Nottinghamshire County Council

Report to Health and Wellbeing Board
5th June 2013

Agenda Item: 8

REPORT OF THE CHIEF CLINICAL OFFICER, NOTTINGHAM WEST CLINICAL COMMISSIONING GROUP

JOINT WORKING TO IMPROVE THE CARE OF FRAIL OLDER PEOPLE

Purpose of the Report

1. This report provides an update on the work of the Strategy and Implementation Group for Nottingham South (SIGNS) It confirms the Frail Older People's programme's strategic priorities for change and outlines shared principles and campaign to improve care for frail older citizens.

Information and Advice

Introduction

2. Supporting older people is a stated priority in the Nottinghamshire County Health and Wellbeing Board Strategy, the draft Nottingham City Joint Health and Wellbeing Strategy and the Clinical Commissioning Group (CCG) Commissioning intentions.

3. Health and social care commissioners and providers have been working together since August 2012 to develop a shared understanding of how to deliver improvements in care and support for older people/citizens, initially through Productive Notts, but latterly through the Frail Older People programmes in the South under the Strategy and Implementation Group for Nottingham South (SIGNS) group and through the North Notts Care of the Elderly Network (NNCEN - Mid Notts).

4. This report provides an update on the work of the SIGNS group in the South of the County. This group includes representatives from Nottinghamshire County Council, Nottingham City Council, Nottingham City CCG, Rushcliffe CCG, Nottingham West CCG, Nottingham North and East CCG, County Health Partnerships, Nottingham CityCare Partnership, Nottinghamshire Healthcare NHS Trust and Nottingham University Hospitals (NUH). Nottingham is used in this report to refer to the South of the County and Nottingham City.

Context

5. Nottingham's services are under pressure, in particular because of demography (ageing population) and financial constraint. Nottingham City Council must save £20m during 2013 /2014, Nottingham University Hospitals £50m during 2013 /14 and Nottinghamshire County Council £70m over the next 4 years. Many other health and social care systems have

responded to similar pressures, with varying degrees of success, by integrating a whole system response.

6. Nottingham has, thus far, responded somewhat less coherently with waves of incremental projects and new pilots, funded by transformation and other monies. Promisingly, these will shortly provide (multiple) single points of access to health and social care, improvements to some community services and improvements to some hospital processes.

7. Despite, or perhaps because of this approach, in winter 2012 / 2013, 128 new beds opened at NUH to meet demand for emergency care and emergency admissions. It has been estimated that if we continue to deliver services in the way that we currently do, then we will collectively need an additional £80m across Nottingham City and Nottinghamshire County by 2020 to care for our ageing population by expanding all of our current services.

Our Campaign: how might we care better for Nottingham's Frail Older Citizens?

8. The SIGNS group has endorsed a shared a set of principles and a shared campaign to improve care for frail older citizens:

OUR PRINCIPLES

Together, we focus on the needs of our citizens
- We enable our citizens to remain independent
- We integrate around our citizens

Together, we take and share responsibility
- We plan together, work together and improve together
- We solve problems together and we share credit

Together, we simplify how our system works
- We work to achieve and then exceed our shared Standards
- We assess frail older citizens' needs using Comprehensive (Geriatric) Assessment (CGA) to ensure:
    - early identification and intervention if the risk of illness or decline in function is high
    - a rapid and flexible response in case of functional decompensation or social crisis
    - access to a wide spectrum of reablement (recovery and rehabilitation) support to maximise return to independence

What are the problems we need to work together to address in the way that we deliver care?

9. People are admitted to hospital when alternative services could have met their needs and stay in hospital longer than they need the services of an acute hospital (Utilisation review 2010).

10. Not all patients who need it are under the care of old age specialists in an appropriate ward in hospital.

11. Despite improvements, there are still 60-70 patients a day waiting to leave Nottingham University Hospital who are medically safe to move to their next place of care.

12. We send people to care homes who may not need to be there (average age on admission to care homes is 83 in the County against a national average of 87).

13. We have not aligned our processes to be as efficient as possible (multiple assessments by different clinicians/providers).

14. Different models of community based services are emerging in CCGs which risk complicating pathways out of NUH.

15. Services delivered by Social Care do not all align with emerging CCG models.

16. We have an ageing population and demand for services increases exponentially with age.

How might citizens explain our campaign?

OUR CAMPAIGN

Part One: Support to Thrive

- I wish to retain my independence.
- All services that I use are seamless as I move between them.
- My needs are assessed using Comprehensive (Geriatric) Assessment of Frail Older People (CGA) to ensure that support is there when I need it:
    - to try and stop a predictable problem getting worse
    - to help me recover and rehabilitate after illness
- If I go into hospital for a planned operation, my rehabilitation is booked at the time I agree to my operation and my home aids (such as a walking frame) are delivered before I am admitted.
- I receive support at home which reduces the need for me to move to a care home.
- If I move to a care home, the staff are properly trained and supported. They look after me in obvious partnership with any other services needed.

Part Two: Choose to Admit

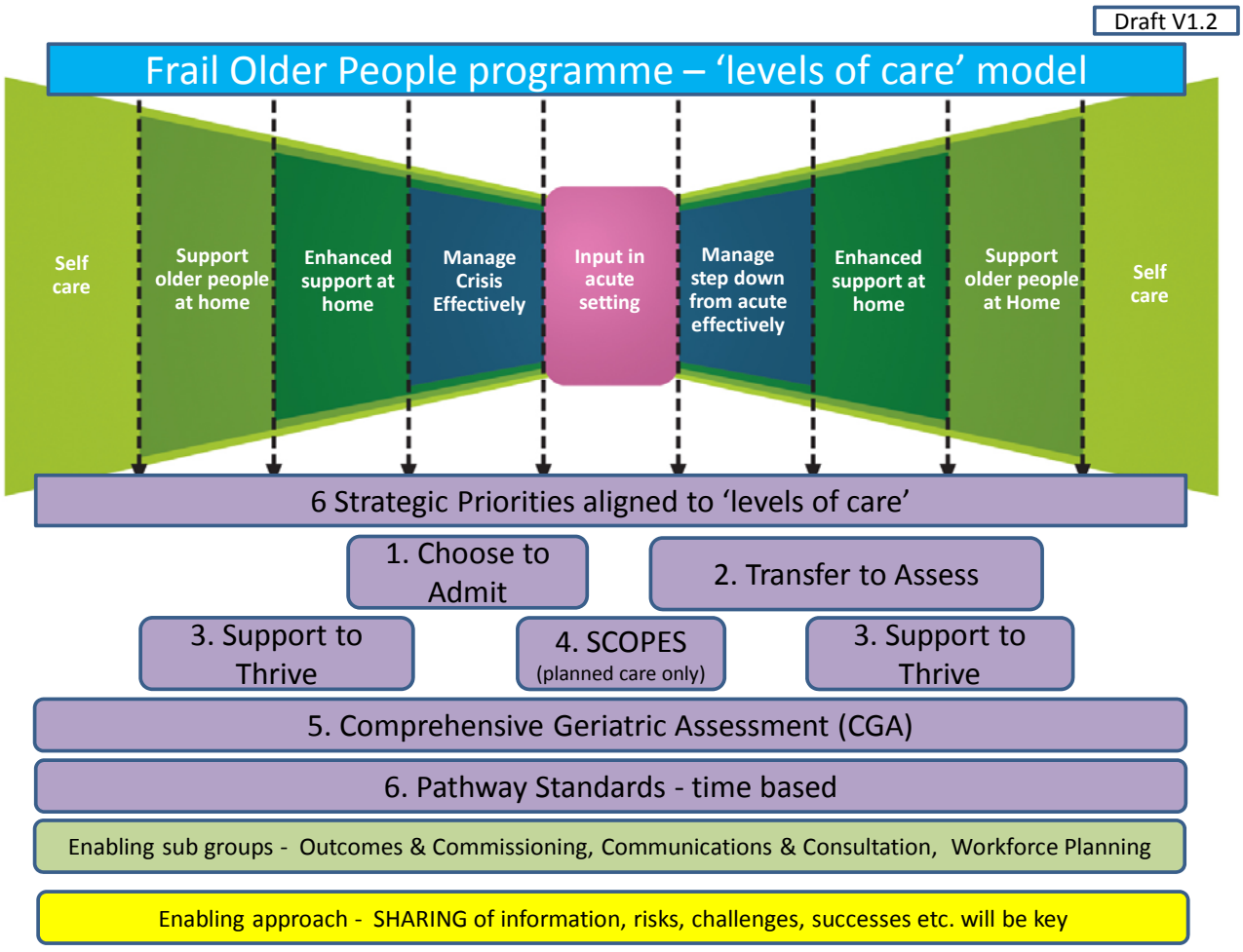
- I wish to retain my independence.
- I am not admitted to hospital because other services are not available when I need them.
- Hospital is there for me if I have a life threatening illness or if I need an operation.
- If I go into hospital for a planned operation, my rehabilitation is booked at the time I agree to my operation and my home aids (such as a walking frame) are delivered before I am admitted.
- I will see a doctor who is a specialist in medicine for older people if this is needed.

- When I am unwell, I am assessed using Comprehensive (Geriatric) Assessment to ensure that support is there when I need it:
    - all my needs are considered
    - there is a clear plan to which everyone works (including me).

Part Three: Transfer to Assess

- I wish to retain my independence.
- I leave hospital as soon as my health is stable enough for me to do so.
- I do not stay in hospital because other services are not available when I need them.
- Staff on my ward organise what is needed for me to leave hospital.
- If I need ongoing care or rehabilitation out of hospital, I receive it.
- While I am recovering, my care is planned using Comprehensive (Geriatric) Assessment to ensure that support is there when I need it:
    - all my needs are considered
    - there is a clear plan to which everyone works (including me)

What are we doing?



17. At its meeting on 14th May 2013, the SIGNS group confirmed that the Frail Older People's programme's strategic priorities for change are:

    - Choose to Admit
    - Transfer to Assess
    - Support to Thrive
    - SCOPES (Systematic care for older people in elective surgery)

18. These are all underpinned by:

    - Comprehensive geriatric assessment (CGA)
    - Time based pathway standards

What are the next steps?

19. Health and social care colleagues will be building on existing work and collectively developing a more detailed set of proposals under the themes of Choose to Admit and Transfer to Assess which will be brought to the next SIGNS group in June 2013. Some proposals will aim to deliver change by September 2013; others will have longer timeframes.

20. An overriding principle is to build on best practice but to develop a model that fits local needs in Nottingham. A new opportunity to express interest in becoming a national health and social care integration 'pioneer' has been received enthusiastically but the implications of this are still being considered.

21. A presentation will be taken to the JHSC on 11th June 2013.

Statutory and Policy Implications

22. This report has been compiled after consideration of implications in respect of finance, the public sector equality duty, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION/S

1) The Health & Wellbeing Board is asked to note the report

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Constitutional Comments

23. As this report is for noting only constitutional comments are not required.

Financial Comments (KAS 22/5/2013)

24. There are no financial implications contained within this report.

Background Papers and Published Documents

None

Electoral Division(s) and Member(s) Affected

All