

## IMProVE (Integrated Management and Proactive Care for the Vulnerable and Elderly) Update Report – June 2015

### Purpose of this report

Provide partners and key stakeholders with a progress report on implementing agreed recommendations made by South Tees CCG Governing Body in October, 2014 to support the delivery of a new model of care for our vulnerable and elderly.

### Key Recommendations

In October, 2014, following feedback from our formal public consultation on 'Better Care for the Vulnerable and Elderly in South Tees', our Governing Body made a number of key recommendations in order to progress a new model of care:

1. Agree that the proposals from the consultation are taken forward in a phased approach, specifically:
  - a. Centralisation of stroke services to Redcar Primary Care Hospital by April 2015
  - b. Closure of the two minor injury services in East Cleveland and Guisborough Primary Care Hospitals. Consolidation and enhancement of minor injury services onto one single site (Redcar Primary Care Hospital) by April 2015
  - c. Closure of Carter Bequest Hospital and transfer of services within the community by April 2015 alongside the progression of improved community infrastructure
  - d. Part closure of Guisborough Primary Care Hospital (main building), removal of the bed base subject to implementation of improved community infrastructure by April 2016
  - e. Redevelopment of the Chaloner building in order to house transferred services as well as additional community based services by April 2016
2. Work with key partners to monitor and assure phased implementation, providing and receiving regular update reports
3. Agree that a system-wide group is established in order to explore the potential to influence travel plans and routes to take into account future patient flows
4. Agree a public campaign to raise awareness around eligibility for the Patient Transport Service
5. Develop a public communication plan to support understanding of what is urgent care and where to access services
6. Agree to pilot a weekend district nursing clinic within East Cleveland Hospital to commence by April 2015 in line with consolidation of minor injury services

## Progress against recommendations

### 1 Taking forward changes in a phased approach

In November, 2015, the CCG established an IMPRoVE implementation group in order to provide oversight and assurance that those projects identified within scope of the IMProVE programme were successfully delivered according to plan and within prescribed timescales. 15 individual projects were identified; all have project plans in place and are being driven by a dedicated project manager.

This multi-stakeholder group continues to meet every two weeks and is supported by a monthly Clinical Reference Group attended by clinicians providing clinical advice to projects identified within the programme. South Tees Foundation Trust also has their own internal steering group in order to progress operations.

Key partners from the Local Authority, South Tees Foundation Trust and Tees and Esk and Wear Valley are involved in and are members of our IMProVE Implementation Groups. The CCG Executive and governing body are receiving regular updates and are asked to assure plans. Regular reports are also issued to the South Tees Integration Programme Board via the Integration Executive Group in order to monitor progress and advise as necessary.

A benefits realisation strategy has been agreed in order to measure success and it is expected that the first report will be available by September, 2015. Following the general election 'purdah' period, the CCG will engage with the local Overview and Scrutiny Committee to report progress.

### 2. Improving Stroke Services

- A new Early Supported Discharge Stroke Team was implemented in March 2015. The team consists of highly trained specialist therapists and general rehabilitation assistants and is overseen by consultant stroke specialist. The service is offered to patients with a new stroke who are safe to be discharged home with therapy at home. Patients receive the same level of therapy that they would as an in-patient (45 minutes per day) and usually for six weeks. Early supported discharge teams nationally have been proven to reduce mortality and institutionalisation rates by as much as 50%. As more patients receive therapy at home, the number of community beds we require for stroke is reducing. We had 18 dedicated beds for stroke but this is expected to reduce to 12 by the end of June.
- On the 1<sup>st</sup> of April 2015 all new stroke patients who required in-patient rehabilitation were centralised onto one site. A new training programme has been established which ensures that all staff working from Redcar have the necessary stroke skills. A rotation with the Acute Stroke Ward at James Cook supports this. Staff are reporting that they feel they are now able to give more time to patients as the numbers of staff to patients has increased. We have

asked Healthwatch to gain an independent view of the service from a patient perspective.

