Leeds
CITY COUNCIL

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Report of The Office of the Director of Public Health

Report to Ian Cameron (Director of Public Health)

Date: 27th October 2014

Subject: To authorise to tender for a 9 month pilot project for a Long Term Conditions (LTC) Supportive Structured Self-Management Programme.

Question	Yes	No
Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ No

Summary of main issues

1. The Department of Health estimates that 15 million people in England have one or more Long-term Condition (LTC) and the proportion of people with multiple LTC is increasing dramatically. It is estimated that almost 70% of the health and social care spend is attributed to people with LTCs.

   Long term conditions can affect many parts of a person's life, from their ability to work and have relationships to housing and education opportunities.

   There is a wealth of evidence which highlights the importance of effective self-management of long-term conditions. People who are given the skills and confidence to self-manage their condition experience better health outcomes (Greene and Hibbard 2012). With effective support and education, evidence shows that these skills can be developed and strengthened, even among those who are initially less confident; less motivated or have low levels of health literacy (Hibbard and Greene 2013).

   The management of care for people with long term conditions should be proactive, holistic, preventive and patient-centred. Access to structured education is essential and was highlighted as one of the most important principles that could contribute to effective self-management (Diabetes UK)

2. Leeds Community Healthcare currently provides advanced LTC structured education programmes, for example Xpert (Diabetes), Pulmonary Rehab, Cardiac Rehab, and Expert Patient Programme (EPP). However, from extensive consultation with people in Leeds there is recognition that these programmes in their present form are too inflexible and only offered during the day over a six week period and therefore do not meet the needs of certain cohorts, for example certain ethnic groups or people that work. There has also been concern raised by the GPs and the three CCG's that there is a lack of capacity in the current offer to meet the demand across the city.

3. This programme of work is directly related to the delivery of the Joint Health and Well Being outcome 2– People will live full ,active and independent lives , and the priority that more people will cope better with their conditions

4. A large multi-agency self-management workshop was held in Leeds to establish a model of delivery for people living with Long Term Conditions. There was representation from people living with LTC's who highlighted a need for a menu based approach to structured education at a time when they feel ready to learn more about their condition, giving them the confidence and the skill to self-manage their condition.

Recommendations

5. It is recommended that the Director of Public Health –

   (i) Authorises to tender for a 9 month pilot project for a Long Term Conditions Supportive Structured Self-Management Programme.

1 Purpose of this report

1.1 The purpose of this report is to seek authorisation to tender for a 9 month pilot project for a Long Term Conditions Supportive Structured Self-Management Programme that will test out an innovative, holistic approach to providing support to people with long term conditions. The report gives details of the reasons why an authorisation to tender has been requested.

2 Background information

2.1 The Joint Health and Well Being outcome 2– People will live full, active and independent lives, and the priority that more people will cope better with their conditions is a key aspiration for people with long term conditions. Support for self-management recognises that people with long term conditions (LTCs) are in charge of their own lives and are the primary decision makers in relation to the management of their condition. This means the role of the clinician moves from doing things 'to' the person, to supporting people's confidence and competence to manage the challenges of living with their condition. The NESTA's People Powered Health Programme has estimated that over 4 billion pounds could be saved annually if comprehensive support for self-management was in place.

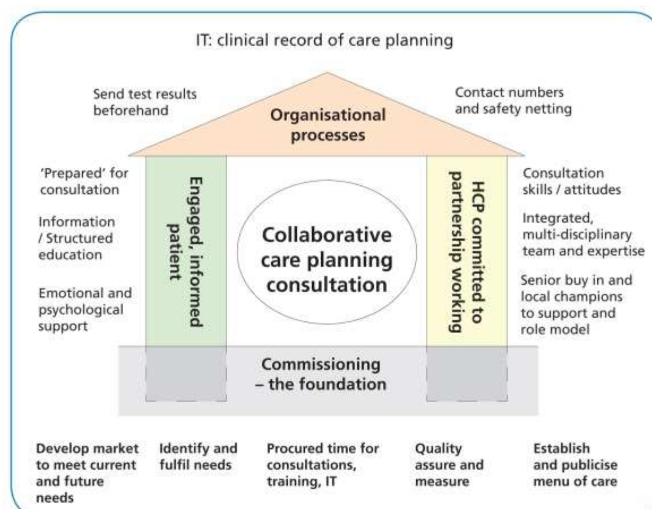
During the 18 months programme of work funded by NESTA in the city on self-management , one of the recurrent themes was that the present structured education programmes were not accessible or appropriate for everyone's needs. Therefore as a result there have been several conversations across the health system in Leeds resulting in the proposal that a bespoke programme could offer something more flexible which would increase accessibility while maintaining outcomes and satisfaction.

A business case was developed and approved by the three CCG's for a value of 185K of non recurrent funding to design, deliver and evaluate a bespoke pilot structured education programme for people with Long Term Conditions. The citywide Self-Management Group (a sub group for the Adult Integrated Care and Prevention Board) is Chaired by the Consultant in Public Health, Long Term Conditions; Leeds City Council and it was agreed with the Director of Public Health that the funding would be transferred into the Local Authority for a full procurement to be undertaken. The pilot will be governed through the Adult Integrated Care and Prevention Board (Jointly Chaired by the DPH and the Clinical Accountable Officer LSE CCG).

