**Self-care Joint Strategic Needs Assessment 2019 for the Mid and South Essex STP footprint**

**The purpose of the Self-care JSNA is to provide an evidence base for the development and improvement of the care and the ways in which we support and empower patients to self-manage long term conditions and their general health in the Mid and South Essex STP area.**

This will include service mapping, analysis and comparative analysis of local data sources and qualitative research to understand needs and demands and also the barriers to self-care.

1. **Project Background**

An ageing population, breakthroughs in treatment and management of health conditions and changes to patient needs have led to the health and social care system in England becoming unsustainable. Self-care is not new phenomenon; however it is becoming more essential to promote and facilitate due to the type of care that is now required by the population in the UK. In 2016-17, there were 23.4 million attendances in Accident and Emergency (A&E) in England. This is an increase of 2% compared with 2015-16 and 22% since 2007-08. The average growth per year over the period since 2007-08 to 2016-17 is 2.3 % compared with the England population average growth of 0.8% per year. There has also been an increase in the number of emergency admissions in England by 42% or 3.2% per year on average, from 4.25 million in 2006/07 to 6.02 million in 2017/18. This growth can be linked to an increase in complexity of patients: in 2015/16, one in three emergency patients admitted for an overnight stay had five or more health conditions, up from one in ten in 2006/07.

A shift away from the’ medical model’ and towards one that takes into account the expertise and resources of the people with long term conditions (LTCs) and their communities is now recognised by the NHS healthcare system. The need is for interventions that are interlinked, that consider all types of prevention, primary, secondary and tertiary and that shift treatment away from the most expensive part of the NHS. Self-care should be embedded throughout and be the foundation to these services.

1. **Needs Assessment**

The Mid and South Essex footprint incorporates 5 CCGs, 3 Local Authorities and 4 Hospital Trusts. See below:

* Basildon and Brentwood CCG
* Basildon and Thurrock University Hospitals NHS Foundation Trust
* Castle Point and Rochford CCG
* Essex County Council
* Mid Essex CCG
* Mid Essex Hospital Services NHS Trust
* North East London NHS Foundation Trust
* Southend CCG
* Southend University Hospital NHS Foundation Trust
* Southend-on-Sea Borough Council
* Thurrock CCG
* Thurrock Council

In 2015/16, the NHS organisations in mid and south Essex spent £100 million over budget. If no changes are made to the current system, overspend could be an estimated £407 million above budget by 2020/21.

The STP footprint includes some of the most under-doctored areas in the country creating significant pressure on primary care for example Thurrock is the eighth most under-doctored CCG area in England. In terms of deprivation there is variation across the area with Basildon and Thurrock being particularly deprived areas including pockets of deprivation within areas that can be masked if not to look with a closer lens. For example in Thurrock the gap in life expectancy between the most deprived wards and least deprived wards of 9.8 years for males and 6.7 years for females. Some of this variation is down to the health outcomes experienced by those with LTCs in the most deprived areas including circulatory disease, lung (and other) cancers and COPD.

There are currently radical transformational plans happening across the mid and south Essex STP footprint. For Thurrock, transformation plans involve a focus on putting patients at the heart of their care for example the new Community Led Support and Wellbeing teams. Thurrock has also adopted a strengths-based approach embedded within some elements of care delivery where the starting point for care is asking what the person can do themselves, not what is it they need from someone else the Local Area Coordination Team are an example of this.

There is strong evidence that shows that patients better enabled to care for their own health have better health outcomes. Through encouraging patients to self-care where possible increases sense of empowerment and control over health, and can lead to healthier behaviours that prevent future ill-health. Also there are positive impacts on the health system such as a reduction in unnecessary use of health services, meaning the system can provide support to those that need it most.

There are a range of services and initiatives across the STP footprint that can support self-care of LTCS such as diabetes, COPD and heart failure. However, it is unknown what the potential barriers are for people to self-manage their LTCs, what the outcomes are for these patients and whether local provision in each locality meets best practice and reflects what people need.

With all of the above in mind it is a good time to bring self-care of health in line with this agenda.

1. **Project Objectives**

**The purpose of the Self-care JSNA is to provide an evidence base for the development and improvement of the care and the ways in which we support and empower patients to self-manage LTCs and their general health in the Mid and South Essex STP area.**

The key themes/questions the JSNA will explore include:

1. **Service Mapping**

What is the service and treatment offer (what is the supply) that patients with LTCs (COPD, Heart Failure and Diabetes) receive that assists them to self-care? Also considering:

* 1. More general self-care initiatives/services and promotions for adult residents
  2. The wider transformation at STP level and local level e.g. Wellbeing Teams and Community Led Support (CLS)
  3. What the evidence states should be provided – identifying gaps within the local provision.

