Agenda Item: Trust Board Paper G

TRUST BOARD – 5 MARCH 2015

ESTABLISHING THE *LEICESTER INSTITUTE OF HEALTH FOR OLDER PEOPLE*

DIRECTOR:	Kevin Harris – Medical Director
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DATE:	5th March 2015
PURPOSE:	To seek Trust Board support for the establishment of an "Institute of Health for Older People" in Leicester utilising the expertise and resource from 2 local healthcare providers (UHL and LPT), DeMontfort University and Age UK (LLR).
PREVIOUSLY CONSIDERED BY:	
Objective(s) to which issue relates *	[✓] 1. Safe, high quality, patient-centred healthcare [✓] 2. An effective, joined up emergency care system [✓] 3. Responsive services which people choose to use (secondary, specialised and tertiary care) [✓] 4. Integrated care in partnership with others (secondary, specialised and tertiary care) [✓] 5. Enhanced reputation in research, innovation and clinical education [✓] 6. Delivering services through a caring, professional, passionate and valued workforce [ ] 7. A clinically and financially sustainable NHS Foundation Trust [ ] 8. Enabled by excellent IM&T
Please explain any Patient and Public Involvement actions taken or to be taken in relation to this matter:	This project is supported by Age UK (LLR). Age UK is the country's largest charity dedicated to helping everyone make the most of later life.
Please explain the results of any Equality Impact assessment undertaken in relation to this matter:	• The Institute will be committed to ensure obligations under the Equality Act 2010 are fulfilled, and to ensure services are non-discriminatory on the grounds of any protected characteristics. • The Institute will work with providers, service users and communities of interest to ensure if any issues relating to equality of service within this report are identified and addressed.
Organisational Risk Register/ Board Assurance Framework *	[ ] **Organisational Risk Register** [ ] **Board Assurance Framework** [ ] **Not Featured**
ACTION REQUIRED *	For decision [x] For assurance [ ] For information [ ]

* tick applicable box

ESTABLISHING THE *LEICESTER INSTITUTE OF HEALTH FOR OLDER PEOPLE*

A CULTURAL PARTNERSHIP TO IMPROVE PERSON CENTRED CARE FOR OLDER PEOPLE IN LEICESTER LEICESTERSHIRE & RUTLAND

Authors:

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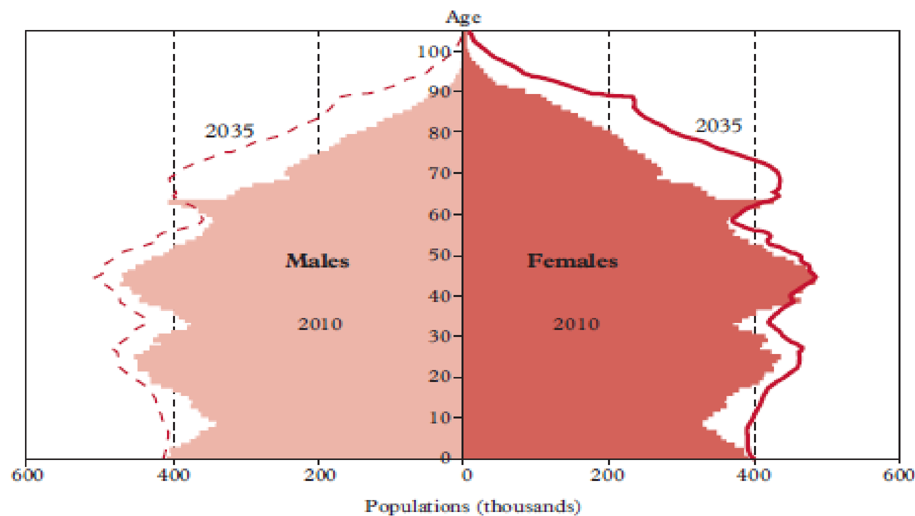
- Tony Donavan. Executive Director, Age UK Leicester Shire & Rutland

Introduction and Context

The changing demographic of our nation is well documented. The increase in the older population is shown in the 'Christmas tree' diagram below, with the biggest increase in profile amongst those people aged 70-90.



Within the UK there will be:

- 51% more people aged 65 and over in England in 2030 compared to 2010
- 101% more people aged 85 and over in England in 2030 compared to 2012. This compares to an overall growth in the population of only 12%.
- Over 50% more people with three or more long-term conditions in England by 2018 compared to 2008
- Over 80% more people aged 65 and over with dementia (moderate or severe cognitive impairment) in England and Wales by 2030 compared to 2010.
- The proportion of people of state pension age will increase by 28% between 2010 and 2035 and outnumber children by 2.6 million. Over the same time, the number of employed people for every pensioner would decrease from 3.16 to 2.87 (without changes in state pension age, this would have been 2.17)

The number of people aged over 90 who went to hospital by ambulance rose by 81 per cent – up from 165,910 in 2009-10 to 300,370 in 2013. However, the King's Fund has pointed out that "*The model of acute care is unsuited to patients with complex needs. The physical environment, working practices and care processes of acute hospitals geared to the model of acute medical care presuppose that the main task of the hospital is treatment and cure. However, care pathways and*

performance targets for waiting times and access to elective procedures are either irrelevant or actively obstructive to high-quality care for patients with complex conditions".

