Scarborough and Ryedale Clinical Commissioning Group

North Yorkshire Review Workstream 1: Integrated Models of Care and Impact on Existing Hospitals

The Scarborough Vision

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The CCG Vision

"To Improve the health and well-being of our communities"

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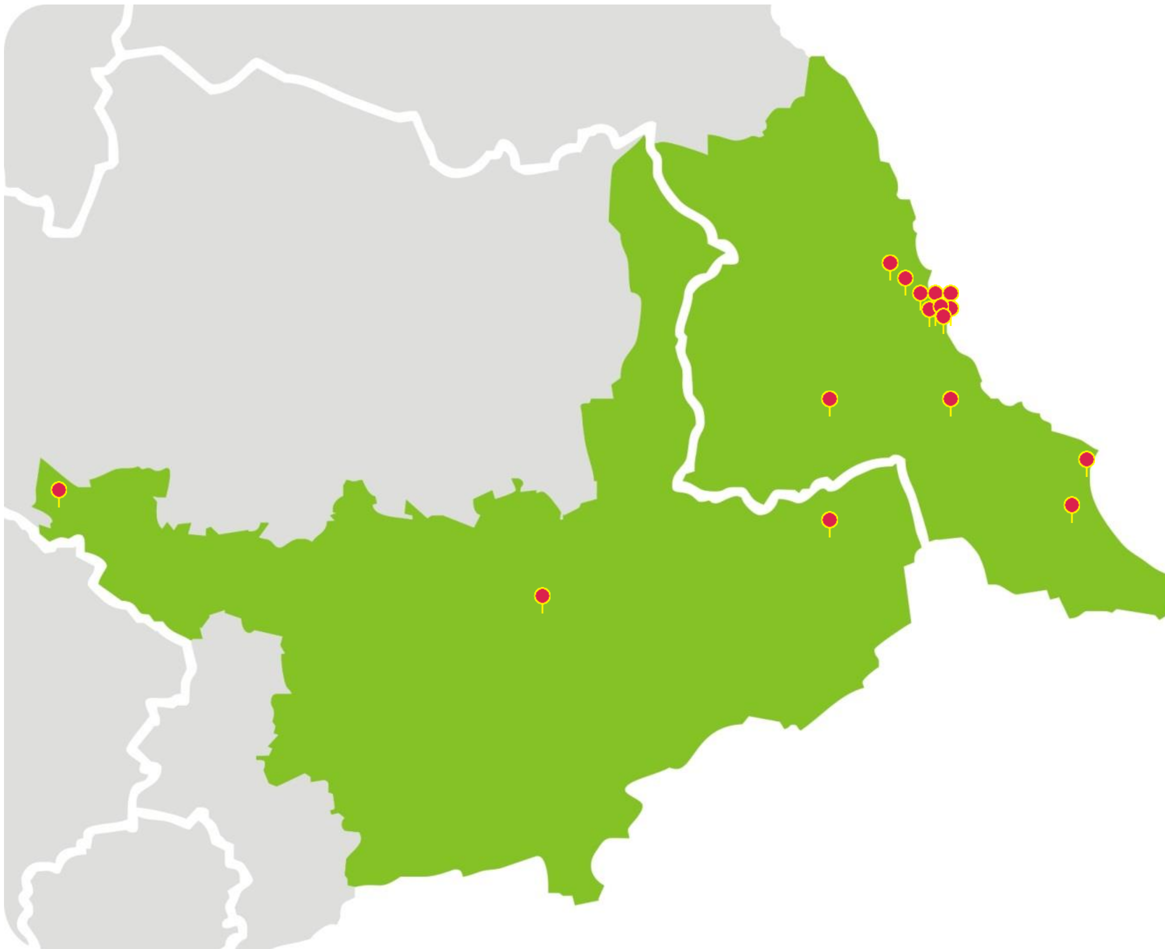
GP Practices in our area



