### **SDOH and Integrating Care – NHS England**

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# **Sheffield Hallam University**

#### Faculty of Health and Wellbeing:

- Diagnostic radiography
- Health and social care management
- Medical and dental support
- Nursing and midwifery
- Occupational therapy
- Operating department practice
- Paramedic practice
- Physiotherapy
- Radiotherapy and oncolgy
- Social work

Nursing and Midwifery

100+ faculty academic staff 80+ faculty administrative/ support staff

2,075 undergraduate students

400 post graduate students

Where is the life we have lost in living?

Where is the wisdom we have lost in knowledge?

Where is the knowledge we have lost in information?

T. S. Elliott, The Rock, 1934

## NHS 1948

- Launched on July 5<sup>th</sup> 1948
- Objective to meet the health needs of the working population
- Objective to provide health care 'free' at the point of use
- Predicted annual cost £128 million a year
- Convinced medics to join NHS

# NHS England - 2018

- National *Illness* Service
- Cost £120 billion (\$156 billion) a year
- Employs 1.7 million people
- Serves 64 million population
- 80% surgery as day cases
- 75% care costs for those over 65
- Medical technology 'tap' overflowing
- Use TV 'soap operas' for patient education

## Patient 'Time'

- We in healthcare are but one element of someone's life – if accessed at all.
- People generally manage their lives without our help







But when we do need health care intervention we want it to work for us:

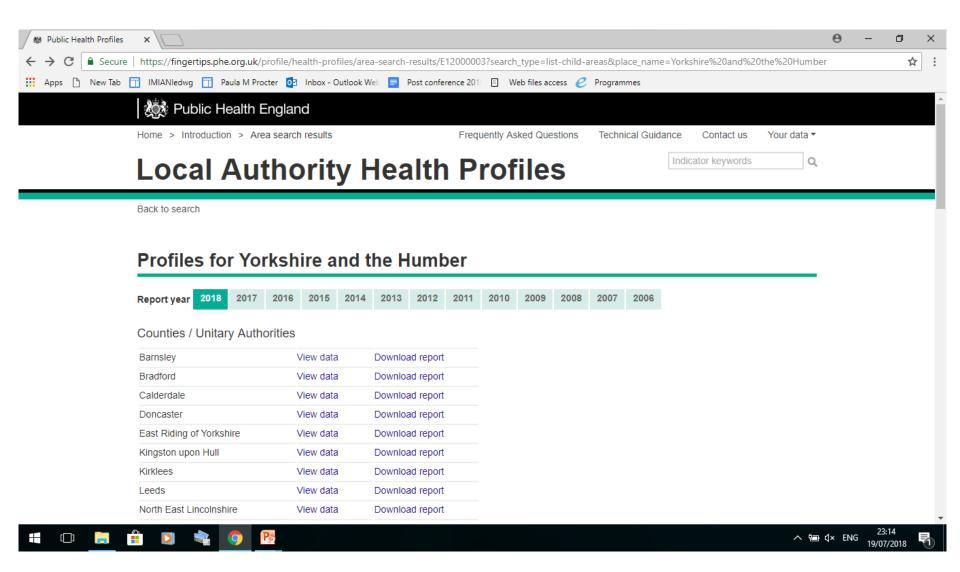
"No decision about me without me"

Health and Social Care Act, 2014

means collaboration and sharing of records

# NHS England

- Single citizen number
- Summary care record on NHS Spine
- Legitimate User Access through NHS Spine to individual records
- Data collected locally, regionally and nationally
- Data publically available
- 95% of the ill population in the community



