Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

Local Care Transformation Programme

Shropshire Health Overview and Scrutiny Committee

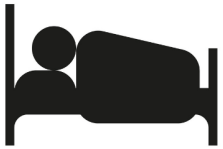
10th July 2023

What is the problem and why do we need to transform?

- Current models of care under pressure
- Increasing demand
- Increasing complexity
- JSNA - Health inequalities and inequity of service provision
- Workforce shortages
- Increasing cost and financially challenged system

The Case for Local Care

The reasons for delivering more care closer to home are unequivocally compelling:



Hospitalised older patients spend three quarters of their time lying down.

Even short periods (4-5 days) of skeletal muscle disuse are known to cause muscle atrophy.

At least a third of older patients lose independence in at least one basic activity of daily living, as a result of their hospital stay.

Current impact on system

26,896 bed days relating to patients who are medically fit for discharge

13,086 avoidable admissions

10,640 patients with length of stay greater than 5 days

Combined, these factor can lead to:

- Higher levels of frailty and loss of independence
- Poorer patient experience
- Poorer health outcomes for both physical and mental health
- Greater reliance on both health and care services
- Lost opportunity to deliver more personalised and proactive care helping people to stay well and live well

Data received from SaTH BI team per annum relating to 2021/22

The Local Care Transformation Programme

Bringing care closer to home

- We will work together to support individual residents and communities and reduce health inequalities

- We will co-design new models of care with residents and communities, with a focus on proactive prevention and early intervention that promotes good health and wellbeing

- We will support residents with long-term conditions to manage their care

- We will respond swiftly to those in crisis to avoid unplanned hospital admissions

- Health and care staff and community services will work together as joined up teams within local communities. Ensuring a better understanding of the health and care needs of residents

- Virtual wards or ‘hospital at home’ will enable patients to get the care they need at the place they call home, including, care homes, safely and conveniently, rather than in hospital.

The Local Care Programme intends to deliver five critical programmes of work

Prog.	Action
1	Avoiding hospital admissions through provision of community based services including rapid response.
2	Implementing an integrated discharging team to enable timely discharge home with access to the appropriate range of services in the community
3	Opening 250 'Virtual Ward' beds to enable patients to return to the place they call home to receive medical care that would otherwise be delivered in an acute bed
4	Developing our approach to creating neighbourhood teams - teams of staff from primary care, community care, social care and the voluntary sector working together to deliver more joined up, person-centred and proactive care.
5	Reviewing community-based services for sub-acute care and reablement, both hospital and home based, to make best use of our available resources including our staff and our physical assets such as community care settings.

By implementing these services we will 'stem the demand' for further acute services that would otherwise lead to an extra c150 acute beds for care that would be better provided outside of an acute setting with improved outcomes and experience for patients

This strategy is aligned to our Hospital Transformation Programme

By implementing these five change programmes:

- We will support people to stay well and to stay healthy, maximising functionality and independence.
- People will receive more of their care closer to home and at home
- NHS resources can be focused more appropriately for the needs of local people

Virtual Wards

What is a virtual ward?

- Virtual wards allow patients in Shropshire, Telford and Wrekin to get the **care they need, safely and conveniently at home,** rather than being in hospital.
- A virtual ward is a safe and efficient **alternative to NHS bedded care** that is enabled by technology.
- Virtual wards support patients who would **otherwise be in hospital** to receive the acute care, monitoring and treatment they need in their own home.
- This includes either **preventing avoidable admissions** into hospital or **supporting early discharge** out of hospital.
- Recent NHSE guidance expects all ICS' to extend or introduce virtual wards with a national ambition of delivering 40 to 50 virtual ward 'beds' per 100k population by December 2023

Current Virtual Ward Pathways

Frailty

- Managing deterioration of health in Community (step-up)
- Step-down Management of Frailer Adult with changes in health status
- Condition specific pathways: - UTI - ESBL - Cellulitis - administration of subcutaneous fluids
- Care Home Virtual Ward