- Ampleforth Surgery
- Belgrave Surgery
- Castle Health Centre
- Claremont Surgery
- Derwent Surgery
- Eastfield Medical Centre
- Falsgrave Surgery
- Filey Surgery
- Hackness Road Surgery
- Hunmanby
- Norwood House Surgery
- Peasholm Surgery
- Prospect Road Surgery
- Scarborough Medical Group
- Sherburn and Rillington Practice
- Trafalgar Medical Practice
- West Ayton General Medical Practice

Developing the Vision

- Clinically led within the CCG
- Stakeholder events held
- Establishment of GP-Consultant Forum
- Development of joint commissioning body
- Development and consolidation of integration delivery bodies

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Strategic Priorities

- Mental Health
  - Counselling, Interface services, Substance misuse
- Cardiovascular health
  - Stroke care, CHF
- Cancer
  - Early diagnosis
- Elderly Care/Long-term Conditions
  - Patient optimisation; ‘Frailty service’

The Hospital Vision

"It's that village again."

(Smith 2011)

The Acute Village Revisited

- Strong strategic alliances
- Vertical and horizontal integration
- Small acute hospital with small patient contact
  - One stop outpatients
  - Short lengths of stay
  - Pull through back to community & primary care
- The acquisition as an enabler not an obstacle
- Sometimes buildings are important

Three visions one vision?

- Strategic alliances to deliver care in the right setting
- Stronger, integrated community care without boundaries
- Local hospital services providing safe local access in an environment that makes sense

Integration – the Vision

- Proactive patient management and optimization
- Practice engagement to manage demand (up or down)
- Integrated commissioning and integrated delivery
- A strong community system pulling patients back home

Integration – the journey

- TCS and the ICO vision (2009-10)
- TCS into: CSI Scarborough (2011)
- Provider and commissioner involvement at a senior level
- Levels of Care Audit (2011)
  - 19% (47) L3; 13% (34) L4
- Reablement as a lever
- Operational staff workshops (2012) – building integration from the bottom

Integration Workshops

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- Jointly facilitated
- 31 Social Care, 24 healthcare operational staff
- Purpose:

❑ Engage frontline staff from health and social care in existing geographical patches
❑ Provide a context and evidence base to frontline staff
❑ Share management agreed principles
❑ Involve staff in shaping the team vision
❑ Identify who would be part of the core team in terms of roles
❑ Identify activities at a practical level to support the vision

Integration Workshops

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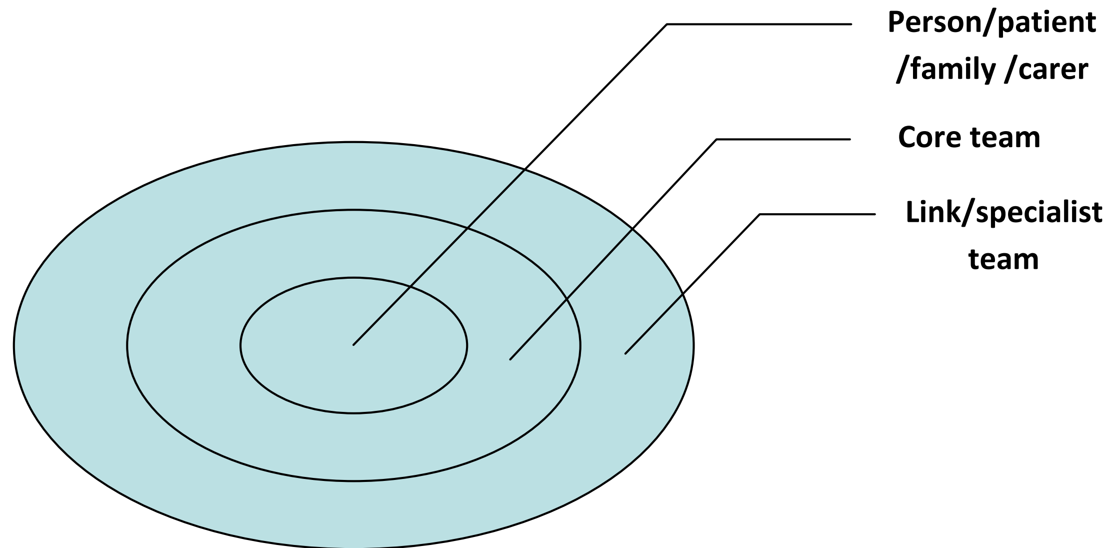
The most impressive theme of all 3 events was the desire by frontline staff to "get on with it".



