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Southwark
Clinical Commissioning Group

Integrated Care for Long Term Conditions

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Long Term Conditions: the impact on health and wellbeing

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- It is estimated that in England, over 30% of the population have one or more long term conditions
- Within Southwark 5% of the population have diabetes, but up to a quarter of diabetics may be undiagnosed, based on numbers on GP registers
- The prevalence of long term conditions rises with age, as does the chance of having more than one LTC
- In Southwark, LTCs among the under 60's are more prevalent than nationally
- Mortality rates from cardiovascular disease and respiratory disease are higher than the London and England averages
- There is a significant impact on quality of life caused by living with a LTC

The cost of Long Term Conditions

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- Although people with LTCs only account for 30% of the population, it is estimated that they utilise around 70% of the healthcare budget
- Having a long term condition greatly increases the risk of a hospital admission, and this risk rises sharply the more long term conditions an individual has
- Not all LTCs are equal in terms of the cost of health and social care. The most costly are dementia, kidney disease, stroke, heart failure and COPD

Older people tend to have more Long Term Conditions

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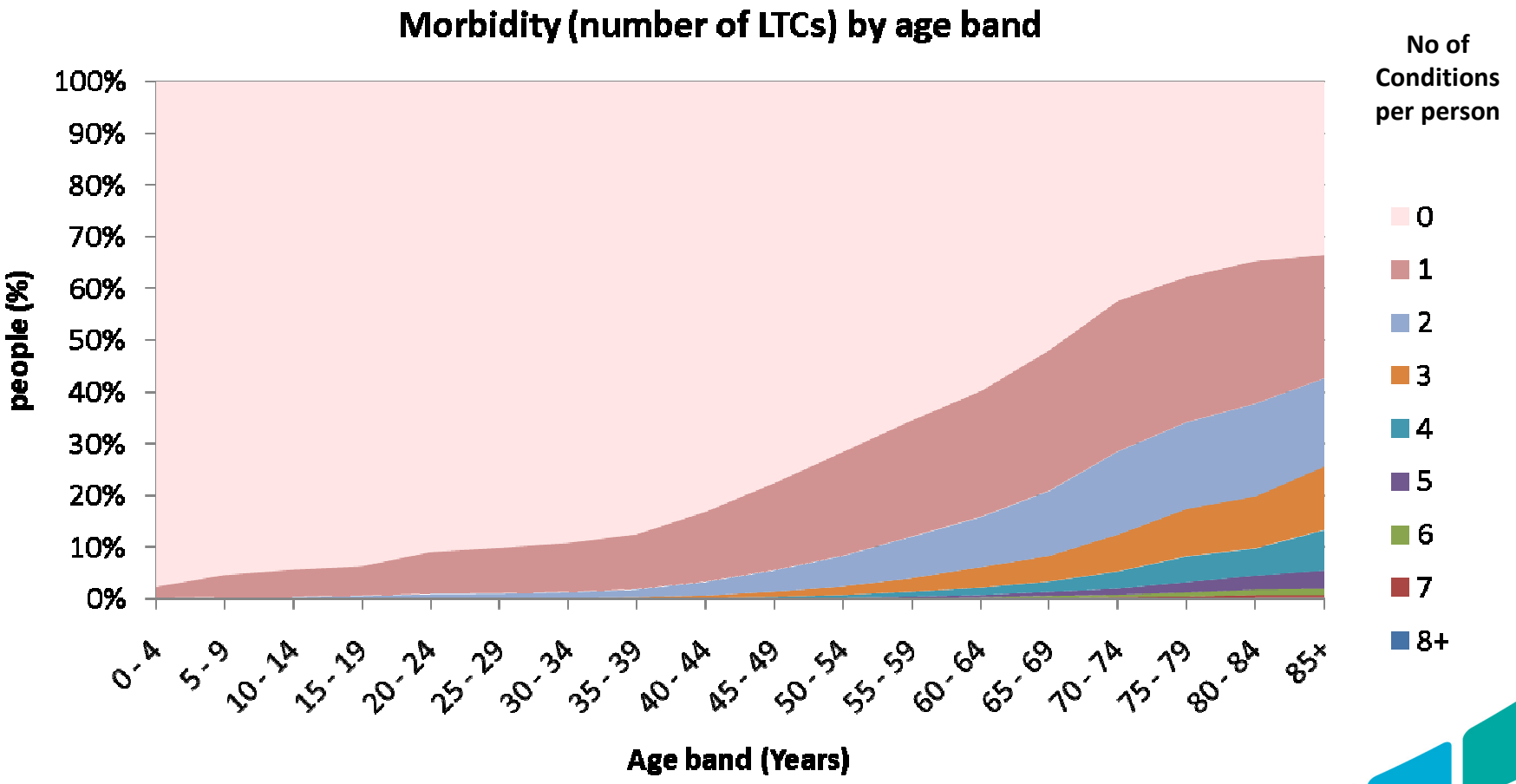

Other studies, e.g., Scottish Multi-Morbidity study (Lancet 2012), show higher morbidity levels due to QOF-type LTC definitions and larger number of LTCs considered

