

Multimorbidity

Health and Wellbeing Board

13 December 2018

Overview

- What is multimorbidity and why is it important?
- Age vs inequalities
- What we need to do
- Evidence
- ‘What matters to me?’
- Discussion

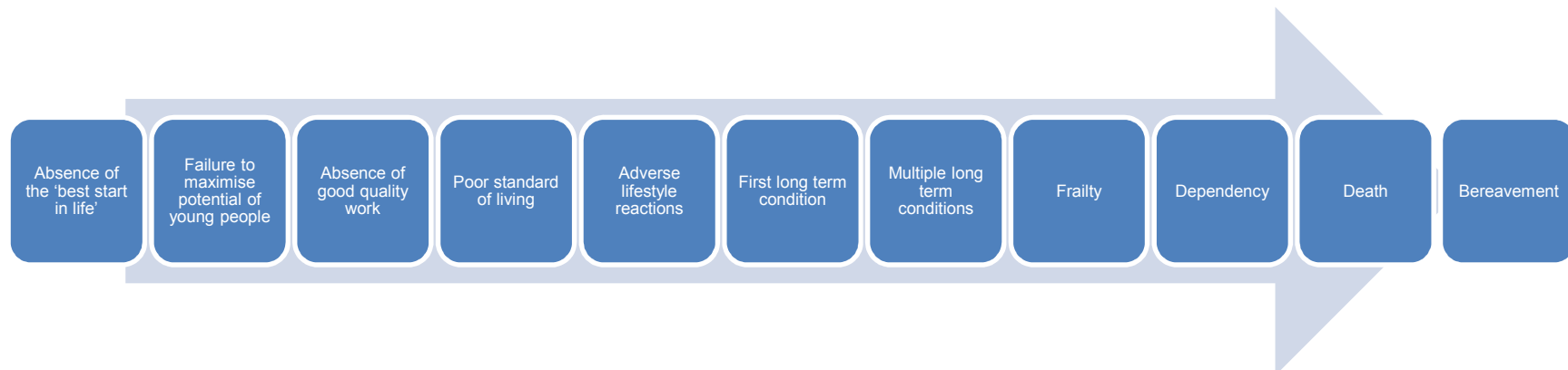
What is multimorbidity?



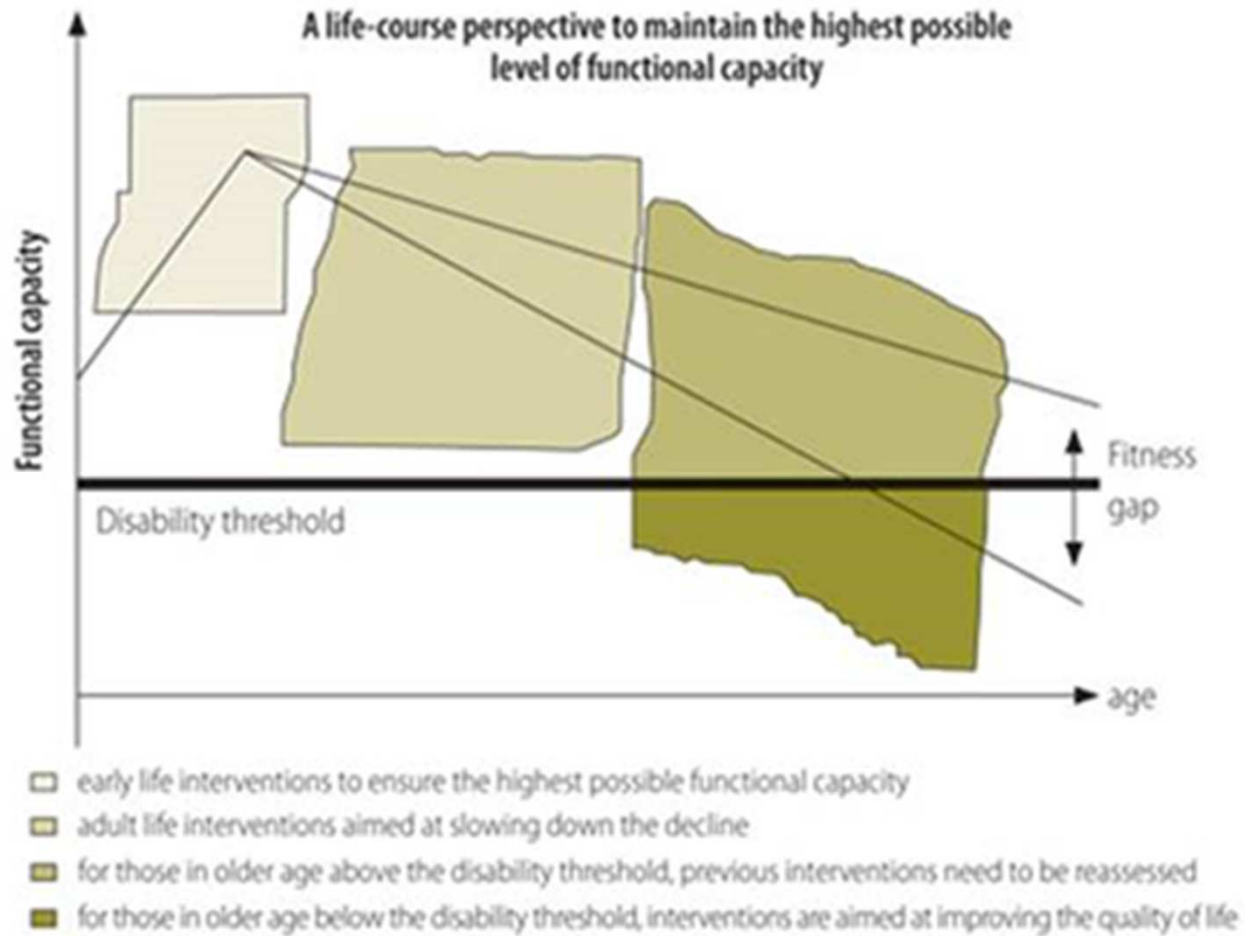
- Drives NHS demand
- Drives social care demand
- Impacts Sheffield's economy
- Human cost
- Social injustice

