

Health and Wellbeing Board Meeting Date: 13th September 2018

Item Title Shropshire Care Closer to Home – Update Report

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1. Summary

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

2. Recommendations

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

REPORT

Communication & Engagement

Stakeholder engagement

At the launch of the programme, a public and stakeholder event was held and feedback from this event has been taken into consideration when considering the models of care required to deliver Shropshire Care Closer to Home (SCCtH). During March 2018, another stakeholder event was undertaken inviting members of the public to attend with a view to developing a strategy for communication and engagement; this has shaped how SCCG are delivering this important programme function. A further stakeholder event took place on 25th July 2018 and was well attended.

Communication & Public Engagement

The public-facing information leaflet previously presented to this board was released for circulation to the wider public and media on 1st August 2018 and a dedicated section on the CCG website has been developed allowing a route for anyone to submit comments, feedback and queries.

<http://www.shropshireccg.nhs.uk/get-involved/engagement-and-consultation/shropshire-care-closer-to-home/>

A comprehensive communications and engagement strategy and plan is currently being finalised.

Programme Phases

Phase 1

Phase 1 is presently operational in the form of the Frailty Intervention team (FIT) who are based at the Royal Shrewsbury Hospital and the team are looking to expand their service and implement the same in Princess Royal Hospital, Telford.

Phase 2

Phase 2 concerns the development of a model for case management of our population incorporating locality-level GP input. The preferred model has now been agreed and discussions can commence around implementation and mobilisation.

Phase 3

A long list of Phase 3 model options is presently being worked up by SCCG in preparation for work with various stakeholders, patient representatives, GPs and providers to agree a preferred model for Crisis Intervention, Rapid Response and Hospital at Home.

Programme Summary & Update

Since the last report, scoping and design work on Phase 2, risk stratification and case management, has been completed. The final stages of exploring model options took place at GP Locality Task & Finish Groups, the patient and provider stakeholder workshop and via the Programme Working Group.

As opposed to the previously expected longlist of Phase 2 model options what emerged was one commonly and consistently agreed core model with some areas of variability. The Programme Working Group decided through majority on the options to proceed with and concluded with the final and agreed model for risk stratification and case management which was presented to and approved by the Clinical Commissioning Committee on 15th August.

An IT Task & Finish Group has been established to explore the IT and data infrastructure required to support the programme including shared data and the development of an electronic shared Care Plan.

Discussions continue on the possibilities around an Alliance Partnership that could support the delivery of the programme.

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