opener! Tell us what you think is a priority in your community – your feedback can help us decide how to plan services for the future.

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## So it is all about the money then?

Well, in part:

As can be seen, we have **limited funds** to deliver better healthcare in Southampton.



Funding for **local social care and wider local authority services** has also **reduced in recent years** – both in Southampton and across the rest of the country. The knock on effect of these cuts is inescapable.



We also have a **mandatory requirement to balance the books** – although challenging, our job is to manage with what we have been given. Our budget is decided centrally by politicians and we are required to have a 1% surplus and spend within our means.



That means **closing a gap of some £70 million** over the next five years, 14 million per year.



### Sounds like a mountain to climb?

Although it is a huge challenge we think it can be done. Our total current annual budget is £300 million - we feel by working more efficiently and effectively we can make savings without compromising quality of care. However, the scale of the challenge is unprecedented and it's clear we have difficult choices ahead.



**Financially, health service leaders can only play the hand they are dealt.**

Ultimately, whether there is more public money found for health and care is up to politicians and the public. Our job is to manage with what we are given.



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## It's about the pressure on services too



We need to work more effectively to relieve pressure on frontline care if we are to make improvements and keep services safe. We will do this by:

- **Preventing ill-health or health crises** – doing more to get ahead.
- **Relieving pressure on our urgent care services** – which are bearing the brunt of our city's challenges, with the local Emergency Department and hospital and community services stretched to the limit.
- **Improving prevention**, enabling early discharge and improving awareness of current provision so that we can all make wiser choices.



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## And it's about our workforce

- **We are experiencing a crisis in staffing GP surgeries which reflects the national situation** – GP training places are not being filled and the current models of primary care provision do not seem to appeal to a new generation of qualified doctors.
- **Nurses are a finite resource too** – we have had difficulty in recruiting locally and need to look after the nurses we have, being careful not to overload them and to deploy them where they are needed most.
- **What we are doing now won't provide a sustainable future** – traditional approaches to organising care do not factor in these workforce issues and will not be able to cope with the growing and changing demands on health and care.



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## What do the people of Southampton want?

Via feedback and surveys you tell us you need:

- > **Improved mental health services** particularly crisis care, out of hours provision, prevention and early intervention
- > **Greater support for older people** to remain at home for longer
- > **More services closer to home**
- > **Faster access to a GP appointment** and longer surgery opening times (including evenings and weekends)
- > **Round the clock convenient care** with consultant led teams in hospitals 7 days a week
- > **Improved care for the elderly**
- > **Increased support for carers**
- > **More of a say** in your healthcare
- > **More awareness of services in BME communities**
- > **Better communication between hospitals, specialist consultants and GPs and the patient**

In order to provide more of what you want we will need to have more open and honest discussions about what are the highest priorities, and what is most needed or effective - as opposed to most convenient.

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## We know change must happen in Southampton...

- > **Change in need and complexity means current ways of doing things can't continue** - "traditional care" like the 10 minute GP consultation or the split between primary care (GP and community services) and hospital care are now looking outmoded and unable to meet 21<sup>st</sup> century health needs.
- > **More care close to home is needed** – yet we spend more each year (currently at least 54% of our budget) on hospital care. This also needs to change if we are to spend our money wisely.
- > **We need to look at more joined up care** – an integrated approach with the City Council and other community partners will ensure we take a holistic view of all the factors that contribute to health and wellbeing.

## 11 So what is the solution?

- > **Joining up care** - across health, social care and the voluntary sector will be an important part of the solution.
- > **A focus on prevention is also key** - social factors such as housing, employment as well as independence, community based support and self-management are as critical as healthcare.
- > **Shifting the balance of care is vital** - to cater for modern day health needs more care needs to be provided out of hospital in the community. Much has been made of this over the past 20 years and although there has been some progress the shift needed hasn't happened in practice.
- > **A more radical approach is essential** – together with the City Council we have underscored our commitment to joint working by pooling far more money in our joint budgets than the minimum recommended by Government - £132 million over the next three years.
- > **Our pooled budget with the City Council** - will be spent differently, with an overall increase of around 15% on community based care. That money needs to come from care currently delivered in hospital.
- > **Our Better Care Southampton Plan** - brings together NHS services, social care, GP practices, community health and care, services delivered by hospital staff and voluntary sector support.

This radical change in approach could be seen as high risk- moving care from hospital to community settings is a big change for services, staff and local people. But doing nothing is an even greater risk. We have to make sure this works.



## 12 More about Better Care Southampton

- As well as joining up services Better Care Southampton aims to :
  1. **Focus on prevention and early intervention**
  2. **Put individuals at the heart of their own care**
  3. **Build community capacity** - to help the voluntary and community sector to play their part.
  4. **Help people to retain and regain their independence**
- **It is a new approach** - focussing on the "whole person" and not treating specific illnesses. This is ultimately more efficient and cost effective because it means that the services provided are what people need and value, not what we think is best for them.
- **It will focus on particular patient groups for each year of development** - starting with frail and elderly care in the first year - other areas of care will follow over the coming years.

## 13 Will Better Care alone solve the problems?

Joining up health and care is a big part of the NHS of the future - but to ensure the sustainability of local health services we must do more. We have some difficult decisions to make, right now, about whether we can afford to keep funding all the services we currently have:

- **We must tackle waste** – local NHS organisations have been working together to drive out waste for several years. However, we know there is scope within the £300 million we spend to be even *more* efficient. We are looking at gaps between services and organisations that create inefficiencies and add costs but don't add value for the patient.
- **We can only spend the money once** - if we choose to carry on spending what we have on services that have limited benefit, even though they may be popular, it means we are choosing not to spend that money on services that may give much greater health benefits.
- **We need to make better choices** - to do the job the public expects, we have to examine the value of everything we currently spend. We are reviewing all the services we buy, and those we don't, to look for opportunities. We will share the evidence we find, but we will also ask you, the people of Southampton, for your views.



## 14 The need for change in our city – talk to us...

We hope you can now see why health and care in Southampton needs to change and why there are also hard choices to be made:

- We know we can't carry on as we are. Part of the change process will include some reorganisation of services.
- Resources are finite; demand is infinite. That means tough choices.
- Priority setting will be key - for every pound we spend on, say, knee replacements, that is a pound we don't have to spend on, say, crisis care for mental health. We want your views and your support to help us make these choices together.

## Giving your feedback

Have your say on shaping health and care services and help us plan for the future –

you can give feedback via our website:

**[www.southamptoncityccg.nhs.uk](http://www.southamptoncityccg.nhs.uk)**

or by email **[communications@southamptoncityccg.nhs.uk](mailto:communications@southamptoncityccg.nhs.uk)**

or by attending one of our groups or events (listed on our website)

We can provide translations of this document if you need one - just let us know what language you require.

We can also arrange for an interpreter or a version in:

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or



or



Please contact

NHS Southampton City Clinical Commissioning Group  
Communications Team

**023 8029 6038**

**[communications@southamptoncityccg.nhs.uk](mailto:communications@southamptoncityccg.nhs.uk)**

for more visit our website **[www.southamptoncityccg.nhs.uk](http://www.southamptoncityccg.nhs.uk)**