

South East

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Clinical  
**senate**

**Tomorrows Region Overview:  
The long term outlook for the health of  
the South East Region**

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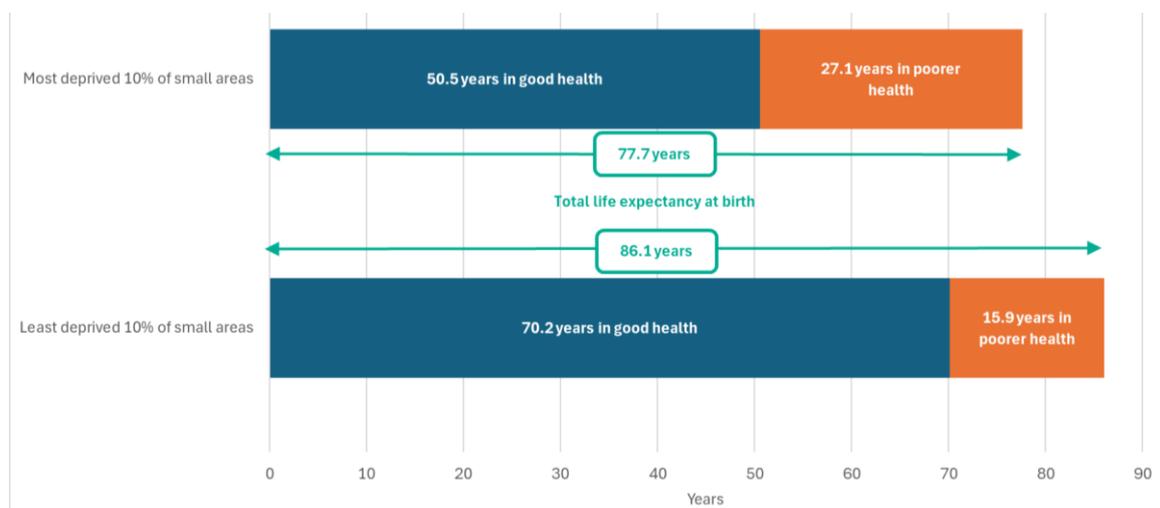
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## Long term outlook for the health of the South East Region

Over the next 20 years, the South East population will grow by 9.4% (~879k people), with the proportion of people aged 75+ years increasing from 10% to 14% (~474k more people).<sup>1</sup> Whilst life expectancy in the South East is higher than the England average, the years people live in poor health is increasing. Healthy life expectancy in the South East has decreased by 2.4 years for females (from 66.8 years in 2011-12 to 64.4 years in 2021-23) and 1.9 years for males (from 65.4 years to 63.5 years for the same period).<sup>2</sup> This has increased the average years of life lived in poor health to 19.7 years for females in 2021-23 and 16.8 years for males. Across England, the years lived in poor health are also significantly higher in people living in the most deprived areas compared to the least deprived (figure 1).



**Figure 1: Life expectancy and health life expectancy in England, Office for National Statistics<sup>1</sup>**

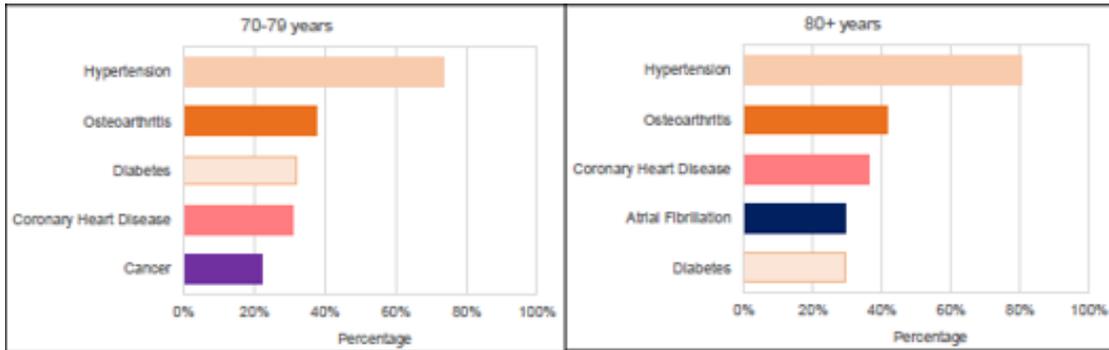
An ageing population, with more years spent in poor health, will increase the future demand for healthcare across the South East region. The need for care will be higher particularly in coastal regions with greater proportions of older people and more deprived areas with large ethnic minority populations. The prevalence of people with multiple long-term conditions (MLTCs) will also increase.

In a study of the prevalence of MLTCs in England,<sup>3</sup> hypertension, osteoarthritis, diabetes and coronary heart disease (CHD) were in the top five most frequent long-term conditions in those aged 75+ years (figure 2).

<sup>1</sup> Tomorrow's Region: The long-term outlook for the health of the South East Region

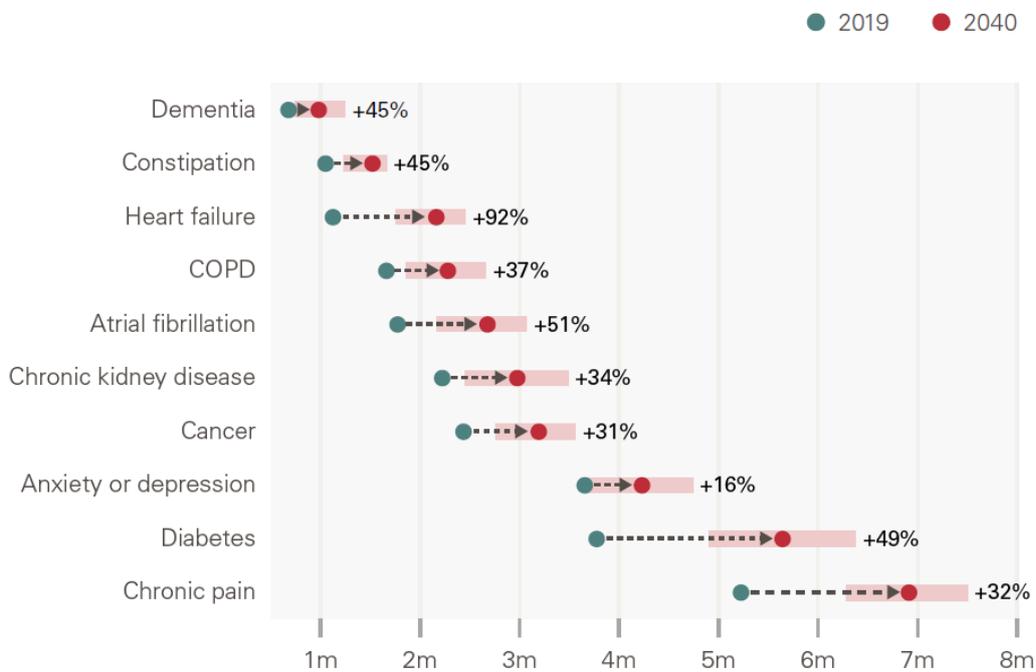
<sup>2</sup> [Health and life expectancies - Office for National Statistics](#)

<sup>3</sup> [Health in 2040: projected patterns of illness in England, The Health Foundation](#)



**Figure 2: The five most frequent conditions in those with multiple long term conditions (MLTC) by 10-year age group<sup>1</sup>**

The Health Foundation has also forecast the 10 conditions with the highest projected impact on future healthcare use and mortality by 2040 (figure 3).<sup>3</sup>



**Figure 3: Projected total number of diagnosed cases for the 10 conditions with the highest impact on health care use and mortality among those aged 30 years and older, including demographic changes, England, 2019 and projected for 2040<sup>3</sup>**

Cardiometabolic conditions feature prominently in this list, with large increases predicted for diabetes, chronic kidney disease (CKD), atrial fibrillation and heart failure.