Respiratory

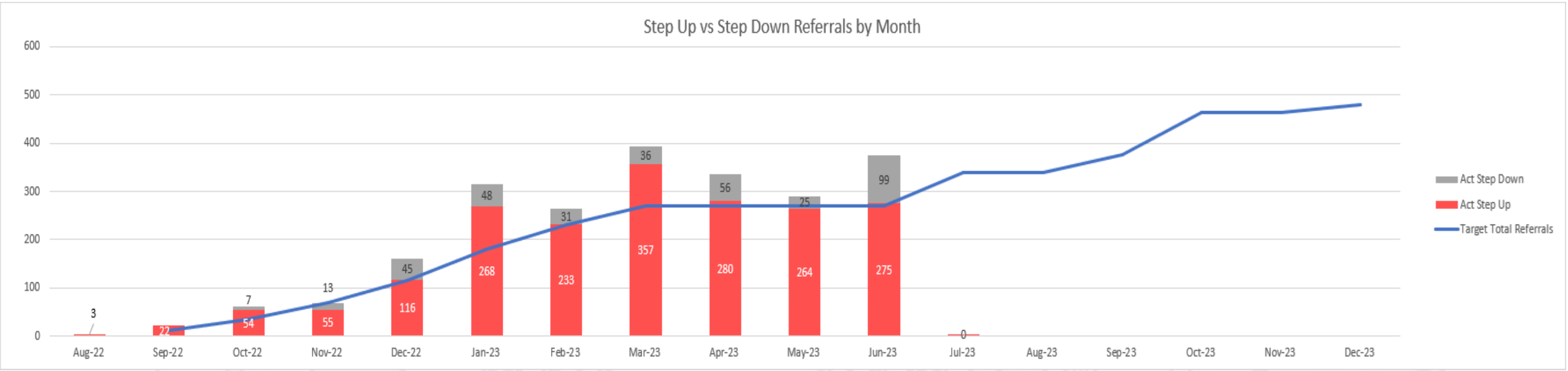
- Management of exacerbation of Bronchiectasis - Step-up
- Management of exacerbation of Bronchiectasis - Step-Down
- Future development of non-COPD chest infection pathway - identified

Cardiology

- Managing acute-on-chronic heart failure (step-down & step-up)
- Pathway led by SaTH in line with Cardiology Transformation

Delivery to Date – Virtual Wards

In the month of June 2023, 275 ‘step up’ patients and 99 ‘step down’ patients were treated by the VW



What next?

In 23/24 and beyond, the programme is anticipating to focus on the following:

- Virtual ward phase 2 - expanding the Virtual Ward to further pathways, initially respiratory and cardiology. Work is also underway to look at the integration of virtual ward and rapid response workforce.
- Sub-acute care and rehabilitation – reviewing and where appropriate redesigning some of our models of sub-acute care (above and beyond the Virtual Ward) and rehabilitative care models to complement the strategic direction of the Hospital Transformation Programme. This will involve looking at how we make best use of our community assets including our community bed base capacity.
- Neighbourhood multi-disciplinary team working – working with our two places SHIPP and TWIPP, we will develop a strategy and framework for developing neighbourhood based multi-disciplinary teams providing joined up, proactive and preventative care based on population health management approaches and data. The role of Primary Care and our Primary Care Networks will also be crucial to this and will form the heart of multi disciplinary working at a local level.

Beyond these areas, we must look for further opportunities to develop other integrated models of care, thereby expanding community-based services and achieving wider integration of health and care.

