

## Health and Wellbeing Board Meeting Date: 4<sup>th</sup> July 2019

### Item Title Shropshire Care Closer to Home – Update Report

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#### 1. Summary

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

#### 2. Recommendations

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

### REPORT

#### Programme Phases & Progress Updates

##### Phase 1

Phase 1 is presently operational in the form of the Frailty Intervention team (FIT) who are based within the A&E Department of Royal Shrewsbury Hospital. A phased launch of the FIT team at the A&E department in Princess Royal Hospital in Telford is now underway.

##### Phase 2

The pilot for the Phase 2 model of Risk Stratification and Case Management began on Monday 3<sup>rd</sup> June 2019 at the 8 identified pilot demonstrator sites. The pilots will run for 9 months including a 3 month evaluation period. Teams consisting of colleagues from Shropshire Community Health NHS Trust, Shropshire Council, Midlands Partnership Foundation Trust with support from voluntary and community organisations have been established at each site. The teams are working together to provide proactive support to patients at risk of an admission to hospital with multiple long-term conditions or social care needs; these patients will have a Case Manager who will coordinate their care and develop a care plan and if appropriate an emergency treatment plan.

Work has taken place to develop the required IT and data elements including data sharing agreements, GDPR requirements, risk stratification or case finding using

merged data. For the first time, Shropshire CCG have been able to merge primary and secondary care data to identify a cohort of patients who will most benefit from the Case Management approach in Phase 2 of the programme.

Potential solutions for software that will enable a shared electronic Care Plan to be developed ; a shared care plan will mean that everyone involved in the care of a person has all of the required information and that the person has to only ever tell their story once. This will also be added to with an emergency care plan, end of life plan, and links to vital information such as allergies and DNAR notes. A manual workaround process is currently being developed and agreed for the shared Care Plan as this technical development was not in place for the launch of the pilots on 3<sup>rd</sup> June.

### **Phase 3**

The draft models for Phase 3 services including Hospital at Home, DAART, Rapid Response and Crisis have been widely shared since they were developed at the end of 2018. The programme team have received comments and feedback from colleagues across the health and social care system in addition to input from patients, public and stakeholders at an event in March 2019 ensuring a collaborative approach to co-design of the new models.

After consolidating the feedback and comments and requesting clinical input where necessary, the updated draft models have been shared with the Programme Board who were happy to endorse them with the caveat that a robust impact assessment is carried out over the next three months across providers to ensure that the new models align with existing services and pathways.

These models were approved at an extraordinary Shropshire Clinical Commissioning Committee on 11<sup>th</sup> June 2019.

### **Enablers**

A dedicated Care Closer to Home Communications and Engagement Group has been established to support delivery across the whole system of the communications and engagement strategy required to support the programme.

A dedicated Care Closer to Home IT Group has been working to ensure the relevant data sharing agreements and GDPR requirements are in place to allow risk stratification. This group continues to look at the options for a shared electronic care plan; this is aligned with the work of the STP Digital Group on achieving the same agenda of work but on a broader whole system scale.

Work is underway to provide a written Joint Strategic Needs Analysis (JSNA) which will enable work to start on developing the fifth strand of Phase 3, Step Up Community Beds.

Once these phases are fully embedded and functional, Phase 4 will be planned which will see an expansion to include all ages, and not just those aged 65 and over.

<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>
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<b>Cabinet Member (Portfolio Holder)</b>
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<b>Local Member</b>
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<b>Appendices</b>
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