

Theme Position Statement

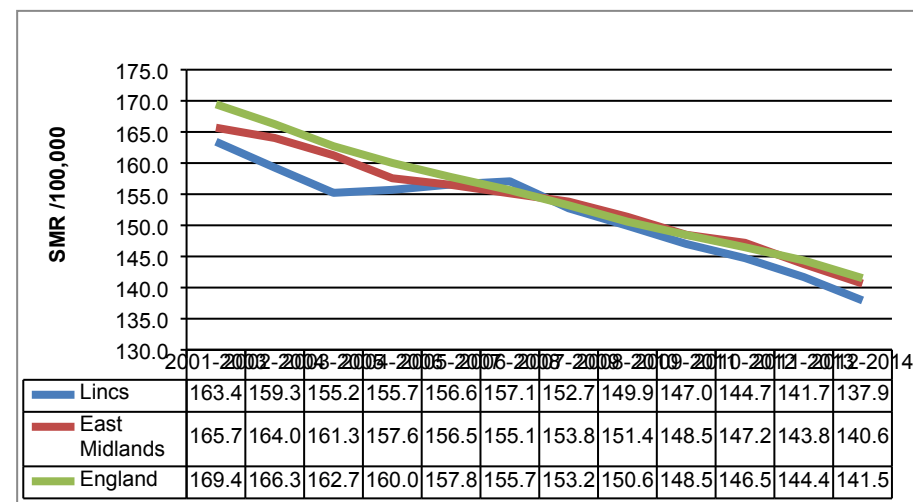
The management of long term conditions (LTCs) is a significant challenge for health and social care. With advances in the care and treatment of many LTCs, a greater proportion of the population is able to lead a longer and more active life. Overall 70% of the total expenditure on health and care in England is associated with the treatment of the 30% of the population with LTCs. The prevalence of LTCs is projected to increase and there is an increasing number of people with more than one LTC.¹

It is essential that people who have a LTC are provided with health and social care services and support to help them manage their care. Effective prevention, management and treatment interventions are essential. Theme 1 of the JHWS provides information on some of the public health interventions, for example, smoking cessation, that contribute to the prevention of the priority areas in Theme 3. Many of the key areas in the CCG 2016/17 Operational Plans support the delivery of the Theme 3 priorities and the Lincolnshire Sustainability and Transformation Plan (STP) will significantly contribute to this Theme.

Cancer

- In Lincolnshire during 2012-2014, 2997 people died prematurely (<75years) from cancer of which 1683 were considered preventable through public health interventions.
- Cancer mortality rates (under 75 years) have decreased over the last decade, however, it remains one of the main causes of mortality. In Lincolnshire the standardised mortality rate (SMR) from cancer (<75years) in 2001-2003 was 163/100,000, compared to 137/100,000 in 2012-2014.

Figure 1: Under 75 Mortality from Cancer. SMR/100,000

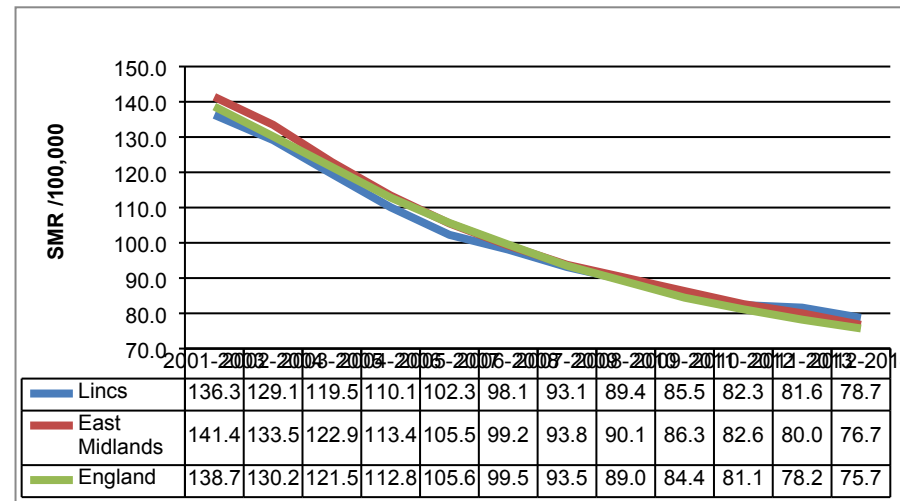


Cardiovascular Disease (CVD)

¹ Managing the care of people with long-term conditions. www.publications.parliament.uk/

- In Lincolnshire during 2012-2014, 1692 people died prematurely (<75years) from CVD of which 1171 were considered preventable.
- In Lincolnshire the standardised mortality rate from CVD (<75years) in 2001-2003 was 136/100,000, compared to 78/100,000 in 2012-2014.

