

Health Select Commission

Transformation of Acute and Community Care

A progress report on Acute and Community Transformation Programmes. Highlights specific transformational initiatives that will support integration, promote independence and improve the quality of care.

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Recommendations: It is recommended that the report be noted

1. Introduction



Ambitions for the future of health and care in South Yorkshire and Bassetlaw have been published in the region's Sustainability and Transformation Plan (STP). This plan sets out the future vision for health and social care services across all partner organisations. The STP is underpinned by The Rotherham Place Plan, which provides a local perspective on how the Rotherham MBC, Rotherham CCG and The Rotherham Foundation Trust will work together in the future.

This document highlights some of the exciting transformational initiatives that are already underway. They are an illustration of the strong partnership arrangements that already exist in Rotherham and a reminder of how local health and social care communities can improve the quality of care to vulnerable people.

2. The Community Transformation Programme

Rotherham's Community Transformation Programme is leading the development of integrated health and social care services. The Rotherham Place Plan includes an ambitious programme of transformation that focuses on integration, early intervention and self-management. The following projects are already underway.

2.1 *Integrated Health and Social Care Teams*

Rotherham's Community Transformation Programme is leading the development of integrated health and social care teams. The first pilot integrated team started in July. It brings together community nurses, therapists, social workers, mental health workers and the voluntary sector into a single team. The team will have a single point of access for all referrals. It incorporates named care coordinators responsible for supporting people with complex needs. The team is supported by an IT system called the Rotherham Health Record that provides full visibility of all patients from the pilot locality who are currently in hospital. This system enables the team to support discharge and reduce the likelihood of readmission. The Rotherham Health Record recently won a national Health and Social Care Journal award for innovation in IT Services. The team serves the practice populations of two large GP practices and is co-located alongside these GPs.

2.2 *The Development of a Reablement Centre*

With an ageing population, people living longer with more long term conditions and a significant efficiency challenge we want to develop a more integrated approach to the provision of intermediate care services. A fully integrated team of health and social care professionals will provide a mix of community rehabilitation services and residential intermediate care. This model will allow Rotherham people to remain in the community longer. We anticipate the Reablement Centre will deliver quality and drive efficiencies by creating economies of scale. It will reduce travel times, remove duplication and lower running costs. Reablement is one of council's main tools in managing the costs of service provision for an ageing population and has proved an important area where integration can improve quality of care.



2.3. *A Multi-Disciplinary Integrated Rapid Response Service (IRR)*



Over the last year the Transformation Board has combined a range of community health teams which provide reactive health care interventions. The service incorporates the following legacy services:

- Care Home Support Advance Nurse Practitioners
- The Fast Response Service
- The District Nursing Twilight Service and Night Sister

The IRR service now supports patients who are medically for discharge, can be cared for at home but are waiting for the appropriate health or social care package to be assessed and put in place. It also supports patients who are at immediate risk of hospital admission. The service is accessed through the Care Coordination Centre. The main interventions carried out by the IRR service include; rapid MDT assessment, nursing intervention, IV therapy, falls risk assessment, community rehabilitation and respite care e.g. due to carer breakdown. The Transformation Board is now working on extending the IRR Service so that it incorporates social care. If successful the new service will be able to support people with an urgent health and social care need. There will be a significantly stronger link between the out-of-hours social care services with additional enablement support

2.4 *A Joint Approach to Care Home Support*

There are presently around 1,800 older people living in residential and nursing care homes in Rotherham. The number of residents is predicted to increase to 2,100 by 2020. Rotherham has a Care Home Support Service, funded through the Better Care Fund. The main aims of the Care Home Support Service are to: ☐

- Ensure that the appropriate quality of care is provided in our residential and nursing homes ☐
- Reduce A&E referrals, ambulance journeys and hospital admissions from care homes ☐
- Meet the mental health needs of residents (via agreed Mental Health pathways) ☐
- Develop personalised care plans for residents at high risk of hospital admission ☐

The Care Home Support service works closely alongside the GP Care Homes Local Enhanced Service. This ensures that each care home in Rotherham has a dedicated GP practice. The practice will review patients at high risk of hospital admission, ensure appropriate care plans are put in place and ensure that end of life care is optimised.

2.5 *An Enhanced Care Coordination Centre (CCC)*

The CCC is a central point of access for health professionals into community and hospital based urgent care services. Our aim is to expand the scope of the CCC to include mental health, voluntary and social care sector services, improving access through a comprehensive directory of services, driving efficiency and cutting down waste. Through managing system capacity, carrying out an telephone triage the CCC can identify the appropriate level of care, and deploy the right services and reduce the number of avoidable admissions. The CCC relieves pressure on GPs by streamlining the referral process into urgent care services and ensuring that GPs are able to make informed choices about the most appropriate level of care for people. The CCC is crucial to The Rotherham Foundation Trust (TRFT) vision of developing a whole system integrated service approach where people receive the appropriate care at the appropriate time in the appropriate place provided by the appropriate professional.



Over the next two or three years we expect our CCC to develop information sharing among all health and social care professionals. We intend to maintain a register of patients who are medically fit for discharge and use the CCC to ensure that they are placed on the correct care pathway. In addition to being the single point of access for community nursing referrals, the CCC will start to support GPs in the case management of people with long term conditions. The CCC will also help support the integrated locality teams in providing advice and support on care pathways.

3. Transformation of Children's Services

The Rotherham Foundation Trust has recently launched its Children's Transformation Programme. The programme is reviewing the current service model for children's health care. It has identified the key issues that need to be addressed to ensure that



children's health services in Rotherham remain relevant and sustainable. The programme has also outlined proposals for a new sustainable service model which is aligned to the regional and national strategic framework.

