

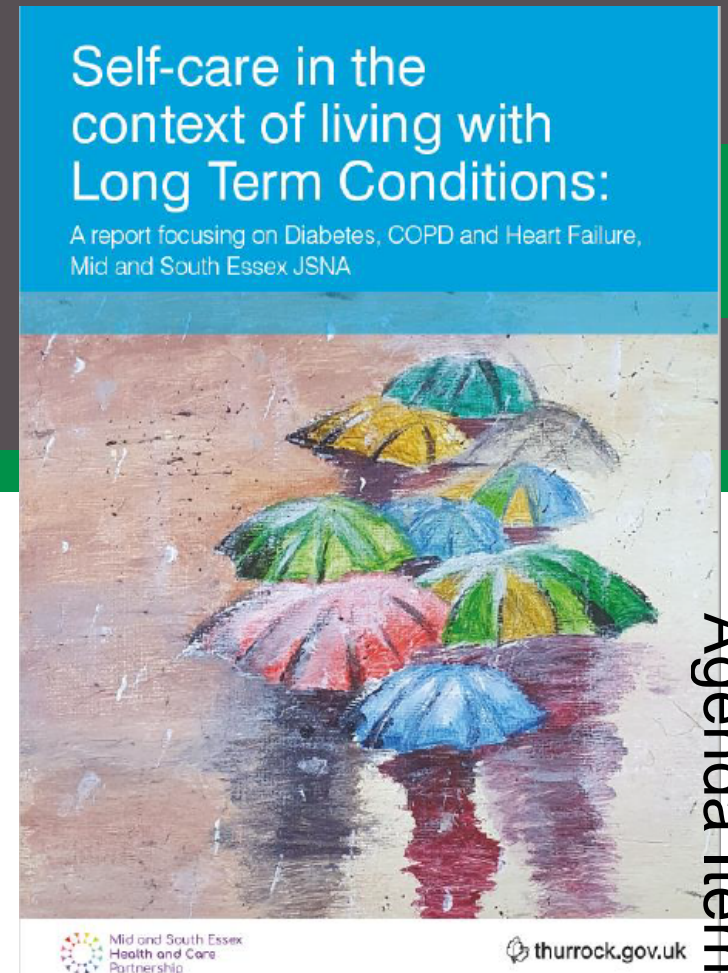
Overview of the Mid & South Essex ICS Self Care JSNA

Health Overview and Scrutiny Committee

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Produced by the MSE ICS
Population Health Management
Team

12/01/2023



Agenda Item 8

What is Self Care (definition in the JSNA) and why is it important?

Theory of Self-care of Chronic Illness. Prevention and Management of conditions through 3 core elements:

Self-care maintenance - process of maintaining health through health promoting practices and managing illness. E.g. adopting behaviours such as not smoking, having a healthy diet, and taking regular exercise.

Self-care monitoring - process of self-observation for changes in signs and symptoms. Eg regular self-monitoring of blood glucose levels in those who are diabetic.

Self-care management - process of taking action in response to signs and symptoms when they occur. E.g. taking prescribed medication or seeking immediate GP advice during an illness flare up.

Importance – Risk behaviours account for c.40% of a person's health status compared to healthcare which only accounts for 10-20%

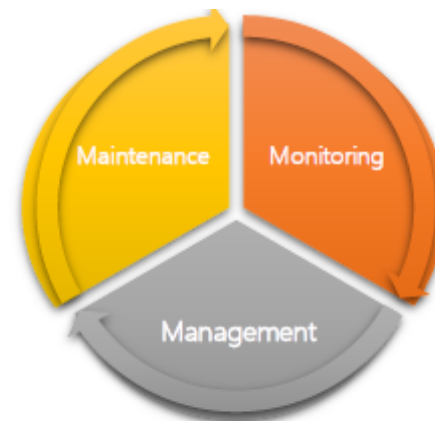


Figure 1.2 – Core elements of self-care

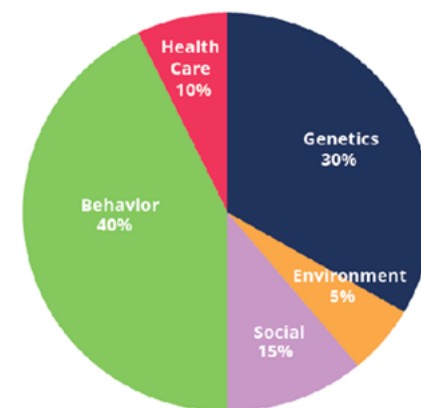



Figure 1.3: Main factors that influence health

Why is self care important?

- Reduces the risk of developing Long Term Conditions such as Diabetes and CVD
- Prevents deterioration of those conditions in people who already have a diagnosis
- Gives individual a feeling of control over their own health which results in healthier behaviours
- Increases engagement with healthcare (e.g. screening and check ups)
- Increased treatment compliance




Enhancing the Quality of Life

for People Living with Long Term Conditions


Long term conditions (LTCs) are one of the biggest issues facing health and care today – but people living with LTCs are being supported to maintain a good quality of life.

About 26 million people in England have at least one LTC



26
million
with LTCs


10 million have two or more LTCs, 1m with frailty, 0.5m at end of life



10
million
with 2 or
more


There's a three-fold increase in cost of health care for those with frailty

Some people living in deprived areas will have health problems 10-15 years earlier than people in affluent areas.




