

REPORT TO: Healthier Theme Group – 4 February 2010

SUBJECT: Long Term Conditions

BY: Tracey Gervaise, Public Health Lead, Moray Community Health and Social Care Partnership.

1. REASON FOR REPORT

1.1 To inform the members of the Healthier Theme Group of the systematic and planned approach led by NHS Grampian in the management of long term conditions in Moray.

2. RECOMMENDATION

2.1 **Members are asked to:-**

(i) Support the systematic and planned approach led by NHS Grampian in the management of long term conditions in Moray.

3. BACKGROUND

3.1 Long term conditions, sometimes referred to as chronic diseases last a year or longer, limit what a person can do, and may require ongoing medical care. Examples include asthma, chronic obstructive pulmonary disease (COPD), diabetes and epilepsy.

3.2 Managing long term conditions is seen as the biggest challenge facing health care systems worldwide, with 60% of all deaths attributable to them. Across the UK it is estimated that people with a long term condition:

- Account for 80 % of all GP consultations
- Are twice than likely to be admitted to hospital
- Stay in hospital disproportionately longer
- Account for over 60% of hospital bed days

3.3 In Scotland, it is estimated that around a million people have at least one long term condition and nearly one third of households contain at least one person with a long term condition.

3.4 Prevalence increases with age. The number of people in Scotland aged 75 years and over is projected to rise by 75 % from 0.37 million to 0.65 million over the period 2004 to 2031. If prevalence rates remain the same the total number of people with COPD will rise by 33 % between 2007 and 2027 and epilepsy will rise by 13 %.

3.5 Links have been established between deprivation and behavioural factors known to effect health and also with individual long term conditions i.e. smoking. (It should be noted that the Moray CHSCP has the highest CHP prevalence in Grampian).

3.6 Over recent years there has been a move to treat more people with long term conditions in the community. However, a considerable amount of care is still carried out in hospitals.

- 3.7 *Delivering for Health and Better Care Without Delay* sets out a programme of action for the NHS in Scotland based on the recommendations made in *Building a Health Service Fit for the Future* (also known as the Kerr Report). The overall emphasis is on providing the majority of care in the community as locally as possible, with a focus on improving health and reducing health inequalities; providing a more integrated and targeted care in local settings; reducing hospital admissions; providing systematic support for people with long term conditions; and allowing patients and carers to have more say in what services they receive.
- 3.8 The responsibility of driving the shift in the balance of care locally has been given to NHS Boards with implementation and delivery by Community Health Partnerships (CHP`s).
- 3.9 Long term conditions has been identified as a NHS Grampian, MCHSCP and Moray Single Outcome Agreement priority.
- 3.10 A Grampian long term conditions A3 plan has been completed and approved. The A3 plan provides; structured cycle of improvement, framework for organised thinking – for individuals and teams, eliminates debating, reveals issues, problems and thinking, makes problem solving visual and tells a story.
- 3.11 The priority long term conditions for improvement are:
- Coronary Heart Disease
 - Diabetes
 - Asthma
 - Coronary Obstructive Disease
 - Chronic Kidney Disease
 - Osteoporosis and Falls
- 3.12 There are six main long term condition themes;
- Health Improvement and Health Inequalities
 - Anticipatory Care / Risk Management and Rehabilitation
 - Case / Care Management
 - Intermediate Care and Rehabilitation
 - Crisis Management
 - Palliative Care

3.13 Progress to date;

- The management of long term conditions is one of NHS Grampian's main priorities (there are a total of five priorities).
- NHS Grampian have enacted upon national guidance on long term conditions, contained in CEL 12 (2008).
- Community Health Partnerships will enact and facilitate Grampian's approach to Long Term Condition improvements.
- NHS Grampian has a designated Executive Sponsor, Clinical Lead and Long Term Conditions Programme Manager.
- The MCHSCP has a designated CHP Sector Lead and Clinical Lead for Management of Long Term Conditions.
- A local long term conditions baseline is in place.
- A multi-agency Moray Long Term Conditions Steering Group has been established.
- A multi-agency Moray Long Term Condition Stakeholder Group has been established.
- A Moray Long Term Conditions Workplan 2009 -2010 has been developed. The plan includes the identified and agreed rapid service improvement programmes required to shift the balance of care, as directed in the aforementioned national policies and programmes. The plan reflects direct links with primary and acute services, social care services, older people's and integrated children's services and services for learning disability and mental health.
- Systems and structures to enable and support robust performance management reporting of the Workplan are in place.
- Examples of rapid service improvement programmes include:
 - Respiratory/COPD Services
 - Medical Patient Pathways, Dr Grays
 - Anticipatory Care Planning
 - Self Care
 - Palliative Care
 - Falls and Osteoporosis
 - Diabetic Services

4. **SUMMARY OF IMPLICATIONS**

(a) **Community Plan / Theme Plans / Partner Plans**

Congruent with the NHS Grampian Health Plan, the MCHSCP Performance Management Plan 2009-2010 and Moray Single Outcome Agreement 2009-2010.

(b) **Policy and Legal**

Policy: as per *Delivering for Health, Building a Health Service Fit the Future and Better Care Without Delay*.

(c) Resources (Financial, Staffing and Risks)

Financial: Financial risks remain NHS Grampian`s and The Moray Council`s main challenge. There is a need to reduce the burden on inpatient care where admission is inappropriate and ensure that community health and social care services are placed to deliver appropriate care.

Staffing: If primary and acute care health and social care services are not sufficiently supported in the transition to implement the service improvement programmes required to shift the balance of care services who are already challenged by the volume of activity may have difficulty in addressing local need.

Risks: Poor staff moral, increased sickness and absence rates, reduced quality of care due to lack of time and resources. There may also be possible patient safety issues if a whole systems approach is not adopted and achieved.

Property: No new implications.

(d) Consultations

NHS Grampian senior clinicians and managers, The Moray Council Lead Officers for Community Care, MCHSCP service and operational locality teams, Community Planning Partners, Patient Participation Forum.

5. CONCLUSION

- 5.1 NHS Grampian is leading a systematic and planned approach in the management of long term conditions in Moray. Via a broad range of evidence based rapid service improvement programmes the MCHSCP will enable and support the implementation of recommendations and priorities set by *Delivering for Health, Building a Health Service Fit for the Future* and *Better Care Without Delay*.

Author of Report: Tracey Gervaise

Background Papers:

Ref:

Signature: