

# South Tees Hospitals

NHS Foundation Trust

<b>Meeting / Committee:</b>	Board of Directors	<b>Meeting Date:</b>	25 February 2014
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<b>Title:</b>	Update on CCG IMPRoVE Programme
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<b>Purpose:</b>	The report provides an outline for the board of directors on the South Tees CCG's IMPRoVE programme and the impending public consultation, which has implications for the trust's primary, acute and community services.
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<b>Key Issues/ items for consideration in the report:</b>	The board's attention is drawn to the strategic direction being taken by the CCG with respect to developing community based services and encouraging greater integration between health and social care. This is in accordance with the trust's existing strategic direction and aligns with the work the trust has been involved with through its improving the patient pathway programme.
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<b>Prepared By:</b>	Susan Watson, Operational Services Director	<b>Presented By:</b>	Susan Watson, Operational Services Director
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<b>Recommendation:</b>	The Board is asked to note the proposed public consultation to be undertaken by South Tees CCG in the next few months.
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<b>Implications (Please tick)</b>	Legal	Financial	Safety & Quality	Strategic X	Risk & Assurance
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## **Integrating Management and Proactive Care for the Vulnerable and Elderly (IMPRoVE)**

### **1. Introduction**

In 2011 when South Tees Hospitals NHS FT (STHFT) merged with the community service provider previously known as Middlesbrough, Redcar and Cleveland Community Services (MRCCS) it was agreed with the Primary Care Trust (PCT) that work would be done in partnership to review the pathways of care between primary care, acute hospital care and community services with a view to integrating care wherever possible. A multi-agency work programme was put in place co-ordinated via the Transforming Community Services programme board. This group was jointly “owned” by the PCT and STHFT with membership extended to include colleagues from mental health, Middlesbrough Council and Redcar and Cleveland Council. The programme board put in place a number of pieces of work aimed at improving the quality of services offered to the population service by the respective organizations. At STHFT this work has reported via the trust’s internal Improving the Patient Pathway (IPP) programme board and the board of directors has received regular reports on the work of this team.

When the Clinical Commissioning Group (CCG) took over from the PCT it was agreed that in future the work of the TCS programme board should be vested in the CCG. It had become apparent over time that the work to integrate and streamline pathways of care was likely to result in recommendations that would require strategic commissioning decisions to be made and these should be co-ordinated and led by the CCG. The previous TCS programme board was renamed the IMPRoVE advisory board and for the past year has provided advice and support to the CCG as it developed its proposals for the future of community services in the south of Tees area.

Much of the information provided in this paper is taken from the CCG website and can be found at <http://www.southteesccg.nhs.uk>

### **2. STHFT Clinical Involvement**

The trust has taken an active clinical interest in developing greater integration in the delivery of care pathways over the past three years.

STHFT has identified three experienced consultants to provide clinical leadership to the programme: Dr Vincent Connolly, Dr Sath Nag and Dr Dinesh Tryambake. All three have interests in the interface between primary care, acute hospital care and community care.

A significant element of the programme is associated with nursing and therapist care and a number of team have been working in this area developing the integrated community care team (ICCT) and rapid response team. The impact of both is under continued evaluation. Increased community therapy over winter 2013-14 is expected to demonstrate that patients can be discharged from hospital (acute and community) in a more timely manner. The use of discharge to assess beds is also under assessment at present and early findings suggest that these are making a positive contribution to services.

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A number of clinical pathways have been reviewed and redesigned in line with the principle of integration and seamless care. At present most progress has been made with heart failure with work ongoing in the development of pathways for stroke and chronic pulmonary obstructive disease (COPD).

### **3. Pre-consultation**

The CCG undertook a programme of pre-consultation in autumn 2013 seeking the views of the public with respect to the future provision of community services. The background to the pre-consultation was identified by the CCG as follows:

“People are living longer and while this is good news, an ageing population also presents a number of challenges for the health and social care system:

- Nearly two-thirds of people admitted to hospital are over 65 years old
- There are more than 2 million unplanned admissions per year for people over 65
- When they are admitted to hospital, older people stay longer and are more likely to be readmitted
- The number of older people is expected to grow markedly in the coming decades

People with one or more long-term condition require the greatest level of support. A hospital- centred delivery system made sense for the diseases of the 20th century, but today patients could be providing much more of their own care, helped by technology, and supported by a range of clinical and social care professionals.