10-15
years

15% of young adults aged 11-15 have an LTC




15%


Only 59% of people living with LTCs are in work, compared with 72% of the general population.




LTCs account for:




50%
of all GP
appointments




64%
of all hospital
outpatient
appointments




70%
of all hospital
bed days




70%
of health and
care spend



33%
of GP appointments
for patients with
multiple LTCs



50%
of emergency
bed days for
over 75's




25%
of bed days
occupied by
someone dying

Carers are making a huge and valuable contribution to looking after people living with LTCs, but the burden on them is great. 80% of carers report that caring for someone living with an LTC has had a negative impact on their health. In addition, £1b in carers' allowance is unclaimed each year

There is much work to be done to support people living with LTCs.

3.2%

People living with LTCs are being supported to develop their own care plans. At present though, only 3.2% have written their own plan.



On average people living with LTCs spend just 4 hours a year with a health professional, and 8,756 hours self-managing.

64% at present say they feel supported, so there is room for improvement.

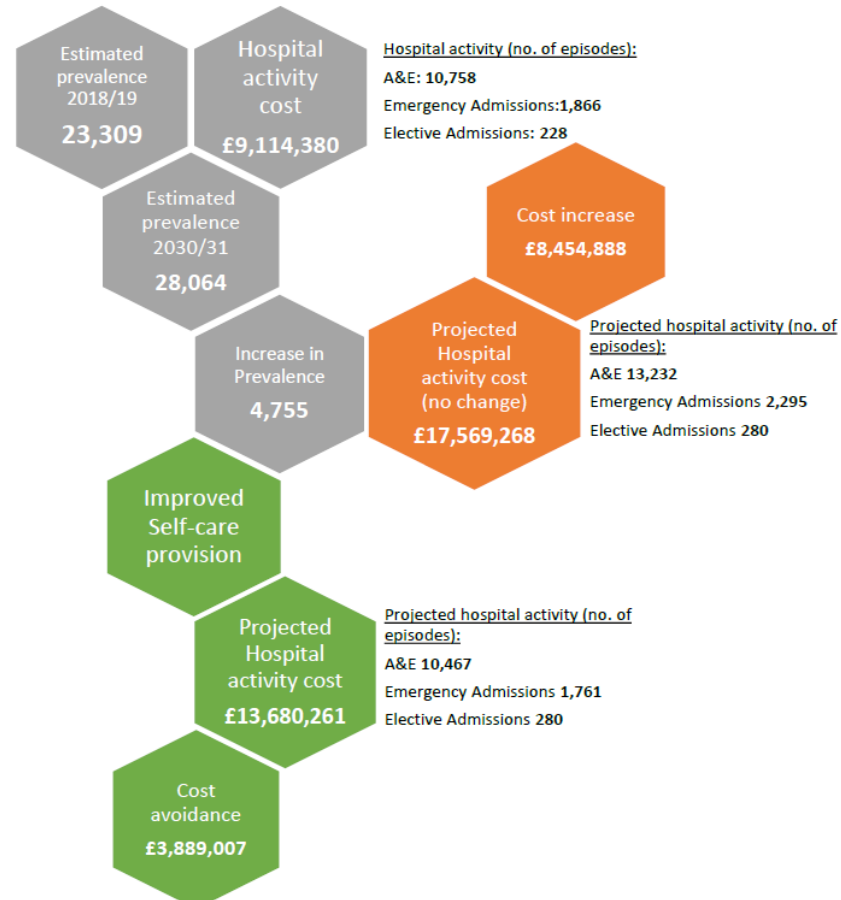
More information about enhancing the quality of life for people living with long term conditions can be found at www.england.nhs.uk/house-of-care

What will happen if we don't improve self care?

Figure 4.2: Projected acute care cost due to Diabetes (scenarios)



Figure 4.3: Projected acute care cost due to COPD (scenarios)



What recommendations from this report are important for Thurrock Alliance?

1. There are some recommendations contained in the report about case finding and management, however these are superseded by the 2022 Annual Report of the Director of Public Health on the management of CVD conditions in Thurrock.
2. Provision of education and specialist support for diagnosed patients (specific to their conditions).
3. Shift towards outcome based targets and KPIs rather than performance based.
4. Deliver Motivational Interviewing and other coaching techniques training to GPs and primary care staff.
5. Plan group meetings for patients with multi-morbidity to facilitate sharing of resources and experience.
6. Improve CBT offer for LTC patients to reduce anxiety and improve quality of life.

What recommendations from this report are important for Patients?

Some recommendations are aimed at helping patients to get the best out of the services we offer. These could be achieved through a good communications plan:

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1. How to plan an appointment with care provider
2. Keeping symptom log / diary
3. Accessing free / online services
4. Being open to use support

Next Steps

- Successful bid to MSE Health Inequalities fund – training in motivational interviewing for Primary Care and other direct patient care providers eg Health and Wellbeing services.
- Recommendations on Long Term Condition prevention and management are to be included in the Thurrock Alliance Population Health and Health Inequalities Board. They will support delivery of chapter 6 of the Better Care Together, Case for Further Change Strategy.
- Recommendations for the ICS to implement will be escalated to the newly formed Public Health Improvement Board including the Personalisation of Care, Prevention and Health Inequalities subgroups.

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