



Long Term Conditions

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Why Long Term Conditions?

- National and Local Drivers:
 - Darzi's Next Stage Review
 - National Service Frameworks and Strategies
 - Putting People First
 - Strategic Health Authority Programme
 - PCTs Strategic Commissioning Plans

What are Long Term Conditions

- Chronic Obstructive Pulmonary Disease (COPD)
- Coronary Heart Disease (inc. Heart Failure)
- Chronic Kidney Disease
- Diabetes
- LTC Neurological (Parkinson's, Motor Neurone Disease, Epilepsy, ME, Multiple Sclerosis)
- Stroke

Current picture in East Sussex

- Demography of East Sussex
- Prevalence



Current support for people with Long Term Conditions

- Telehealth Pilot (Heart Failure and COPD)
- Expert Patient Programme
- Diabetes - clinical questionnaire, Pacesetters, Professional Education, Local Enhanced Schemes
- COPD – Practice-based Commissioning Schemes, Information Pilot
- Community Matrons
- Case Management Pilot Project
- Single Assessment Process
- Investing in Life Programme



What local people think -

East Sussex public, health & social care staff
survey:

Services for older people with long term
conditions



Background

- Survey sent to 7000 residents aged 65 and over and 2000 frontline health & social care staff in Spring 2008
- 1067 residents (723 with an LTC) and 281 staff responses
- Repeat of the 2005 TCCP baseline survey called 'Where are we starting from'
- One of the evaluation components of the East Sussex POPP programme

**Findings suggest significant improvements
over the last three years**



Residents' responses

Responses about health and social care services:

- Good quality of healthcare (81% vs. 60%)
- Good quality of social care (65% vs. 44%)
- Knowledge of condition (92% vs. 50%)
- Feel in control of their care (83% vs. 20%)
- Confident of good care (92% vs. 51%)
- Care in local area (91% vs. 40%)
- Increase in service use - both planned and unplanned care

Residents' responses

2008 responses from older people with long term conditions about their health and quality of life:

Health status compared to 1 year ago:

- 9% better
- 39% worse
- 52% the same

■ Quality of life compared to 1 year ago:

- 8% quality of life was better
- 10% worse
- 82% the same

Respondents' reasons for the improvement



Health and social care:

- good hospital and after care
- changes to medication
- access to equipment
- social care arrangements (home care, meals on wheels)

Self management:

- “regular medication, weight watching and exercise”
- “taking control of my health myself”
- Regular health checks, stopping smoking, regular exercise

Community involvement and other services:

- Social activities – involvement with groups
- Free bus pass & improved bus services

Pension credit (alleviation of financial worry)

What else could be improved?

- Better public transport system
- Improved parking facilities
- Improved roads and pavements
- Transport to hospital and doctors surgery
- Access to leisure facilities “encouragement to help the elderly to exercise”
- Social contact opportunities- voluntary visiting, day services
- Personal finance – increased pension, more affordable utilities and rates
- Not closing post offices and public toilets
- Improved / increased policing

Responses about improvements to health & social care services

- More facilities to help people remain in their homes
- Better facilities for NHS hearing aid services
- Easier, quicker access to doctor appointments
- More mental health services e.g. self esteem meetings, dementia support
- Annual health checks
- Out of hours health facilities
- Improved care co-ordination
- Learn to listen
- Access to NHS dentists
- More information about available services
- Support groups for people with LTCs

Have services improved in the last 2 years?



2008 staff responses

| LTCs | NHS % | ASC % |
|--------|-------|-------|
| Better | 24 | 20 |
| Same | 47 | 48 |
| Worse | 29 | 36 |

| Older people | NHS % | ASC % |
|--------------|-------|-------|
| Better | 24 | 20 |
| Same | 39 | 36 |
| Worse | 37 | 45 |

- Satisfaction with role (NHS: 71%, ASC: 63%)
- 9 out of 10 feel able to make a difference to clients lives
- Able to offer choice to client (NHS: 56%, ASC: 64%)
- Fully equipped to provide a good service (NHS: 49%, ASC: 62%)

continued



| 2008 staff responses compared to public | NHS % | Social Care % | Public % |
|---|--------------|----------------------|-----------------|
| Clients receive all the equipment they need | 30 | 43 | 74 |
| All health and social care staff work as a team | 42 | 53 | 73 |
| The care provided is well co-ordinated | 46 | 60 | 80 |
| Staff share information so clients don't have to repeat things | 42 | 55 | 66 |
| Clients can get most of the care they need locally | 60 | 59 | 91 |
| Clients feel in control of the care they receive | 66 | 69 | 83 |
| Staff work in partnership with clients to provide care | 98 | 96 | 80 |

2008 staff priorities

Top 3 NHS priorities:

- Co-ordination of services for LTCs (59%)
- Time available to spend with clients (58%)
- Amount of choice and care available (48%)

Top 3 social care priorities:

- Time available to spend with clients (75%)
- Amount of choice and care available (60%)
- Partnerships with voluntary and community services (49%)

Staff suggested improvements to health & social care services

- Equipment provision
- Reduce paperwork
- Shared information system and better communication across health & social care
- Consistent services across the county
- Consistency of staff
- Carer support and respite
- More information & choice for clients
- Local respite and day care services
- Dementia care
- Foot care services

The Way Forward:

East Sussex Joint Commissioning Strategy for Physical Disability/Sensory Impairment/LTC

- Terms being finalised currently
- Jointly developed
- Full stakeholder engagement – strong user focus
- Will complement existing Joint Commissioning Strategies e.g. Older People's, Carer's, Learning Disability
- Likely completion – end September 2009