The number of people who are elderly, vulnerable and living with a long-term condition in the South Tees area is increasing. We want to improve the quality of care they receive while ensuring that services remain safe and sustainable now and into the future.

Over the past year, we have been working with GPs, hospital doctors, managers, health and social care professionals and partners to consider the many challenges we face in meeting the needs of a growing population of older patients with long-term conditions and other health and social care requirements.

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

In addition, we know that there are significant gains to be made in ensuring that health and social care services are more joined up, and that the people responsible for planning and providing care work more closely together. We also think it's important that South Tees residents have access to the same high standards of care, wherever they live.”

The pre-consultation document goes on to highlight a number of changes that could be made to meet the needs of the population and highlights the following potential areas for change. All of these are compatible with the work of the trust's IPP programme.

- Developing better support in the community for those suffering from long-term conditions.
- Providing community support to enable patients to be discharged from hospital earlier, and improving their recovery.
- Improving rehabilitation support in the community.
- Delivering more out-patient clinics in community settings.
- GPs undertaking more active management of patients who are at most risk of becoming ill and coordinating support across health and social care.
- Making best use of our local community hospitals so that people can access care or treatment in the most appropriate setting.
- Improving the quality of care provided in local hospitals.
- Less need for hospital beds, allowing funding to be reinvested in home and community- based services.
- Better information sharing across health and social care.
- Providing healthy living advice and encouraging people to manage their own conditions in order to prevent a worsening in their health.
- Increased involvement of the voluntary sector in providing community-based services.

#### 4. Key themes

The CCG website identifies the following key themes raised by the public during pre-consultation.

- **Co-ordination of services**

Overall, respondents felt that local services were organised well. However there were a significant number of comments about the need for better collaboration and coordination across health and social care organisations and between different services. Many felt that information was not always passed from one service to another effectively, that there was poor communication between providers and silo working was common.

- **GP access**

While many were happy with the support provided by their GP surgery, poor access to appointments was a recurring theme. Respondents were unhappy with the length of time they had to wait for a GP appointment and felt that GPs should spend more time visiting patients in their own home. There were also comments about continuity of care and the importance of being able to see the same GP on a regular basis.

- **Access to information**

Most people said that they knew who to contact for advice, guidance or support in relation to their long-term condition. However, over half felt that more information or guidance would be helpful. This included the need better information about social care provision and more information about specific conditions such as dementia and arthritis. Some respondents were concerned about the consistency of information and whether it was up to date. The importance of ensuring that not only patients but also their carers/families understood the information being given was also raised.

- **Quality of care provided**

Most respondents felt they had received sufficient support to manage their condition, although a range of potential improvements were identified. These are reflected in the comments provided throughout this paper.

- **Where should care be provided?**

Overall, the majority felt that the location of care should be determined by the needs of the patient. Most felt that a mixture of home, community and hospital-based care should be available.

- **Care closer to home**

There was considerable support for the suggestion that more care should be provided in the home or in a community setting. Respondents felt that this could aid recovery, prolong independence and keep hospital beds free for the seriously ill.

However, many commented that for this vision to become a reality, community-based care would need to improve significantly.

- **Quality of community provision**

The quality and extent of community-based services was a recurring theme. Respondents identified a number of areas for improvement including more frequent and longer home visits from both health professionals and home care providers, more rapid assessment of need and access to services and equipment, more practical support in the home, and on-call support available on weekends and in the evenings. There were a number of comments about hospital discharges being delayed because of lack of provision. Some respondents suggested drop-in or day facilities should be available locally.

- **Hospital beds**

When asked to consider a reduction in the number of community beds, respondents were divided. There was some confusion about the difference between community and acute beds with a number commenting that beds were needed in case of a flu epidemic or major incident.

Those who were largely against any reduction in bed numbers felt that there was already a shortage of bed, evidenced by the length of time people had to wait for admission. The view that having too many beds was preferable to having too few was given by a number of respondents. Some disputed the case for a reduction in beds, citing the growing elderly population and suggesting that further analysis was needed.