### **3. Consolidation and enhancement of minor injury services onto one single site (Redcar Primary Care Hospital) by April 2015**

- Under-utilised East Cleveland and Guisborough Minor Injury Services transferred to Redcar Primary Care Hospital on the 1<sup>st</sup> April, 2015. X-ray capacity has now been increased, opening 8 am – 6 pm weekdays and 9 – 4 at weekends. Communications around the changes to the service were delivered to all GP surgeries, pharmacies and libraries six weeks prior to closure. A leaflet drop to 63,000 households in the Redcar and Cleveland area containing information about all urgent care services has taken place.
- Concerns were raised by residents in East Cleveland during our IMProVE consultation that the closure of the Minor Injury Unit in East Cleveland would mean that patients would have to travel to Redcar for simple dressings at weekends when GP surgeries were closed. The CCG has therefore introduced a pilot weekend dressing clinic run by district nurses patients to assess whether the service should be provided on a permanent basis and extended to other parts of East Cleveland. This service commenced on the 1<sup>st</sup> of April and to date numbers have been extremely low – around 2 per day. The CCG will continue to monitor progress.

### **4. Reduction in community bed surplus and decommissioning of estate no longer fit for purpose**

#### **Carter Bequest Primary Care Hospital**

- The wards at Carter Bequest were decommissioned on the 27<sup>th</sup> March, 2015 with all new stroke patients transferred to Redcar Primary Care Hospital. It is worth noting that only one patient (long-term patient) had to be transferred from Carter Bequest Hospital to Redcar, all other patients were transferred to Redcar directly from James Cook.
- Speech and language therapy, also delivered at Carter Bequest Hospital will transfer to North Ormesby Health Village (current CCG premises) from October, 2015 as the CCG relocates. Cambridge Road Surgery will remain and NHS Property Services are leading the disposal/sale of the rest of the site.

#### **Guisborough Primary Care Hospital**

- Plans have been drawn up to redevelop the Chaloner Building, relocating current services (diabetes, colorectal, audiology, arrhythmia, orthopaedic, rheumatology, plastics and surgical clinics). An option for a new build which would provide a longer term solution has also been explored but the cost of this could not be met by the CCG. NHS England has been asked to consider whether they may be in a position to fund such an option. The CCG is awaiting a response but will pursue the Chaloner re-development if NHS England cannot support. Additional car parking space to service the Chaloner building has been identified.

## Overall bed numbers

- Previous bed modelling exercises estimated that we could reduce our community bed base from 132 to 62. It was agreed that the CCG would not progress to close the beds at Guisborough if numbers were not reducing at a steady base. Currently South Tees are currently successfully functioning with 68 community beds. Community bed numbers and their usage are also being monitored and reviewed by the South Tees Integration Executive Group for any potential impact upon reablement and intermediate care.

## 5. Developing & Investment of Community Infrastructure

The Governing Body recommended that the CCG should continue to improve community infrastructure alongside delivery of our key milestones. A number of key initiatives have already been and will continue to be implemented by our Care Closer to Home Workstream and via projects within the Better Care Fund Programme.

### Further development of the Rapid Response Team

- In January 2015, community matrons began working within our Rapid Response Teams providing additional skills within the team in order to assess and manage more complex patients. This introduction has seen a rise in the number of referrals from GPs. The service has already generated positive feedback from patients. Comments from a recent patient survey included: “Aftercare from nurses was brilliant, I was really looked after at home” and “Everyone could not do enough for me.”
- Night sitting services for rapid response and closer links with care homes are being explored and funded through the Better Care Fund
- A project is also under way to align health and social care rapid response teams, avoiding duplication and providing a better service for the patient

### Pulmonary Rehabilitation

- The CCG have invested a further £300,000 into pulmonary rehabilitation services to be delivered into the community. Previously the service was only able to accommodate up to 150 patients a year but the additional funding means it can now benefit as many as 1,200. Staff numbers have increased from 4 to 10 enabling sessions to take place at various venues across the area including The James Cook University Hospital, One Life and Redcar, East Cleveland and Guisborough Primary Care Hospitals. Participants meet twice a week to complete a circuit of exercises such as walking on a treadmill or lifting a gym ball supervised by the physiotherapy team. Patients can also learn more about their different lung conditions and how they can manage them at home. Anyone with an obstructive lung condition such as COPD, pulmonary fibrosis, bronchiectasis and those awaiting lung transplants can be referred to the group by their GP or practice nurse.