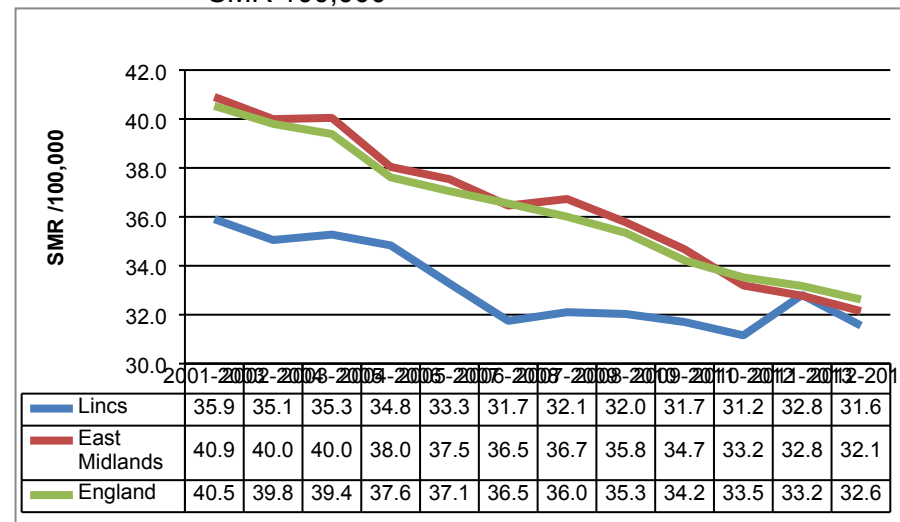
Figure 2: Under 75 Mortality from CVD. SMR/100,000



Respiratory Disease

- In Lincolnshire during 2012-2014, 685 people died prematurely from respiratory disease of which 361 were considered preventable.
- In Lincolnshire the standardised mortality rate from respiratory disease (<75years) in 2001-2003 was 36/100,000, compared to 31 in 2012-14.

Figure 3: Under 75 Mortality from Respiratory Disease. SMR 100,000



Lincolnshire East and West Clinical Commissioning Groups have the highest levels of mortality from cancer and CVD.

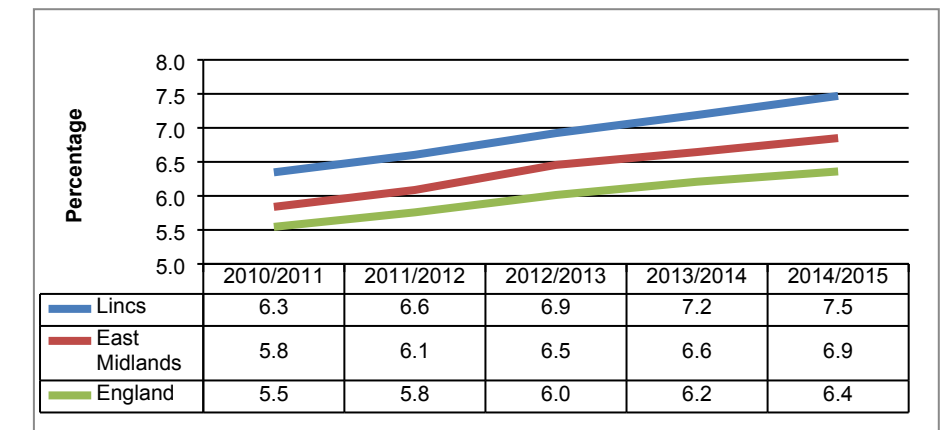
Higher rates of premature mortality among people with a serious mental illness (SMI) are mainly due to a higher burden of CVD, cancer and liver disease. Therefore prevention, early intervention and early diagnosis of co-morbidities are essential to reduce mortality rates for people with a SMI. Addressing excess mortality amongst people with a SMI is an indicator in the Public Health Outcome Framework.

Identification and Management of Long Term Conditions (LTCs)

A range of interventions are commissioned and provided to identify people with LTCs, for example, the NHS Health Check Programme. In Lincolnshire during 2015/16, 59.8% of people who were invited for a NHS Health Check were assessed.

The Quality and Outcomes Framework (QOF) requires general practices to maintain a register of people with certain LTCs. For example, during 2014/15, the recorded prevalence of diabetes amongst the adult population was 7.3% (45955 people), with Lincolnshire East CCG having the highest prevalence (8.5%) amongst the four Lincolnshire CCGs. Figure 4 shows the increase in diabetes prevalence from 2010/11 – 2014/15.

