Suffolk Health and Care Review

Update on Health and Social Care System Redesign

Suffolk County Council

healthwatch Suffolk

NHS

Background

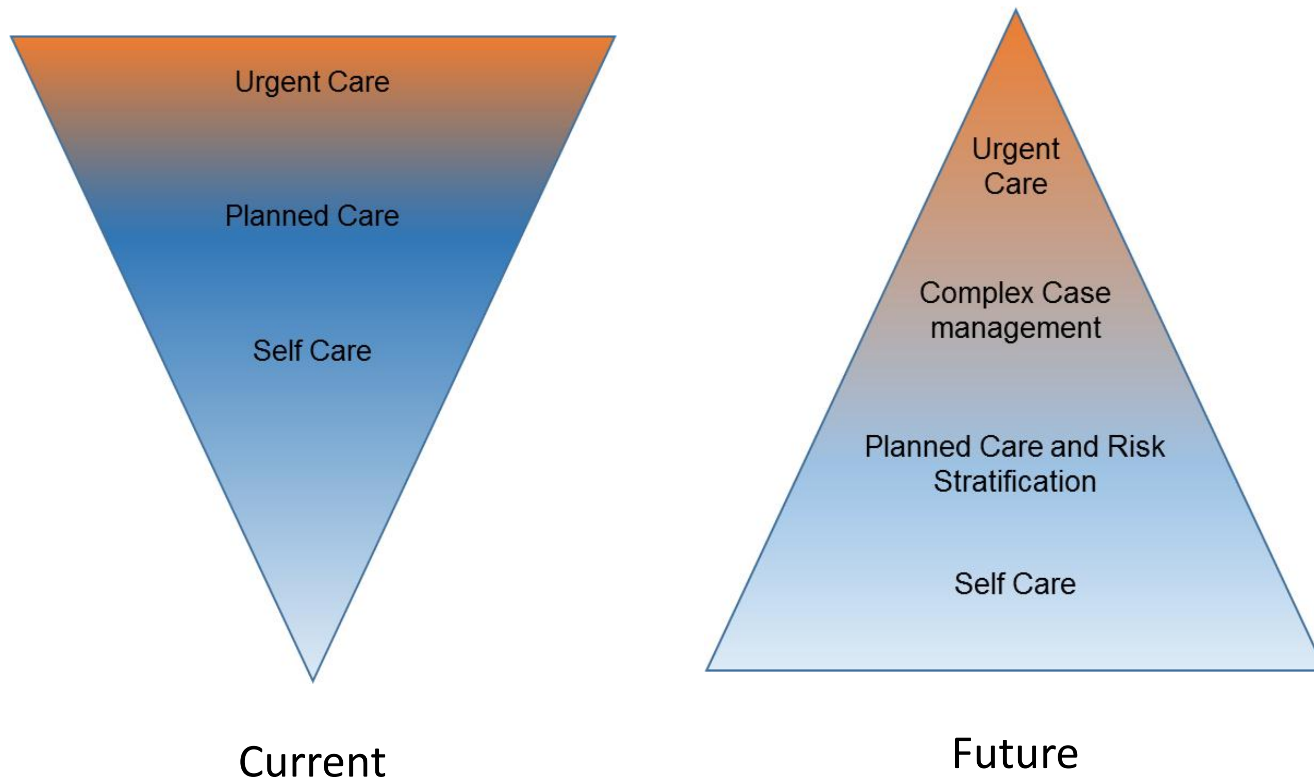
- The contracts for Community Health Services, Out-of-Hours General Practice and NHS111 expire in 2015; these services will cease unless the Clinical Commissioning Groups take active steps to decide on the future of these services.
- Between 2014 and 2031, there will be a 43% increase in the number of persons over the age of 65 in Suffolk, and a 67% increase in the number of persons over 75.
- Over 40% of patients have at least one long-term condition, and approximately 20% have two or more. These needs must be met in the context of constrained finances.
- Sir Bruce Keogh has set out NHS England's vision for Urgent and Emergency Care. In particular, it distinguishes between 'people with urgent but non-life threatening needs' and 'people with more serious or life-threatening emergency needs' and the requirement for both these groups to access the most appropriate service.
- Recurring themes from patient and public feedback, particularly in relation to confusing access routes, fragmentation and a strong desire to protect Emergency Departments whilst recognising that many who attend may have needs that are urgent, but not life-threatening.

