

Long Term Conditions Joint Strategic Needs Assessment

Health and Wellbeing Board

Date: 24th May 2017

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Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

- 1.1 Improvements in medical treatment and success in public health interventions have resulted in people having longer lives, often with some form of long-term morbidity or disability. In England, the Department of Health estimates that over a quarter of the population have a Long Term Condition (LTC). An increasing number of these people also have a co-morbidity (or co-morbidities) and so are in a state of Multi-Morbidity. The on-going management of LTCs and Multi-Morbidity is now a central task of the NHS and care services.
- 1.2 In this Joint Strategic Needs Assessment (JSNA) for Swindon, we have drawn upon existing data sources (such as the 2011 Census and Quality and Outcomes Framework registers) to estimate the “LTC prevalence pool” in Swindon UA. We have also applied the Symphony Model to the Swindon population to estimate the magnitude of groups of LTC patients and impute their activity in our local health and social care system. Symphony is a record-linkage project, which has used “real life” health and social care data from Somerset to identify patterns of activity in a population. We also used the model to investigate other issues relating to LTCs within Swindon, such as Multi-Morbidity, costs and the effects of deprivation. The JSNA informs decisions about how services are commissioned and designed.
- 1.3 The draft LTC JSNA 2017 Bulletin is attached at Appendix 1 to the report and highlights the findings. The full JSNA report will be made available at: <http://www.swindonjsna.co.uk/>.

2. Recommendations

The Board is recommended to:

- 2.1 Note and approve the recommendations identified in the Swindon Long Term Conditions Joint Strategic Needs Assessment, as set out in paragraphs 3.10 to 3.23 of this report.

3. Detail

- 3.1 The objective of the LTC JSNA is to identify the needs of the Swindon population in relation to LTC, working with our local partners to formulate recommendations that will help inform future cost-effective and impactful commissioning.

Further information on the subject of this report can be obtained from Christopher Bartlett, 01793 444683, cbartlett@swindon.gov.uk.

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Key messages

- 3.2 Although with a subject such as LTCs (in which definitions are broad and various), it is not possible to give definitive and precise answers. We believe that this JSNA provides useful and credible working estimates for use by the local Health and Care community.
- 3.3 In total, 32.2% of all people and 69.2% of people aged 65 years or more in Swindon UA may have one or more LTCs. An LTC prevalence of 32.2% amounts to 69,820 persons in 2015 (32,518 males and 37,301 females).
- 3.4 LTCs are numerically most common in middle-aged people, because there is a large number of middle-aged people in Swindon. These middle-aged people will have a noticeable impact on health and care services as they move into the ranks of older people in the coming years.
- 3.5 The actual prevalence rates, the likelihood of having an LTC, however, are greater in older people, and the LTCs are likely to be more severe for them. The Symphony model suggests a prevalence rate among people aged 65+ years of 69.3% in Swindon. This equates to 22,915 people.
- 3.6 For many conditions, it is usual, rather than exceptional, to have additional co-morbidities.
- 3.7 Although affluence only modestly works against the development of LTCs, affluent people may cope considerably better than more deprived people, may have fewer co-morbidities and they seem to feel less limited by their health problems.
- 3.8 There is a stronger link with deprivation in people aged 65 years or more, who have three or more LTCs. In total, 17.4% of people aged 65+ had three or more conditions, 5,757 people in all. Symphony suggested that the prevalence ranged from 13.6% in the least deprived decile of the Swindon population to 25.4% in the most deprived decile.
- 3.9 The most common conditions, as proportions of people aged 65+ years with three or more conditions, were: hypertension (high blood pressure) 83.2% (4,788 persons), Coronary Heart Disease, 43.0%, (2,474 persons), diabetes 40.7%, (2,345 persons), cancer 37.1% (2,137 persons) and stroke 29.0% (1,672 persons).

Recommendations

- 3.10 Accept the LTC Profile and the “Ageing Well JSNA Report” as providing complementary pictures of LTCs, health resilience and coping throughout the life-course and particularly in Older Age, in the population of Swindon.

