NHS
Shropshire
Clinical Commissioning Group

Shropshire Care Closer to Home

An Overview

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Background

Unlike health systems in many other western countries, the past 40 years has seen relatively little change in the way in which the NHS delivers care. The way care is delivered (also known as the "model" of care delivery) is still heavily dependent upon the use of general hospitals. Whilst there is absolutely a need for general hospital services, it is important to remember that hospitals were built to provide care to people who could not be looked after safely at home.

Some aspects of our modern lives would have been considered science fiction 40 years ago, with huge changes seen in the way that we communicate, shop and manage our finances. However, despite advancements in technology, our dependence on general hospitals in the UK has altered very little. The pressure that the NHS is now faced with is unprecedented; people are living for longer with far higher and more complex levels of need than has ever been seen. This is particularly true for Shropshire whose population is older than most other counties in the UK.

In many parts of the country, changes in the model of care delivery are being made with a view to move the NHS towards a place that embraces technology, in order to meet the needs of the people it serves. Whilst this will be key to the health service being able to meet the long-term needs of the population, another crucial element is the way in which the organisations that make-up our local health systems, also known as "Health Economies", work together. In order for the Health Economy of Shropshire to evolve successfully to meet the needs of Shropshire people, the organisations that belong to it need to agree to work towards a common goal, in other words they need to be "Strategically Aligned".

To achieve this, senior representatives from the organisations which make up Shropshire's Health Economy have set up a group where they share plans and ideas with each other. This group is called the Sustainability and Transformation Partnership, often referred to as the "STP".

What is the role of Shropshire Clinical Commissioning Group?

Shropshire Clinical Commissioning Group (SCCG) is responsible for paying health service providers for the work they do to treat our population's health needs, with a view to ensuring the population receives high-value care and treatment that is efficient, effective, safe, fit for purpose and economical. The same principles apply to the Local Authority (Shropshire Council) for the care services that it is responsible for purchasing on behalf of the population.

In order to make sure that best value treatment is provided, SCCG works with Public Health (a division of Shropshire Council), local people and GPs to understand the health and care needs of the population. SCCG considers these needs against the services being provided to decide whether they are providing the public with the highest value of care possible. If SCCG believes that providing services differently would result in higher-value provision for the population it serves, then it is usually SCCGs responsibility to coordinate the change process. A big part of this is "stakeholder engagement", this means working with the public, GPs, the Local Authority and service providers from the public, private and third sector (such as charities) to ensure that everyone's contribution is taken into account.

Once the change is complete, it is then SCCGs responsibility to keep the providers on-track and monitor the impact that the change is making. The process then begins again, working to understand the needs of the population and how they have changed. This is also known as the commissioning cycle and it is this process that has led to SCCG's ambition to work with stakeholders to bring *Shropshire Care Closer to Home*.

What is Shropshire Care Closer to Home?

When service change is required in order to attain a better value of provision for the population, the change must be organised and coordinated to ensure that the change takes place in a planned way. For small-scale changes, we call this process a "project". Some changes, such as achieving *Shropshire Care Closer to Home*, require a collection of projects to be managed simultaneously. This we call a "programme" of change. *Shropshire Care Closer to Home* is a programme of change that is being organised and coordinated by SCCG to achieve better value care for our population.

How does this fit with what is already happening?

As described earlier, the STP is tasked with job of making sure that the plans and ideas for change in Shropshire complement each other. Some readers will be aware that in addition to *Shropshire Care Closer to Home*, another programme of change called *Future Fit* is taking place. This work is aimed at making our outdated general hospitals suitable to meet the needs of the people accessing them. In order for *Future Fit* to work as is planned, *Shropshire Care Closer to Home* must also work as this will ensure that only those people who absolutely need to be in hospital are admitted. As other ideas for change are introduced, it is the STP's responsibility to make sure that they fit with what is already happening.

Why is change needed?

