

Health and Wellbeing Board

Meeting Date: 14th November 2019

Responsible Officer: Barrie Reis-Seymour, Shropshire Clinical Commissioning Group

Email: b.reis-seymour@nhs.net

1. Summary

This paper provides an update on the Shropshire Care Closer to Home programme.

2. Recommendations

The Health and Wellbeing Board is recommended to note the information and progress outlined in the report.

REPORT

Programme Phases & Progress Updates

Phase 1

Phase 1 is presently operational in the form of the Frailty Intervention team (FIT) based within the A&E Department of Royal Shrewsbury Hospital and Princess Royal Hospital in Telford and the service is now running 5 days per week at both sites. Recruitment for a Consultant Geriatrician to complete the team has been successful. Positive results continue to be achieved by this team however workforce issues in both services remain a concern.

Phase 2

Case Management is now live in all eight pilot sites; Case Managers used a risk stratification tool called Aristotle to run lists of patients meeting the agreed criteria for Case Management and then worked with practice staff and GPs at each practice to curate and agree the list of patients to be contacted. Consent letters and forms were then sent and 41% of people have already consented to take part in the scheme.

The Case Management teams are now undertaking initial assessments and developing holistic care plans for those people who have returned consent forms and Case Managers are working with colleagues from health and social care partners to coordinate the delivery of these care plans. Very positive feedback has been received so far from patients and staff. A meeting is planned for 21st November to work with partners to agree how the continued roll-out of Case Management can take place across the system.

Phase 3

The draft models for Phase 3 services were approved by Shropshire Clinical Commissioning Committee in June 2019 and a three-month period of impact assessment took place to ensure the new models align with existing services and pathways. Unfortunately, not all partner organisations were able to complete the impact assessments within this timeframe. This may now result in a delay in the timeline of this area of the programme, although support is being provided to help in completing this work. The emerging themes so far include:

- Consistent agreement that they are great models of care and a welcome addition to the system providing care between community services and the acute;
- Workforce transformation, including numbers, skill mix and geographical spread of working, to enable delivery of the new models of care and ways of working;
- General resource including IT with the timely sharing of information amongst teams vital to this way of working;
- Estate and space – locations, buildings and hubs in appropriate areas
- Clarity around funding and investment with these being new additional services.
- The need for significant whole system engagement in moving towards 24/7 working to support the Phase 3 model:
- The need to consider equality and choice; particularly for the homeless and transient communities;
- Unpicking of attributable health/social care funding to individuals receiving integrated care etc.

Enablers

A decision was made to implement a Shropshire Council system called Liquid Logic as an interim IT solution for Case Managers in the pilot sites. This will allow data flow from partner organisations and will enable Case Managers to have a comprehensive overview of the people they are working with using one system but holding information collected from all partner organisation IT systems. A Liquid Logic Task & Finish Group has been established and is reporting on progress to the Programme Working Group and Board. Meanwhile, work is ongoing to look at options to enable a two-way flow of data and electronic shared care plan as a long-term IT solution suitable for use across all services in Shropshire Care Closer to Home.

Health Education England and the STP are now organising workshop involving all partner and provider organisations across the system to undertake the whole system workforce transformation planning, to map out the shift required in terms of workforce that will move the system to a place of being able to deliver these new models of care and ways of working.

Next Steps

Public Health Colleagues have now completed a second draft of the Joint Strategic Needs Assessment and this has been shared with colleagues across the health economy to identify the key themes from the document and draft the recommendations based on the information contained within it.

A public and provider event to explore the JSNA findings will take place on Wednesday 4th December and will be an opportunity to discuss in detail what the data indicates for the people of Shropshire. After this event, work will begin on developing the requirements for step-up community beds in Shropshire.

Themes from the JSNA are emerging as follows:

- Shropshire is predicted to have a higher than average increase in % of population over 65 years old by 2037
- Some areas in particular have a comparatively high elderly population such as Bridgnorth, North East Shrewsbury and South Shrewsbury
- There are some health conditions that are predicted to have a large increase by 2037 including falls, obesity and diabetes
- Mental health issues are predicted to become much more prevalent in the older population in the future
- Carers will require much more support and the acknowledgement that large numbers of carers of the 65+ population are themselves elderly with their own health conditions

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

Cabinet Member (Portfolio Holder)
--

Local Member

Appendices
