NHS
South East Essex

Care of the Elderly Review
Briefing paper for Essex Health Overview and Scrutiny Committee

1. Purpose

To inform the Essex Health Overview Scrutiny Committee of the Older Peoples review that is underway in South East Essex and to share the emerging themes from the review to date and the potential opportunities for developing older people's services across the South East Essex area in the future.

2. Recommendation

The Essex Health Overview Scrutiny Committee to note the progress that has been made, the key messages from the review to date, and the next steps in transforming services for older people.

To note that all stakeholders that may be impacted by the outcome of this review have been engaged and involved throughout the process and it is expected that this involvement will continue through to the completion of this project.

3. Background

The joint review of community services for older people became established in the summer 2009 with NHS South East Essex, Essex County Council and Southend Borough Council along with Southend University Hospital and Community Healthcare working together to a common objective to seek options for commissioning preventative services that will reduce admissions to hospital, nursing home and residential care, in line with Putting People First.

NHS South East Essex (SEE), in consultation with Essex County Council (ECC) and other health providers and partners, engaged external consultants to carry out the work. The consultants Tricordant, were appointed in September 2009 and tasked by NHS South East Essex with completing the review of services for older people within the challenging timetable that was agreed.

To date the timescales set out previously have been achieved. The following is a summary of the challenging timetable planned:

- Procure external facilitation for service modelling – by 30th September 2009
- Stakeholder modelling day – 18th November 2009
- Notice served to existing services for changes in specifications - 1st December 2009

- Final specifications drafted – 18th December 2009
- Consultation for changes in Services – January 2010 to March 2010
- Procure necessary alternative services from 1st April 2010
- Transition into new models from April 2010 where feasible
- Implement new models of care from August 2010

The high level objectives of the review are:

- Clarify the demands on the health & social care system for elderly beds
- Identify potential for and implementation of Admission Avoidance Schemes
- Consider alternative models of care

4. Progress

The Care of the Elderly Task group, including NHS South East Essex (SEE), Essex County Council (ECC), Southend Borough Council (SBC), Southend University Hospital foundation Trust, Community Healthcare, South Essex Partnerships Trust and East of England Ambulance, has met regularly to review the progress of Tricordant, the external support, and guide the project through the milestones set out in the project plan.

The methodology of the review was agreed to include:

- A data analysis phase to establish costs and patterns of admissions to hospital and residential care, trends, source of admissions and so on.
- Benchmarking with high performing economies
- Interviews with GPs to understand the drivers for admission to hospital
- Interviews with staff in acute settings to understand access to step down and intermediate care services
- Interviews with users and carers of the services
- Focus groups with care management staff to understand ease of navigation round and access to relevant services
- Review of Service specifications to evaluate equality of access to services
- Operational documentation to evaluate how choice and control are built in to the service
- Visits to best practice/beacon sites in the region
- Qualitative analysis tracing individual users care pathways from referral to discharge from the system
- Peer review input from elsewhere in the region, including the Strategic Health Authority

On the 2nd November the Task group held an extraordinary meeting to review the output from the data analysis and the interviews that were undertaken by Tricordant over the previous month. These interviews included a range of stakeholders including a number of patients are carers to share their own personal experiences.

The key messages from the output were as follows:

- There were many examples of excellent services and arrangements, however the “the whole is less than the sum of parts”
- South East Essex has a complex health and social care system, in particular because of the lack of congruency of boundaries with local authorities, and this makes it a challenge when trying to look at the whole system. To be successful we need to think “Whole system” so that we can design services for the older person and not limit the effectiveness according to the organisation.
- It is recognised that there are strong informal networks of health and social care professionals working together which are relied upon in determining care pathways, at times at the expense of referral to appropriate services. To minimise the risk of varied access to services, a clear formal pathway needs to be documented to ensure that every patient has access to the right services.
- In respect of largest impact, services for people with Long Term Conditions in should be targeted more proactively for assessment and case management to maximise effective use of health and social care resources and impact for the older person
- There is duplication of effort in respect of Dementia services and misalignment of resources across organisations.
- Initial comparison with other PCT areas would indicate that a greater capacity in intermediate care matched to pathways and client needs would be needed to provide similar levels of service. At present there are 30 intermediate care beds that are in operation.
- Southend hospital is at the high end of deaths in hospital (60% of all deaths in SEE) and the low end for death at home, compared with other areas. There are only 8 Hospice beds which are currently overstretched. This is also a limitation when implementing the End of Life care strategy that is due to be delivered.
- There are some very good aspects of work on preventing falls, which were the largest single reason for ambulance journeys (3,241 in SEE) last year and frequently lead to admissions to hospital. However there is more work to be done considering the whole person perspective.
- There is scope for re-organising the way that the hospital works to reduce admissions
- There is a pattern of large numbers of older people being admitted for short periods of care in hospital, with high early re-admission rates. Emergency admissions are clustered in major conurbations where it should be possible to locate primary and community care services to avoid admissions
- The most frequent primary diagnoses on admission included falls and accidents, respiratory, heart, circulatory and Urinary Tract Infections (UTI). These represent 92% all “zero day stay admissions” (admitted and discharged on the same day) and should be capable of being more preventable.
- Primary care services work in isolation from community health and social care services
- The is some evidence that Practice Based Commissioning can be more effective in commissioning services for older people together than individual GP’s working alone.

On the 18th November there was a multi agency stakeholder day which considered the outputs from this phase of the review. The aims of the workshop were:

- Review and validate the findings from the initial review of the current systems
- Develop key principles for design of the 'whole system' and its leadership
- Consider good practice evidence from other systems
- Shape the service models and pathways where appropriate that will be taken forward to effectively deliver services for older people in South East Essex.
- Consider immediate opportunities for improvement.

Following on from the stakeholder workshop it is the intention that appropriate pathways will be developed into specifications of services which will be commissioned according to the timeline set out in the earlier part of this paper.

The key design principles for Older Peoples services that were agreed at the event were as follows:

1. All individuals and their carers are at the centre of everything we do and taking their whole person needs into account; recognising the need for their safeguarding, independence, choice and respect; ensuring the patient moves through the system to the appropriate place of care.
2. Staff at every level and in every job are and feel valued, contributing to something important.
3. Simplicity and clarity wherever possible in an inherently complex system.
4. Prevention and proactive identification and management of older people at risk.
5. Clear pathways through the system for all patients across a broad spectrum of needs, utilising dispute resolution proactively.
6. Assessments for long term care will not usually be carried out in acute settings.
7. Single understood purpose for assessments
8. Structures with clear boundaries and interfaces that promote collaborative working. Staff, patients and carer's roles and responsibilities are well defined and decision making clear.
9. Communication and effective access to relevant information, whether via technology or by visual displays but taking all peoples abilities into account
10. Quantitative measures and controls as well as harder, qualitative measures drive performance and recognition.
11. Teams and team working is the norm in functional, multi and interdisciplinary teams across existing internal and external boundaries.
12. Early planning based on a pull approach to people flowing to the right place and through the system.

13. Shared agreement how resources are planned and apportioned (e.g. pooled budgets) to make the whole system work most effectively and that partners are dealt with fairly but embrace change
14. Collective accountability and coordinated leadership across the whole system for the whole system

Following the scale of this review it is likely that there will be a number of changes to the flow of older patients over the coming year, with the intention of improving the access and appropriateness of services not just for the individual concerned but also for the health and social care professionals that are required to navigate around the complex system to meet as best as possible their patients needs.

It is clear from this review that there is a gap in the availability of intermediate care capacity. This will be a priority area to address in the coming month and the intention is this additional capacity would be funded the reduction in use of acute facilities. The result would change the emphasis of health and social care on the prevention of hospital admission rather than assessment and re-ablement following an acute intervention.

5. Conclusion

The benefits for the older person from this review could be immense by joining up the current services from a whole system view. It is clear that there are a number of opportunities and challenges facing the South East Essex area to draw together the outcomes of this review.

Dawn Scrafield
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