Care delivered in general hospitals often comes at a significant cost to the recipient. At worst it can result in the end of independent living, the development of additional health needs or a change in home address. Enabling people to receive treatment that allows them to live their day to day lives is a priority not only for SCCG, but for the NHS as a whole. If we were to bring *Shropshire Care Closer to Home* to our population, we would enable people to avoid the risks associated with being admitted to hospital and experience minimal levels of disruption to their lives while still receiving treatment.

As discussed earlier, we at SCCG absolutely believe that there is a need for general hospital services as some of the diagnostic testing and treatments delivered cannot safely be undertaken in another environment. However, in Shropshire just like many other parts of the UK, we have developed an unhealthy dependence upon our general hospital. We at the CCG have engaged with our stakeholders and have reached the conclusion that we have a duty to address this over-dependence, and bring *Shropshire Care Closer to Home*.

Who is Shropshire Care Closer to Home for?

Long-term health conditions are those that a person lives with for a long time, such as diabetes, coronary heart disease or dementia. When a person lives with a number of these conditions, their needs are known as complex. Information collected locally, tells us these people are particularly susceptible to being admitted to the general hospital and that, if there were suitable services in place, many of them could be treated closer to, or in some cases, at home. *Shropshire Care Closer to Home* is being aimed therefore at improving health outcomes for people with multiple long-term health conditions aged 65 and over. In order to achieve this, *Shropshire Care Closer to Home* will ensure that regardless of sexual orientation, gender, cognitive or physical ability, ethnicity or religion, services provided will be capable of meeting need in a dignified and respectful way.

Although it is recognised that targeting people over 65 with complex needs may exclude some patient groups, or “cohorts” as they are also known, moving *Shropshire Care Closer to Home* represents a big change for both Shropshire patients, and those delivering services. If we were to try to change everything that needs fixing all at once, we would be likely to fail, and fail we must not. It should however be recognised that once things are up and running smoothly, our future aspirations are to expand the principles of *Shropshire Care Closer to Home* across other cohorts.

What changes will we see?

SCCG often describe services at a “high level”, which means describing them in a non-detailed way. A reason for this is that local-level service provision may differ from place to place. For example people in Whitchurch may receive services differently to those in Craven Arms. When considering how we will implement *Shropshire Care Closer to Home*, it is important to understand that at this stage, this can only be described at a high level. With this in mind, *Shropshire Care Closer to Home* will initially be comprised of three high-level phases:-

Phase 1

Phase 1 is already in place. It is the Frailty Intervention Team (FIT) based at the A&E department at the Royal Shrewsbury Hospital. This team works to ensure that where possible people with complex needs (also referred to as frail) have their needs met quickly either to prevent a hospital admission from occurring, or to achieve a shorter stay in hospital than would otherwise have been expected by coordinating discharge requirements more effectively.

Phase 2

Phase 2 is about delivering a model of care called “Case Management”. This model has two parts. The first is about our community-based NHS workforce working closely with GP practices across Shropshire to get a clear understanding of how many people over the age of 65 have complex care needs. A crucial part of this process relates to categorising the people identified in terms of whether their need complexity is low, moderate or severe - a process known as “Risk Stratification”.

Once Risk Stratification is complete, those identified as being in severe need will be given the opportunity to work with a designated professional (also known as a “Case Manager”) who in turn will be responsible for a group of patients - also known as a “caseload”. The professional background of a Case Manager may vary dependent on what the most pressing needs of the recipient of support are. For example, for some patients a nurse would be best placed to provide support, whereas in others a social worker may be more suitable.

The Case Manager is responsible for developing and reviewing care plans with those in their caseload, and where required, coordinating services to meet their needs. Case Managers will promote recovery and identify when people under their supervision are deteriorating. This will enable them to put preventative measures in place to minimise the occurrence of acute and severe ill health, also known as a “health crisis”. This development of care plans and their delivery represents the second part of the Case Management model.