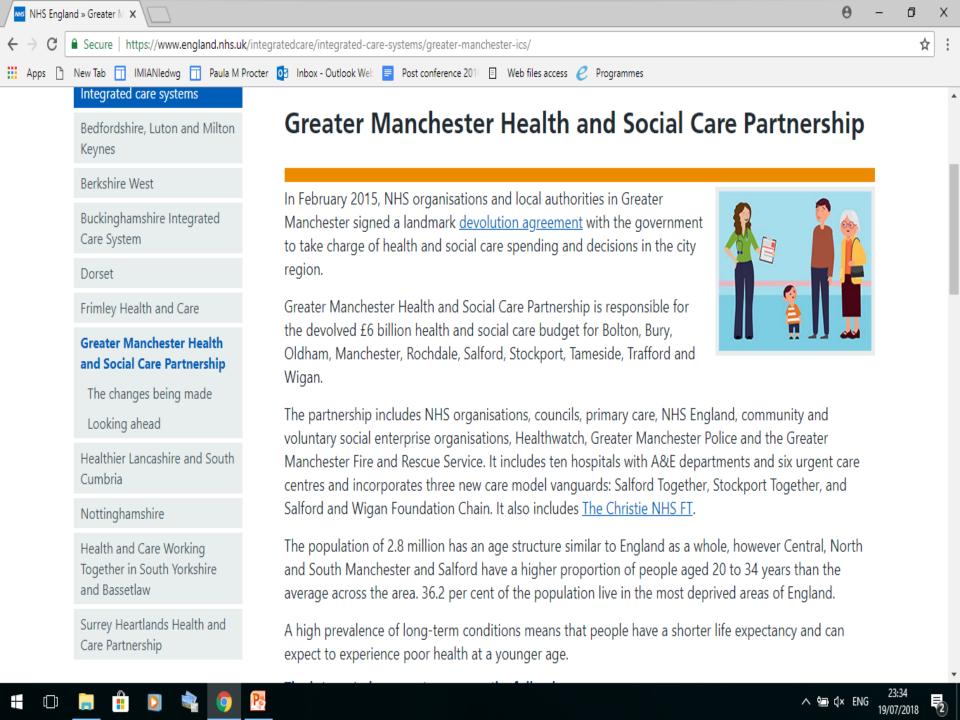
Indicator	Period	Barnsley			Region England		England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Life expectancy at birth (Male)	2014 - 16	-	-	78.2	78.7	79.5	74.2		83.7
Life expectancy at birth (Female)	2014 - 16	-	-	81.9	82.4	83.1	79.4	•	86.8
Under 75 mortality rate: all causes	2014 - 16	-	2,468	379	362	334	546		215
Under 75 mortality rate: cardiovascular	2014 - 16	-	555	85.6	83.3	73.5	141.3		42.3
Under 75 mortality rate: cancer	2014 - 16	-	1,052	161.3	146.2	136.8	195.3		99.1
Suicide rate	2014 - 16	-	69	10.8	10.4	9.9	18.3		4.6
Killed and seriously injured on roads	2014 - 16	-	265	36.9	44.1	39.7	110.4		13.5
Hospital stays for self-harm	2016/17	-	600	255.5	194.7	185.3	578.9		50.6
Hip fractures in older people (aged 65+)	2016/17	-	266	612	602	575	854		365
Cancer diagnosed at early stage	2016	-	500	49.6%	51.7%	52.6%	39.3%		61.9%
Diabetes diagnoses (aged 17+)	2017	-	-	82.0%	-	77.1%	54.3%	0	96.3%
Dementia diagnoses (aged 65+)	2017	-	1,940	70.6%	71.3%	67.9%	45.1%		90.8%
Alcohol-specific hospital stays (under 18s)	2014/15 - 16/17	-	69	46.3	33.3	34.2	100.0		6.5
Alcohol-related harm hospital stays	2016/17	-	1,833	773	701	636	1,151	•	388
Smoking prevalence in adults (aged 18+)	2017	-	34,857	18.2%	17.0%	14.9%	24.8%	•	4.6%
Physically active adults (aged 19+)	2016/17	-	-	60.9%	64.6%	66.0%	53.3%	•	78.8%
Excess weight in adults (aged 18+)	2016/17	-	-	73.1%	65.3%	61.3%	74.9%		40.5%
Under 18 conceptions	2016		129	33.8	22.0	18.8	36.7		3.3
Smoking status at time of delivery	2016/17		463	15.4%	14.4%	10.7%	28.1%		2.3%
Breastfeeding initiation	2016/17	-	1,605	55.6%	69.3%	74.5%	37.9%	•	96.7%
Infant mortality rate	2014 - 16	-	25	3.0	4.1	3.9	7.9		0.0
Obese children (aged 10-11)	2016/17	-	488	19.0%	20.4%	20.0%	29.2%		8.8%
Deprivation score (IMD 2015)	2015	-	-	29.6	-	21.8	42.0	0	5.0
Smoking prevalence: routine and manual occupations	2017	-	-	27.5%	28.2%	25.7%	48.7%		5.1%
Children in low income families (under 16s)	2015		9,395	21.6%	19.0%	16.8%	30.5%	•	5.7%
GCSEs achieved	2015/16	-	1,318	56.3%	55.9%	57.8%	44.8%		78.7%
Employment rate (aged 16-64)	2016/17	•	110,600	71.8%	72.8%	74.4%	59.8%		88.5%
Statutory homelessness	2016/17	-	-	*	1.0*	0.8	-	Insufficient number of values for a spine chart	-
Violent crime (violence offences)	2016/17	•	5,005	20.9	23.4	20.0	42.2		5.7
Excess winter deaths	Aug 2013 - Jul 2016	_	529	24.3%	17.8%	17.9%	30.3%		6.3%
New sexually transmitted infections	2017		743	482	615	794	3,215		267
New cases of tuberculosis	2014 - 16	-	29	4.0	8.5	10.9	69.0		0.0