Engagement

- The CCGs have been liaising with colleagues in Suffolk County Council, providers and Healthwatch Suffolk to conduct an extensive programme of engagement. This has included:
  - Formal stakeholder events, such as one facilitated by the King's Fund at Ickworth House
  - Workshops, for example at Kesgrave Community Centre and the Grange Hotel in Thurston
  - Established fora, for example at the West Suffolk Systems Leadership, Ipswich and East Suffolk Integrated Care Network
  - Grassroots clinical events, for example an open invitation to all Ipswich and East Suffolk CCG practices to the Suffolk Showground
  - Opportunistic, for example stands and interviews at Felixstowe Morrisons
  - Formal committee meetings, for example a series of seven evening meetings rotating between Bury St Edmund's and Ipswich for key clinical and operational leads of providers, hosted by the CCGs' Urgent Care Clinical Steering Group.

Evidence

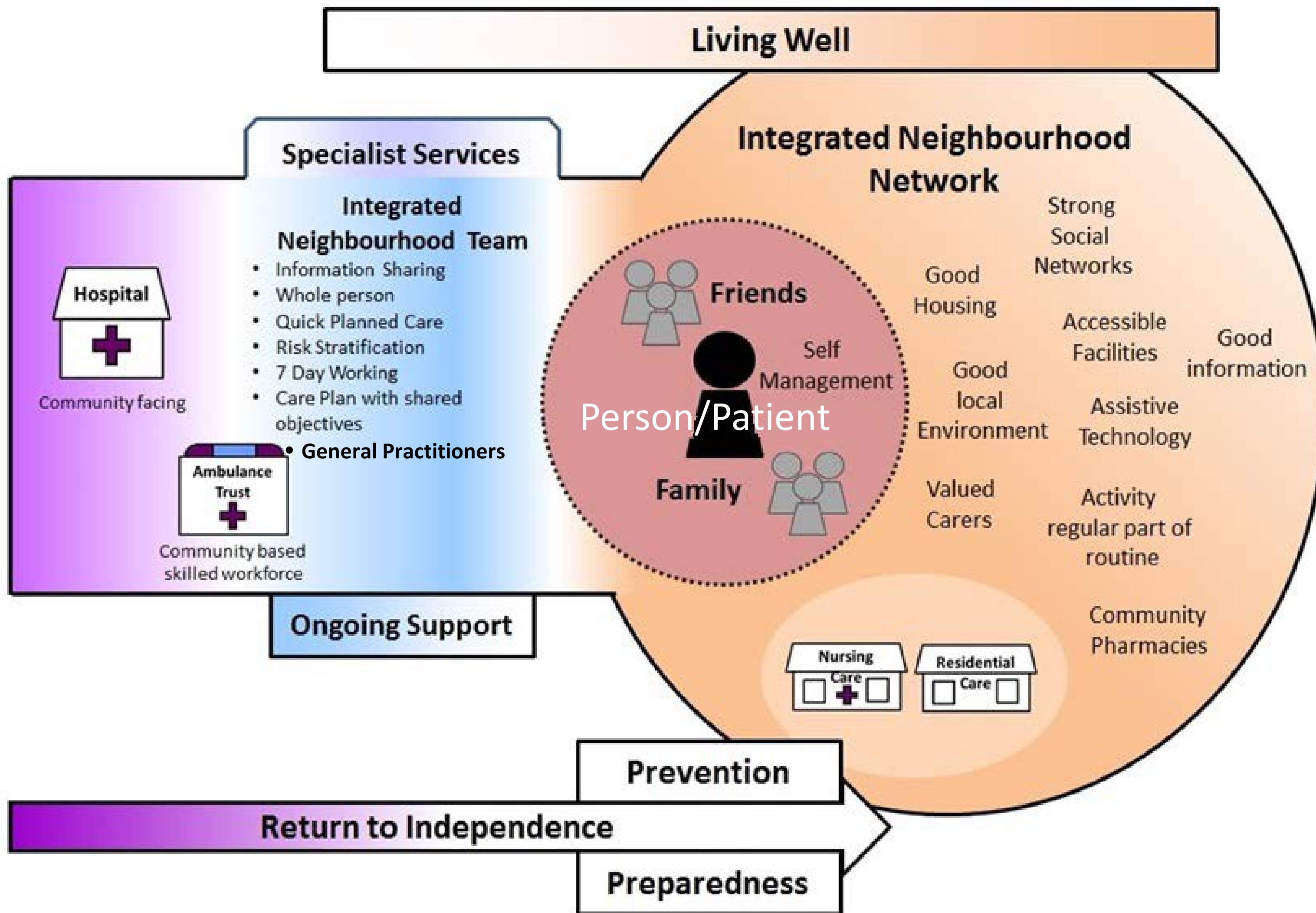
- In addition to high-level information from the JSNA Health and Wellbeing Board priorities, the Health and Care Review design work has been supported strongly by Suffolk County Council Public Health team, including:
  - Specialist Health Needs Assessments, for example Frail Elderly and Community and Adolescent Mental Health Needs Assessment
  - NHS England Evidence Review for Urgent and Emergency Care
  - Papers from the King's Fund, Cochrane Collaboration, University of York Centre for Reviews and Dissemination
  - Case studies from Conferences and Journals
- This evidence has been used to develop model
  - Commissioners have been transparent with respect to evidence used to develop the model, sharing electronically through cloud-based file-sharing system.



