Suffolk Health and Care Review

Update on Health and Social Care System Redesign and Re-commissioning of GP Out of Hours, 111 and Community Healthcare services
An Insight into the Health and Social Care system

Kings Fund Video

Background Context

- Suffolk County Demographics
  - System landscape
  - GP Practices
- Adult Social Care Clusters
- CCG Integrated Neighbourhood Teams
The population of Suffolk in 2011 was 730,100 an increase of 9.2% on ten years earlier

In Suffolk life expectancy is good. In 2011 life expectancy at birth was 83.7 years for females and 79.9 years for males

Of the resident population in Suffolk an estimated:

- 153,000 (20.9%) are aged over 65
- 71,700 (9.8%) are aged over 75
- 21,500 (2.9%) are aged over 85
- 78,000 people are informal, unpaid carers of people with health and care needs

By 2031, it is projected that there will be a 55% increase in the number of persons over the age of 65 in Suffolk, and a 72% increase in the number of persons over 75. In addition, the number of people with dementia will double by 2030.
**Suffolk County Demographics (2)**

**Nationally in England:**

- Around 15 million people live with a long term condition (LTC) in England, and people living with Long Term Conditions are the main driver of cost and activity in the NHS and Social Care as they account for around 70% of overall health and care spend. Most people with long term conditions, have multiples long term conditions.

- They are also disproportionately higher users of health and care services – representing 55% of GP appointments, 68% of outpatient attendances, 72% of inpatient bed days, 58% of A&E attendances and 59% of practice nurse appointments, 40% of calls to the 111 service.

- While the number of people with any long-term condition should be relatively stable over the next 10 years, the Department of Health estimates that there will be a 30% increase in the number of people with three or more long term conditions over a 10 year period (2010 – 2020). In a quarter of people with multiple LTCs, one of the conditions will be depression.

- Around 170,000 people die prematurely in England each year, with the main causes being cancers, circulatory diseases and respiratory conditions.

- One in four people will suffer from a form of mental illness at some point in their lives, and one in six of the population is suffering from a common mental health problem at any one time. In Suffolk around 9,000 people are seen by secondary mental health services each year.
# East and West Suffolk System Landscape

## West Suffolk
- 25 GP Practices
- 170 GPs
- West Suffolk Hospital
- 1 Community hospital
- Transient providers (e.g. Serco, Harmoni)
- Social Care Provision

## East Suffolk
- 41 GP Practices
- 280 GPs
- Ipswich Hospital
- 3 Community hospitals
- Transient providers (e.g. Serco, Harmoni)
- Social Care Provision
What is the purpose of the Suffolk Health and Care Review?

The Case for Change

Doing nothing is not an option given:

1) the predicted increase in the population, age of the population and proportion of the population with long-term conditions

2) Contracts for three major services providing urgent care in Suffolk, Community Health services, NHS 111 and Out of Hours General Practice services expire in 2015

3) People in Suffolk tell us they want improved, more integrated services

4) Significant financial constraints in Health and Social Care System
What is the purpose of the Suffolk Health and Care Review?
So, the Health and Care Review is asking the following questions......

1. What could integrated community health and social care look like in Suffolk and how would this work better for people? In other words, how do we put people in Suffolk, and communities, at the heart of the system design and not our organisations?

2. Even with the best day-time support people can become ill at anytime during the day, any day of the year so how do we best design urgent care services to ensure high quality care is available, when people are at their most vulnerable?

The Urgent Care Programme and Health and Independence Programme are sister programmes, within the Health and Care Review, looking at how we support people to live well in their communities, to receive an appropriate response when they have urgent care needs and to enable a swift recovery and return to independence. The third Health and Care Review Programme is the efficient elective care programme.
<table>
<thead>
<tr>
<th>Date</th>
<th>Key Milestones</th>
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<tr>
<td>February 2014</td>
<td>Clinical commissioner work on development of strategic commissioning intentions</td>
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<tr>
<td>March - June 2014</td>
<td>Design of overall service models</td>
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| June-August 2014            | Public engagement  
Further system work on the detailed service model and service specifications including financial modelling |
| August-September 2014       | Evaluation public engagement responses                                         |
| September 2014              | Formal approval of service specification and agreement to start procurement by statutory bodies |
| October 2014-February 2015  | Formal procurement and evaluation of bids                                     |
| March 2015                  | Statutory bodies approve letting of contract(s)                                |
| April-September 2015        | Mobilisation of new contract(s)                                                |
So far we have....

✓ Worked with a wide variety of partners to develop ideas about what will work

✓ Used the evidence base through Public Health to inform our plans for transformation

✓ Considered different models around the Country, to ensure we import best practice

✓ Asked people to test the designs

✓ Talked directly with patients and the public, and listened to specific feedback from Health Watch Suffolk

✓ Walked through a range of scenarios and clinical pathways to develop a service model based around achieving good outcomes
People in Suffolk, regardless of age and disability, tell us they want to have ...

- a social life
- a life, not an illness
- control and choices around my physical and mental health
- a job
- timely, person-centred care to help me get back to my life and independence
- the ability to get about
- good, clear information about
  - where I can get help
  - in what circumstances
  - the options available to me
- my own place
## What we have heard about Urgent Care?

