Leicester City Council

Long-term conditions

Health Integration Scrutiny Commission

Date of meeting: 04/03/2025

Lead director/officer: Rob Howard

Useful information

- Ward(s) affected: All
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- Report version number: 1

1. Summary

This report and associated presentation provide an overview of the long-term conditions programme currently being delivered through Public Health. The areas covered are:

- Strategic justification for long-term conditions focus for 24-25
- Core principles and approaches
- Hypertension
- Multiple long-term conditions (multimorbidity)
- Links to, and alignment with, other long-term conditions covered across the Public Health Team
- Partnership work with Primary Care Networks
- Prevention of long-term conditions
- Future direction of long-term conditions works

2. Recommendation(s) to scrutiny:

Health Integration Scrutiny Commission are invited to:

- Note the content of the report and presentation and have opportunity to discuss.
- Note and have the opportunity to discuss the proposed future direction for long-term conditions work.

3. Detailed report

3.1 - Strategic justification for current LTCs focus for 24-25

Strategic direction for local focus on long-term conditions work comes from several areas, namely:

- ***Leicester's Health, Care and Wellbeing Strategy 2022-2027 and action plan***. Four priorities for 24/25 have been chosen for more intensive focus, including hypertension prevention and case-finding.
- ***Prevention and Health Inequalities Steering Group***. This group have identified five priority areas to address health inequalities, which will be delivered through separate task and finish groups, one of which is hypertension prevention and case-finding.
- ***Primary Care Networks (PCNs) city priorities***. For 24/25 the city PCNs have highlighted five priority areas for focus. Included in this are obesity, hypertension, bowel cancer screening, tuberculosis, and childhood immunisations.
- ***Core20plus5***. This is a national framework for addressing health inequalities, outlining that predominant focus should be directed towards those living in the 20% most deprived areas within any given geography, with additional focus on 'plus' groups locally – those most likely to experience poor access to health and care

services, poorer experiences with them, and worse outcomes compared to others - and five clinical areas for focus with known links to health inequalities. These include hypertension case-finding, early cancer diagnosis, and chronic respiratory disease.

3.2 - Core principles and approaches

The long-term conditions programme is underpinned by the following core principles and approaches:

- ***Prevention first*** (including primary, secondary and tertiary prevention) – any programme activity will aim to prevent long-term conditions developing, or minimise deterioration, enabling our residents to have a better quality of life.
- ***Health inequalities*** – all activity will have reducing health inequalities at it's core, and great care will be taken to ensure well-meaning interventions do not inadvertently widen health inequalities. The principle of proportionate universalism will be adopted, i.e. delivering interventions at a scale and intensity proportionate to need.
- ***Data driven*** – robust data will be used wherever possible to identify population need
- ***Evidence-based*** – wherever possible, any interventions which are developed will be derived from the existing evidence base to ensure resources are being used effectively.
- ***Identifying gaps/avoiding duplication*** – work will seek to complement and enhance existing activity by addressing gaps, rather than duplicate it.

3.3 - Hypertension

Hypertension (persistent high blood pressure) is the predominant current area of focus for long-term conditions work. Hypertension is the primary risk factor for deaths and illness related to cardiovascular disease (CVD) and is the most common CVD condition amongst Leicester residents, contributing to the higher-than-average under 75 mortality rate in the city. At least 12% (n = 50,000) of the city's population are diagnosed with the condition. However, it is anticipated that a further almost 7% (n = 24,000) of the population have hypertension but have not been diagnosed.

Hypertension is often called "the silent killer" because it is usually symptomless until a very late stage, meaning that a relatively high number of people will be completely unaware that they have hypertension. It is vital that this population are found so that the condition can be managed in a timely and effective way to reduce individual risk, and to minimise the burden on health and social care services. Additionally, there are even greater numbers who are engaging in behaviours which increase the risk of hypertension, and who may benefit from preventative interventions.

Hypertension has been identified as an area which is likely to contribute to health inequalities in the city, due to:

- the likelihood of these cases being higher within populations who are already at increased risk of poorer health outcomes, linked to wider determinants of health such as deprivation, ethnicity, and lifestyle factors.
- existing mechanisms to check blood pressure (such as the NHS Health Check and community pharmacy case-finding) are a valuable resource for many Leicester residents, but may be less accessible to people at greater risk of health inequalities (for example, through poor health literacy, digital exclusion, cultural attitudes to health, shift work, financial barriers to attending appointments etc).

The simplest way to establish whether someone has high blood pressure is to conduct a blood pressure test – this is a quick, simple, and non-invasive test which provides an instant result. Based on the test result, appropriate action can be taken in line with NICE and local guidance. In Leicester, most people are offered an NHS Health Check every 5 years from the age of 40-74 which includes a blood pressure test. 23% of the eligible population were invited for an NHS Health Check in 2023/24, with a take up rate of 56%, and whilst this is above the England average, it does mean that a significant proportion of the eligible population would not have had a blood pressure test through this means. Additionally, most people over the age of 40 are eligible to request a blood pressure test at a participating community pharmacy.