### Reablement Beds in Redcar and Cleveland

- Through better care funding, Redcar and Cleveland have opened 14 reablement beds in Redcar and Cleveland to support those patients who need in-patient rehabilitation but do not need nursing input. In addition Better Care Funding is being used to pilot specialist beds for those patients with delirium. This ensures that patients are transferred from hospital into the most appropriate care setting. Previously some of these patients would have been inappropriately transferred to community hospital beds.

### Improving Therapy Support

- The IMProVE Implementation Group is working with South Tees Trust to identify additional therapy resource required to support the delivery of more rehabilitation at home, reduce current community therapy waiting times and increase therapy support in community hospitals to 7 days per week. Some therapy resource has already transferred to the community as a result of reducing the number of community beds to enable more patients to be cared for closer to home. However, more investment can be made available once further funding can be released. Empty space in East Cleveland is currently being marketed with a plan in place to enable us to move therapies from the ground floor to the first floor in order to free up a whole floor should this be more attractive to potential tenants. To date there is little interest in the building.
- A system wide event held earlier this month ('No place like home') to enable the development of a South Tees Rehabilitation Strategy will further support future therapy models of care.

### Community Assessment Hub

- A specification for piloting a community assessment unit within Redcar has now been completed and we are working with South Tees Trust to implement a pilot to commence at Redcar Primary Care Hospital by November this year. The new service will ensure that sub-acute patients can be seen within 48 hours by a multidisciplinary team and an effective management plan put in place.

### Out-patient and day treatment services in the community

South Tees have undertaken a scoping exercise to identify services which could be effectively and efficiently delivered in community premises. As a starting point we are exploring the potential to deliver non-complex chemotherapies at Redcar Primary Care Hospital and have agreed to support an area-wide new Parkinson Advanced Symptom Unit pilot in Redcar Primary Care Hospital. An implementation plan for transfer of appropriate out-patient clinics is to be developed and a separate working group set up to drive this forward.

### ***Financial Investment***

The CCG continues to invest £30.67 million in community services. The implementation of IMProVE is a fluid process where the CCG supports the in-patient community ward services as they scale down at the same time as funding the start-up costs within new services as they are introduced. Our transformation of community services for this year (2015-16) has released £3.6 million for

reinvestment into modernised services. As well as 300K pulmonary rehabilitation investment mentioned above, we have invested £300K into establishing the Stroke Early Supported Discharge team. The CCG is currently negotiating the expansion of community therapies services with the foundation trust; this has the potential to use £2M of the released funds. In addition we will be investing £137K into the development of the community assessment hub.

**6. Agree that a system-wide group is established in order to explore the potential to influence travel plans and routes to take into account future patient flows**

Representatives from the CCG and two local authorities first met in December 2014 in order to review highlighted issues and plan next steps. It was agreed that in order to influence future travel plans we would need to demonstrate to public transport providers that there was likely to be a shift in passenger numbers to warrant changes to existing bus routes. A further survey was therefore carried out and meetings took place with public transport providers.

A full report is enclosed but the report concludes that bus company providers seem very open and keen to work with health and local authorities in order to inform and plan future travel routes. However, there is recognition that companies will make decisions to change routes when it is commercially viable to do so. They also need to consult with the public around any suggested changes. Although our additional survey did not show any expected significant increase in numbers of people switching to public transport from cars as a result of our proposed changes, Arriva are now very aware of our changes to services and plan to carefully monitor passenger trends to Redcar Primary Care Hospital. It is clear that Arriva has been trying, along with the Highways Department at Redcar to find a solution to the highlighted bus stop problem at East Cleveland Primary Care Hospital but unfortunately have been unsuccessful. The Highways agency may want to revisit their decision around the benefits of a bus stop versus traffic calming.