The results of the pilot will be fed into the future commissioning for structured self-management programmes in the city (as listed above)

The vision is that people in Leeds will be involved in decisions made about them through supportive self-management. They will be encouraged, supported and enabled to self- manage when they feel able to do so. This model fits with the philosophy of the House of Care which aims to provide personalised care planning for people with long term conditions by working in partnership with people and care professionals.

Delivery of structured education focuses on the left side of the house to enable the person with a long term condition (LTC) to be empowered, engaged, motivated and supported to actively manage their own health. In addition the foundations of the house relate to the commissioning which enables cost effective commissioning of services which meet individual's needs.



It is proposed this programme will provide a:

- Core/Foundation programme for LTC and run as a rolling programme. People can then attend at any stage after diagnosis to be given valuable information in relation to lifestyle, emotional wellbeing, mental health, goal setting, social support, benefits, support networks, signpost to additional educational materials.

- Disease specific programme (Intermediate level). This is a one off session which that people can access to understand more about their LTC but are not ready to go to a more in-depth weekly programme.

2.2 This pilot programme will be governed by the Self-Management workstream which is part of the Adult Integrated Care and Prevention Board (AICP). The AICP sits beneath and reports directly to the Leeds Health and Social Care Transformation 'Portfolio' Board which is aligned to the Health and Wellbeing Board and delivery of the Joint Health and Well Being Strategy.

3 Main issues

Reason for Authorisation to Tender

3.1.1 The current delivery model for Structured Education is inflexible, inaccessible and only available at certain times therefore not meeting the needs of the people of Leeds, in particular BME and diverse populations.

3.1.2 By offering a bespoke and innovative approach to structured education there is recognition this can be delivered in a variety of communities and provided by multi-agency third sector organisations.

3.1.3 In order to inform future commissioning arrangements a full evaluation would take place including people's feedback.

The following monitoring data will be collected which will be broken down by patients' GP practices & sources of referral and include a breakdown of ethnicity, age, gender, deprivation:

- The number of referrals for patient education for both programmes
- The number, venue and time of sessions offered
- The number of patients attending in each session
- The number of people declining to attend
- Information on reason for why people decline to attend
- The number of DNAs

At the end of the 9 month pilot a full evaluation report will be produced to include feedback from participants in relation to:

- Patients awareness of how to access further Information and signposted to local support services
- quality of life and patient-functioning outcomes
- patients feedback in relation to confidence to self-manage their condition
- Patients understanding of their condition, and lifestyle factors
- Patient and facilitator feedback
- Patient Activation Measurement
- Feedback on the course content, structure and delivery mechanism from staff and patient perspective

Consequences if the proposed action is not approved

3.2 This proposed structured education programme is key to the achievement of the outcomes of the Joint Health and Wellbeing Strategy 2013-2015 including outcome 1 – People will live longer and have healthier lives and Outcome 2 People will live full, active and independent lives

3.2.1 The life expectancy gap will continue to widen. Evidence from the Association of Public Health Observatory data indicates that the single biggest contributor to the Life Expectancy Gap (for males and females) is Vascular Disease, accounting for over one third of the total difference. If this is not approved health inequalities will not be addressed as the current delivery model does not meet the needs of diverse populations.

The GP practice survey (2014) for Leeds highlighted that 30% of people do not feel confident to self manage their condition and are not given enough support to enable this to happen. This demonstrates the priority to provide flexible approaches to giving people the knowledge and skills to self manage their own health.

Therefore, this pilot is a key deliverable of the Self-Management group and if this tender is not authorised failure to meet this objective will be impacted upon.

Advertising

3.3 The tender for the structured education pilot project will be subject to a full procurement process and potential providers will be notified of this opportunity once approved.

4 Corporate Considerations

4.1 Consultation and Engagement

There has been a wide consultation and engagement with key stakeholders:

- All accountable officers for the CCG's have approved and are in agreement with this proposed model of delivery
- All Clinical Directors for the CCG's have approved and are in agreement with this proposed model of delivery
- Extensive engagement through the NESTA self-management workshops demonstrated that people wanted to be more involved with their care
- The proposed specification was presented and approved at the Self-Management Group
- Healthy Lives Leeds have been consulted and in approval of this direction of travel
- Prospective providers have been consulted and engaged and will be notified when the tender is approved and advertised

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 The aims of this structured education programme is to involve people with LTC to be empowered, engaged, motivated and supported to actively manage their condition. The overall outcome is that people will have the knowledge, skills and confidence to manage their own health and care. Quarterly outcome data will be routinely collected to ensure we are taking into account the needs of different people including age, race, gender, social class etc.

4.2.3 The pilot will be delivered in non-medical venues, with flexible times available across a variety of localities across the city to meet the needs of people with Long Term Conditions, offering suitability for their families and carers to attend where appropriate

The pilot will aim to understand and address the needs of the population taking into account BME groups that have high prevalence of certain LTCs for example diabetes.

