Healthy Staffordshire Select Committee - 21 October 2013

Transformational change

Intermediate care/frail older people and long term conditions

Recommendations

1. That the Committee consider supporting the East Staffordshire Clinical Commissioning Group’s (CCG’s) vision for the transformation of local healthcare services for intermediate care and care of frail older people and for people with one or more long term conditions, in order to address the impact of a growing elderly population on the provision of health care in East Staffordshire. The vision is in line with NHS priorities for transformational change to better serve patients’ individual needs and to help them live well for longer in their own home or local community, wherever possible.

2. That the Committee consider support for the East Staffordshire CCG’s decision not to renew a small cohort of specialist nursing elements of heart failure, cardiac rehabilitation, respiratory, diabetes services and a small element of the community matron role contained within the contract with Staffordshire and Stoke on Trent Partnership Trust. The contract is due to end on 31 March 2014 and the decision not to renew these elements of the contract will release funds for creating a patient centred system whereby the well being of every patient with a long term condition is at the centre of their care; a system which is flexible enough for people who need specialist care but which also seeks to treat and support them in their own home or local community. The new services will be developed in collaboration with patients, providers; clinical and healthcare staff; carers; patient and carer representative groups and others. The timescale for the introduction of these services will be from 2014 onwards.

Summary

3. East Staffordshire CCG is working with South East Staffordshire CCG and Staffordshire County Council Health and Social Care to investigate and create a new model of care for the treatment and care of people needing intermediate care and for frail older people. Correspondingly, the CCG is also working with Stafford and Surrounds CCG, Cannock CCG and potentially Staffordshire County Council Health and Social Care to investigate and create a new model of care for the treatment and care of people with long term conditions.

3.1 This work is in response to national and local priorities to deliver high quality services differently as a result of the impact of a growing elderly population on health and social care services.
3.2. There is a need to realign health services so that they are treating the whole person, as well as the individual’s illness. The Staffordshire Health and Well Being Strategy recognises then need to promote independence, reduce dependency and provide earlier interventions for patients and is consistent with East Staffordshire CCG vision for Intermediate Care, Frail Elderly and Long Term Condition services.

3.3. A new model of service provision will be required to support and empower people to play an active role in preventing any further ill health and managing their illness along with providing caring for people closer to home with a range of support to enable them to stay independent for longer.

Report

Background

4. As a nation we are living longer and, correspondingly, the number of older people in our population and the number of people living with one or more conditions are also growing. The proportion of people who are very old is growing the fastest. There are currently three million people over 80 years of age and this number is expected to almost double by 2030.

4.1. As we age and live longer, the number of people with long term conditions is also growing with 15 million people in England now having one or more long term conditions. These patients are high users of health services and are now responsible for 70% of the national health and care budget - amounting to over £70 million a year.

4.2. This is a huge challenge for the NHS. The Department of Health has set out, as a priority, the need to do things differently in order to better support older people and those with long term conditions but in a financially sustainable way. It is estimated that without change the NHS could face a financial funding gap of £30 billion by 2020.

The Growing Elderly Population in East Staffordshire

5. Table 1. Population projections for East locality

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2021</th>
<th>Additional people</th>
<th>Percentage increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>40 and over</td>
<td>157,500</td>
<td>169,300</td>
<td>11,800</td>
<td>7%</td>
</tr>
<tr>
<td>65 and over</td>
<td>55,300</td>
<td>66,600</td>
<td>11,300</td>
<td>20%</td>
</tr>
<tr>
<td>75 and over</td>
<td>23,400</td>
<td>32,200</td>
<td>8,800</td>
<td>37%</td>
</tr>
<tr>
<td>All ages</td>
<td>297,800</td>
<td>316,000</td>
<td>18,200</td>
<td>6%</td>
</tr>
</tbody>
</table>

[East Staffordshire and South East Staffordshire and Seisdon CCGs]

5.2. In line with NHS national priorities and the Staffordshire County Health and Wellbeing Strategy East Staffordshire CCG is working with South East Staffordshire CCG and Staffordshire County Council to create a new model for intermediate care and care for frail older people, and is also working with Stafford and Surrounds CCG and Cannock Chase CCG and potentially Staffordshire County Council to establish a new approach to caring for people with long term conditions.
5.3. The CCG’s ambition is to adopt a model of intermediate care and care for frail older people that:

- enables and supports patients and their families to maintain maximum control and independence;
- maximises the prospect of patients returning to (or as close as possible to) their previous functionality and independence;
- rebalances towards domiciliary and community provision from bed based models;
- utilises modern remote monitoring and self-care technologies where appropriate; and
- integrates health and social care and across sectors of provision.

