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 Health in Leeds, Leeds City
 Council, Leeds

9. Long term conditions, frailty and end of life

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9.1 Introduction

The population of Leeds has been split into four categories in order to better serve those populations who have specific needs – grouping these people enables better identification of those most at risk (also known as Population Health Management).

These populations are long-term conditions (LTC) (anyone with 1 or more LTC who doesn't fall into the end of life or frailty category), frailty (classified according to a Leeds definition), end of life (people on a palliative care register), and healthy. The combined 'unhealthy' population in Leeds equates to 325,880 (172,467 females and 153,413 males), with the female and male 'unhealthy' population accounting for 20% and 19% of the population respectively. LTCs are not limited to the aged, with the young affected as well as the old, and there is also a need to manage frailty and end of life (EoL) palliative care throughout the lifespan.

9.2 Long term conditions

There are some health difficulties that are curable or amenable to positive support and are resolved within a short period of time, however there is an increasing number of health issues where full recovery is not possible and these issues must therefore be managed over the life course. These long-term conditions (LTC) (or chronic illnesses) can be both physical and mental and affected individuals can often have more than one LTC. There is a great challenge in meeting the needs of those with LTCs, with costs reaching an estimated 70% of the NHS health service budget (NHS 2014).

Many of these LTCs are a result of improved treatment of what were previously fatal diseases, such as cardio-vascular disease, cancer, respiratory diseases, diabetes, HIV etc. Some mental health disorders can be viewed as long-term conditions, with re-lapse/remitting patterns and associated disability or impairment. These mental illnesses may require on-going treatment and support. There is significant overlap between having a serious mental illness and a physical health long-term condition such as coronary heart disease or diabetes. Other conditions are becoming more pronounced as we are living longer, such as osteoporosis and dementia.

There are 151,435 females living in Leeds who have one or more long-term condition, which is 36.2% of the female population. There is a strong relationship between long term conditions and deprivation, with the Yorkshire Health Study showing that 46% of those living in deprived areas experienced multiple morbidity as compared to 27% of those in non-deprived areas (Li et al. 2016).

9.3 Frailty

Often LTCs can co-exist at the same time, with such co-morbidity (or multimorbidity) creating significant health challenges for those affected (Barnett et al. 2012; Schäfer et al. 2012; Li et al. 2016; Xu et al. 2018). LTCs are not necessarily life limiting, but multimorbidity (especially when linked with frailty), increases the risk of poor health outcomes (Barnett et al. 2012; Li et al. 2016).

Frailty is defined in Leeds as “the loss of body resilience, which means that in the case of a physical or mental illness, an accident, or other stressful event, people living with frailty will not bounce back quickly” (NHS Leeds 2018).

A total of 19,818 females and 11,936 males (total of 31,754 people) are registered within the Frailty cohort, which equates to 2.35% and 1.42% of the overall Leeds population respectively (and 4.73% and 2.82% of the female and male population respectively). Figure 1 highlights that a large proportion of the Frailty cohort are older women.