- The service model aims to move the current delivery of provision away from a reactive, disease-focused, fragmented model of care towards one that is more proactive, holistic and preventive, in which people with long-term conditions are encouraged to play a central role in managing their own care.
- The change in focus aims to bring with it a shift in how services are configured and how demand at the top of the care pyramid is managed away from urgent reactive care to planned and self-care.

Delivery of the Care Pyramid – Self Care, Planned Care

- Through the stakeholder engagement that has taken place in Suffolk, the strong preference has been for the “lower parts” of the new pyramid – i.e. self-care, planned care, risk stratification and complex case-management - to be delivered by Integrated Neighbourhood Networks with the formally commissioned Integrated Neighbourhood Teams at their core.
- By delivering the bottom part of the pyramid at neighbourhood level, the key relationships between community care, primary care, wider public sector and the voluntary sector will benefit from continuity, appropriate information sharing and local knowledge.
- The functions of the Integrated Neighbourhood Team, are given in the blue section overleaf



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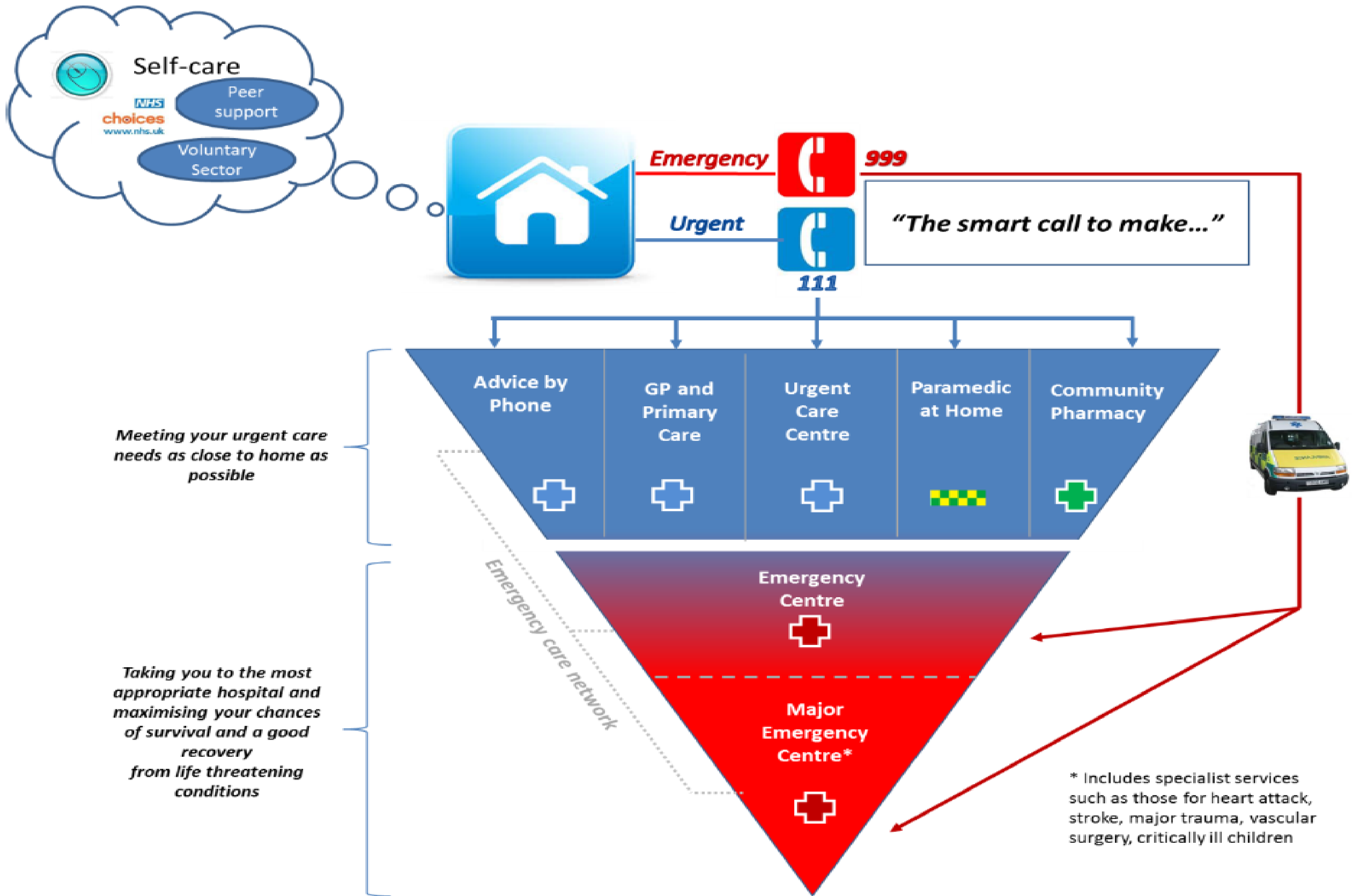
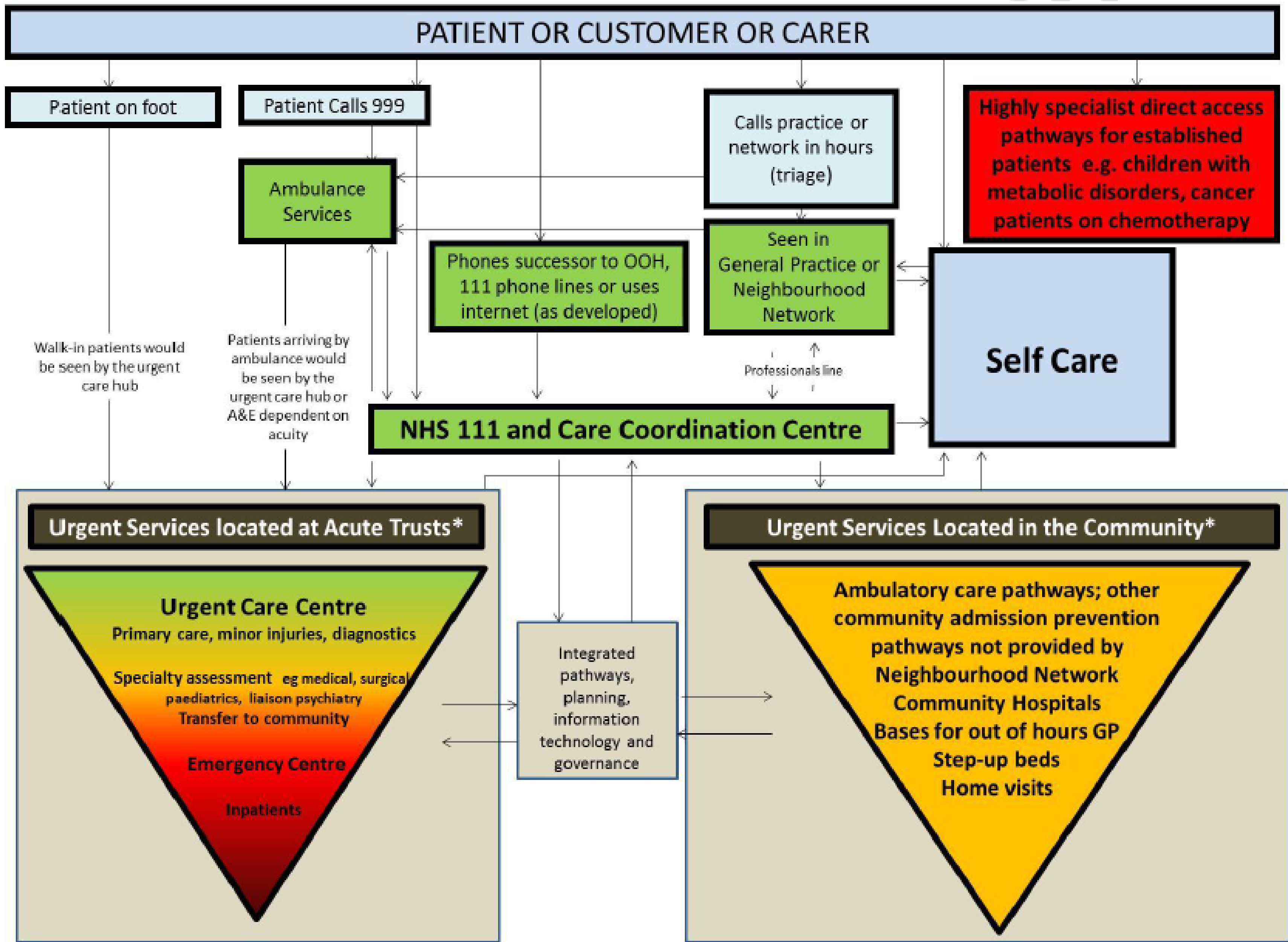
Delivery of the Care Pyramid – Urgent Care