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Integration – the plan

- Joint commissioning structures
- Integrated Care Teams
- Single Point of Coordination
- Early Supported Discharge (Stroke, Respiratory)
- Care assessment capacity
- Project management to move to single provider coordination

The planned outcomes

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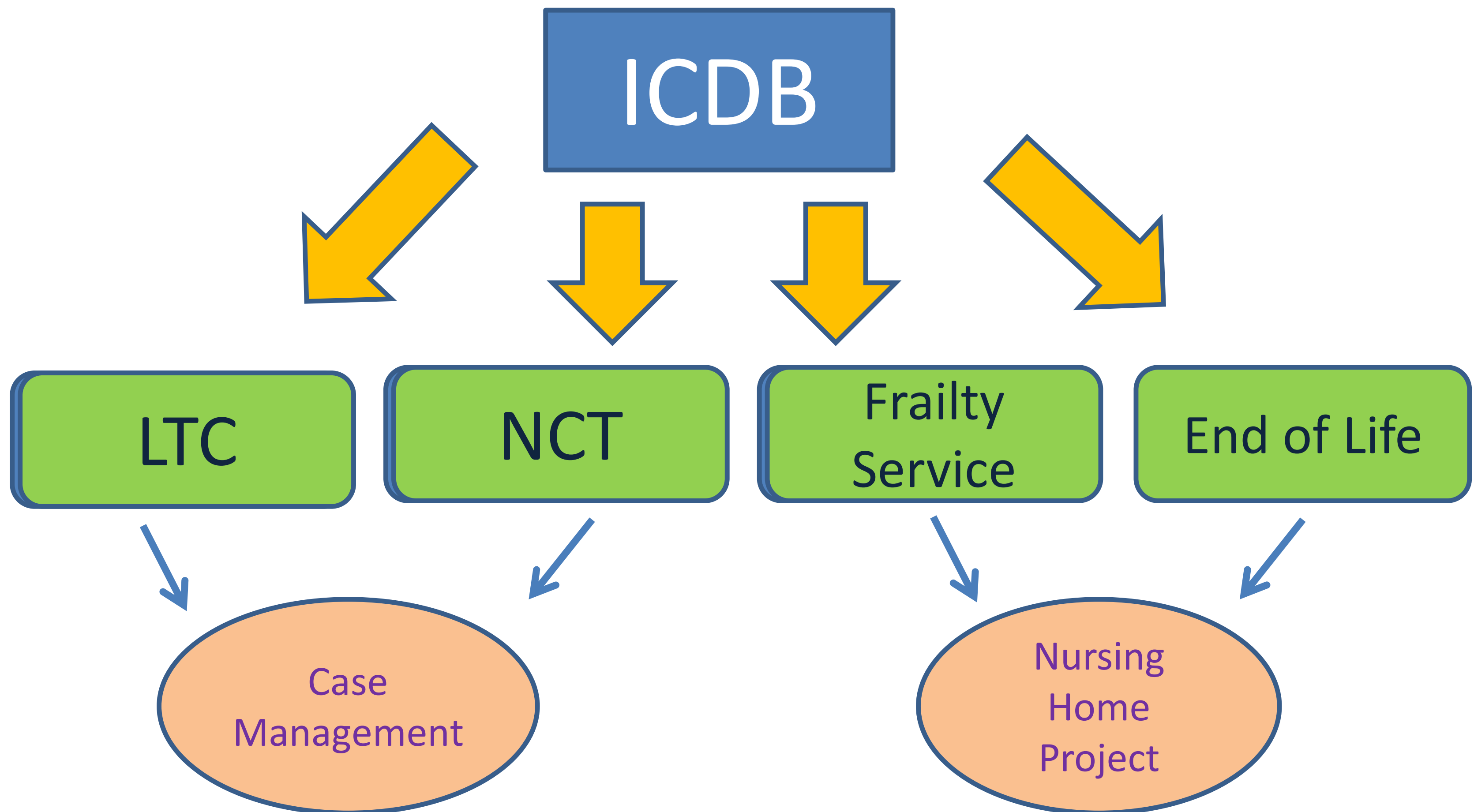
- The development of joint health and social care teams based around primary care.
- Ensuring existing services work together more effectively.
- Managing LTCs through integrated case management, community nursing support, Telecare & Telehealth and voluntary sector support
- Improve discharge planning from hospital.
- Develop a plan to ensure a sustainable funding model beyond the 3 year period of NHS transfer funding.
- Strengthening Services to providing capacity up to 10pm.
- To jointly commission a comprehensive voluntary sector home from hospital service.
- Investment in staff training and development.
- Community Services Implementation Manager