Base: People registered at practices that allow PHMCC access
Source: LTCs from acute inpatient data (11/12) & PHMCC

Average social services cost per person by number of LTCs

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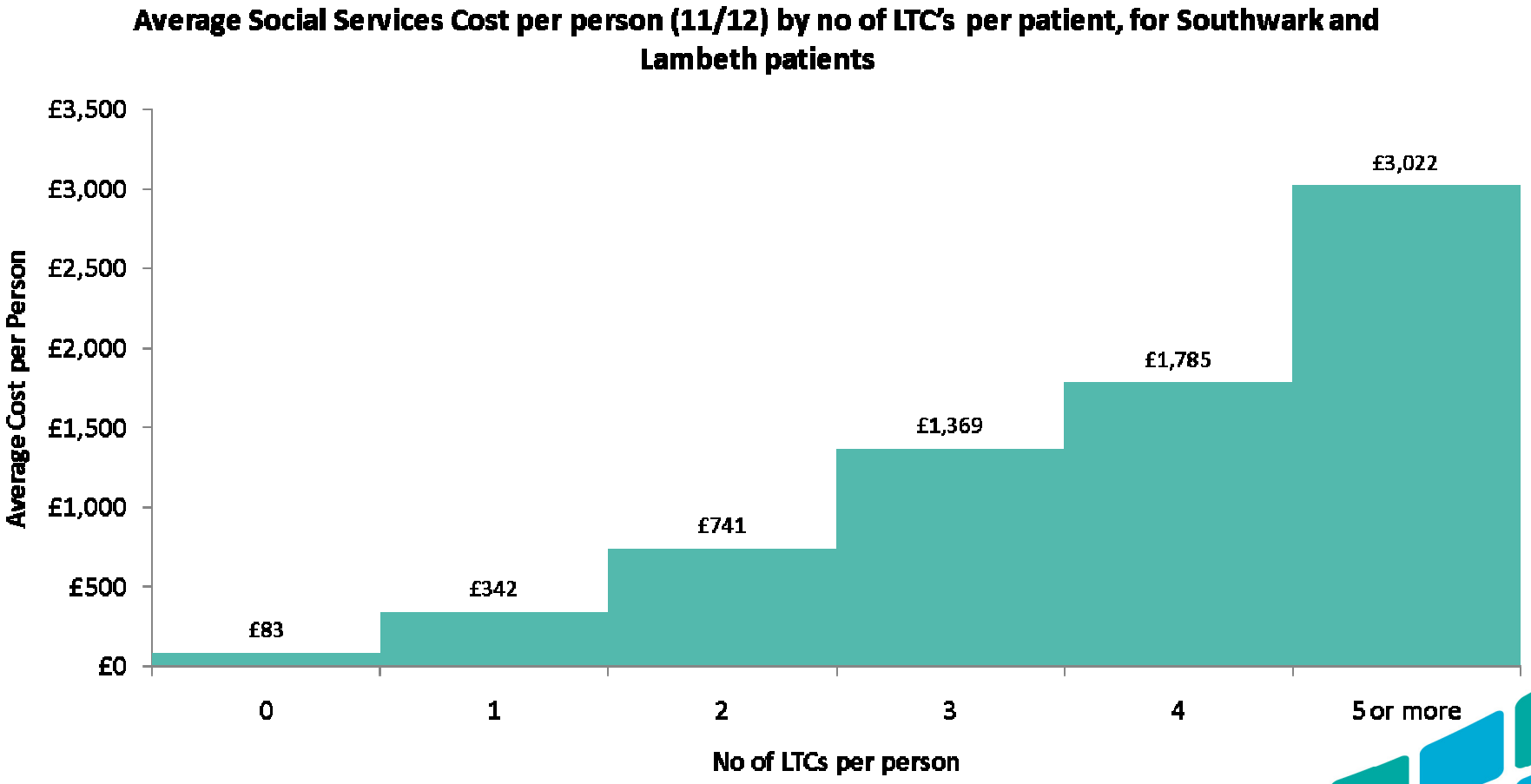

Note: Cost extrapolated based on social care users with NHS number recorded

Base: People registered at practices that allow PHMCC access; 0 conditions (415,310), 1 condition (65,348), 2 conditions (17,985), 3 conditions (6,536), 4 conditions (2,807), 5 or more conditions (1,785)

Source: Social services data for Southwark & Lambeth people, LTCs from current PHMCC Data (ETGs) & acute IP data