With an increasing and ageing population across the South East, cardiometabolic conditions will make up a significant proportion of MLTCs and health service demand

in the region. The future growth in burden of disease will particularly be in conditions that are mainly managed in primary and community care. However, in recent years the spending and workforce growth has been much larger in the acute sector.<sup>4</sup>

These conditions also have a significant proportion of disease burden that is attributable to behavioural risk factors, for example an estimated 36% for CVD and 44% for diabetes and CKD.<sup>5</sup> Many of the contributing behavioural risk factors are shared between the cardiometabolic conditions and an estimated 40% of the NHS budget is spent on treating preventable disease.

The NHS 10-year plan focuses on three shifts to build a health service fit for future, namely, moving care from hospital to the community, making better use of technology and moving the focus from treatment to prevention of illness.<sup>6</sup> New models of care need to be developed to support these three shifts, and the changing population healthcare demands in the South East, particularly in the cardiometabolic specialities. The Clinical Senate Expert Panel will support development of recommendations for these new models of care including broader strategic considerations on managing the shift of resources and workforce needs for the future service models. This will support the development of health services that are suitable for the future health needs of the South East population and in line with the national priorities and three strategic shifts.

### Three strategic shifts



## Value Based Healthcare

### Context

The long term outlook for the region sets out the key challenges; namely: an ageing population with multiple long term conditions leading to a rising demand for services and healthcare. This leads inevitably to increased volume and intensity of clinical practice in the wider context of constrained and shrinking resources. In addition, this overlays a persistent pattern of inequitable distribution of health conditions and determinants of health leading to underuse of some interventions and overuse of other interventions.

<sup>4</sup> [Making care closer to home a reality, King's Fund, 2024.](#)

<sup>5</sup> [Global Burden of Disease Study 2021](#) (GBD 2021), Institute for Health Metrics and Evaluation (2020)

<sup>6</sup> [10 Year Health Plan for England: fit for the future - GOV.UK](#)

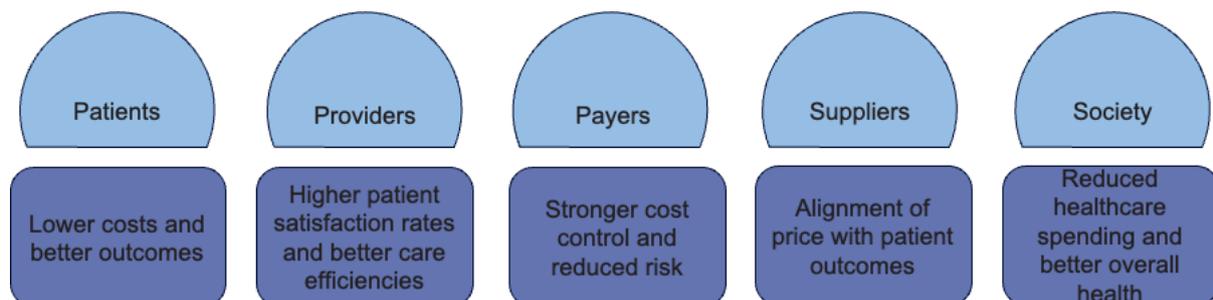
## What is Value Based Healthcare

Value based healthcare aims to use available resources to best achieve health goals for a population in a transparent, sustainable and equitable manner. It provides a useful framework for explicit decision making to achieve health goals with available resources.

Value-based healthcare is the equitable, sustainable and transparent use of the available resources to achieve better outcomes and experiences for every person

**Figure 4: A definition of Value Based Healthcare.<sup>7</sup>**

In the context of severely constrained resources it is helpful to consider value in all of its dimensions to maximise the health benefit for the population. Figure 5 outlines how quality in healthcare is conceptualised by different stakeholders. Some of these apply at individual level and others at population level, but all are relevant and need to be taken into account with the development of consensus for the chosen options.