- It is anticipated that there will be fewer patients at the top of the care pyramid, due to the actions taken through the self care, planned care and complex case management programmes lower in the pyramid.
- Nevertheless there will always be a proportion of patients that either require urgent care, or where the patient or carer genuinely perceives such a need.
- In contrasted to planned care, or support to self-care, urgent care needs may manifest 24hrs a day, 7 days a week. Such patients may present by phone (999, 111 or to their usual general practice) or on foot and this has to be reflected in systems meeting these needs.
- In the current healthcare system, NHS England have produced national model whereby only genuine emergencies should be seen by Emergency Centres. This is achieved through the provision of an urgent care centre, community facilities and telephone facilities backed up by a directory of services.
- The slide following shows how the lead GPs from the CCGs have adapted the NHS England model to meet local needs and give greater clarity on referral routes, and ensure that patients are passed appropriately back to the self-care, planned care and neighbourhood teams and networks.

NHS ENGLAND STRATEGIC VISION FOR NEW SYSTEM

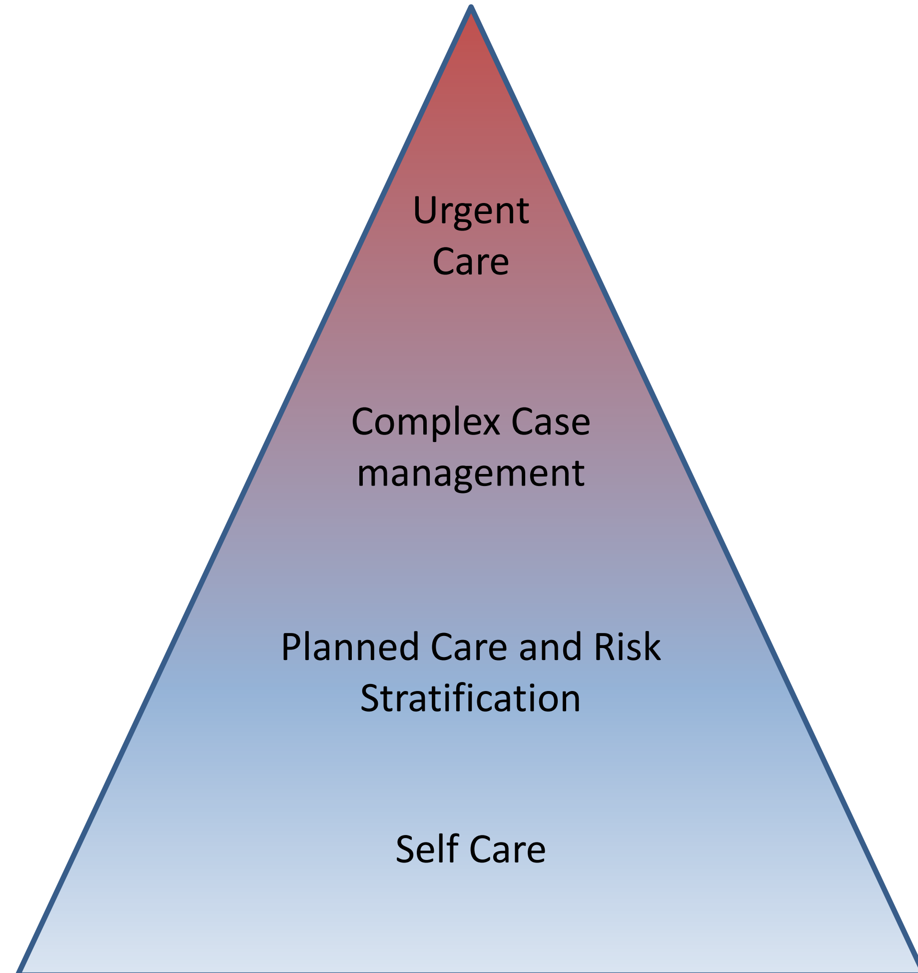
(Sir Bruce Keogh's Phase 1 Report on Transforming Urgent and Emergency Care Services in England)




PATIENT OR CUSTOMER OR CARER
Patient on foot
Patient Calls 999
Calls practice or network in hours (triage)
Highly specialist direct access pathways for established patients e.g. children with metabolic disorders, cancer patients on chemotherapy
Ambulance Services
Phones successor to OOH, 111 phone lines or uses internet (as developed)
