

Rethinking Care: A population health approach to managing multimorbidity





Multimorbidity in England

The burden of multimorbidity, comprising both physical and mental health conditions, is escalating swiftly among people with lower income levels in England¹. The frequency of physical mental health comorbidity is elevated due to the contributing burden of mental health conditions like anxiety, depression, and enduring mental illnesses such as dementia.¹ Habits such as tobacco smoking and alcohol consumption have also added to the multimorbidity burden. By the year 2035, individuals presenting with complex multimorbidity are projected to double in number from 4% in the year 2015.² More than 30% of the individuals will present with a mental health condition within multimorbidity².

In England, health outcomes for long-term conditions have been found to differ between the North and South regions³. The North regions (North East, North West, Yorkshire and the Humber) have shown higher mortality rates, lower life expectancy, more deprivation and a history of suffering from long-term economic and social decline compared to the South regions (East, South West, London and South East).³ Subsequently, these long-standing regional inequalities have been further reflected in the rising disease burden, poorer health outcomes, and overall declining health status of individuals residing in the North regions when compared to those in the South regions.³ Currently, more than two-thirds of people aged 65 and older have multimorbidity.²

The interplay of socioeconomic factors, limited access to health and social care resources, and the burden of managing multiple physical and mental health conditions highlight a nuanced policy approach to addressing these challenges within multimorbidity care. Current mental health initiatives such as the Children and Young People's Mental Health initiative have played a pivotal role in enhancing awareness and providing support. This initiative offers NHS-funded mental health services, as well as mental health support embedded within schools or colleges which have significantly contributed to raising awareness of a spectrum of mental health conditions, spanning from psychosis to anxiety.

Local and national policies can serve as a conduit for advocating a holistic approach to patient-centred care. This approach could ensure access to mental health programs within the long-term care planning for younger individuals with multimorbidity.

Our Research

In an effort to tackle the socioeconomic factors exacerbating healthcare disparities among individuals with multimorbidity, our project focused on strategies aimed at equitable access to care services. The study centered on understanding how deprivation influences the utilization of health and social services, particularly in St Helens, a representative area of socioeconomic deprivation in Northwest England.

Collaborating closely with two members of the Patient and Public Advisory Group, our study encompassed design, execution, and dissemination phases. To pinpoint key socioeconomic inequalities, including deprivation, gender, ethnicity, and unequal access to healthcare, we conducted a thorough Health Inequalities Assessment.

Employing a population health perspective, we analysed data from the Integrated Care System Combined Intelligence for Population Health Action (CIPHA) database spanning 2019-2023, utilizing the Johns Hopkins Adjusted Clinical Group (ACG) system. Additionally, we conducted interviews with individuals living with multimorbidity to gain insights directly from affected communities.

Our **research report** offers evidence and insight into health disparities around individuals with multimorbidity in St. Helens.

Population in St. Helens

St Helens borough, located in Northwest England, boasts a population of 184,407, with a significant majority (80.2%) aged 18 years and older. Among this demographic, adult females slightly outnumber males, constituting 50.1% of the population. The borough is characterized by a predominantly white population, accounting for 90.5% of residents, with minimal representation from ethnic minority groups such as individuals identifying as Asian and Asian British, Black and Black British, Mixed groups, and other minority ethnicities. Socioeconomic disparities are evident, with approximately 49% of the adult population falling into the most deprived deciles (IMD 1-3) based on the Index of Multiple Deprivation national decile grouping.

Key Findings

St. Helens exhibits a higher multimorbidity prevalence of 29% compared to the national average of 27%. Similar to the national averages, multimorbidity prevalences in St Helens increased with age and low socioeconomic status.

In St. Helens, hypertension, diabetes, cardiovascular disorders, asthma, and depression stand out as the most prevalent long-term health conditions. Notably, the prevalence of diabetes and other cardiovascular disorders apart from hypertension surpasses national averages, underscoring a pressing health challenge. Thus, mixed anxiety and depressive disorders, along with depression, constitute significant health concerns, particularly among the younger demographic aged 18-49 years.

These findings highlight the critical need for targeted interventions and comprehensive healthcare strategies to address the complex landscape of long-term health conditions in St. Helens. Effective policies aimed at prevention, management, and support services are essential to mitigate the burden of these prevalent health issues and promote overall community well-being.

National averages from Cassel et al 2018¹

		National	St Helens
Overall population	Individuals aged 18 years and above	403985	147913
Overall prevalence %	Multimorbidity	27.2	29.1
Sex	Females	30.0	31.1
	Males	24.4	27.1
Deprivation	Most deprived group	30.0	30.7
	Least deprived group	25.8	7.0
Age groups	18-24 years (National)	3.8	9.1
	18-29 years (St Helens)		
	75-84 years (National)	74.0	58.1
	70-79 years (St Helens)		
Top long-term conditions	Hypertension	18.2	7.8
	Diabetes	5.9	6.6
	Other cardiovascular disorders	4.3	4.7
	Osteoarthritis	-	3.5
	Asthma	3.7	3.1
	Depression/anxiety (National) Mixed anxiety and depression (St Helens)	10.3	2.7

Perspectives from Individuals Living with Multimorbidity

When questioned about the challenges posed by anxiety within multimorbidity, the youngest participant in her early 30s revealed that having anxiety had significantly affected her family relationships and daily activities.

“I had it (anxiety) before but I do think it’s made it get worse. Because, like i struggle going out of the house. If I’m on my own, I can’t leave the house. Like, even if I’m just with my son, I’m scared of leaving the house. I’ve got like to have an adult with me.. If there’s nobody in town waiting for me, I panic.”

Participant DU, 32-F-Basic multimorbidity (Fibromyalgia-Anxiety).

When asked about using social care services, there were mixed reactions regarding the uptake and awareness of different types of social care services and how to access them. Those equipped with knowledge about their access to social care services felt more empowered to actively engage in their care and collaborate effectively with their social care provider.

“You know, the occupational therapist. And then I got the electric toilet. Yeah. So I did get a bed raiser, but...I see if I can get one of them electric beds but in the meantime, They do a lot for me, don’t they, and I think they do go out of their way”

Participant SK, 74-F-Complex multimorbidity (Rheumatoid arthritis-Diverticulitis-COPD-Pneumonia).

For some, however, their lack of familiarity with the types and ranges of social care services available or how to access them was an obvious barrier to their care.

“I wouldn’t know. I just...I just know that I need more help. I don’t know what in specific... Yeah...not at the moment.”

Participant JG, 51-M-Employed-Complex multimorbidity (Restless Leg Syndrome-Underactive thyroid-Depression).

Recommendations



1. Increase Access to Youth Mental Health Services:

Establish dedicated youth mental health services tailored to the needs of young individuals facing multiple health conditions in socioeconomically disadvantaged areas. Utilize digital health support services to empower these individuals in managing their mental health effectively.



2. Improve Representation in Decision-Making:

Ensure better representation of younger individuals with multiple health conditions from deprived areas in Patient and Public Advisory committees. This initiative aims to engage them actively in decision-making processes within Integrated Care Boards.



3. Promote Community-Based Education Programs:

Implement more community-based education programs to raise awareness about the range of social care services available. These programs should particularly focus on educating individuals living with multiple health conditions on how to access social care services efficiently.

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To learn more about the report, go to the NIHR website under the ARC NWC profile for Lucy Kaluvu (Principal Investigator).

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