Prevent, reduce, delay

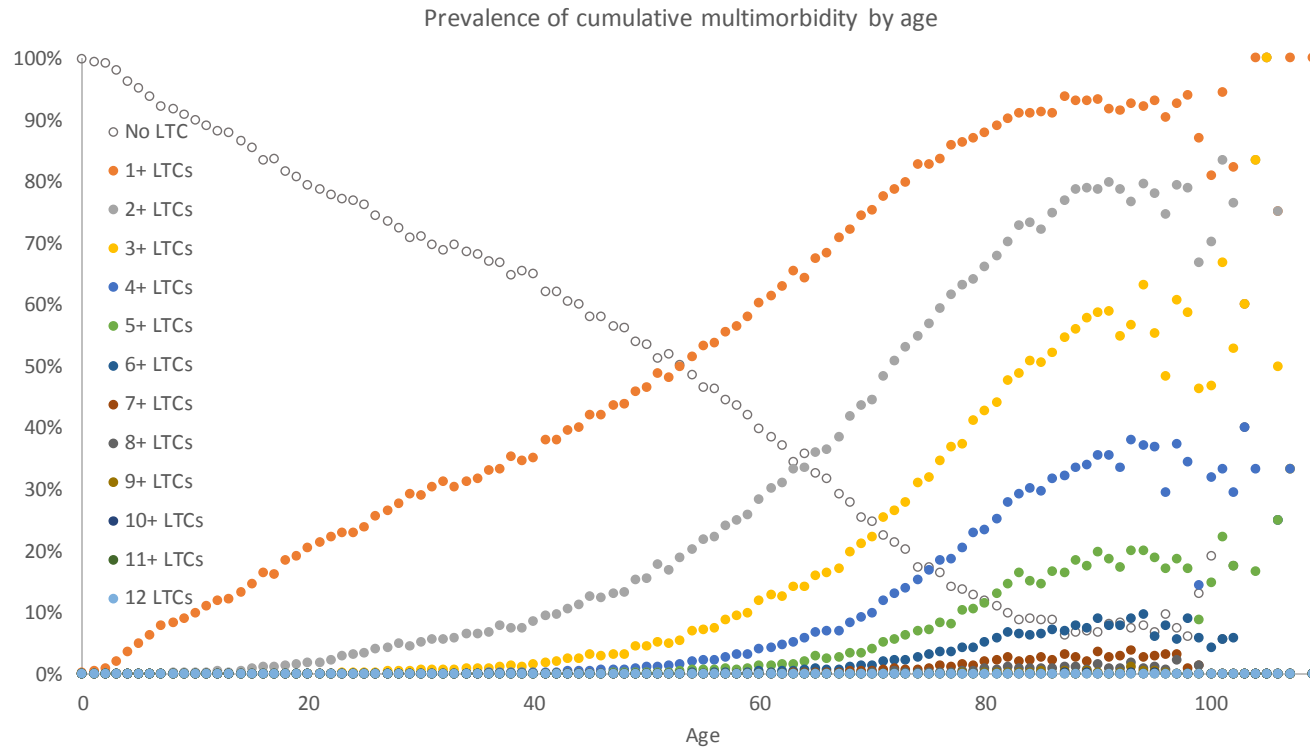
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