

Shropshire Care Closer to Home



Shropshire Care Closer to Home Stakeholder Workshop – Aims of the Day

1. What is Shropshire Care Closer to Home?
2. Why are we doing it?
3. What have we done so far?
4. What's going to happen next?
5. Who's doing it?
6. How will it be done?
7. What do you think and feel about it so far?

Shropshire Care Closer to Home Stakeholder Workshop – Nature of the Day

1. Informative
2. Respectful
3. Honest
4. Equitable
5. Cheerful

Shropshire Care Closer to Home: the story so far...



Despite advancements in care and communication technology, Shropshire is still heavily dependent upon general hospital services



There is a wealth of evidence suggesting that care delivery in the home setting realises improved care outcomes compared to inpatient care.

Evidence:

Getting out of hospital?

The evidence for shifting acute inpatient and day case services from hospitals into the community

June 2011



Identify Innovate Demonstrate Encourage

The Health Foundation
Inspiring Improvement

TheKingsFund Ideas that change health care

Reimagining community services

Making the most of our assets

Anna Charles
Chris Ham
Becky Baird
Hugh Aldenwick
Laura Bennett

January 2018



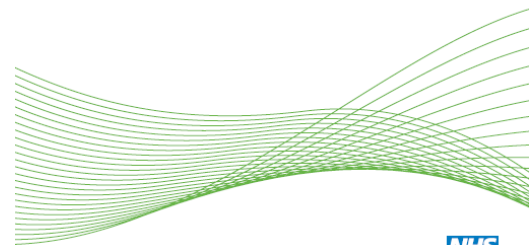
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Community hospitals and their services in the NHS: identifying transferable learning from international developments – scoping review, systematic review, country reports and case studies

Emma Pitchforth, Ellen Nolte, Jennie Corbett, Céline Miani, Eleanor Winpenny, Edwin van Teijlingen, Natasha Elmore, Sarah King, Sarah Ball, Joanna Miller and Tom Ling



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NHS
National Institute for Health Research

In light of this dependence, the evidence base, and the relative paucity of community provision compared with other parts of the country, Shropshire CCG has made a commitment to improve the provision of community based services...



... this commitment is being delivered through a programme of transformation, which following suggestions made during our last stakeholder event is now called:

Shropshire Care Closer to Home



Our Vision

“Using all available resources to commission integrated health and care services that are clinically effective and cost-efficient and as close as possible to where people with the greatest need live””.



The programme is presently divided into 3 phases, we anticipate further phases will emerge in the future.