Figure 4: Recorded Diabetes (17years and over).



General Practices, using the ongoing management QOF indicators provide interventions for people on the disease registers, for example, effective control and monitoring (e.g. blood pressure, cholesterol and HbA1c) of diabetics.

The Right Care Commissioning for Value programme² provides data on a range of pathways that address Theme 3 priorities, for example, diabetes, heart disease and stroke. This programme identifies where CCGs are performing better or worse than similar CCGs on a range

² <http://www.rightcare.nhs.uk/index.php/commissioning-for-value/>

of indicators across a number of pathways, for example, patients receiving the National Diabetes Audit (NDA) eight key processes. The programme identifies many care and treatment opportunities.

CCGs commission a range of service to support the delivery of Theme 3 and a range of standards are used to measure the performance of these services, for example, that 80% of stroke patients spend at least 90% of their time in hospital on a stroke unit and cancer wait (2week) and treatment times (31 and 62days).

Cancer Screening

NHS England has an objective to ensure effective commissioning of cancer screening programmes, for example, cervical and breast. Local Authority Public Health has a role in encouraging participation in screening programmes. In Lincolnshire in 2015 both the breast and cervical screening programmes had coverage just below 80% (78.30% and 76.49% respectively).

What's Working Well – examples of key achievements 2015/16

- CCGs commission a range of programmes that are part of their operational plans that contribute to the achievement of Theme 3's outcomes.
- The Lincolnshire Strategic Cancer Board has carried out work looking at system wide plans for cancer pathways. Organisations are involved in a work programme that aims to raise awareness, facilitate early referral, improve outcomes and provide holistic care for those living with and beyond cancer.
- CCGs are continuing to develop Neighbourhood Teams as part of the Lincolnshire Health and Care (LHAC) proactive care work stream. Across Lincolnshire there are 13 Neighbourhood Teams and work is ongoing to embed them with key health and social care organisations.
- As part of the LHAC proactive care work stream, a Self-Care Strategic Plan has been developed.
- Lincolnshire CCGs are reviewing their diabetes pathways and services and are making service improvements to existing services. GP practice staff have received training to enable them to support diabetes patients more effectively in the community. Lincolnshire (as a Greater Lincolnshire programme) is part of the first wave of the National Diabetes Prevention Programme and a diabetes education programme is being developed from Lincolnshire Health and Wellbeing Board Funds.
- The current CCG QIPP (Quality, Innovation, Productivity and Prevention) programme largely focuses on the Rightcare Programme with the aim of improving outcomes and quality across a number of areas, for example, cancer and CVD. Two of the Lincolnshire CCGs are part of NHS England's wave 1 roll out of the Right Care Programme.

- A range of public health programmes are commissioned and provided that address the Theme's outcome, for example, NHS Health Check, smoking cessation and Making Every Contact Count (MECC). (See Theme 1 for further information). During 2015/16 Lincolnshire performed better than England and East Midlands on both eligible people invited and assessed for the NHS Health Check Programme.
- Physical health care has been embedded into contracts to help reduce the health inequalities between people with serious mental illness and the general population. The quality schedule has been updated to include monitoring and management of physical health needs. 'Experts by Experience' have been introduced to support access to health checks and to improve pathways into and through services.

Future Challenges

- Despite the decline in mortality from some priority areas in this Theme (e.g. cancer and CVD), these conditions continue to cause significant premature mortality in Lincolnshire, with specific communities being particularly affected.
- The continued increase in the prevalence of long term conditions, for example diabetes, is likely to continue given the age profile of the population and the lifestyles that contribute to this.
- With the current financial challenges there is a concern regarding how funding decisions may impact on the prevalence and management of long term conditions and the longer term mortality.

Future Opportunities

- Reducing premature mortality is an aim that is shared between the NHS Outcomes Framework and the Public Health Outcomes Framework. Both CCGs and local authorities have a significant impact on reducing premature mortality by determining which contributory factors have the greatest effect on their local population, and commissioning and providing interventions accordingly. The Lincolnshire Sustainability and Transformation Plan will significantly contribute to Theme 3.
- By organisations working together, a range of effective interventions can be commissioned and provided. This includes general prevention (e.g. promoting lifestyle change), population screening, risk identification/management and effective treatment.
- The LHAC programme offers opportunities to address the priorities in this Theme of the Strategy .
- Primary care co-commissioning offers opportunities to take forward some of the actions that have been identified in the

refresh of this theme, for example, optimising the management of long term conditions through the delivery of the General Practice QOF.