Joint Priorities for 2012-13



Benefits for patients, organisations, commissioners and other stakeholders?

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Patients: • Care in their own home • Own independence • Remain healthy and active as long as possible and have a care plan supporting their wellbeing • Reduced duplication • At end of life - a 'good death' and support for carers • Holistic view of co-morbidities	**Commissioner:** • Reduced cost and activity in acute setting • Delivers services in line with patient expectations • Improved quality and patient satisfaction • Strategy developed in partnership • Improves health outcomes • Improved clinical engagement and cross organisation engagement
Providers: • Decreased cost base • Support estate rationalisation • Reduce duplication • Support reduction in increasing non-elective demand • Improve overall performance •Reduce need for escalation areas	**Public** • Better involvement in the co-creation of local services • Ownership of local services • Improve services and associated health outcomes • Deliver better value for money • Develop a range of innovative solutions

What are the savings potential & investment required to deliver the vision?

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- Investment
  - Jointly developed investment plan linked to reablement.
  - Move towards pooled budgets for IC type services
- Savings
  - As yet specific savings unclear. Development of performance measurement metrics.
  - Linked to overall health economy sustainability

Malton Hospital

- Has a future
- Will have a bed base
  - But the configuration needs to be determined
- May support urgent care
  - But the configuration needs to be determined
- Will provide local access for outpatient type services

But the vision needs to enable the money to stack-up

Acute Service Provision

Acute Provider	No. of current Beds (include any reductions made in 2011/2012)	No. of future Beds (include any reductions made in 2012/2013) and explain service changes
Scarborough and North East Yorkshire Healthcare NHS Trust	Scarborough 349beds (Bridlington 75 beds not included above) Malton 35 beds Whitby 35 beds	Redesign based around the principles of the 'acute village': physical configuration reflecting the needs of patient flow. Less reliance on escalation areas.
		40,000+ Inpatient admissions 16,500 emergency admissions 43,000 A&E attendances

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Community Hospital Current Service

Location	Ryedale District General Malton	Current Running Costs (capital, estate and maintenance charges only)	<<£££>>
Summary of Services provided	In patient step down and step up beds, Out patients across range specialities, Rehabilitation services. MIU's.		
Occupancy Levels	82%		
Does the Community Hospital have strong quality and clinical outcomes?	Need to introduce formal outcome measures	Does site provide outpatients appointments? YES	If Yes then how many for YTD 2011/12 and annual total capacity Capacity Actual FU 6974 5339 NEW 2100 1967
What outpatient specialities are provided?	Full range of specialties medical and surgical	Outpatient hours and clinic times? 8.30-5.30 Clinic times 9-12.30, 2-5pm	Define hours and clinics ????
Does the location provide MIU?	If yes then what are its hours of opening	What has been the utilisation of MIU services?	Utilisation stats for 2011/12 Trend analysis year on year
Does the location have a walk in centre?	If yes then what are its hours of opening	NA	NA
Other services provided from the locality	Based at hospital community health services. Attend when required mental health, local authority, Social services		
Workforce/service or location restrictions	Recruitment difficulties at times		