Consultation, Engagement and Co-production

Engagement and Co Production

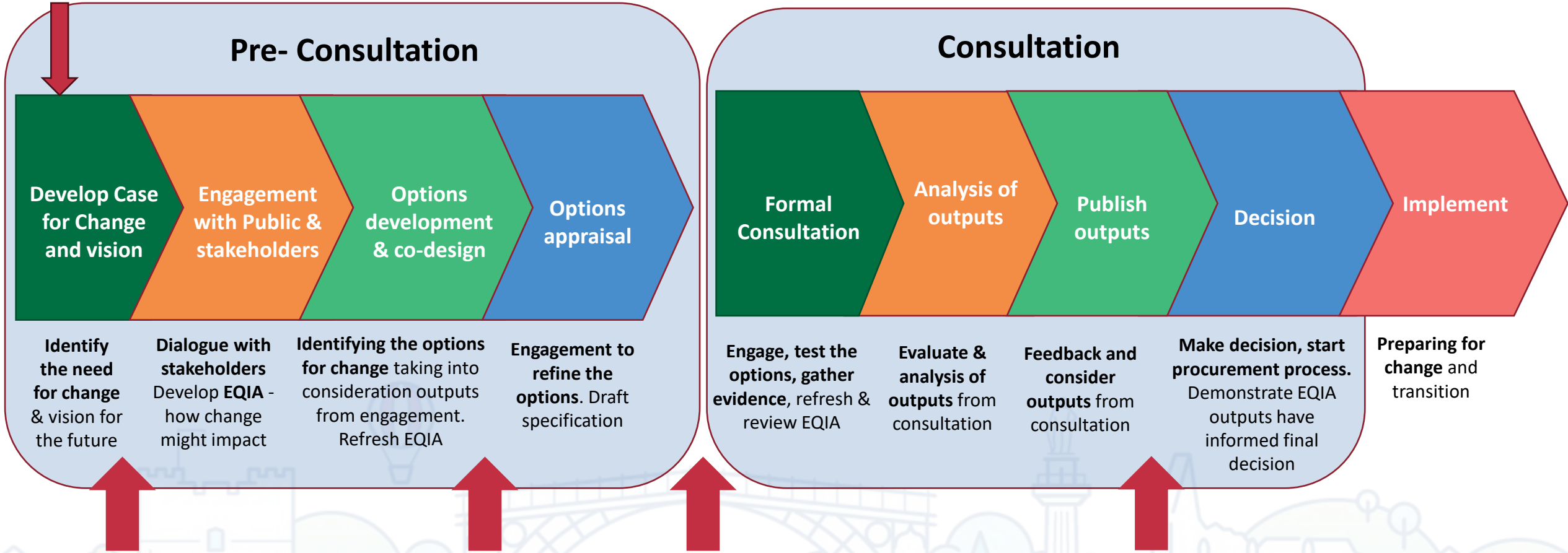
- The Big Health and Wellbeing Conversation has provided insight into what people would like to see in the future. This feedback will be aligned with the Joint Strategic Needs Assessments (JSNA) for Shropshire, Telford & Wrekin.

- The next stage of engagement with our public, local stakeholders and neighbours within Powys will entail developing evidence-based options for care at a local level, working closely with our Places, Shropshire and Telford & Wrekin, as our strategic delivery partners.

- Before we commence engagement, we will agree approach with local leaders and work with them to design the engagement activity
  - Regularly briefing our key stakeholders (JOSC/HOSC, Providers, VCSE, H&WBB, TWIPP, SHIPP.MPs)
  - Brief local media at regular intervals
  - Advertise the opportunities to engage and contribute widely via local media, NHS STW and partner websites, social media, local community groups, councils etc.
  - Continue dialogue with local councillors and community leaders

Service Redesign and Consultation Process

We are here



NHS E Assurance
First stage - assure the Case for change

Clinical Senate
Assure the proposed clinical model alongside the Case for Change

NHS E Assurance
Assure Pre consultation Business case (PCBC) and the meeting of the 5 tests before it goes to HOSC and ICB board to move to public consultation

NHS E Assurance
Assurance of Decision-Making Business Case (DMBC) before ICB Board can make a final decision.

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Thank You