Phase 3

The third phase is made up of three high-level models:-

The first is called “Hospital at Home”. The aim of Hospital at Home is to provide diagnostic testing and treatment interventions that are traditionally associated with care in a hospital setting either in peoples own homes or from places close-by. Just as is the case in the local general hospital, this model would be delivered by a multi-disciplinary team made up of a range of health professionals including: GPs; Specialist Consultants; Social workers; Community Nurses; District Nurses; Advanced Nurse Practitioners; Mental Health Nurses; Pharmacists, Physio Therapists, Occupational Therapists and Dieticians to name but a few.

However, Hospital at Home is not a rapid-response model of care delivery. It functions in a planned fashion working alongside the Case Management model to prevent health crisis from happening. That said, we do not live in a perfect world and sometimes health crises do occur.

The second model of the third phase of *Shropshire Care Closer to Home* is about creating a Health Crisis Response Team. This would be set up to deliver both diagnostic testing and treatment interventions similar to those available from in the Hospital at Home model, but within a standardised 2 hour response window. This team would be made up of senior clinical staff, for example Advanced Nurse Practitioners who are capable of making clinical decisions and in most cases prescribing and administering medicines to manage acute health needs. However, if the Health Crisis Response Team should feel that the person is too unwell to be safely managed at home, there are two options which they can consider; they could admit the person to a “Step-up bed” or to the general hospital.

The provision of “Step-up beds” is the final model of the third phase of moving *Shropshire Care Closer to Home* and involves the provision of bed-based care in the localities in which people live, albeit away from their usual place of residence. These beds, which could be provided in community hospitals or nursing homes, will allow for high-intensity supervision of acutely unwell people whilst they undergo diagnostic testing and receive treatment. Should the Health Crisis Response Team decide to admit someone to a local Step-up bed, it may be that they continue to provide support to the recipient of care with a view to promoting safe discharge in as timely a way as is possible.

Are models going to be the same across the county?

As described earlier, this document provides a high-level overview of the models that are required to move *Shropshire Care Closer to Home*. The detail surrounding exactly how and who delivers them has not yet been agreed. There are a number of ways in which the models described above could be delivered, and this will vary across the county depending upon a number of local factors.

What is happening right now?

SCCG is working with the public and all stakeholders in the process of designing how we enable *Shropshire Care Closer to Home* on an ongoing basis. As this is a rapidly developing programme of work, things are changing all of the time. The SCCG communications team will be regularly posting updates on the SCCG website, so if you are interested in following this work, or would like to come along to one of our engagement events, please visit www.shropshireccg.nhs.uk to find out more.

How will this be paid for?

SCCG has no additional money to pay for this way of working but the aim will be to redirect existing monies from services that are not fit for purpose and reinvest it into creating new services which would better meet the needs of our patients.

This means that to enable change to take place, some of the existing services may have to be stopped in order to provide the new ones. It is however expected that in doing things differently, we will provide the people of Shropshire with higher value care capable of reducing the dependence we as a county have upon general hospital services. In turn this will enable us to reduce the amount we spend on care based in this setting, allowing money to be redirected to community initiatives so that we may progressively build *Shropshire Care Closer to Home*.

It is also important to recognise that on the front-lines of care delivery, *Shropshire Care Closer to Home* will bring the Local Authority staff such as Social Workers, and those employed by the NHS closer together. This will inevitably strengthen the relationship that Shropshire CCG has with Shropshire Council, which may have future implications for how the respective organisations decide to fund *Shropshire Care Closer to Home*. This may become especially relevant should this new way of working enable Shropshire people to retain their independence for longer, thus reducing the financial commitment the Local Authority has for Care Home placements.

How long will this all take?

As with most successful large-scale change, things are not expected to happen straight away. In fact it is difficult to provide an exact time frame for how long this change will take, largely due to environmental factors outside of the control of SCCG. It is however planned that the first stage of Phase 2 (Risk Stratification) will begin to take place by the beginning of 2019. It is not agreed at this stage of the process where the change will begin in the county, although all progress in relation to this programme of work will be available on the SCCG website, www.shropshireccg.nhs.uk.