For long term conditions the CCG aims to adopt a model that:

- enables and supports patients and their families and carers to maintain maximum control and independence;
- empowers and supports self-care and self-management where this is the patients preference;
- gives a range of flexible service offerings;
- offers support to patients at an earlier stage and supports them to stay well and slow the progression of their disease;
- builds a culture of supporting patient control and independence;
- integrates health and social care across sectors of provision;
- utilises modern remote monitoring and self-care technologies as appropriate;
- improves health outcomes and
- reduces inequalities.

Next Steps

6. The CCGs are conducting market research to establish the full range of providers and services available locally and to determine what the options for change are. This exercise encourages involvement among existing providers and potential new providers. The next stage in the process will be to engage with the public, patients, carers, their representative groups, clinical staff and health care workers and others, in order to determine a collective vision for change and explore the viable options available and outcomes to be achieved.

6.1. In early 2014 the CCGs will reflect on the learning from the market research, engage further with partners and patients and determine what, if any, procurement to undertake, with the aim of delivering significant change towards the vision in early 2015/16.

Existing Service Contract Due For Renewal April 2014/15

7. East Staffordshire CCG contract with Staffordshire and Stoke on Trent Partnership Trust (SSOTP) includes elements of specialist services for some long term conditions that have recently been reviewed by our CCG and include: heart failure, cardiac rehabilitation, respiratory services, diabetes services and a small element of the Community Matron role that has been used to support the vacant post in respiratory nursing. These services provide one small part of a clinical pathway for the above
conditions. The majority of services for people with a long term condition are provided by GP practices and the local hospital.

7.1. The long term conditions services provided by SSOTP have been subject to quality impact assessments and wide and independent reviews. Feedback from the CCG’s member practices indicates that GPs believe the services are not as effective in meeting need as they once were. Patient take up of the services is relatively low and CCG patient engagement events conducted as part of the Diabetes Service reviews have identified a need for a more holistic service that will support people to manage their condition and self care. An extensive GP consultation throughout East Staffordshire has highlighted specific parts of the services that they perceive to be critical and these elements of provision will remain.

SSOTP Community Service Patient Activity 2012/2013

8. Patient Activity 2012/2013

### Diabetes
- 388 patients seen in service in 2012/13 (204 new referrals within year)

The actual number of patients registered with diabetes in East Staffordshire is 6,395 (2011/12 Disease Register in Primary Care)

### Heart Failure
- 180 patients seen by community service in 2012/13

The actual number of patients registered with diabetes in east Staffordshire is 1, 101 (2011/12 Disease Register in Primary Care)

### East Respiratory Service (Incl. Resp. Nurse & Pul Rehab)
- 88 patients seen by service in 2012/13

The actual number of patients registered with respiratory disease in East Staffordshire is 10,221 (2011/12 Disease Register in Primary Care)

The estimated number of patients who should be in receipt of pulmonary rehabilitation services 350 people

### Cardiac Rehabilitation Service
- 247 patients seen by service in 2012/13

The actual number of patients registered who should be in receipt of this cardiac rehabilitation is 408 (2011/12 Disease Register in Primary Care)

8.1 Taking account of the feedback from local GPs, patient response data, and recent reviews of community provision, the need to realign health services to support and empower and reach all people with a long term condition was considered by the CCG Governing Body who decided to inform Staffordshire and Stoke on Trent Partnership Trust of its intention not to renew these elements of the contract from 31st March 2014.
8.2. This will enable the release of funding to commission some new outcome based provision from 2014 onwards following our engagement process. East Staffordshire CCG is currently engaging with patients and patient groups on preferences for the future shape and nature of healthcare for people using the services. The CCG is working with Staffordshire and Stoke on Trent Partnership Trust in the transition of the services to a new long term conditions healthcare system from 2014.

Link to Trust’s or Shared Strategic Objectives

9. The strategy of Intermediate care and Frail Elderly is consistent with the vision articulated at the South and East Staffordshire Forum over recent months.

The long term conditions management strategy is consistent with both national policy and with the visions expressed locally.

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Appendices/Background papers

N/a