

# Report to Health and Adult Social Care Scrutiny Board

**12 September 2022**

<b>Subject:</b>	Outcomes for patients with Heart Failure – Midlands Cardiac Pathway Improvement Programme
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## 1 Recommendations

- 1.1 That the Board considers and comments upon the draft outcomes for patients with Heart Failure.

## 2 Reasons for Recommendations

- 2.1 NHS England is facilitating an approach of “Stewardship” on behalf Integrated Care Boards (ICBs). Whilst the implementation will be for individual ICBs, there is a timely opportunity for stakeholders to engage in order to help shape the outcomes the programme aspires to.

## 3 How does this deliver objectives of the Corporate Plan?

The proposal relates to delivery of NHS Long Term plan objectives.



## 4 Context and Key Issues

### Purpose of the paper

To seek the views of the Overview and Scrutiny Committee on valuable outcomes measures for patients with heart failure. To appraise members on the approach we are testing with systems – “Stewardship”.

### The Triple Aim

The Health and Care Bill includes a legal duty for decision-makers across NHS bodies (Foundation Trusts, NHS Trusts, Integrated Care Boards and NHS England) to collectively consider the impact of their decisions on:

- Increasing the health and wellbeing of everyone the population they serve (including inequalities in that health and wellbeing)
- The quality of healthcare services for all the population they serve (including inequalities in benefits from those services) and
- Sustainable and Efficient use of NHS resources.

### What is Stewardship?

The NHS will always have constraints in the resources it is able to deploy. The magnitude of those constraints fluctuate over time however the NHS is typically constrained by overall budget and availability of staff. Stewardship aims to test the concept that those people in charge of deploying the resources – clinicians and patients – are in the best position to direct the use of those resources.

This is not about cutting the overall budget for patients with heart failure – this is about how to best use the resources available to us, regardless of where that resource has historically sat, in order to provide the maximum benefit possible. Resources – human and financial – are used within Primary Care, Community Services, Secondary Care and Specialised Services. We aim to provide transparency to “Stewards” on:

- The overall use of resources across the pathway of care
- The outcomes associated with the deployment of that resource

Utilising that information, a “Stewardship Forum” is created which considers, with advice from expert and generalist clinical staff, on how that resource might be better utilised to achieve the outcomes we have prioritised.



## Outcomes that matter

In order to consider how to utilise the resources 'better' we need to first agree what 'better' looks like. As such, we are seeking the views of stakeholders on which outcomes we should be aiming for. Following a workshop with clinicians, managers and 3<sup>rd</sup> sector patient representatives, a draft set of outcomes have been developed.

The group identified seven outcomes that matter to people with heart failure:

- To maximise quality of life of people with heart failure
- People with heart failure are listened to and decision-making is shared
- People with heart failure can benefit from self-management and self-care
- People with heart failure experience care that is co-ordinated and not disjointed
- Minimising interventions, visits or admissions that do not benefit people with heart failure
- Timely access to high quality evidence-based care

The group also agreed five outcomes that should apply to the population of people with heart failure as a whole:

- Fair (equitable) access to high quality evidence-based care
- Efficient and sustainable use of NHS resources for the population of people with heart failure
- Reducing the mortality rate from heart failure for the people below 75
- Providing timely access to palliative care for people with heart failure at the end of life
- Minimising avoidable interventions (including avoidable emergency admissions).

Once we agree which outcomes we are aiming for then we will develop measures to assess delivery against those outcomes. Whilst these outcome measures will be able to be flexed as matters develop, it is important that we are able to set the priorities and measure delivery against them as we consider how to redesign services.



## **High Level Steps**

To aid conceptualisation, the expected process would look like:

1. Agree outcomes and develop measures to assess baseline position and set the ambition for improvement.
2. Evaluate, with Integrated Care Boards, the current resources used and the outcomes achieved.
3. Via a Stewardship Forum which includes patient voice, consider how to best use the resources available.
4. Via governance of decision making bodies, develop the case for change adhering to locally agreed processes including business cases, assurance, engagement etc.
5. Implement and evaluate.

Note that the pace of change and change management processes would be led by ICBs. Inclusion in this programme is voluntary and not mandated by NHS England.

## **NHS England's role**

For the purposes of this paper NHS England are facilitating work on behalf of Integrated Care Boards. Decisions around the following are for ICBs to take, not for NHS England to direct:

- Whether or not to adopt a stewardship approach or to establish a stewardship forum.
- The overall budget for heart failure/cardiac services.
- The way that the resources are deployed.

NB: Whilst NHS England continues to commission Specialised Services (including interventional cardiology for heart failure), any decisions regarding the above 3 bullet points would be taken jointly with ICBs.

## **Testing and evaluating the concept**

The Stewardship approach is not well established within the NHS and therefore we have agreed to test, observe and evaluate the approach with two ICBs: Leicestershire, Lincs and Rutland and Joined Up Care Derbyshire.

Key to that evaluation, alongside whether the outcomes we wanted were achieved, will be an evaluation of whether Stewards were able to make decisions and whether those decisions actually led to positive and expected changes to the services patients received.



Other ICBs may wish to develop Stewardship Forums themselves or may wish to be part of any Phase 2 (if established) of this programme.

## 5 Implications

<b>Resources:</b>	Unclear at current stage
<b>Legal and Governance:</b>	None for Local Authorities
<b>Risk:</b>	None for local authorities
<b>Equality:</b>	The proposal aims to reduce healthcare inequalities
<b>Health and Wellbeing:</b>	The proposal aims to improve the population's health
<b>Social Value</b>	N/A

## 6 Appendices

N/A

## 7. Background Papers

N/A