1. **Demand and Need**

What is the patient experience of coping with their LTC and/or general health? Also providing an understanding of patient needs for support around self-managing their LTCs. What are the barriers, perceived or actual, to receiving this support and to self-care? What does the local data say the demand for the services is?

1. **Impact**

What would be the impact on population health, costs to the Local Authority, CCG and NHS Trusts if we were to:

* 1. Do nothing/ keep things the same
  2. Change the approach to self-management of LTCs and potentially reduce reliance on statutory services

1. **Self-care JSNA outline**

The below table outlines the JSNA, once the JSNA in underway there may be some minor changes to the content.

Table : Overview of the self-care JSNA

|  |  |
| --- | --- |
| **Chapter** | **Overview of chapter’s content** |
| - | **Executive summary** |
| **1** | **Introduction**   * 1. National picture: The impact of Long Term Conditions   2. The STP footprint Picture   3. Defining self-care   4. Self-care agenda in England   5. Risk factors for self-care   6. Benefits of self-care and consequences of lack of self-care (inc economic)   7. Socio and economic costs of LTCs   **Aim of the JSNA**  **Outline of methodology (inclusion and exclusions)** |
| **2** | **Evidence base**   * 1. Evidence of how patient ability to self-care can be improved (patient activation measure, PAM)   2. Evidence base for - Innovation in self-care and new technologies – what works (including NHS App and Long Term Plan)   3. Case studies of self-care developments in England |
| **3** | **Service offer and local transformation across the STP**   * 1. Primary prevention services/ initiatives that promote health and self-care and Self-care for those demonstrating risk factors such as smokers or high BMI.   2. Service mapping for patients with Heart Failure, COPD and Diabetes within:      + 1. Primary Care and Community provided care (NELFT)        2. Secondary Care        3. Tertiary Care        4. Mental health and wellbeing services        5. Voluntary and charitable services   3. Wider transformation in Thurrock and wider (including sub Thurrock e.g. Better Care Together in Tilbury and Chadwell, and wider STP level) |
| **4** | **Local Need and patient experience – Mid-Essex, Thurrock and Southend**  **Local data analysis**   * 1. Local prevalence, incidence and mortality of each condition and underdiagnoses of LTCs   2. Practice level variation of diagnosis, treatment and outcomes for each condition   3. Evidenced service demand and waiting times   **Qualitative analysis**   * 1. Engagement with professional stakeholders including GPs around delivering this care to patients.   2. Patient experience including perceived need for support around managing LTCs in Thurrock and perceived and actual barriers, to receiving support   3. Gaps identified against best practice, patient experience and need |
| **5** | **Impact and case for change**   * 1. What would be the impact on population health, costs to the Local Authority, CCG and NHS if we were to:   2. Do nothing/ keep things the same   3. Modelled impact if we make changes |
| **6** | **Summary and recommendations** |
| **7** | **Appendices** |
| **8** | **References** |

1. **Methodology**

In order to facilitate the JSNA a Task & Finish group has been established. The JSNA will be led by Public Health - Faith Stow and Vikki Ray, with Maria Payne and Andrea Clement supporting. The following methods will be used in order to complete the JSNA.

Table : Methods for data collection

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| --- | --- |
| **Objective** | **Method for data collection** |
| 1. Understanding of the general self-care promotion/initiatives and services in Thurrock. 2. Understanding of what the service offer is currently for patients with LTCs (COPD, Heart Failure, diabetes) including what part of the existing offer supports patients to self-care. | Service mapping  Evidence review to understand what works in terms of self-care (improving patient activation), new innovations and case studies.  Review best practice for management and treatment of the identified LTCs  Stakeholder engagement to scope the local service map including the elements of each service that support self-care and how (e.g. QOF requirements)  Stakeholder engagement including interviews with GPs via the HCPH meetings. |
| 1. Understanding of what the local need is (felt and expressed) for support around managing LTCs in Thurrock. | Qualitative research using the following methods:   * Focus groups held with patients and families/carers of those with LTCs. Recruited (or reached) through various groups such as PPGs, LTC support groups (e.g. BreathEasy) and the exercise on referral programme. Topics and questions to be devised but will focus on:   + Experience of diagnosis   + Reaction of diagnosis   + Felt ability to self-manage   + Views of services they’ve used   + Awareness of services   + Barriers to accessing support   + Barriers to self-care   + Felt need of how they could be supported * Patient walk through – this would involve following the patient experience of diagnosis of a LTC during the first 6 weeks recruited through the Patient Participant Groups (PPGs).   Analysis of local data sources including:   * Global Burden of Disease Thurrock level data * GP Patient Survey * Carers Survey * Quality Outcomes Framework (QOF) * Primary Care data e.g. reports via SystmOne * Available data for BTUH such has LTC related admissions * NELFT Service data including waiting lists * IAPT Service data including waiting lists * RRAS usage data * Thurrock Healthy Lifestyle Service data and Exercise Referral data for understanding of patient demand and feedback * Council sickness data and days of sick from nationally reported data * other sources as appropriate |
| 1. Modelling of what the impact on population health, costs to the Local Authority, CCG and NHS if we were to and to population health.  * Do nothing/ keep things the same * Change the approach based on key recommendations | Modelling the impact using relevant tools for example:   * Cost savings and return on investment * Reduction in health service use |

