## HEALTH SCRUTINY PANEL THE EXPERIENCE OF OLDER VULNERABLE PEOPLE IN HEALTHCARE SETTINGS – ACTION PLAN

## 9<sup>th</sup> October 2012

SCRUTINY RECOMMENDATION	PROPOSED ACTION	BY WHOM	BUDGET COST	TIMESCALE
1. A detailed strategy should be developed by the local health and social care economy, which outlines how it will tackle the challenge of improving the quality of health outcomes of the ever increasing numbers of vulnerable older people, as well as dealing with tighter financial parameters. It should articulate how closer partnerships are being employed in practice to improve service configuration or responsiveness. This should be used as the key document in driving efforts to meet what is a significant challenge. It should also include some measures/metrics to judge how successful the local health and social care economy has been in meeting this challenge. The Panel would be happy to be involved in this document's preparation and review.	The CCG will in conjunction with PCT and the LA seek to review JSNA information with a view to recasting their approach to vulnerable people. Key to this will be support from Public health. It will seek to commence shortly and complete with next 18 months. All parties recognise that this is a pivotal and critical piece of work to support the health and social care system change so as be able to deal with the demographic challenges ahead.  The draft Middlesbrough Health and well-being strategy (out for consultation) identifies a strategic aim for ensuing quality, joined up and integrated health and social care services. Key actions to take this forward will be included in the health and well-being board's annual programme.	Public Health/NHS Tees/South Tees CCG/MC	N/K	18 Months

## Appendix B

2. That a detailed document by prepared by the local health and social care economy outlining how virtual wards, and more effective community services, will reduce the number of vulnerable older people entering the acute environment, or at least reduce their length of stay. Included in that document should be reference to how virtual wards and wider community services will be developed, including reference to amount of investment and amount of staff. It should also set out when people can expect such developments to be coming on stream. The Panel is encouraged by the idea's potential, although at this stage it is not clear what it is or how its success will be judged.	will be implemented on a rolling programme starting 1st October 12. This will be supported by Rapid response community nursing, integrated therapies including rapid response and rapid response social services. The CCG in conjunction with STHFT/ MC/RC&CC will provide a progress report (6 months post implementation) detailing the model of integrated community care, including virtual ward, rapid response and integrated therapies, the performance	NHS Tees/ South Tees CCG/STHFT	£400k NR funding from Tees PCT	April 2013
3. The Panel would like to see work progressed to increase the capacity of the psychiatry liaison service, currently based at James Cook University Hospital. At the very least, the current service should be explicitly secured. The Panel considers that to reduce the services' coverage would be false economy, given the demographic pressures facing the town.	£1.25m in mental health Acute Hospital Liaison services on top of current resource. The focus of this investment	NHS Tees	1.25m annually across Tees locality	Service to be in place by January 2013

## Appendix B

the specialist mental health team is available 24 hours a day, 7 days per week and is able to offer a response within 4 hours.  Recruitment is underway with an expected operational start date of		
January 2013		