Seen in General Practice or Neighbourhood Network
Self Care
Walk-in patients would be seen by the urgent care hub
Patients arriving by ambulance would be seen by the urgent care hub or A&E dependent on acuity
Professionals line
NHS 111 and Care Coordination Centre
Urgent Services located at Acute Trusts*
Urgent Services Located in the Community*
Urgent Care Centre
Primary care, minor injuries, diagnostics
Specialty assessment eg medical, surgical paediatrics, liaison psychiatry
Transfer to community
Emergency Centre
Inpatients
Integrated pathways, planning, information technology and governance
Ambulatory care pathways; other community admission prevention pathways not provided by Neighbourhood Network
Community Hospitals
Bases for out of hours GP
Step-up beds
Home visits

In Summary

- The service model has been developed, taking into account extensive engagement with local stakeholders, a strong emphasis on the current evidence base and local health needs. Further work required on the model of care to children's needs, taking into account the work of the Children's Trust
- The key to the service model is switching current delivery of provision away from a reactive, disease-focused, fragmented model of care towards one that is more proactive, holistic and preventive, in which people with long-term conditions are encouraged to play a central role in managing their own care.
- The service delivery model for self care, planned care, risk stratification, complex case management and urgent care reflects local support for as local response as possible for each of layer of need.



Recommendation

The Governing Body is asked to note the update of the Health and Care Review Service Models