Rotherham has a range of acute and community health services, a committed workforce and strong partnership arrangements. However it is clear that the current service model is not sustainable, nor does it align with the national and regional strategic framework. Rotherham requires a new service model with greater focus on prevention and early intervention. There is evidence that children who are currently being admitted to hospital can be supported more effectively in the community. Also, there is potential for discharging children from inpatient beds earlier if enhanced community support is available. National strategies support a new approach, based on building capacity and capability in the community. There is an emphasis on developing integrated teams, combining health and social care functions within a locality framework. This approach would make community health services more accessible, reduce levels of fragmentation across the health economy, remove duplication and support self-management.

As well as enhancing the quality of community health services, there is a need to create an acute care model which manages its bed base more effectively. Currently there is a shortage of paediatric medical and nursing staff and a need to combine resources across a broader footprint. The STP supports collaboration with other health providers on the delivery of acute care. The Trust is located close to the Sheffield Children's Hospital Foundation Trust, which is already supporting Rotherham children. It is therefore important for The Rotherham NHS Foundation Trust to strengthen this relationship and to do this in the context of a fully integrated care pathway from home to hospital. This could also enable us to make more effective use of resources and deliver better quality care.

3.1 Integrated Locality Teams

The Rotherham Foundation Trust is currently consulting on developing fully integrated health and social care hubs based on a locality footprint. We envisage 3 hubs within Rotherham encompassing all 0-19 year services, which mirrors the current social care delivery model and has the ability to facilitate smoother multi-agency integration.

Each hub will incorporate:

- GPs with special interest working with paediatricians, nurses, social workers, mental health professionals and Allied Health Professionals
- Supported discharge and admission prevention pathways

- Enhanced outpatient support
- Rapid access clinics for urgent specialist help
- Specialist paediatric clinics on safeguarding and specific conditions

3.2 *Reconfiguration of Inpatient Beds*

The Rotherham Foundation Trust intends to reconfigure its inpatient bed base so that it is more effective and sustainable. We will deliver ambulatory care through a new short-stay assessment unit. We will explore the potential for developing an integrated pathway with Sheffield Children's Hospital for inpatients services. Paediatric Day Surgery will continue to take place at the Rotherham Foundation Trust. The partnership agreement will also explore the potential for a new workforce model, which supports both medical and nursing staff across the pathway.

4. **Acute Care Collaborations**

A key element of the Sustainable Transformation Plan is supporting joint working between acute care providers. There is a strong argument for combining resources where appropriate to support hospitals to specialise in specific care pathways and delivering across a sub-regional footprint. For some conditions this could mean that Rotherham patients have to travel out of the borough to access treatment. In others Rotherham could act as a hub supporting patients across the sub-region. The aim is to address some of the resource issues currently being faced by the local health economy whilst at the same time developing Centres of Excellence for specific disease types. Two examples of where this type of collaboration could be beneficial are set out below.

4.1 *Hyper-acute Stroke Services*



The Rotherham Stroke Pathway is currently being reviewed as part of the Working Together Programme. The proposal is to deliver Hyper Acute Stroke care at two sites in South Yorkshire & Bassetlaw; Sheffield and Doncaster. Patients who suffer a stroke will be taken to one of these sites for their first 72 hours of care after which time they will be repatriated back to their local hospital. This proposal is out to public

consultation until 20th January 2016. If agreed it would mean significant changes to the Trust's service model.

Partner organisations in Rotherham support the general direction of limiting the number of centres doing high complexity interventions. If successful it will deliver a sustainable workforce with the right skills to support stroke patients during the most vulnerable time of their care. This approach has been successfully implemented in London and Manchester with improved clinical outcomes for patients.

However the Rotherham health community has expressed concern over the proposals to move Hyper Acute Services out of Rotherham. The Rotherham Foundation Trust is actually one of the better performing Trusts on stroke. It is unclear whether the new care pathway will improve the quality of stroke care to Rotherham patients. There are concerns over the impact of additional travel time and the potential increase in travel costs. Splitting the current pathway could potentially increase costs and potentially affect the viability of running an acute-only Stroke Unit. Finally the proposed service model does not adequately address the issue of what happens with patients who have stroke symptoms but are not actually having a stroke.

4.2 Breathing Space

In 2013 the Rotherham Commission Group (CCG) challenged Breathing Space to develop into a centre of respiratory excellence not only in the delivery of respiratory care but also in the domains of research and education.

Breathing Space delivers pulmonary rehabilitation for patients with COPD and other respiratory conditions. It also incorporates 20 specialist intermediate care beds for patients with respiratory conditions who do not require hospital care but cannot return home. Breathing Space runs emergency assessment clinics and a telephone support service 24 hours a day. It is unique in that it is the only centre in the UK where patients with an exacerbation of COPD can be admitted directly without medical assessment. In terms of impact The standardised hospital mortality index (SHMI) for Rotherham has been consistently 30% below the national average for the last 3 years and one of the lowest in the country. Breathing Space has established a collaboration with Rotherham Respiratory Group and the University of Sheffield, securing over £1,000,000 to deliver training to healthcare professionals. It has achieved accreditation of a Respiratory Masters and Degree Module commissioned by the University of Sheffield. The first cohort of 32 students commenced their studies in October 2015.

In terms of Acute Care Collaborations Breathing Space is in a great position to develop as a Sub-Regional Centre of Excellence for Respiratory Care. It remains the only nurse-led model of care for respiratory patients in Europe. It can demonstrate impact through key quality indicators, such as mortality trends. The service has been recognised as excellent by the Care Quality Commission. Patient feedback is consistently excellent. The Centre is recognised as a training centre for respiratory nurses, with Education for Health and University of Sheffield commissioned courses supported by a strong working relationship with the Rotherham Respiratory Group.