A model of care centred around hospitals, or only healthcare for that matter, has been decried as it represents a narrow view of people and the role that healthcare plays in contributing towards their health. A transformation towards care wrapped around the needs of the individual is vitally important to support complex health and social requirements as individuals' age and this change needs to happen at scale and pace.

Promoting the health of older people requires a number of cultural issues to be addressed. There is a tendency to discuss the ageing population in pejorative terms ("bedblockers"), which is often underpinned by the assumption that with age comes frailty. This is not necessarily the case. Self-reporting shows that the majority of people aged over 80 are satisfied or very satisfied with their health. At the same time we know that for a cohort of older patients there is an increased likelihood that whilst they will live for longer than ever before they do so with one or more long term illness. The most important amongst these will be dementia (increase of 40% over the next 12 years and of 156% over the next 38 years) and cancer (55% increase by 2030). Issues at end of life are also fast emerging as a big challenge. By 2033 the Midlands and East of England is predicted to have the highest percentage of 85s and over and 36.2% of deaths are in this age group.

The House of Lords Select Committee on ageing pointed out that *"The National Health Service will have to transform to deal with very large increases in demand for and costs of health and social care. Overall, the quality of healthcare for older people is not good enough now, and older people should be concerned about the quality of care that they may receive in the near future. England has an inappropriate model of health and social care to cope with a changing pattern of ill health from an ageing population".*

LLR has over 200,000 older people with 13% of the City and 23% of the County being old. This impacts on use of health and social care resources and the threats posed by national policy, funding cuts and staff disengagement combined with competition in an internal market, add to the challenges of addressing complex organisational transitions and maintaining quality care to an increasing group of frail older people with complex care needs. A number of individual organisations within the Leicester, Leicestershire and Rutland (LLR) Healthcare Economy are already undertaking different initiatives to address this need and it is a key priority for local Clinical Commissioning Groups as well as for the LLR "Better Care Together" program. The UHL Board has previously approved "A Strategic Direction for Frail and Older People's Services" as presented by Mark Wightman in May 2014.

However, to meet the challenge of this scale will require a more fundamental change in the ways that both public and private sector services for older people are designed. In particular improving the heath of older people will need to encompass acute, social, primary, voluntary sector and mental health care, with care pathways designed around the needs of the individual. The planning framework needs to move away from just decreasing healthcare utilisation to increasing community participation. The focus needs to shift from setting up or discontinuation of services towards delivering person centred outcomes that address the totality of needs for the older individual and not just on health and social care.

There is an urgent need to establish within LLR an integrated collaborative multidisciplinary approach to the needs of older people, which is underpinned by a strong evidence based focus on person centred outcomes and experience. This would need to be supported by a redesigned workforce that addresses capacity and capability when it comes to managing older peoples issues.

Proposal

The 2 local healthcare providers (UHL and LPT), DeMontfort University and Age UK propose that an "Institute of Health for Older People" is established in Leicester utilising the expertise and resource from the individual institutions to ensure the LLR community is optimally equipped to meet the challenge to provide evidence based integrated care to the population of LLR.

The vision of the Institute would be to promote active aging (defined by WHO/EU as "*the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age. Active ageing applies to both individuals and groups. It allows people to realise their potential for physical, social, and mental well-being throughout their lives and to participate in society according to their needs, desires and capacities, while providing them with adequate protection, security and care when they require assistance*")

An initiative that brings together healthcare organisations to undergo cultural transformation to deliver the "Triple Ai"m and support the community in active ageing, has the potential to actively contribute towards greater societal productivity for all members. The work programmes would not only address simple processes such as decreasing admission rates and length of stay in hospitals but also supporting more reablement and independent living with community programmes for wider participation. This would also include active engagement of the community in end of life programmes.

The potential scope for such an Institute is very large. However initially the partners would work to develop a strong leadership for the Institute who would agree and implement a focused work programme on improving care for older people through key collaborations with local partners. The aim would be to develop a learning community that would actively participate to improve quality care for older people through person centred, shared models of improvement in health and well-being. The Institute would initially take a virtual form building on established strengths and expertise of the partners (for example see 5) but this would rapidly evolve to ensure there was a robust governance structure and in the fullness of time, a physical identity.