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- 3.11 Accept the main prevalence estimates of LTCs in this Profile, (derived from the Symphony Model) to be used as pragmatic, working estimates of the size of the LTC prevalence pool in Swindon.
 - 3.12 Conduct a literature review to find evidence of which interventions have been shown to be effective in different parts of the population, with regard to: the primary prevention of LTCs, the secondary prevention of LTCs, self-management, resilience and coping skills in people with existing LTCs. Best professional practice and horizon-scanning (of emerging thought and issues in managing LTCs) are also to be encompassed in the review.
 - 3.13 The literature review also to include investigation of the resilience and coping skills of more affluent people, so that these skills might be extended in Swindon to more deprived people.
 - 3.14 The literature review to be conducted with respect to people at different stages of life, young adulthood, middle-age, and Older Age, people with different levels of health and people from different ethnic and socio-economic groups.
 - 3.15 The literature to be investigated with regard to carers and the relationship of their own health to health events in the people for who they care, in support of a forthcoming "Carers' JSNA Report".
 - 3.16 Explore further ways of exploiting IT, telehealth and telecare to improve and support the health of people with LTCs.
 - 3.17 Conduct further statistical work on LTCs, particularly with a view to understanding social care needs, and include mapping Symphony model measures at the level of small-area geography. This could be complemented by the use of outputs from Swindon CCG's SOLLIS system (based on actual primary care patient data). The outputs could also include measures of: "Frailty", the various diagnostic, risk and resource groupings within SOLLIS, Groups identified in the literature as likely to be at high risk of requiring state-funded social care; such groups to include people with three or more LTCS, aged 65 years or more and living in deprived areas.
 - 3.18 Consult Public and Patient groups through Healthwatch to gain insights into how local people cope with LTCs.
 - 3.19 Share emerging findings with representatives of the "Sustainability and Transformation Plan" Team which is taking a strategic view of health and care services in Bath and North East Somerset, Swindon and Wiltshire.
 - 3.20 Employ appropriately the interventions in the Swindon population, as identified in the literature review.
 - 3.21 Target these interventions in the population as appropriate. Further intelligence work to support this and MOSAIC geo-demographic segmentation to indicate
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which channels of communication should work best with different segments of the population.

- 3.22 Improve and support the health of people with LTCs through “joined-up” or “accountable care”, that is services which are combined and co-located. Joined-up services could include “one-stop shop” treatment and care facilities, for example, for diabetes and its cardiovascular co-morbidities. It could also include “care managers” or “care co-ordinators” (such as the community navigators) who support those patients who have to receive care from different facilities and specialties.
- 3.23 Co-operate with partners in the aspiration for a health-promoting physical environment, including housing for people with LTCs (recent guidance on this topic has been published by Public Health England).

4. Alternative Options

- 4.1 Continue with the present Long Term Conditions management processes and strategies. This could lead to continued increase in the prevalence of Long Term Conditions and Multi-Morbidity, severity of diseases and higher costs.

5. Implications, Diversity Impact Assessment and Risk Management

Financial and Procurement Implications

- 5.1 There are no known financial implications at this stage.

Legal and Human Rights Implications

- 5.2 Legal and Human rights have been taken fully into account in compiling this report. It is considered that the recommendations within this report are compatible with Convention Rights.

All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 5.3 There should be no significant staffing or other implications arising from this report.
- 5.4 Care of people with Long Term Conditions utilises 70% of hospital and primary care budgets in England and makes up 50% of GP appointments and 70% of inpatient days. Reducing the number of people with Long Term Conditions (and Multi-Morbidity) in Swindon will reduce the cost of care and improve the health and wellbeing of Swindon residents.

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Diversity Impact Assessment

- 5.5 Based on the information contained in this report we do not believe that there is any adverse impact for any protected equality characteristic group as set out in the Equality Act 2010.

Risk Management

- 5.6 No specific risks have been identified at this stage for this report.

6. Consultees

- 6.1 The Director of Finance (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

7. Background Papers

- 7.1 None.

8. Appendices

- 8.1 Appendix 1 – Long Term Conditions Joint Strategic Needs Assessment Bulletin.