**Figure 5: Conceptualisation of value from different stakeholder perspectives**

## What creates good value healthcare

Aiming to enable people to live healthy and fulfilling lives free of illness maximises value and implies that focusing on prevention or limiting the sequelae of disease increases value. This has the added advantage that more preventive interventions are often of lower cost. It follows from this that more preventive interventions should be prioritised and interventions that are not effective or cost effective and are unlikely to provide good value, should be considered for discontinuation.

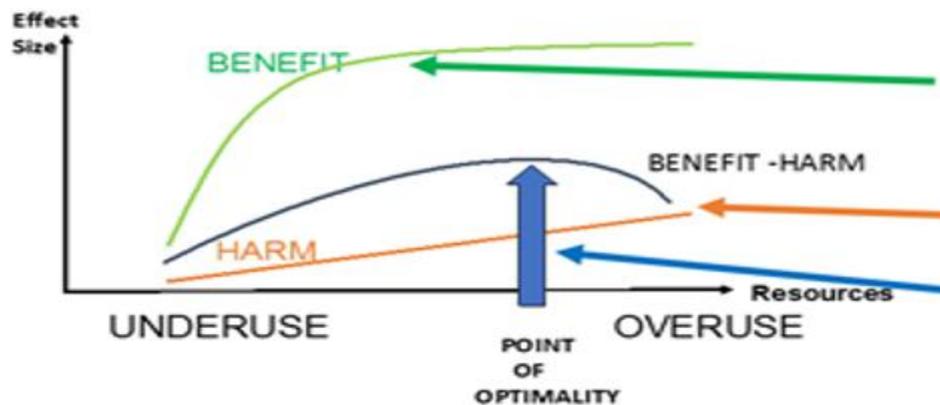
<sup>7</sup> Centre for Evidence Based Medicine: Hurst L, Mahtani K, Pluddemann A, Lewis S, Harvey K, Briggs A, Boylan A-M, Bajwa R, Haire K, Entwistle A, Handa A and Heneghan C.D (2019). Defining value-based healthcare in the NHS — Centre for Evidence-Based Medicine (CEBM), University of Oxford

## Waste in healthcare

Waste in healthcare can be conceptualised as:

- Operational waste (opportunity for cheaper drugs, preventable emergency department (ED) attendances).
- Governance-related waste (unnecessary administration, fraud, abuse, corruption).
- Wasteful clinical care (duplication, preventable adverse events, low-value care).

While operational and governance related waste are more intuitively understood, it is useful to consider the impact of wasteful clinical care in particular.



**Figure 6: Donabedian's curve of Optimality**

Donabedian's curve above demonstrates that an effective procedure is of more benefit than harm initially but as the group eligible for and being offered the treatment widens there comes a point where harm begins to exceed the benefits of the treatment.

A well performed treatment at this point could then be considered wasteful as there is more harm than benefit for the patients receiving it. This is harm in itself but also results in use of resources that could potentially have been used to better effect for others to produce health gain. Undertaking prostate surgery for having to wake up frequently at night, as an example, where the surgery might be technically very well performed with improved urinary flow but fail to improve the quality of life for the patient. In this case a well performed treatment fails to achieve the intended effect and hence could be seen as 'wasted' effort. Furthermore, resources used in this care could have been used for the benefit of others in need.

## Implications for the NHS

- Helps define our core values in times of constrained resources/
- Provides a framework to guide improvement in times of change/ constrained resources.
- Provide a framework to assess the broad allocation of resources across a pathway of care or between programme areas.
- Has been further developed into methodologies for resource allocation within and between programme areas

## Contact information – South East Clinical Senate

If you have any questions or would like any further information relating to the above, please do not hesitate to contact us:

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