Cyflwynwyd yr ymateb i ymgynghoriad y Pwyllgor Iechyd a Gofal Cymdeithasol ar Cefnogi pobl sydd â chyflyrau cronig

This response was submitted to the Health and Social Care Committee consultation on supporting people with chronic conditions.

CC33: Ymateb gan: | Response from: Cyfarwyddiaeth Therapïau Caerdydd a'r Fro/ Therapies Directorate, Cardiff & Vale UHB

Cardiff and Vale Therapies Directorate response to Welsh Government consultation

Supporting People with Chronic Conditions

Stage 1

NHS and social care services

- The readiness of local NHS and social care services to treat people with chronic conditions within the community.

Over the past few years NHS services, particularly therapy services have become more experienced in supporting people with chronic conditions. The focus of the therapist role is to provide education and support to enable people to self-manage their condition as far as they are able. Therapy rehabilitation support is also provided during acute exacerbations. Community services are best placed to support the ongoing management of chronic conditions but we need a stronger focus on education to support self-management at an early stage in the disease process. All community services across health and social care have a role in supporting patients with chronic conditions but there is a need to increase the skills and knowledge to support people in making behaviour changes, particularly around lifestyle factors.

Obesity is more common in many chronic conditions such as diabetes and cardio-vascular disease. People living with Obesity face stigma and judgement on a daily basis, despite the fact that, in 1997 the WHO formally identified it (Obesity) as a serious, complex, incompletely understood chronic disease, and our understanding of its role in a large number of comorbidities continues to develop. Medicine 2021: Recognising obesity as a disease | RCP London (accessed 24th April 2023).

NHS services, that sit outside of specific, and often small weight management services, and social care services struggle to support and treat people living with Obesity because policymakers and the general public still often take a simplistic view of the solution to the problem, centring on individual responsibility and the need to 'eat less and move more'. Medicine 2021: Recognising obesity as a disease | RCP London (accessed 24th April 2023).

Recognition of Obesity as a chronic condition is required if we are to increase awareness and therefore readiness for these services to effectively treat.

- Access to essential services and ongoing treatment, and any barriers faced by certain groups, including women, people from ethnic minority backgrounds and disabled people.

The NHS and community services needs to widen access to its services, ensuring that culturally specific education and support is available. Health inequalities are widening and chronic conditions are more prevalent amongst ethnic minority communities and deprived communities. The NHS needs to work more closely with communities and groups identified above to ensure education and support is provided in an appropriate format to meet their needs. NHS staff require training on cultural differences such as dietary practices as well as ensuring resources provided meet the needs of the population group. E.g. written resources may not be suitable even if in different languages. Audio resources may better meet people's needs.

The NHS needs to consider delivery in different settings. Cardiff and Vale therapy services work closely with leisure and the 3rd sector to provide education programmes outside of health settings.

Due to stigma and judgement people living with Obesity regularly report barriers to accessing essential services. People living with Obesity are often survivors of traumatic experiences, especially in childhood. Negative attitudes of Health Care Professionals can often lead to re-traumatization of the individual and frustration for the HCP. Ongoing obesity treatment is extremely limited by small specialist Obesity services being overwhelmed by the number of people referred and the lack of understanding of the treatment required. Obesity is a complex chronic condition requiring input from multiple agencies at all Level of the All Wales Obesity Pathway.

- Support available to enable effective self-management where appropriate, including mental health support.

There are pockets of good practice offering support to patients to self-manage their condition but access to these services needs to be widening. Cardiff and Vale AHP services have established the Living well programme that provides a range of self-management education and support including programmes on exercise and increasing activity; food and nutrition and having a healthy balanced diet to meet their specific needs; psycho-social and well-being support. Any services developed need to consider a combined approach around physical and mental health and wellbeing.

Self- care management and guided self-care management together with behavioural strategies/change is key through anyone's journey with a Chronic Condition. Individuals are

the experts in self-care. We need to promote that Self-Care Management isn't an add on to any other intervention

Multiple conditions

- The ability of NHS and social care providers to respond to individuals with multimorbidity rather than focusing on single conditions in isolation.

In many areas of the NHS conditions are still managed as single conditions. Underpinning many conditions are similar healthy lifestyle messages and we need to improve the holistic management of the individual. The new C & V Living well programme is taking this joint approach across chronic conditions. Open access and self-referral with minimal referral criteria are needed to support this holistic approach. This will reduce duplication across services and improve access to patients.

- The interaction between mental health conditions and long-term physical health conditions.

There needs to be more joining up across services. Traditionally patients access either mental or physical health services but they are only combined in a small number of chronic condition services. Diabetes as one service area has limited access to psychology support yet there is clear evidence of the benefit of psychological support for people living with chronic conditions. The inclusion of psychologists enables us to broaden the offer to patients and meet their physical and mental health needs.

Impact of additional factors

- The impact of the pandemic on quality of care across chronic conditions.

Obesity and diabetes referrals have increased since the pandemic. Anecdotally people living with Obesity have described struggling throughout this time. Services for chronic conditions were reduced and now are dealing with large backlogs and are unable to offer timely interventions. A positive impact of the pandemic was the development of digital services and support. We developed a range of online educational material to support people with their self-management. Some examples www.keepingmewell.com; www.nutritionskillsforlife.co.uk; www.nylo.co.uk;

- The impact of the rising cost of living on people with chronic conditions in terms of their health and wellbeing.

This has a significant effect because the complexities of CC are multifactorial- poor housing, education, social issues, anxiety, money issues all contribute to an increased stress burden

that can be interpreted by the body as increase inflammatory response – magnifying symptoms of CC.

Food poverty has increased significantly and people are relaying more on alternative retail sites and food banks. Access to affordable healthy food is difficult for the most deprived. People also have limited cooking skills and many rely on less healthy convenience foods.

- The extent to which services will have the capacity to meet future demand with an ageing population.

Services in their current format will not have capacity to meet future demand. We need to focus more on preventative services such as weight management; all wales diabetes prevention programmes; falls prevention. This will reduce demand and burden on health services. Education to support self-management through programmes such as Xpert structured diabetes education have been shown to reduce demand on primary health services.

Prevention and lifestyle

- Action to improve prevention and early intervention (to stop people's health and wellbeing deteriorating).

HWHW weight management pathway includes stepped interventions to support obesity management. With approx. 52% welsh population being overweight or obese we need to look at ensuring there is adequate provision at all levels of the pathway to prevent people going on to develop other chronic conditions. We also need to roll out the all wales diabetes prevention programme across all clusters as diabetes is the health condition that has the largest financial burden on the NHS but type 2 diabetes is largely preventable.

Embedding nutrition education across primary and community services, such as level 2 food and nutrition skills training www.nutritionskillsforlife.com will build capacity in communities and promote healthy lifestyles.

- Effectiveness of current measures to tackle lifestyle/behavioural factors (obesity, smoking etc); and to address inequalities and barriers faced by certain groups.

We need to embed education and support for healthy lifestyles more widely across communities. This needs to be combined with a whole system approach e.g. through school curriculum; through the healthy eating in schools measure and nutrition standards in other settings; through considering health impact with wider public policy such as transport. Expanding social prescribing and building

community capacity through community assets will help reduce barriers. Provision of alternative retail sites such as food pantries needs to be widened. Health care professionals need training on supporting behaviour change and raising the issue. Making every contact counts does not equip people to have these difficult conversations in a compassionate way.

Helen Nicholls on behalf of Therapies Directorate Cardiff and Vale UHB

Confirm we are happy for evidence to be published