Kent Surrey Sussex Academic Health Science Network

Innovation summit and showcase
Living well for longer

Locality Hubs

Lisa Compton

NHS
North West Surrey Clinical Commissioning Group

Description of project

NWS are establishing Locality Hubs – physical buildings offering a fully integrated GP-led, multi-disciplinary 'one-stop-shop' services in the community. Hubs will deliver proactive and reactive care, available 24 hours a day, 365 days a year. Our aim is both to get upstream of the health problems that lead to hospital admissions and loss of independence, and also to get ahead of those issues that reduce people's ability to function optimally.

To do this, together as a system (community, primary care, acute, mental health, ambulance, social care, LAs and voluntary sector) we unpacked what each organisation does today, along with the evidence of international best practice, to articulate what helps most for whom and how we can provide it to every older person in NWS who needs it. Our simple yet powerful model will deliver preventive, proactive and reactive (urgent) care for our clearly defined cohort of patients who are over 75, and at risk from functional decline and avoidable admission. As part of the design process we are commissioning a full transport service to enable people to attend the Hubs, and working closely with the voluntary sector to roll out new ways of working to keep frail people well at home.

Key questions

Describe how this project is a good example of maintaining the independence, health and wellbeing of older people?

Locality Hubs will deliver standardised, high value multidisciplinary care to patients focused on evidence-based tasks and activities that maximise health and help maintain independence and functioning, based on individual need.

These interventions are delivered in a co-located setting by a single integrated team including carers and volunteers, and we are providing transport to enable attendance at the hub for those people who need it. Patient contact frequency and intensity is optimised for meaningful engagement.

It provides both proactive (for stable) and reactive care (for exacerbations) with a focus on prevention, encouraging self-care, identifying risk factors and managing these early.

How was the project innovative in its approach?

The model of care has unique attributes:

- Primary care leadership of all out of hospital care which weaves together multidisciplinary care in a common and aligned pathway
- Key elements of socialisation and engagement activities at the group and community level including provision of hot meals, exercise classes and social activities
- Interventions are delivered in a co-located setting by a single integrated team including carers and volunteers, and includes transport to enable attendance at the hub.
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What were the key outcomes and benefits to patients?

- Improved health and reduction in pace of functional decline – people will be independent for longer
- Reduction in social isolation and feelings of loneliness
- Improved patient experience
- Improved patient and carer satisfaction
- Reductions in avoidable inpatient and care home admissions and shorter acute LOS
- Increased proportion of older people with frailty receiving planned and coordinated care with fewer unpredictable exacerbations of need
- Elimination of duplication with more efficient and effective use of resources across the health and social care system to meet the challenge of demographic challenges

How will changes made be sustained?

We have held a number of significant engagement events on the model of care, including events with the three GP localities, a specific event for front-line staff from community services and social care, and a whole system event covering senior representatives from all providers, the voluntary sector, patients and public from across North West Surrey. This has ensured all our partners are signed up to sustaining this initiative.

Significant resources and commitment have been invested by the CCG and members of the Collaborative, enabling substantial progress towards our model of care to date and to support implementation going forward.

Lisa Compton,
Operations Director,
Locality Hubs NWSCCG

www.nwsurreyccg.nhs.uk/what-we-do/Pages/Locality-development.aspx

Telephone: 07833 352684
Email: Lisa.compton@nwsurreyccg.nhs.uk