4.2.4 Demographic information will be collected by the commissioner to allow the equality of the targeted interventions to be monitored

4.3 Council Policies and City Priorities

4.3.1 The pilot supports the vision of the Leeds Joint Health and Wellbeing Strategy 2013-15 in working with people who are the poorest to improve their health the fastest, particularly contributing to the following outcomes:

Outcome 1 - People will live longer and have healthier lives.

Outcome 2- People will live full, active and independent lives with the priority being - Ensure more people cope better with their conditions

Outcome 3 - People's quality of life will be improved by access to quality, the priority being –
Ensure people have equitable access to services and Ensure people have a positive experience of their care

Outcome 4 - People will be involved in decisions made about them with the priority being -
Ensure that people have a voice and influence in decision making

4.3.2 In addition this pilot is linked to the Health and Wellbeing City priority Plan 2011-2015 with its overall vision that people will live longer and have healthier lives; and that inequalities in health are reduced

4.4 Resources and Value for Money

4.4.1 It is recognised that the current structured education programmes in Leeds run over a number of weeks and do not take into account the needs of individuals. This is a high resource intensive model which creates a long waiting list, high DNA's and a lack of engagement and commitment to attend the full programme due to its inflexibility. The proposed model will offer a flexible menu of opportunities at different stages of their diagnosis allowing a much more patient focussed approach to be offered. People can opt in to attend a one off generic session to understand more about living with a LTC, as well as a one off intermediate session giving more information about specific LTCs when the person feels ready to engage.

The NESTA's People Powered Health Programme has estimated that over 4 billion pounds could be saved annually if comprehensive support for self-management was in place.

There are recognised health benefits and cost savings resulting from implementing a bespoke structured education programme for people living with LTCs. There is an

assumption that a number of positive outcomes will be gained and offer value for money including:

- Fewer primary care consultations, reduction in visits to outpatient departments and A&E

- reduced length of stay when in hospital

- Better communication between professionals and patients

- Behaviour change leading to a healthier lifestyle

- Better symptom management resulting in a reduction in pain, stress, anxiety, depression and tiredness

- improved feelings of wellbeing and coping skills

- improved quality of life and health outcomes

- improved understanding of the person's own condition

4.4.2 The financial resources for this pilot have been drawn down from the 3 CCG's via an approved business case. The funding was transferred to the Local Authority in Oct 2014 for procurement to be undertaken by Public Health.

4.5 Legal Implications, Access to Information and Call In

4.5.1 This decision is a significant operational decision not subject to call-in and the report does not contain any exempt or confidential information

4.5.2 Although there is no overriding legal obstacle preventing the authorisation, the above comments should be noted. In making their final decision, the Director of Public Health should be satisfied that the course of action chosen represents Best Value for the Council

4.6 Risk Management

4.6.1 If the pilot is not authorised by the Director of Public Health the programme deliverables for the Self-Management group will not be achieved, and the allocated CCG funding will be lost causing reputational damage

4.6.2 If not approved the current delivery model will continue without giving the opportunity to explore an alternative bespoke programme aiming to meet the needs of citizens in Leeds with LTCs.

4.6.3 The alternative model of delivery may not be effective. This has been managed by offering it as a 9 month pilot and if unsuccessful will be stopped.

5 Conclusions

5.1 The proposed 9 month pilot of the bespoke structured education progamme to be delivered in a variety of settings is aimed at offering an additional model of delivery. This will improve access and offer a more flexible approach enabling people to have the knowledge and skills to actively manage their own health and care with the support of healthcare professionals.

6 Recommendations

6.1 It is recommended that the Director of Public Health –

(i) Authorises to tender for a 9 month pilot project for a Long Term Conditions Supportive Structured Self-Management Programme which will be fully evaluated to inform future commissioning arrangements.

Background documents

Association of Public Health Observatory - http://www.apho.org.uk/

Department of Health (2013). *Individuals in Receipt of NHS Continuing Healthcare* [online]. Health and Social Care Information Centre. Available at: www.gov.uk/government/publications/nhs-continuing-healthcare (accessed on 29 August 2013).

Diabetes UK (2011). *'Thanks for the Petunias': A guide to developing and commissioning non-traditional providers to support the self-management of people with long term conditions*. London: Diabetes UK.

Greene J, Hibbard JH (2012). 'Why does patient activation matter? An examination of the relationships between patient activation and health-related outcomes'. *Journal of General Internal Medicine*, vol 27, no 5, pp 520–6.

Hibbard JH, Greene J (2013). 'What the evidence shows about patient activation: better health outcomes and care experiences; fewer data on costs'. *Health Affairs (Millwood)*, vol 32, no 2, pp 207–14.

Leeds City Priority Plan 2011-2015

Leeds Joint Health and Wellbeing Strategy 2013-2015

NHS Year of Care Partnerships, (2014) Available from: http://www.yearofcare.co.uk/ [Accessed 28th October 2014]