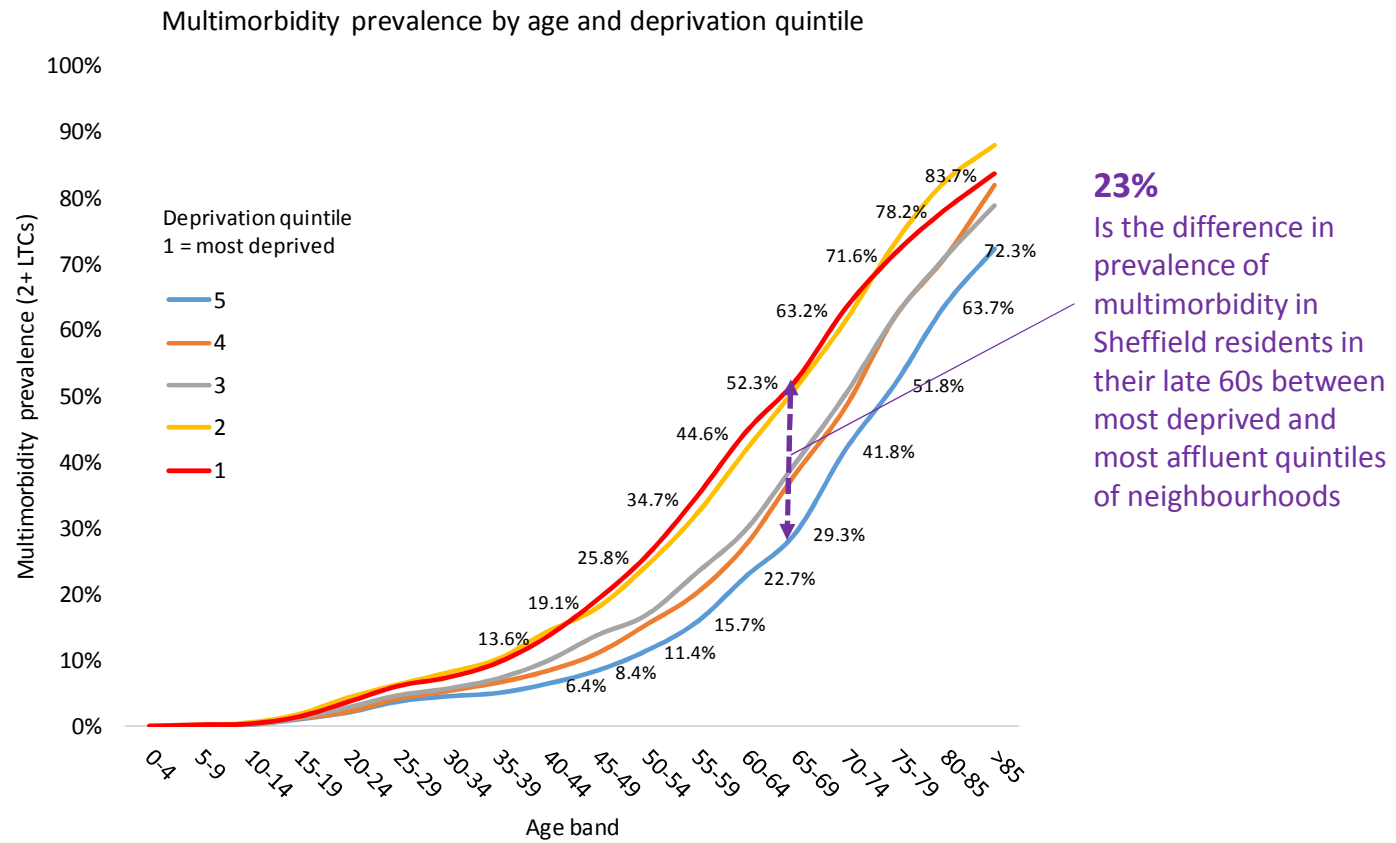
Life-course functional decline