The Community Agents Transport Scheme (funded jointly by local authorities and the CCG) is also playing an important part in supporting patients to get to hospital appointments. The Scheme has been recently publicised to all GP practices.

**7. Agree a public campaign to raise awareness around eligibility for the Patient Transport Service**

- A public awareness campaign has now been completed with posters and business cards promoting the service produced and distributed to all GP surgeries and James Cook Out-Patient areas in March, 2015.
- Changes have been made to some of the questions asked of patients when accessing the service to simplify the process.
- Benchmarking data on how many people access the service has been collated which will be reviewed to see if there has been any increase in demand.

## 8. Develop a public communication plan to support understanding of what is urgent care and where to access services

The CCG has carried out a number of campaigns from October to April, 2015 related to accessing appropriate urgent care services. These include:

### Winter Pressures Campaign

- Keep Calm leaflets printed and distributed to community locations – end November/beginning December
- Press releases to local media
  - Save time this winter – 12 November 2014
  - Keep calm and ask your pharmacist – w/c 24 November
  - Keep calm and antibiotics aren't always the answer – w/c 1 December
  - Keep calm and order repeat prescriptions – w/c 8 December
  - Keep calm and have a well-stocked medicine cabinet – w/c 15 December
  - Keep calm and call 111 this Christmas – w/c 22 December
  - Keep calm and antibiotics aren't always the answer – 12 February
  - Keep calm and order repeat prescriptions – 12 February
  - Winter pressures – February 2015
- Full page advert in Evening Gazette on 24th December – seasonal ailment scheme pilot
- Talk before you walk article in Evening Gazette Health Supplement – February 2015
- Keep Calm leaflets re-printed and distributed to community locations January/February 2015
- Updates to South Tees CCG website throughout

### Urgent Care

- Many activities have taken place regarding changes to Urgent Care across the South Tees area. Details below:
- Evening Gazette supplements on 19th December and 26th January, contained information on what to do when GP practices are closed, ordering prescriptions, appropriate use of NHS services
- Press release regarding changes to MIU in South Tees sent out 25th February
- Evening Gazette Easter wrap and supplement on 30th and 31st March, contained information on what to do when GP practices are closed, how to use NHS services appropriately
- Mail drop to households across East Cleveland regarding MIU changes – ongoing – 21,800 delivered as of 24th April 2015
- Behaviour targeting campaign on Gazette Live website regarding MIU changes. 40,000 desktop adverts, 10,000 mobile adverts targeted to Redcar, Cleveland, Loftus, Brotton, Guisborough
- Facebook campaign to target adults aged 18-35 and 55+ within 10 miles of Guisborough regarding MIU changes
- 700,000 page impressions on popular local websites geographically targeted to Redcar, Cleveland, Middlesbrough, Loftus, Guisborough regarding MIU changes



- Full page advertisements on the 3rd, 4th and 6th April in the Evening Gazette regarding MIU changes

### **Childhood Illness Booklets**

The booklet contains information about staying healthy and how to deal with minor ailments. It has been distributed to GP practices (120 booklets per practice) and to children's centres, Health Visitors, maternity services etc. 10,000 leaflets printed in total. Distributed mid-March.

### **Elderly Booklets – harm free care**

5000 copies have been produced of this leaflet which includes various topics about staying healthy and useful contacts for support. These booklets will be distributed to 56 care homes across South Tees.

The CCG is developing an urgent care strategy. This strategy will address how we can streamline the system to make it less confusing for patients and how we can best educate the public on using services. There is evidence to support that giving information about services out at the time of use will have an impact.