Opinions differed on the impact of closing community beds with some reflecting that it would take pressure off the hospital system and others claiming it would increase demand for acute beds.

Around half supported the idea of closing beds and providing greater care in the community. Amongst other things, respondents felt that this would aid recuperation and promote independence.

Many qualified their support for the closure of beds with the need to improve community health and social care services. Some questioned whether there was sufficient budget/staff to develop and improve community services in line with the CCG's vision.

- **Other issues**

*Physiotherapy and Occupational Therapy services* - There were a number of comments about the length of time taken for assessments/access to services. Some commented that this was impacting upon recovery and hospital discharge.

*Dementia services* - The need for improvement in services was mentioned by a number of people. This ranged from better information for patients and their carers through to the extent of the services available locally.

*Community hospitals* - There was some support for local community hospitals. Respondents valued their proximity to home/relatives/friends, particularly where there was a reliance on public transport, while others felt that they took the strain off acute beds. A few felt there needed to be more local beds for recuperation/respice.

*Cost of travel* – Some respondents mentioned the difficulty/cost of travelling to GP appointments and other services using public transport/taxis. The lack of public transport was raised.

*More staff, more money* – There were a number of comments about the need for greater investment in health and social care services.

*Care homes* – A few respondents identified the need for good, local care homes. There were a few comments about the lack of staff training and the impact this had on the delivery of care closer to home.

*Reliance on elderly relative for support/care* – Many of the respondents were being cared for by elderly relatives or were elderly carers and felt that this needed to be recognised.

*Keeping carers/family informed* - There were several comments about the need to keep family members/carers informed in general about health conditions and how to deal with them. Some also mentioned wanting to be kept up to date with the specific requirements of those they were caring for.

*Listening to patients* – A few made comments about the need to listen to patients. Some made the point that carers needed to be included in discussions in cases where patients found it difficult to get their point across without assistance.

## **5. Consultation**

The CCG is now preparing for formal consultation on a range of questions regarding the future configuration of services. While STHFT remains actively involved in providing clinical advice to the CCG via the IMPRoVE advisory board and by participating on a number of stakeholder events the proposals being developed are not yet available to us. These will be shared as part of the CCGs planned consultation programme and the trust will be invited to respond as a stakeholder.

The trust is actively involved in working with the CCG to support the planned consultation programme with Mandy Headland, divisional manager for community services and Caroline Parnell, company secretary and Amanda Marksby, head of communication participating in the working group established to oversee the work. Susan Watson, operational services director, the three clinical leads, Barbara Stoker, head of occupational therapy and clinical lead for community therapy and Mandy Headland continue to work with the IMPROVE advisory board which has strategic oversight of the programme.

Formal consultation is expected to launch in the south of Tees CCG area between March and May 2014. The CCG is working with a number of local overview and scrutiny committees, Health and Wellbeing Boards and other key stakeholders to ensure all parties are aware of the emerging thinking.

### **6. Commissioning Plan 2014-15**

Although the detailed consultation questions are not yet known and the future configuration of services is not yet determined there are a number of themes identified in the CCG commissioning intentions for 2014-15 that are either directly, or indirectly linked to the issues raised in the pre-consultation document and raised by the public in the key themes that emerged from this work. Consultation questions and future commissioning intentions are expected to build on this approach.

### **7. Implications for STHFT**

The trust has worked closely with the CCG and other agencies for the past three years and there is common agreement about the direction of travel – greater integration of services, breaking down boundaries between health and social care, improved information sharing, ensuring patients receive the care they need in the most appropriate environment which often will be in a domiciliary setting.

The “continuing the journey” approach adopted by the chief executive sees the creation of a new integrated care centre specifically aimed at building on this agenda.

It is likely that following formal consultation we will see a number of changes to the shape of services commissioning by the CCG to meet the needs of the vulnerable and elderly but these are expected to be in line with the trust’s current direction of travel and strategic thinking.

### **8. Recommendation**

The board of directors is asked to note the forthcoming public consultation and the implications for the trust.