

HEALTH & WELLBEING BOARD

Subject Heading:	BHR CCGs' Long Term Conditions Strategy
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The subject matter of this report deals with the following themes of the Health and Wellbeing Strategy

- Theme 1: Primary prevention to promote and protect the health of the community and reduce health inequalities
- Theme 2: Working together to identify those at risk and intervene early to improve outcomes and reduce demand on more expensive services later on
- Theme 3: Provide the right health and social care/advice in the right place at the right time
- Theme 4: Quality of services and user experience

SUMMARY

This paper sets out the work that is being undertaken on Long Term Conditions. BHR partners are working together to move forward our shared integration aspirations and address system wide issues. A number of clinically led transformation boards have been established to coordinate transformational change across the system that will drive down costs whilst improving both quality and outcomes. Long Term Conditions (LTCs) is one of the transformation boards. As Long Term Conditions have not previously constituted a defined area of work, a strategy document has been developed to understand the key challenges and develop a response to those challenges. (Our detailed LTC Strategy is set out as Appendix 1)

The key challenges are:

1. The gap in prevalence between national forecast levels and local levels of diagnosis



2. The level of activity on long term conditions in a non-elective care setting

A vision and plan to address these challenges has been developed and task and finish groups are in place, overseen by the LTC Transformation Board.

RECOMMENDATIONS

The HWBB is asked to note the report.

REPORT DETAIL

1.0 Purpose of the Report

- 1.1 This purpose of this report is to present our Long Term Conditions (LTC) Strategy to the HWBB. The strategy document is attached as appendix 1.

2.0 Background/Introduction

- 2.1 BHR partners are working together to move forward their shared integration aspirations and address system wide issues. This is enacted formally through the BHR Integrated Care Partnership (ICP), which comprises clinical, democratic and officer leaders. The ICP vision is to accelerate improved health and wellbeing outcomes for the people of Barking & Dagenham, Havering and Redbridge and deliver sustainable high quality health and wellbeing services.
- 2.2 A number of clinically led transformation boards have been established to coordinate transformational change across the system that will improve both quality and outcomes whilst driving down costs. The LTC Transformation Programme was established in April 2019 to co-ordinate transformational change across the conditions that were agreed to be in the scope of the programme in order to improve quality, patient outcomes and to ensure services are as efficient as possible and integrated around the patient. The LTC Transformation Board is chaired by Dr Rami Hara who is BHR CCGs' Clinical Director GP lead for LTCs.
- 2.3 LTCs have not previously been treated as a defined group of conditions or as a single transformation area. As such it was agreed that an LTC Strategy would be developed to allow the partners to understand the issues and to develop an approach to address them.
- 2.4 The in scope conditions for the LTC Transformation Board are:
- Diabetes
 - Atrial Fibrillation
 - Chronic obstructive pulmonary disease (COPD)
 - Coronary Heart Disease (CHD)
 - Asthma
 - Chronic Kidney Disease (CKD)
 - Hypertension

3.0 How we have developed our strategy

- 3.1 The LTC Strategy was developed with the input of a range of organisations across the health and care economy including the CCGs, BHRUT, NELFT, Public Health (with the Director of Public Health for Redbridge leading on behalf of the three



boroughs), Care City and Redbridge CVS. The partners came together with the common recognition that no one partner in the health economy can address the strategic and practical challenges of LTCs alone, and that a joint coordinated approach will be required to effectively identify, treat and support patients with long term conditions in the most appropriate setting of care. In addition the partners acknowledge that as a consequence of an aging population, local demographic factors and lifestyle changes the challenge of LTCs is growing and that action to impact growth, improve health outcomes, and ensure the most efficient use of joint resources to address the challenges of LTCs under these circumstances is required.

3.2 During the development of the strategy, significant work was undertaken to understand the particular challenges faced as a result of these conditions in BHR. At its core, our long term conditions challenges can be articulated in two statements:

- Prevalence Gap – comparison of national data and Quality Outcomes Framework data recorded by GPs demonstrates that there is a difference between the numbers of patients diagnosed with LTCs when compared to national forecast data. Patients who are not diagnosed and are not aware that they have a condition will not be accessing the appropriate support and treatment and are therefore at risk of their condition deteriorating and/or of accessing treatment, non-electively as a result. In addition as a result of an aging population and changing lifestyles the prevalence of all in scope conditions is increasing.
- Settings of Care - Analysis was carried out focusing on cardiology and diabetes LTCs to understand the burden of cost as a result of LTCs. This demonstrated that a very high proportion of spend on LTCs is spent on non-elective care. While it is recognised that this may be in part due to the relatively higher cost of non-elective care (as opposed to elective treatment) it is indicative of the fact that we are seeing more patients being admitted to hospital as non-elective admissions, some of which may be avoidable.

3.3 A clear vision for LTCs has been developed in response to these challenges which includes the development of common/single pathways for patients with multiple LTCs, a renewed emphasis on empowering the patient to manage their own condition and improving diagnosis rates.

3.4 The programme of work set out in our LTC strategy is grouped into four thematic areas:

1. Early Identification
2. First Response
3. Managing Well
4. Patients with complex needs who may have more than 1 LTC

To deliver this vision, two task and finish groups and a number of sub-groups underneath them have been established, with participation from clinicians and officers from across the BHR system.

- 3.5 It is noted that the strategy represents the starting point for ongoing work on LTCs, which will be directed by the LTC Transformation Board.
- 3.6 We will engage with patients and carers when required to ensure that our work is based on feedback from the latter groups. We are in the process of completing a patient friendly version of our strategy which will outline in simple terms our offer to our local populations.

IMPLICATIONS AND RISKS

4.0 Resources/investment

There are no financial or resource implications arising from the report. However there will be financial implications from implementing the identified initiatives within the strategy, therefore individual business cases will be developed for each of the initiatives.

4.1 Risks

A risk register is included in the strategy document, Individual business cases will also include a project specific risk register. The strategic risks are outlined below:

- There is a risk that the proposed model of care/interventions across our LTC programme of work does not stem the flow of activity into secondary care and may actually increase activity. **Mitigation:** Development of clinical pathways and referral criteria, MDTs for more complex cases and encouraging patients to self-care
- As there are a number of detailed programmes of work emerging from the LTC strategy, there is a risk of insufficient capacity to deliver the work to timescales. **Mitigation:** Senior project manager now in post, task and finish groups established, project support now in place
- Detailed programmes of work emerging from the LTC strategy requires coordination between and across organisations. There is a risk to delivery to timescales as a result of the need to work across multiple partners. **Mitigation:** establishment of task and finish groups attended by all relevant organisations, with the Transformation Board providing oversight
- Detailed programmes of work emerging from the LTC strategy require significant financial investment which may not yield the expected returns (ROI). **Mitigation:** detailed financial modelling will be undertaken for most schemes. Where investment is needed, business



cases will be subject to due diligence as part of the approval processes.

4.2 Equalities

There are no equalities implications arising from this report. Individual business cases will be developed for each of the initiatives, which will include an Equality Impact Assessment

BACKGROUND PAPERS

1. LTC Strategy Document- Appendix 1