Agenda Item 10

HEALTH AND WELLBEING BOARD: 26th SEPTEMBER 2019

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

JOINT STRATEGIC NEEDS ASSESSMENT – MULTIMORBIDITY AND FRAILTY

Purpose of the report

1. The purpose of this report is to provide a summary of the recommendations that have arisen from the Joint Strategic Needs Assessment (JSNA) Multimorbidity and Frailty chapter.

Link to the local Health and Care System

2. The local authority and clinical commissioning groups (CCGs) have equal and joint statutory responsibility to prepare a JSNA for Leicestershire, through the Health and Wellbeing Board. The Health and Social Care Act 2012 amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for Health and Wellbeing Boards in relation to JSNAs.

3. JSNAs are a continuous process and are an integral part of CCG and local authority commissioning cycles. Health and Wellbeing boards need to decide for themselves when to update or refresh JSNAs or undertake a fresh process to ensure that they are able to inform local commissioning plans over time.

4. Leicester, Leicestershire and Rutland's Sustainability and Transformation Plan (STP) sets out a vision for the future of health and care services. It focuses on ensuring that consistently quality services are delivered which are easier for local people to access. Where possible, it is important that the JSNA is used as the evidence base for the STP.

5. The purpose of the JSNA is to improve the health and wellbeing of the local community and reduce inequalities for all ages. It should be viewed as a continuous process of strategic assessment and planning with the aim to develop local evidence-based priorities for commissioning which will improve the public's health and reduce inequalities.

6. The JSNA will be used to help to determine what actions the local authority, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing.

7. The local authority, CCGs and NHS England's plans for commissioning services will be expected to be informed by the JSNA. Where plans are not in line with the JSNA, the local authority, CCGs and NHS England must be able to explain why.

8. The JSNA is a statutory document that is used by many organisations to evidence changes to the commissioning of local services. As such, if any organisation receives a legal challenge to the services they commission based on the JSNA, the local authority could also be part of that legal challenge. It is essential that the process that is followed meets the legislation that is set out and that the JSNA is a robust document.

Recommendation

9. It is recommended that the Health and Wellbeing Board welcomes and supports the recommendations of the Joint Strategic Needs Assessment - Multi Morbidity and Frailty.

Policy Framework and Previous Decisions

10. The last full JSNA for Leicestershire was produced in 2015 and can be accessed at: http://www.lsr-online.org/leicestershire-2015-jsna.html.

11. The Health and Wellbeing Board received a paper in January 2018 which proposed that the JSNA would be published in subject-specific chapters throughout a three-year time period on an iterative basis, in line with CCG and local authority commissioning cycles. This approach was supported with the JSNA outputs agreed as:

- Subject-specific chapters of an assessment of current and future health and social
- care needs.
- Infographic summary of each chapter
- A data dashboard that is updated on a quarterly basis to allow users to self-serve high level data requests

12. The Health and Wellbeing Board considered the adult mental health chapter in some detail at its Development Day in Autumn 2018. This resulted in the development of an Action Plan which is being considered as a separate item on this agenda.

13. The Board also considered the Air Quality and Health Chapter at its meeting in July 2019.

14. The JSNA chapters published to date can be accessed at: http://www.lsr-online.org/leicestershire-2018-2021-jsna.html

Background

15. The JSNA Multimorbidity and Frailty chapter was published online in September 2019 following discussion at the JSNA Reference Group. A link to the full chapter can be found under Background papers section towards the bottom of this report. A summary of the recommendations arising from the chapter is provided below.

Summary of Recommendations JSNA Multimorbidity and Frailty

16. Overall the Multimorbidity and Frailty JSNA chapter has provided an overview of the current risk stratification work completed locally and cross referenced this with rapid literature reviews of national evidence. The chapter has limitations due to the rapid nature of these reviews, and the scope and limitations of the risk stratification and segmentation (including coding of the data). However, this JSNA aims to provide some direction to support and open conversations about developing systematic, targeted approaches to population health management and using the Johns Hopkins ACG Tool across Leicestershire and wider LLR.

