

MIDDLESBROUGH COUNCIL

AGENDA ITEM 5

SOUTH TEES HEALTH SCRUTINY JOINT COMMITTEE

12 AUGUST 2013

IMPROVE – Integrated Management and Proactive Care for the Vulnerable and Elderly

PURPOSE OF THE REPORT

1. To introduce a number of senior representatives from the South Tees Clinical Commissioning Group (CCG) who will be in attendance at the meeting to brief the Joint Committee on the IMPROVE programme and to seek the views of the Committee on their proposals.

RECOMMENDATIONS

2. That the Joint Committee notes the information submitted at the meeting today and provides their views on the proposals.

Consideration

3. Attached at Appendix 1 is a briefing outlining the IMPROVE project which is being led by the South Tees CCG. The CCG have developed a Communications Plan that will involve hosting a series of public events throughout the South Tees area. A questionnaire has been designed which will be distributed to voluntary agencies, patient reference groups, Healthwatch, GP practices, PALS, MPs, Local Medical Committees and local councillors. The CCG would particularly welcome your feedback on the engagement process.

Format of the Meeting

4. The meeting will begin with a 'Setting the Scene' presentation from Amanda Hume, Chief Officer, South Tees CCG.
5. The Committee will then have the opportunity to work in small groups, if they wish, to discuss the following areas:
 - i) What are your views on the engagement process – are there any gaps?
 - ii) Engagement – are the questions the right questions? What else should be included?

- iii) Do you have any other general comments or concerns, has anything been missed?
6. The aim of the meeting is for Members to air any concerns and develop the process in partnership with the CCG. Members' views will then be fed into the consultation process.

BACKGROUND PAPERS

Appendix 1 – IMPROVE Briefing Paper – South Tees CCG

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BRIEFING

Improve - Integrated management and proactive care for the vulnerable and elderly

South Tees Clinical Commissioning Group is made up of 49 general practices serving a population of around 280,000 people. We are responsible for commissioning a range of healthcare services on behalf of local people.

The number of people who are elderly, vulnerable and living with a long term condition in the South Tees area is increasing. Our aim is to improve the quality of healthcare they receive whilst ensuring that health services remain safe and sustainable now and into the future.

Currently, too many of our most vulnerable patients end up in hospital. We know that with the appropriate health and social care support, some of them could have remained independent and in their own homes for longer.

It is also evident that there are significant gains to be made in ensuring that health and social care service are more joined up, so that all residents have access to the same services and high standards of care.

We want the people of South Tees to have access to first class healthcare that provides the best possible outcomes for patients, wherever they live. To achieve this, we must move away from a reactive care model, which focuses on treating very poorly patients, to one which is proactive and designed to prevent a deterioration into ill health and hospital admission.

To realise our vision, we need to develop integrated services that identify patients who may be at risk at an earlier stage, and work with them and their carers or family, to maintain and support independence for as long as possible.

Over the past year, we have been working with local GPs, hospital clinicians, nurses, other health professionals and social care partners to consider the many challenges facing the NHS and social care in South Tees and to look at how we can develop a more responsive and joined-up approach to caring for the growing population of older patients with long term conditions and other care needs.

We are now at a stage where we would like to involve our stakeholders, patients, carers and the general public in a wider discussion about the type of services they need and the way in which they should be organised in the future.

Why do we need to change?

- The number of people who are elderly, vulnerable and living with a long term condition in our area is increasing. This is already having an impact on primary care (eg GPs), hospital services and social care.
- Too many of our elderly and vulnerable residents end up very poorly, resulting in a hospital admission that could have been avoided.
- It isn't always necessary to be treated in a hospital. For many people who are frail, elderly or have long-term conditions, a community or home-based service is more appropriate. Improving and enhancing the range and type of healthcare available close to home can help people to live independently for longer.
- We believe that most people would prefer to receive care in their own homes or in the local community rather than in hospital. We need to develop health services which allow people to access care in an appropriate setting that is closer to home.
- When people do have to go to hospital, we want them to receive the best possible care which ensures their recovery matches the best results in the country.
- There is currently too much variation in access to and provision of care. We want to ensure there is greater equity of services across the South Tees area.
- We are confident that we can improve the way health and social care work together to improve our services. We need to develop more integrated services so that support is delivered in a more timely and coordinated way. Greater integration can also be more cost effective, freeing up resources to be invested in new or improved services.
- We do not have endless resources so need to make sure that taxpayers' money is spent where it will meet the needs of our population.

What could this mean?

Realising our vision will involve building a truly integrated model of support which spans health and social care. We will need to consider co-locating services, developing new and innovative provision, making best use of our existing estate, as well as prevention and healthy living aspects. This will include looking at:

- Opportunities to enhance services in the community; for example developing better provision for those suffering from respiratory diseases, improving rehabilitation support for stroke patients, providing services in the community and in patients' own homes.

- Putting GPs at the heart of an integrated service, undertaking more proactive management of patients to identify those at most risk and coordinating support across health and social care.
- Making better use of a “step up” (GP led direct admissions) model of care which would reduce the number of patients admitted to acute hospital beds.
- Improving quality of care by providing seven day multidisciplinary team ward rounds and reducing the length of stay of those patients who are admitted.
- Delivering some out-patient clinics closer to home, where appropriate and reviewing the use of community hospitals to provide better access for patients.
- Better information sharing across health and social care teams.
- Providing healthy living advice and encouraging self management and self care to prevent escalation of health conditions.
- Increased involvement of the voluntary and third sector in providing community-based services.
- Incorporating best practice, national strategy and Department of Health guidelines into our approach

Improving hospital care and developing a wider range of provision closer to patients’ homes means that there are likely to be changes to the way services are delivered.

In particular, opportunities for providing care outside of hospital, for example in the community, GP practice or home is likely to result in changes to the way community hospital beds are used.

An independent survey of bed use undertaken in 2011 for South Tees Hospitals NHS Foundation Trust indicated that approximately 49% of patients were medically fit and did not need to be in a hospital setting. Many were in hospital who could be at home if we improve home based health and social care support

It is clinically recognised that delays in discharging patients from hospital are detrimental to the long term wellbeing of elderly people. A more integrated approach to the delivery of health and social care services will allow more patients to return home earlier and could reduce the need for the number of hospital beds across South Tees.

What happens next?

We would like to engage with patients, carers, stakeholder and local people to get their views about our vision for improving services and ensuring that more elderly and vulnerable patients with long-term conditions are able to remain independent for longer. In particular we would like to hear their opinions about:

Coordinated, integrated and seamless care

Health and social care staff working together with patients to plan care and manage conditions.

Encouraging people to have more control over their care

Providing information, support and guidance to help people make decisions about their care and wellbeing and manage their health conditions more effectively.

Care when and where you need it

Increasing the range of support provided outside hospital and reducing the reliance on acute and community beds. Ensuring that people get the right service in the right setting with the right support.

Amongst other things, we plan to run a number of public events in September and October where local people, patients, carers and other stakeholders can give their views and help us to identify options for the future. A survey of existing patients will also be undertaken. Further details will be published on our website in due course.

We will use this information to help us formulate options for the future, which we hope to present to the public as part of a formal consultation process later on this year/early next year.

If you would like more information about this piece of work, please contact our communications team on 01642 745046.

www.southteescCG.nhs.uk