### Where we have heard it

- *Town Talk Village Voices* event – a GP and officer to each of 10 locations such as Crown Pool and the Morisons at Felixstowe
- Integrated Care Network workshop, attended by all the major urgent care stakeholders, at Copdock
- Suffolk Showground event for grass routes general practitioners from East Suffolk
- Ickworth Hall engagement event, facilitated by the King’s Fund inviting public and all major stakeholders from West Suffolk
- Systems Leadership Partnership workshop, including broader public sector, such as representation from Police and Crime Commissioner

### What has been said

- Urgent care is for a need which is perceived as urgent by the patient, customer or carer
- For many people, how to access urgent care is not particularly clear
- Community response to urgent care problems needs to be more integrated
- People understand that A&E departments are for true emergencies, but more could be done to protect their resources from cases which do not really need them
- The expiry of the three key NHS contracts is an opportunity for the health and social care system to think radically about the shape of future services
Urgent care is for a need which is perceived by the patient, customer or carer
NHS ENGLAND STRATEGIC VISION FOR NEW SYSTEM
(Sir Bruce Keogh’s Phase 1 Report on Transforming Urgent and Emergency Care Services in England)

1. For those people with urgent but non-life threatening needs we must provide highly responsive, effective and personalised services outside of hospital. These service should deliver care in or as close to people’s homes as possible, minimising disruption and inconvenience for patients and their families

2. For those people with more serious or life threatening emergency needs we should ensure that they are treated in centres with the very best expertise and facilities in order to maximise their chances of survival and a good recovery

If we do the first right then we will relieve pressure on our hospital based emergency services which will allow us to focus on delivering the second
NHS ENGLAND STRATEGIC VISION FOR NEW SYSTEM
(Sir Bruce Keogh’s Phase 1 Report on Transforming Urgent and Emergency Care Services in England)
CCG Clinical Executives have endorsed the principle of working with the new national strategy for urgent and emergency care, and localising as appropriate.
**Statement of principles** for Urgent Care in Suffolk

1) People in Suffolk will be served by an integrated model with an overall responsibility for urgent care across the population – primary, community, mental health, social care, secondary care, the voluntary sector and other organisations working as part of an integrated system with common objectives, with increased access to a broader range of urgent care responses in the community and in hospital, to reflect the increased complexity likely to arise from increased multi-morbidity and population changes.

2) People in Suffolk will receive Urgent Care to be delivered where most appropriate in the system and supported by a shift in resources. Their health and care needs will be met with the minimum intervention necessary, now in and in the future.

3) Care for people in Suffolk will be available 24/7 with consistently high quality patient experience and outcomes

4) A single system will handle access and coordination of care for people in Suffolk.

5) Care for people in Suffolk will be improved by professionals having shared access to information systems ideally with a single care record

6) The system will develop sustainable long-term improvements to local skills and leadership to ensure that future urgent care needs are anticipated and met for people
<table>
<thead>
<tr>
<th>Components</th>
<th>Key Services and Functions</th>
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<tr>
<td>NHS 111 and Care Coordination Centre</td>
<td>• NHS 111 is part of National Mandate – compulsory for local NHS&lt;br&gt;• Where patients can phone to get urgent care advice, including 111 service, out of hours service, community health&lt;br&gt;• Used by health and social care professionals to access specialist urgent care advice, arrange dispatch of services (e.g. to relieve paramedics)&lt;br&gt;• Refer patients into Integrated Neighbourhood Teams/Networks or Urgent Care Services that travel to patients, are based in community locations away from the two main hospitals, or referral to Urgent Care facilities co-located with A&amp;E facilities.&lt;br&gt;• Directory of Services</td>
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<tr>
<td>Urgent Care Services in the community including travelling to patients</td>
<td>• Community based locations serving urgent care needs</td>
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<td>• Step-up/down beds</td>
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<td>• Explore access to diagnostics and minor injuries</td>
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<tr>
<td>Urgent Care Services co-located with A&amp;E facilities</td>
<td>• Co-located at Acute Trusts</td>
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<td></td>
<td>• Sees all unannounced arrivals previously seen by A&amp;E and referrals from professionals</td>
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<td>• Primary Care, commissioned specialty input, diagnostics, minor injuries and transfer to community-based services</td>
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<td>• A&amp;E for the ‘genuine emergency’</td>
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Engagement

- The public
- Patients
- User groups
- Voluntary and community groups including organisations representing people with protected characteristics
- Staff of all affected organisations
- GP practices
- MPs, County-, District- and Borough- Councillors including Health Scrutiny Committee
- Health and Wellbeing Board
Engagement

Inform
- Media
- Websites
- Twitter
- Blogs
- Newsletters

Engage
- Established events incl Suffolk Show, Suffolk Mela
- CCG specific events: Markets Roadshow

Involve
- Voluntary and community sector meetings and forums
Summary and Next Steps

Governing Body is asked to:

• Note the background context within which the local health and social care system is working

• Note the national strategy for Urgent and Emergency Healthcare

• Endorse the design principles being used in the Health and Care Review

• Support the engagement activity over the summer, leading up to the September meeting of the Governing Body, in relation to the Health and Care Review, and re-commissioning of NHS contracts in relation to 111, Out of Hours and Suffolk Community Healthcare Services

• Note that modelling work is taking place to support the design work, to ensure that we operate with an affordable envelope