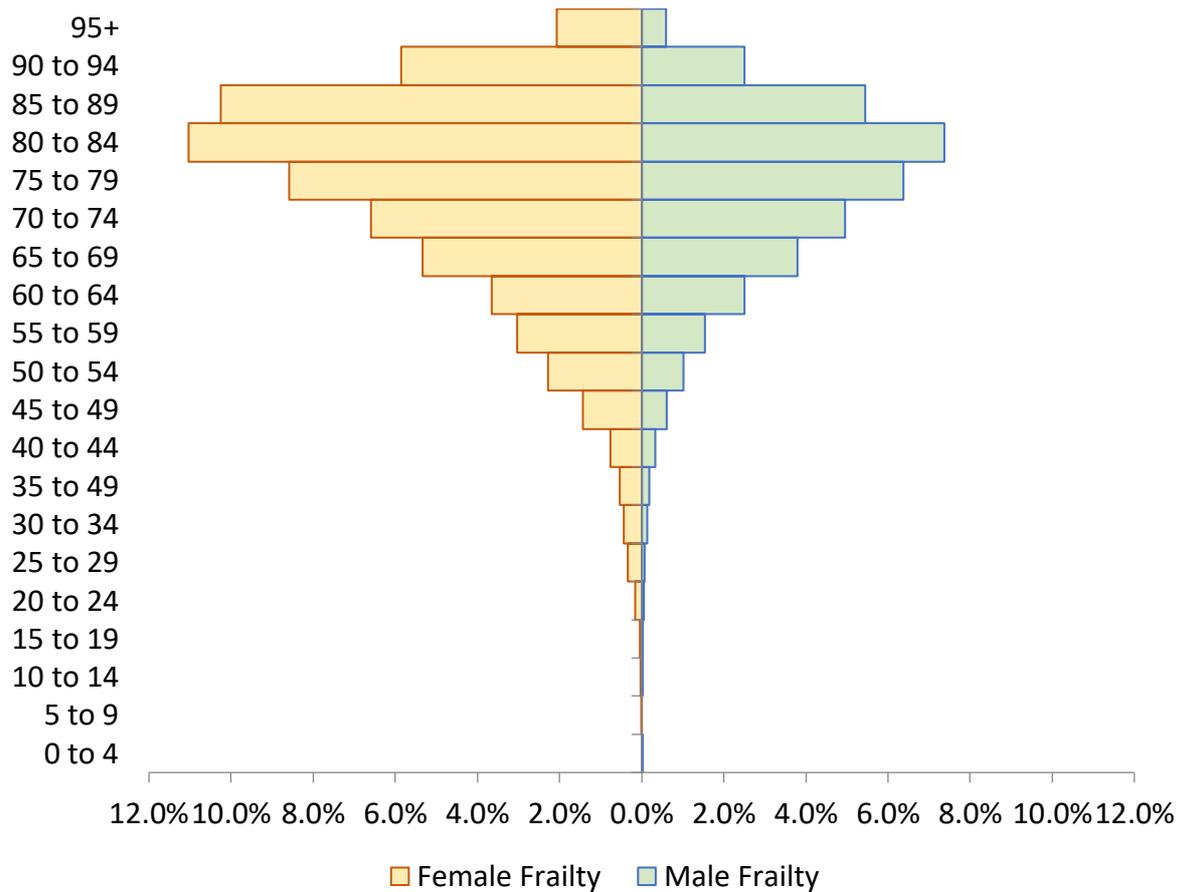


Figure 1 Frailty cohort, Leeds, distribution by sex and age

Leeds opened a Frailty unit last year at St James’s Hospital (NHS Leeds 2017), which is providing a more focused service for older frail patients admitted as an emergency, with 63% now being discharged home on the same day.

9.4 End of Life (EoL)

A total of 1,214 females and 797 males (total of 2,011 people) are registered within the EoL cohort, which equates to 0.14% and 0.09% of the Leeds population respectively (and 0.29% and 0.19% of the female and male population respectively) (Figure 2).

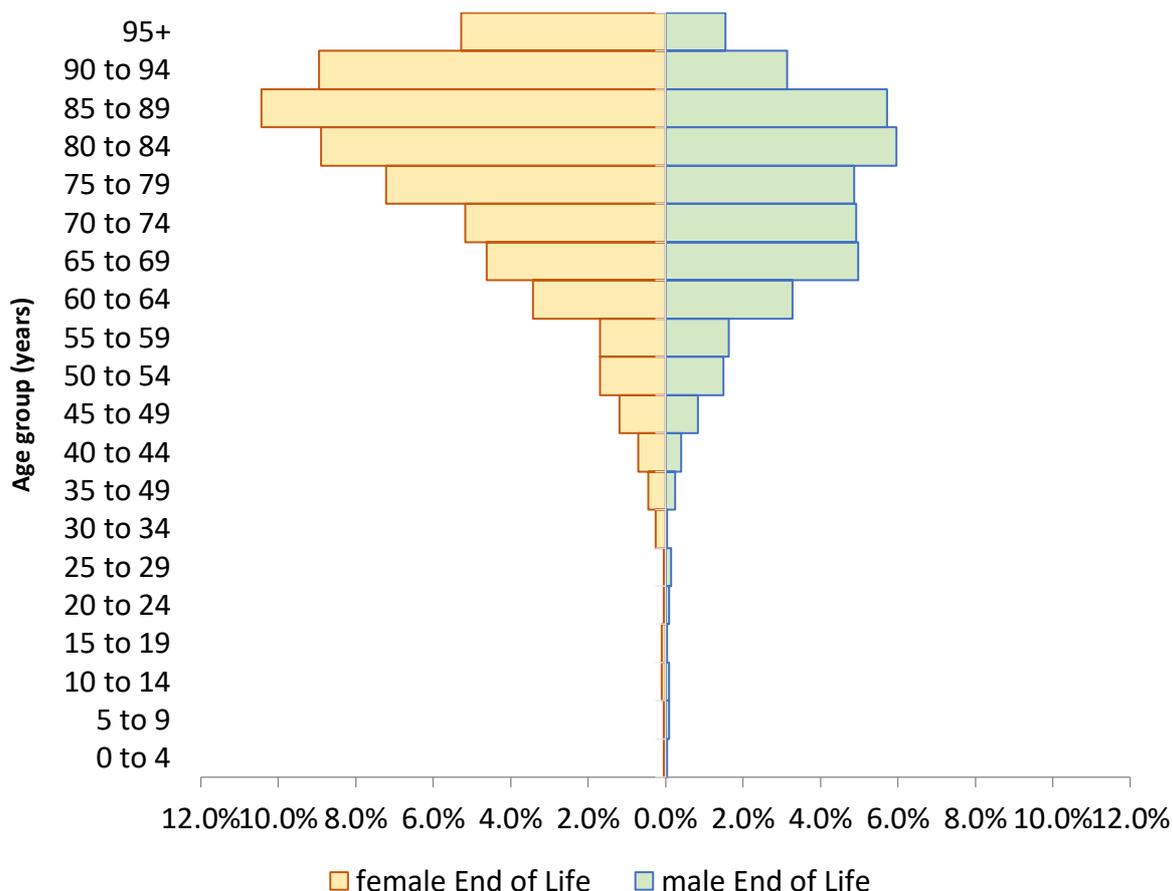


Figure 2 End of Life cohort distribution by sex and age

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