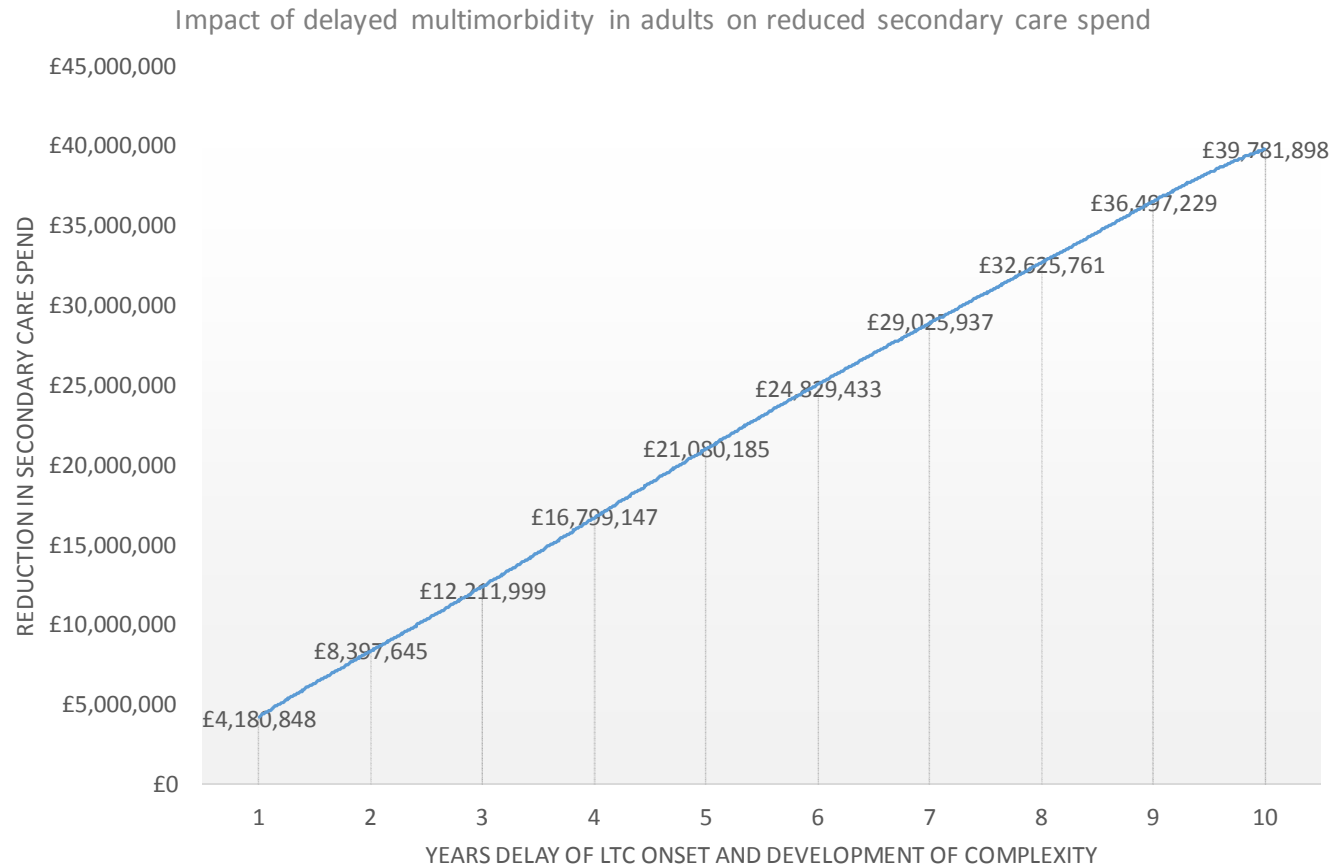
Cumulative multimorbidity prevalence age profile



There is a marked age inequality in multimorbidity (quintiles view)