A 'task and finish' group was created in December 2024 with a specific remit to address hypertension-related health inequalities. A data-driven approach is being used to identify areas/GP practices where expected numbers of hypertension cases are below actual numbers recorded on hypertension registers, and to explore demographics within those cohorts to highlight any potential health inequalities. A rapid literature review, carried out in Spring 2024, was used to develop several proposed options for interventions alongside existing activity. The intention is that these will be delivered concurrently.

Proposed interventions:

- Community pharmacies will provide blood pressure tests via an outreach model, attending community venues within specified localities.
- The Roving Health Unit has begun to offer blood pressure tests alongside vaccinations activity. Future opportunities to target some of this delivery will be explored.
- Targeted invitation to NHS Health Checks in areas/communities identified as being at greater risk of health inequalities will be developed.
- The Integrated Care Board and Primary Care Networks have delivered targeted detection and optimisation with practices where data indicates need.

Intended outcomes are as follows:

- Increase in knowledge of risk factors for hypertension and behaviour change amongst target population
- Increase in number of people accessing a BP test and being diagnosed with hypertension
- Increase in number of people receiving risk reduction advice and making appropriate behaviour change to manage risk
- Reduction in number of strokes/myocardial infarctions in Leicester City

Success measures are being developed to measure outcomes and will be dependant on the chosen target population once data is available to support this decision.

3.4 - Multiple LTCs

The term “multimorbidity” describes having two or more long-term health conditions together which can include physical and mental health conditions, or a combination of these. In the UK, the number of people living with multimorbidity is rising and whilst prevalence of multimorbidity increases with age, people who are also living in deprivation may experience multimorbidity 10-15 years earlier than those living in affluent areas. This means that multi-morbidity is now affecting greater number of working-aged adults (18-64). There is disparity across different areas of Leicester in terms of prevalence of multimorbidity, with greater numbers in Primary Care Network (PCN) areas which cover more deprived areas of the City (the highest two being Hockley Farm and Leicester City South). This is reflective of the association between multimorbidity and deprivation which is observed across England.

At individual level, people with multiple long-term conditions are more likely to spend a greater proportion of their life in poor health, experience a poorer quality of life, require greater need to access health and care services, and die younger than their counterparts. Historically, healthcare systems have focussed on single conditions, but the increasing numbers of people with multiple long-term conditions has lead health and care systems to consider how they can shift away from this approach and adapt to meet need. Public health work to explore this issue further includes:

- Focus groups with people with lived experience of multiple long-term conditions have been carried out, in areas identified locally as having higher-than-average numbers of people with multiple long-term conditions, to better understand their experiences of daily living, self-care, and health care services.
- A Health and Wellbeing Board development session is planned for Spring 2025 to better understand prevalence of long-term conditions across the city, their impact, and measures which can be taken to address them.

3.5 - Links and alignment to other areas of LTCs covered across the Public Health Team

Long-term conditions are also considered through a range of other work carried out across the Public Health team, including:

- CVD, through activity such as the NHS Health Checks programme and prevention programme delivered through Live Well service offers promoting healthier lifestyles.
- Mental Health, through a wide range of activity delivered through the Public Mental Health team
- Obesity, through the Whole Systems Approach to Healthy Weight, and prevention programmes delivered through Live Well.
- Cancer, through activity such as increasing screening and immunisations uptake.
- Respiratory conditions, through work to address air pollution, and smoking cessation support.

3.6 - Partnership work with Primary Care Networks

Public Health are working with Primary Care Networks to explore how public health support can best be offered and utilised to address key health and wellbeing issues, including long-term conditions, based on what is important at both individual practice and PCN level, and to support the city PCN network to address their five priority areas. This

has included meeting with several of the Clinical Directors individually to discuss health and wellbeing issues experienced across their PCN and where they feel public health support would be most valuable, and an offer of support to review PCN health inequality plans.

A piece of work was carried out collaboratively between Public Health, two city PCNs and local voluntary and community sector organisations to identify cohorts of people experiencing five or more long-term conditions and better understand their experiences of daily living, self-care and health and care services. This was carried out through focus groups and the aim was to develop recommendations based on patient experience which helped to shape services in a way which met patient need.

Public Health are supporting a similar project with a PCN who have identified poor uptake of bowel cancer screening amongst their patients. The aim is to explore barriers and facilitators to screening, with a view to making recommendations around how this can be addressed.

The future direction of health management will see a drive towards neighbourhood models of care, further increasing the value of closer working with PCNs.