Malton MIU Utilisation

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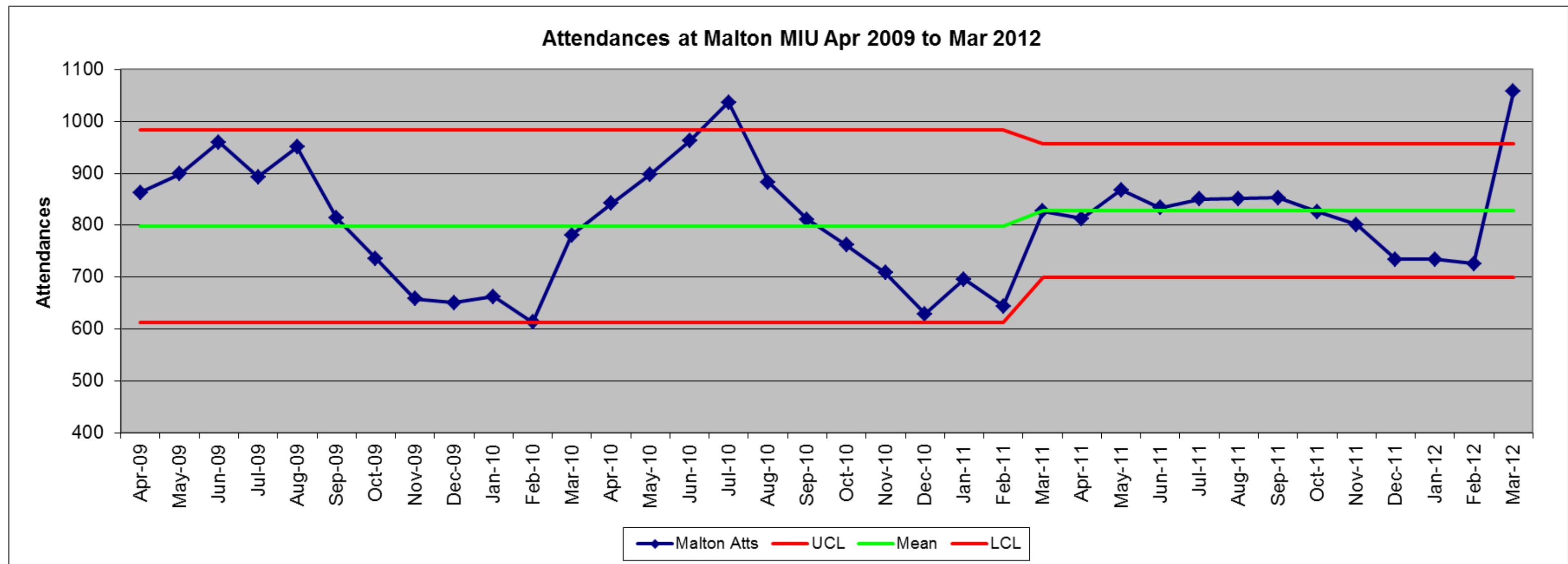
	Year			
Month	2009	2010	2011	2012
Jan		630	696	734
Feb		613	644	726
Mar		813	827	1058
Apr	863	917	813	
May	899	880	868	
Jun	960	978	834	
Jul	893	1049	850	
Aug	951	1108	851	
Sep	814	848	853	
Oct	736	721	826	
Nov	658	609	801	
Dec	651	599	734	
TOTAL	9434	11775	11608	4530



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Next Steps

- Establish joint commissioning and delivery forums (June 2012)
- Establish operation leadership (June-August)
- GP Consultant event (June 2012)
- Risk stratification roll-out (June-September)
- Expand grass roots integration workshops
- Implement reablement investment programme
  - Section 75 complete
  - Nursing Home link nurses appointed
  - ESD in place by Autumn 2012