    Results from the Multimorbidity and Frailty JSNA chapter have been triangulated and discussed with partners to provide the following recommendations;

17. Develop a Leicestershire and wider LLR strategy for population health management, utilising risk stratification and care coordination approaches. This should consider;

    a) What is the key driver for the strategy? For example, if targeting the greatest proportion of people with a Long-Term Condition (LTC), priorities would include primary and secondary prevention for hypertension, ischaemic heart condition, chronic renal failure and diabetes. However, if average secondary care cost over a 12month period is the driver, then specifically people aged 18-44years with multimorbidity (especially 5 and over LTCs), Congestive Heart Failure (CHF), 14% of the population who are frail, high cost and risk of A&E admission, followed by depression, schizophrenia and seizure disorders should be prioritised for care coordination and prevention interventions. Within this strategy, the system should consider prioritising access to those who are most deprived due to the gradient in health needs, and increased service usage.

    b) Exploring whether further care coordination/ case management work could be completed with immunosuppression/transplant patients that have a LTC as these patients cost approximately double the cost of other LTC patients with two or more conditions.

    c) The importance of combining clinical knowledge with the risk stratification results to identify patients that are likely to respond positively and actively to a personalised care plan or care coordination approach.

    d) Developing regular data reporting approach for frailty and multimorbidity as part of the population health management approach. Ensure the system is trained and supported to utilise this data effectively to influence commissioning and care delivery at a place and neighbourhood Primary Care Network (PCN) level.

18. Complete a further evidence review on the clustering of LTCs and define the key preventative interventions that should be prioritised across the system in line with the agreed priorities for risk stratification as part of the population health management approach. This may take a different approach depending on the number of LTCs the patient already has such as primary prevention[1] for the wider population, secondary prevention[2] for those with 2-3 LTCs or moderate frailty, and more tertiary prevention for those with 5+ LTCs.

19. Triangulate the results from this JSNA with those from the Right Care national evidence. In particular the falls and fragility pathway and long-term conditions work.

20. Complete further analysis exploring different cohorts of high risk patients to develop appropriate interventions at the system, place and neighbourhood level of population health management.

21. PCNs to review LTC disease segmentation within their own practices to identify local priorities for commissioning and care coordination.

22. Agree one, system-wide classification of frailty for LLR.

23. Work with academic partners to evaluate the impact of risk stratification and care coordination across LLR. This may be locally by reviewing the evaluation matrix and more formally through bidding for national funding and academic support.

24. Multimorbidity is now the norm, hence there is a need to ensure appropriate primary and secondary care services to address these needs holistically through implementation of the National Institute for Health and Care Excellence (NICE) guidance to ensure high quality care plans are completed at scale and accessible across organisations. UHL may therefore consider how it may treat multimorbid and frail patients more holistically in the longer term.

25. Embed Making Every Contact Count (MECC) Plus across the system to ensure all professionals are aware of the prevention services and referral pathways available across Leicestershire.

26. LLR prevention board to consider the implications for frail and multimorbid patients as part of the self-care management workstream including use of assistive technologies.

[1] Primary prevention refers to actions aimed at avoiding the manifestation of a disease.
[2] Secondary prevention aims to reduce the impact of a disease or injury that has already occurred.

Conclusion

27. Multimorbidity is the norm and services across Leicestershire must ensure they respond to these needs. The multimorbidity and frailty JSNA chapter has provided some initial evidence to start conversations to support the development of an evidenced based population health management strategy that effectively utilises the risk stratification and segmentation approaches to care coordination. The chapter acknowledges that further work is needed to identify key clusters of multimorbidity and what interventions should be prioritised to address these needs. The JSNA chapter will be presented to future LLR Primary Care Board, and Integrated Communities Board meetings to start this consideration. The results will also be progressed through the LLR Population Health Management task and finish group.

Background papers

JSNA Multimorbidity and Frailty Chapter can be accessed via the following link:
http://www.lsr-online.org/uploads/multimorbidity-and-frailty.pdf

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Relevant Impact Assessments

Equality and Human Rights Implications

28. The JSNA is subject to an EHRIA. This is being conducted on an ongoing basis in consultation with the council's policy officers. A representative from the Leicestershire Equality Challenge Group (LECG) sits on the JSNA Reference Group and members of the LECG participate in the Task and Finish Groups which oversee the development of each chapter.

Environmental Implications

29. No significant environmental implications. The JSNA chapter encourages a more preventative approach that may increase physical activity and active transport across the population.

Partnership Working and associated issues

30. The JSNA chapter highlights the need to consider multimorbidity as the norm, and how services need to wrap around the patient to deliver a holistic approach to their health and care including considering the implications of care coordination and social prescribing for the wider determinants of health. Therefore, the results from this chapter are wide ranging across health and care partners, hence will be shared widely across a number of partnerships.