## Developing Integrated Care Systems

In some areas, a partnership will evolve to form an integrated care system, a new type of even closer collaboration. In an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.

Local services can provide better and more joined-up care for patients when different organisations work together in this way. For staff, improved collaboration can help to make it easier to work with colleagues from other organisations. And systems can better understand data about local people's health, allowing them to provide care that is tailored to individual needs.

By working alongside councils, and drawing on the expertise of others such as local charities and community groups, the NHS can help people to live healthier lives for longer, and to stay out of hospital when they do not need to be there.



#### What this means for local people

Local people will receive better, more joined-up care, often closer to home. Local organisations will be better able to keep pace with the growing and ageing population and address some of the current problems in the NHS, while making it sustainable for the future.

#### Benefits will include:

- Those who are largely well today will be helped to stay well
- Those with complex or advanced long-term conditions will be supported to manage their own care, with a system to escalate care quickly in the event of exacerbations
- People will remain independent thanks to prevention programmes and proactive rather than reactive care
- People will receive care at home and in the community as much as possible
- Multi-disciplinary teams will work across organisational boundaries to deliver integrated care as simply and effectively as possible
- The social value that health and social care can add to communities will be maximised.

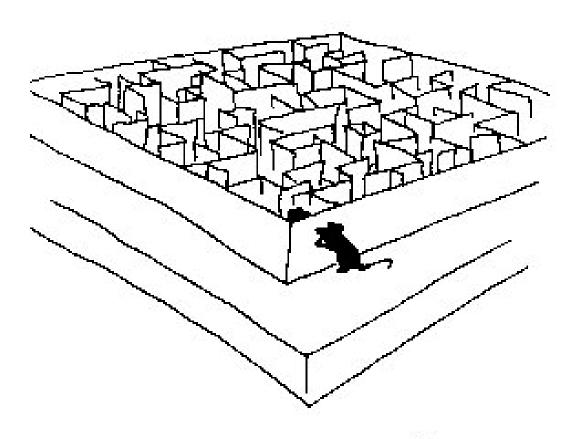
Three areas in particular have been identified for continuous improvement:

**Improving housing and the environment:** The integrated care system wants to improve the wider elements that can affect health to prevent illness. It will work with partners to establish clear housing standards and there will also be a broader focus on leisure and open spaces.

**Strengthening acute services:** Nottingham University Hospitals and Sherwood Forest Hospitals will work together, and appropriate care will be increasingly provided in the community.

**Driving system efficiency and effectiveness:** The health and care system will operate as efficiently and effectively as possible to reduce waste and unnecessary variation.

# Education is the key to the future



"Pest - want a map?"

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- Param
   ractice
- Photonerapy
- therapy and oncology
  - Social work

'Power is control, influence or the ability to do or act. Power is the ability to make decisions and power is determining what those decisions will be in the first place.

Power is having control of information.'

Gaston, (1991)

Here is the life we have found in living?

Here is the wisdom we have found in knowledge?

Here is the knowledge we have found in information?

Adapted from T. S. Elliott, The Rock, 1934

# **Thank You**



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