The Institute will require strong leadership and it is proposed this is provided jointly by medical and non medical senior clinicians ideally at tenured Professorial level complemented by "Board level" support from the NHS partners. Patients and older people would be members of the leadership team at every level – including authoritarian leadership of the Institute and within leadership teams to support innovation and improvement.

The exact work program needs to be defined and agreed by the partners but it is envisaged that the following themes will be important aspects of the Institute's work:

- The development of innovative approaches to improving outcomes in frail older people that seek to transition the interfaces between primary/secondary care, health/social care and physical/mental health that can be shown to be effective and efficient are required
- The development of solutions which focus on knowledge generation (new models of care), quality improvement (working smarter) and knowledge transfer (spreading good practice)
- Quality improvement (all the activities carried out by professionals, older people, carers and society to learn continuously and improve health outcomes)
- The development of competencies which promote older people focused care and develop teaching programs for these competencies

- The establishment of tenured posts that can drive academic developments in gerontology and geriatrics; these should be subject to a five year review of benefit and evidence of sustainable grant income
- Supporting future growth through PhD opportunities, Academic Clinical Fellows/Lecturers
- The development of income streams from undergraduate education, grants, collaborations with industry and spin off businesses.

Leadership of the Institute will be supported by the establishment of tenured posts (initially two posts at professorial level – one medical, one non-medical) that can drive academic developments; these should be subject to a five year review of benefit and evidence of sustainable grant income.

The proposal has already been considered by the Board of Governors of DMU who have provided their support for the proposal. In particular they have committed to

- Funding of one of the professorial posts (non-medical)
- Contributing expertise from the faculty of Health and Life Science regarding the nursing of older people, psychology research and expertise in health psychology, gerontology and active ageing (independence of people with mild cognitive impairment).
- Contributing expertise/research from the faculty of Art Design and Humanities regarding design concepts for older people
- Providing ongoing strong leadership of the institute and support from their Board of Governors

The Medical Director of LPT has indicated executive level support for the proposal and will be seeking full support from their board in due course.

Age UK have also committed to supporting the work of the institute.

Although the proposal comes from the four institutions, the intention would be for the Institute to develop strong links with other partners to further its key objectives. Examples of partners could include:

1. Health and Social Care from both Leicester City Council, Leicestershire County Council and Rutland County Council . In June 2014 report to the Adult Social Care Scrutiny Commission, Leicester identified that being an "age friendly city" was one of its strategic aim.
2. Other HEIs
    a. the University of Leicester Medical School would be a key partner to ensure a multidisciplinary approach to care can be developed. Professor Nick London Associate Dean of Leicester Medical School has indicated his support for the proposal.
    b. Loughborough University who have recognised expertise in enhancing productive and healthy environments for the older workforce; regenerative medicine
3. The AHSN: the care of frail older people is one of the major priorities of the East Midlands AHSN
4. Biomedical Research Units -
5. The Leicester Improvement, Innovation and Patient Safety unit (LIIPS)
6. Health Education East Midlands: care of the elderly is a specific theme within the East Midlands Educational priorities

7. Patient and public groups
8. Local Clinical Commissioning Groups
9. Private providers of care (nursing homes) and relevant healthcare industry

Benefits of the Institute and Markers of Success

The establishment of an Institute of Health for Older People provides a unique opportunity to embed world class, whole-system service development within LLR.

Key benefits would include:

- Being recognised as a National centre of excellence in the health needs of older people
- Being recognised as the place to do research into older peoples heath
- Acting as a focus for inward investment from the healthcare industry
- Being recognised as the centre of excellence for education and training in the health care needs of older people
- Improving the local economy's ability to recruit and retain the very best expertise in this field
- Delivering metrics (includes the Active Ageing Index and outcome indicators for frail older people) that demonstrate improvement in experience of ageing in older people in LLR and improved systemic and organisational attitude towards ageing and older people

The institute will effectively develop a "brand" in this field. Thus far no healthcare economy in the country has sought to position itself as excellent in the care of older people. The reason would not be to attract more patients, if anything the opposite. Rather the Institute would attract talent and research funding, positioning the local economy as the leader in the care of older people and in doing so would ensure services of excellence for our local aging population.

Conclusion

The Board is asked to:

1. Indicate its support for the proposal
2. Ask the Executive to provide ongoing support from UHL to allow the creation of the Institute. This may include:
    a. Providing staff resource (time) to allow the objectives of the Institute to be defined and the agreed joint objectives of the Institute to be taken forward.
    b. Providing co-funding to enable the establishment of medical leadership for the Institute at Consultant/Professorial level
    c. Funding posts to work within UHL where such posts facilitate the objectives of the Institute as well as meet UHL priorities.
    d. Ask for a progress report in 3 months