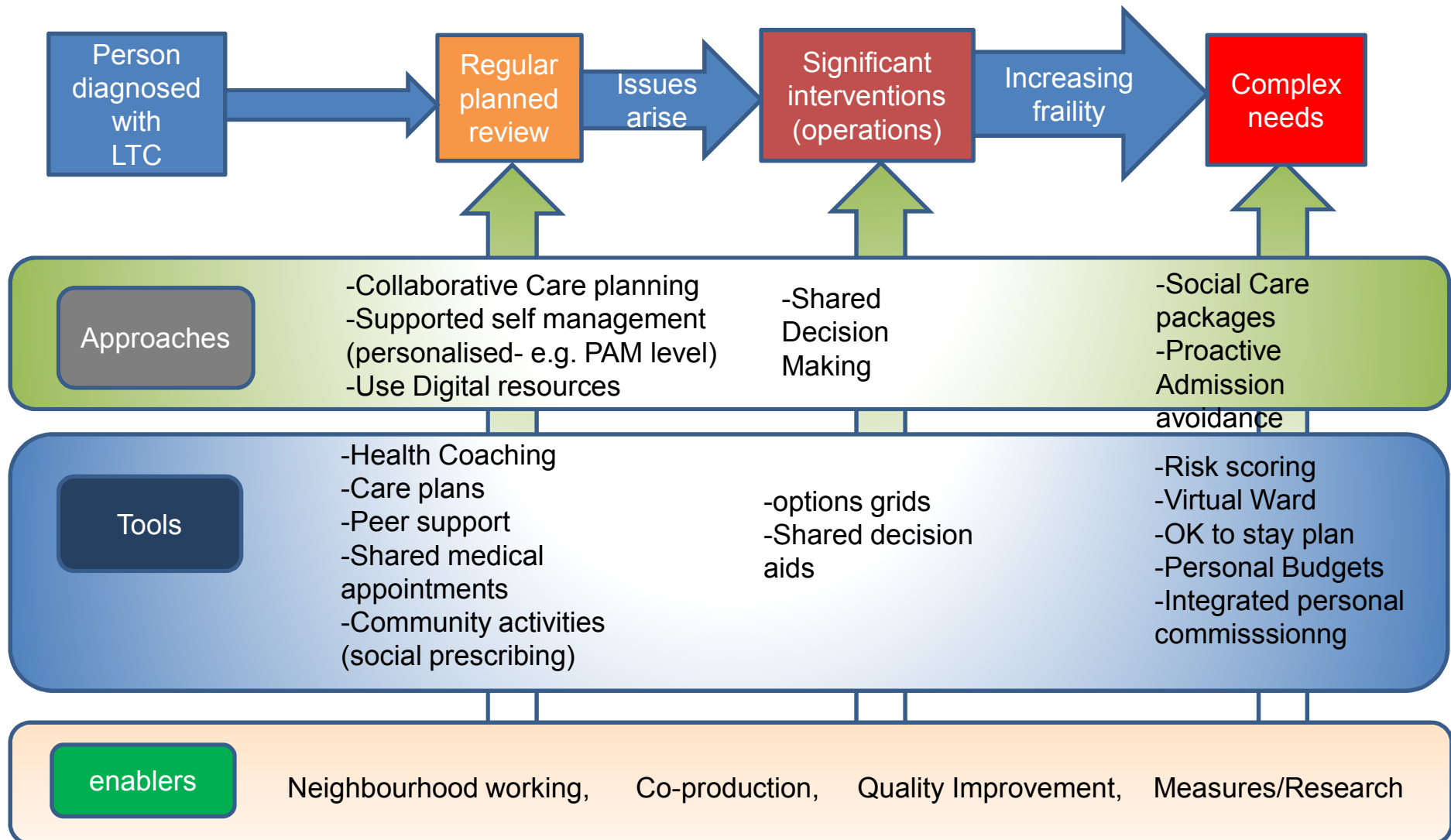


Net financial impact of modelled delayed onset & complexity



Person Centred Care across the spectrum of Life

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Question 1

Is the board committed to delivering a 'Sheffield Healthy Lifespan': the number of healthy life years Sheffield residents should expect to live, and ensuring that it is fairly distributed across the city?

Question 2

Is the board committed to a whole life-course, whole city approach, to ensure that Sheffield is a great place to grow older? What are the board's asks and expectations of its members, partners and stakeholders (including the long term conditions work stream of the ACP)?

Question 3

Is the board committed to a meaningful shift in the budget from hospital to community-based interventions, ensuring the money is allocated according to need, to deliver the long term ambition of a radical programme to delay and prevent multi-morbidity, as well as ameliorating its effects? What does the board believe its role is in making this happen?

Question 4

Does the board support the principle that care services should be integrated and wrapped around individuals and families and that people should be encouraged to be experts in their own health? What is the board's role in ensuring that systems will be designed on that basis?

Question 5

Does the board agree that what matters most to a person, should be the basis of all decisions and support the development of person-centred approaches to care across the entirety of the spectrum of need? What will the board do commit to ensuring that staff have the required skills to focus on quality (not just quantity) of life?

Any further question?

eleanor.rutter@sheffield.gov.uk

olliehart@yahoo.co.uk

john.soady@nhs.net

Iolanthe.Fowler@sth.nhs.uk

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