Health Scrutiny Committee
17th September 2014

CSH Surrey: Integration of Community Services with the wider Health and Social Care Economy

Purpose of the report: Preparatory information from CSH Surrey ahead of attendance at the Health Scrutiny Committee.

The report has been prepared to provide Committee members with background information ahead of CSH Surrey's participation in the Health Scrutiny Committee's meeting on Integration.

Introduction

1. CSH Surrey (formerly Central Surrey Health) was established in 2006 from the former East Elmbridge and Mid Surrey Primary Care Trust. It is a co-owned social enterprise delivering community services to the population of Mid Surrey as well as some services Surrey wide (for example the newly commissioned Family Nurse Partnership). The services provided in Mid Surrey are:
   - children's services such as health visiting, school nursing, therapies
   - adult services such as community hospitals, community nursing and integrated rehabilitation, specialist nursing, neuro rehabilitation and a range of therapy services – physiotherapy, speech and language therapy, occupational therapy, dietetics and podiatry. CSH Surrey provides therapy services to Epsom General Hospital and the Elective Orthopaedic Centre at Epsom.

2. CSH Surrey's co-ownership model means that all its 780 employees own the company together (rather like the John Lewis Partnership). This approach is proven to enhance engagement and motivation and more recent evidence confirms a correlation to improved quality of care.[1] On the employee survey question 'I would recommend CSH Surrey as the provider of choice for a family member or close family friend CSH scores 91% compared to the NHS average of 65%. As a social enterprise CSH is 'not for dividend' and any surplus is reinvested in CSH for the benefit of those who use services.

[1] Improving NHS Care by Engaging Staff and Devolving Decision Making, Chris Ham, 2014

3. The direction of travel for integration is being supported by greater joint working by commissioners. This includes:

    - Health and Social Care commissioners working on the Better Care Fund
    - Surrey wide approaches to some commissioning e.g.: Stroke review
    - Changes to commissioner responsibilities e.g.: school nursing now commissioned by SCC and Health visiting by the NHS England Local Area Team (LAT) en route to Surrey County Council (SCC).

Examples of CSH Surrey's track record of integration

4. CSH has a successful history of working on service integration particularly with SCC adult services The most notable of these is the longstanding Integrated Rehabilitation Service (IRS) which combines social services re-ablement and support with health therapy and nursing services to support patients either returning home from hospital or to avoid a hospital admission. This model was further extended and incorporated into CSH Surrey's Virtual Ward Plus approach – linking and co-ordinating the IRS service with the community nursing teams, community matrons and mental health practitioners. The model was recognised by being named a finalist in this year's National Care Integration and Patient Safety awards.

5. In 2012 CSH Surrey established a Referrals Management Centre to act as a single point of access and co-ordination for all referrals to CSH Surrey thus enabling integration of care. This streamlines the process and provides clinical advice thus assisting referrers to navigate a wide range of services more successfully.

6. In 2012 CSH Surrey was delighted that GPs in the mid Surrey area became the first in the country to benefit from receiving clinical correspondence from our community clinicians directly into their electronic patient record systems saving clinical and administration time. It's immediate, confidential and paperless and supports more efficient joint working.

7. CSH Surrey worked with local hospices to set up an integrated Community Hospice and Home Nursing Service to provide more effective and consistent support to patients choosing to die in their own homes.The service enables 80-90% of patients at the end of life to die at home compared to the national average of 20%. This service is a current finalist in the Nursing Times awards.

Examples of current integration projects

8. CSH Surrey has a number of current projects on integration and the approach being taken is to ensure we meet the definition of integration as developed nationally by National Voices [2] (130 health and social care charities) which defines integration as 'person centred co-ordinated care where I can plan my care with people who work together to understand me and my carer(s) needs, allow me control and bring together services to achieve the outcomes important to me.'

9. CSH Surrey's current projects include:

- Children and families team around the child – CSH Surrey is a leading light with our team around the family approach integrating its health visiting, community nursing and therapy teams. This is delivering a more effective (clinically and financially) and timely service for children and families.
- Community hospital improvements – a pilot has been funded to test a new model of provision working with Epsom Hospital and SCC. Led by CSH Surrey the ward is demonstrating a 50% reduction in length of stay.
- Kingston Hospital is working with CSH Surrey to implement a new Diabetes Tier 3 pathway that has been commissioned to provide a more co-ordinated service around the needs of the patient.
- CSH Surrey is implementing Community Integrated teams for adult patients. The service brings together a number of CSH Surrey historical community teams into one more streamlined service with access via the referral management centre and clinical navigators – the opportunity for referrers to talk to an experienced clinician to ensure the patient's needs will be successfully met. The service will also be integrating with the new community medical management model being commissioned by Surrey Downs CCG.
- CSH Surrey is rolling out a range of new technology starting with a refresh of equipment to further enhance mobile working.

Future challenges and opportunities

10. The commissioning landscape is changing as more joint commissioning is developed and increasingly commissioners are adopting pathway/population approaches rather than service specific ones. For example rather than commission services by provider, there is an increase in commissioners pooling the funds they spend on a whole pathway from a variety of providers and asking a lead bidder to run the pathway.

[2] National Voices: a Narrative for Person Centred Co-ordinated Care.

11. Funding for changes in service are often piecemeal and linked to serial short term pilots. This does not create the sea change required to transform care. In some case current payment systems, including tariff and block contracts, can make the funding of new ways of working difficult.

12. The use of technology is further behind in healthcare than in many other services. Opportunities are significant and include the greater use of mobile technology, on line and e consultations/communication and scheduling tools. Technology alone is not enough – technology needs to support and enable a pathway that is the most clinically effective and well co-ordinated. The use of technology is a cultural challenge for some in the healthcare workforce and plans need to include supporting culture change and skills development.

13. Successful integration requires timely and accurate sharing of data. Evidence suggests that technically it is possible to share data and enable systems to talk to each other. The bigger challenge appears to be the willingness and confidence of organisations to resolve concerns around information governance and patient/client consent and this needs to be addressed. It is also evident that there is much to be gained from exploring the opportunities of 'big data' across the health and social care system and this needs to proactively and systematically progressed.

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