Box plot distribution of healthcare cost per person by number of LTCs

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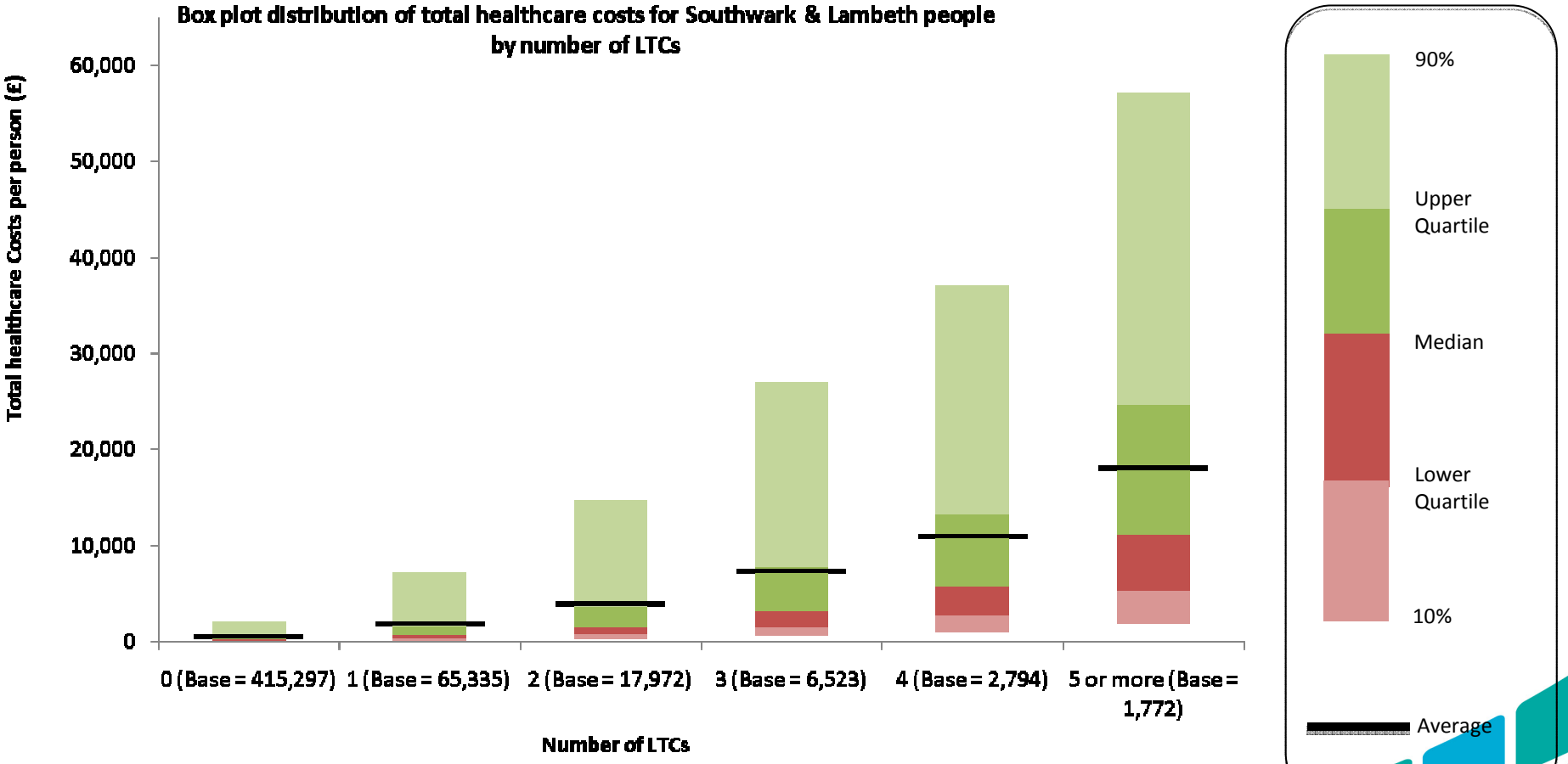

Base: People registered at practices that allow PHMCC access

Source: Acute, Community, Mental Health and Prescribing & Primary Care (based on PHMCC) data for Southwark and Lambeth people, LTCs from current PHMCC Data (ETGs) & acute IP data

Why integrate care?

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- Health services for people with long term conditions are organised by condition – we treat 'body parts' rather than the whole person
- Given the prevalence of co-morbidities, this means that many people see several clinical teams for their care
- Mental health and physical health services are organisationally and culturally separate, despite the fact that there is a significant psychological impact of living with a long term condition, and that the health outcomes for people with mental health problems are poor
- Southwark people tell us that their care is not joined up, that they have to repeat their details to multiple agencies, that care is not co-ordinated
- Outcomes for Southwark people, (both clinical and experiential) are often poor

How could we do this in Southwark?

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- A pro-active and preventative approach, based on continuity of care
- Joint working between primary care, community nursing and social care to deliver care plans with the support of specialist teams where needed
- Integration of community nursing and primary care at neighbourhood level
- A single model of assessment and care co-ordination, with CMDTs organizing multi-disciplinary care for people with more complex needs
- A generic approach to self-management which supports the delivery of personalized care, including support services commissioned in a co-ordinated way across the CCG and Local Authority
- Greater integration between mental health and the physical health of people with long term conditions
- Community hubs bringing together diagnostics, peer support and education, and specialist community clinics in one place, providing co-located and holistic approach to LTCs
- Patient-centred support for taking medicines

SLIC workstream on LTCs

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- Workstream recently revitalised
- Focus on behaviour change – individuals and professionals
- Two phases:
- Phase 1 defining issues- to March 2014
- Phase 2 developing project plans – to October 2014
- Some work in progress on understanding why people do not take their medicines
- Project manager in place