3.7 - Prevention of LTCs

Alongside work which the Public Health prevention team are delivering to address some of the primary risk factors for LTCs (smoking, diet, physical activity, alcohol), the Public Health team offer a training programme which is designed to upskill the workforce in having effective and confident conversations with people about their health and wellbeing, and supporting steps towards behaviour change. This programme is called 'Healthy Conversation Skills' and is underpinned by the national Making Every Contact Count (MECC) initiative which encourages the workforce to use the millions of opportunities arising during routine interactions to have conversations about making positive improvements to their health and wellbeing.

The Healthy Conversation Skills (HCS) programme focusses on the four core pillars of the MECC framework (tobacco use, alcohol, physical inactivity, unhealthy weight) but also upskills people to have conversations around a much wider range of factors which can impact health and wellbeing (such as housing conditions, employment, finances), known as the wider determinants of health.

Programme highlights for the period 01/01/24 – 31/12/24 were:

- Programme evaluation has demonstrated excellent feedback for the programme in terms of usefulness of the training to attendees, and has clearly demonstrated a positive shift in both importance of, and confidence in, having healthy conversations following completion of training.
- Additional evaluative methods (focus groups and surveys with trainers) have demonstrated positive training impact.
- Programme delivery has successfully reached into the VCSE, including training five new trainers who are based within local community organisations and who are able to roll the training out to their staff and volunteers.
- 118 people have completed the MECC 'lite' face-to face/online training offer
- 272 people have signed up to complete the e-learning module (N.B. this is Leicester, Leicestershire and Rutland-wide), with 81% of them completing the post-training survey.

- There have been 27,334 hits on the HCS website landing page – and 3,118 individual hits on the signposting and resources pages – indicating that this is a well-used resource.
- 11 individuals completed the accredited 'Train the Trainer' programme, increasing total trainer capacity and opening up greater opportunities to provide HCS to a greater range of staff groups.

3.8 - Future direction of LTCs work

It is intended that learning and outcomes from the hypertension case-finding programme will be used to shape work linked to other long-term conditions, particularly cardiovascular disease.

The MECC 'Healthy Conversation Skills' programme will continue to be rolled out across all relevant partners to embed prevention approaches and upskill the prevention workforce

A gap analysis will be conducted to identify further areas of public health relating to LTCs need not currently being addressed through other Public Health programmes, with a view to developing an action plan. This will include exploring how cross-cutting themes, such as healthy ageing in the older population, can be encompassed within any long-term conditions programme planning.

4. Financial, legal, equalities, climate emergency and other implications

4.1 Financial Implications

There are no direct financial implications known at this stage, as the report provides an overview of the long-term conditions programme, currently and in the future, being delivered through Public Health, within the current resources available.

Signed: Mohammed Irfan
Dated: 14/02/2025

4.2 Legal Implications

There are no adverse legal implications arising and the report is for noting at this stage. General comments are – any commissioning arrangements arising relating to relating to the programme is likely to fall under the Provider Selection Regime ('PSR'), therefore any commissioning activity will need to comply with this and the Authority's internal Contract Procedure Rules ('CPRs'). Any collaborative working will also need to be considered alongside this. Early Legal and Procurement advice/support to be sought as needed.

Signed: Mannah Begum, Principal Lawyer, Commercial Legal, Ext 1423
Dated: 12 February 2025

4.3 Equalities Implications

When making decisions, the Council must comply with the Public Sector Equality Duty (PSED) (Equality Act 2010) by paying due regard, when carrying out their functions, to the need to eliminate discrimination, advance equality of opportunity and foster good relations between people who share a 'protected characteristic' and those who do not.

Decision makers need to be clear about any equalities implications of the proposed changes. In order to consider the likely impact on those likely to be affected by the recommendation and their protected characteristics.

Protected groups under the Equality Act are age, disability, gender re-assignment, pregnancy/maternity, race, religion or belief, sex and sexual orientation.

The report provides an overview of the long-term conditions programme currently being delivered through Public Health and the proposed future direction for long-term conditions. Long-term conditions will impact people from across a range of protected characteristics, and the programme should have a positive impact on people's health, through helping to reduce health inequalities by focusing on prevention and early intervention, targeting relevant groups/communities/localities as identified in the report and through partnership working. Equality considerations should continue to be embedded in the future direction of work being undertaken around long-term conditions across Leicester.

Signed: Sukhi Biring, Equalities Officer

Dated: 12 February 2025

4.4 Climate Emergency Implications

There are no significant climate emergency implications associated with this report.

Signed: Duncan Bell, Change Manager (Climate Emergency). Ext 37 2249

Dated: 17.02.25

4.5 Other Implications

Signed:

Dated:

5. Background information and other papers:

- PowerPoint document – Health integration scrutiny – 04.03.25 - LTCs

6. Summary of appendices:

N/A