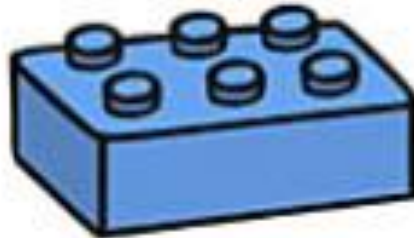


Each phase has a vital role in terms of enabling the later phases to work

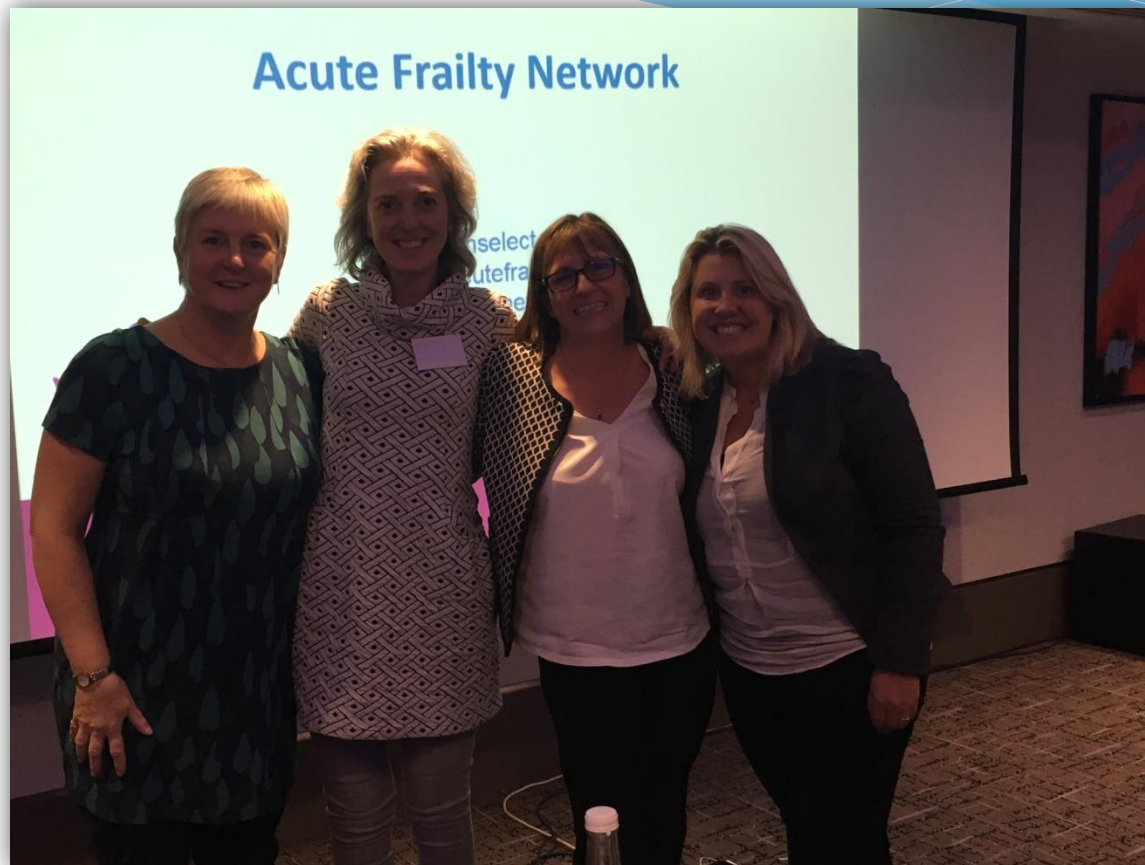


Phase 1 is already operational, this is the Frailty Intervention Team based within our general hospital

1

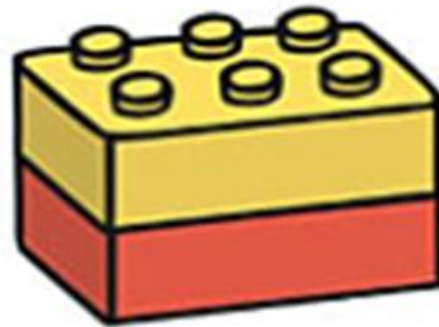


The Frailty Intervention Team works with frail patients to ensure they experience as efficient an in-patient service as is possible. It is driven by local frailty champions:



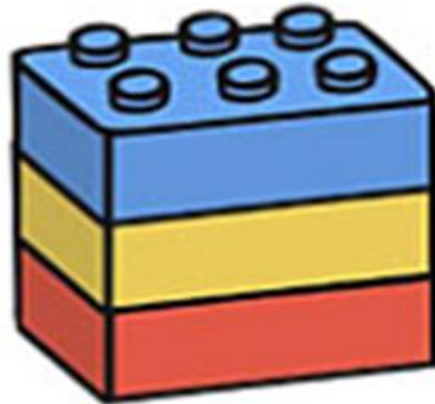
Phase 2 is about Case Management, this , along with our Engagement Strategy will be the focus of todays workshop.

2



Phase 3 is about the provision of enhanced community services to reduce dependence on General Hospital resources.

3



As part of involving stakeholders in the programme, we have undertaken the following activity...

2 x patient representative stakeholder workshops
7 x GP design workshops (2 in each locality and one county-wide)

3 x Programme board meetings have been convened, patient representation has been present at all of these.

8 x programme working group meetings.

1 x day interacting with users of services as part of the “what matters to you?” campaign.

3 x presentations at the GP protected learning time across the county.

Through working in this way, we have ensured as far as within our gift to do so, the involvement of others within the design of Phase 2.