This JSNA includes a qualitative approach to develop understanding of the patient experience around self-care particularly for those with LTCs. This will include gathering views and evidence from patients about what might be the barriers to self-managing their conditions/health and what could support them to better self-care. The project plan will set out how and when these groups will be engaged. The table below outlines who and how we plan to reach these patients.

Table : Patients and their carers/families

|  |  |  |
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| **Who** | **Groups to work with** | **Rationale** |
| Patients with diabetes, COPD, Heart Failure and patient’s families/ carers | * Patient Participation Groups * Carers Forum * Breathe Easy group (COPD support group) * Heart Failure support group * Diabetes UK local support group * Exercise on referral participants and carers/families | For patient experience, to understand their views. |

1. **Stakeholders to the self-care agenda**

The key stakeholders identified that should be engaged on the development of the JSNA are as shown in the table below. The project plan will set out how and when these stakeholders be engaged.

Table : Key Stakeholder to Self-care JSNA

|  |  |  |
| --- | --- | --- |
| **Organisation** | **Lead** | **Rationale for inclusion** |
| CCG | Commissioning Leads  Primary Care Leads  Transformation Leads | To understand the service provision, commissioning arrangements, engagement, and current priorities. To find out for any new plans for self-care. To understand barriers the CCG may be facing with regards to self-care as a priority. |
| Primary Care | Relevant Health Professionals working in localities including GPs and Nurses. | For GPs and colleagues experience of:   * Diagnosing patients with LTCs * Awareness of services * Views around ease of referral pathways * Views around meeting best practice * Views around how patients perceive their own role in taking responsibility for management of their care |
| NHS STP | Mid and South Essex STP Leads |  |
| Secondary care | Relevant Health Professionals working in BTUH including:   * Cardiac Unit * Respiratory Unit * Diabetes Team | To understand pathways and services with patients with LTCs (diabetes, HF and COPD) may touch.  To understand what patients with specific LTCs receive on discharge from Hospital if they have been in hospital due to their condition e.g. COPD. |
| Local Healthwatch | Chief Operating Officer | For patient experience and co-facilitation of focus groups.  To gather any additional views from the organisations perspective. |
| Adult Social Care | Health and Social Care Development Manager  Commissioning  Assistant Directors of Adult’s Social Care, Adults, Housing & Health | To understand the Adult Social Care Service provision and interface with other services.  To understand the changing services/ transformation.  To gather any additional views from the organisations perspective. |
| Mental Health | Provider Leads | To understand the service provision.  Data and evidence provision.  To gather any additional views from the organisations perspective. |
| NELFT | Operational Lead  Primary Care Strategic Lead | To understand the service provision to support the service mapping. To provide data and evidence.  To gather any additional views from the organisations perspective. |
| The RRAS (Rapid Response & Assessment Service) | Adults Social Care Commissioner | To understand the service provision.  Data provision  To gather any additional views from the organisations perspective. |
| Community Pharmacy | Karen Samuel-Smith | For service mapping  Colleagues experience of:   * Patient awareness of services * Staff awareness of services * Views around how patients perceive their own role in taking responsibility for management of their care |

1. **Reporting requirements**

The JSNA will be circulated to the STP Population Health Board, relevant local Public Health Leadership Teams and other stakeholders as required for comments and support with recommendations. The JSNA will be presented to the local Health and Wellbeing Board.

1. **Project plan**

A project plan has been developed and separate engagement plans will need to be devised.

It is anticipated that JSNA will commence in April 2019 and the final version will be completed by November 2019.

Self-care week is a national campaign to promote self-care. It will take place on the 12th to 18th November 2019. This will be a great opportunity to share some of the early findings of the JSNA publically and run some events to promote local services that support healthcare. For more information see the link <http://www.selfcareforum.org/events/self-care-week/>.

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