

# Case Study

## Integrated Prevention, Community Care and Support Services for Adults in Scarborough and Ryedale.

### Background

Scarborough and Ryedale Clinical Commissioning Group (SRCCG) identified the need to improve their population's access to community health and social care. The CCG worked with its partner organisations to develop a high level model and outcomes for an integrated prevention, community care and support service for adults. The aim is to deliver care at or as close to home as possible and to organise services around the communities where people live and the GP practices people use. The CCG is procuring a provider to deliver this new model of care – a partially integrated Multispecialty Community Provider (MCP). In August 2017 the question asked of the Senate was:

*“Can the Clinical Senate review the SRCCG outline service model and the outcome based service specification to provide input and suggestions as to where and how the model can be more clearly defined and the service specification should be more explicit, so that clinical risk can be minimised.”*

### The Problem

The health and social care needs of the population of Scarborough and Ryedale are changing. A combination of an ageing population, the changing expectations of the population around timely care, the growing advantages and expectations of technology and a predicted increase in demand will all place additional pressures on this health and social care economy.

### Our Advice

The Senate advised that there was a clearly presented rationale for the need for an alternative to current service provision. The Senate identified opportunities to further strengthen the service specification including:

- The need to be clearer on the current service and its issues
- The importance of developing the relationships with the interdependent services.

- To be clearer on the workforce issues
- To include further information on the needs of the diverse geography

Within the service model detail the Senate recommended more information on the frailty service and the elderly medicine service and advised that mental health and dementia services also needed a much greater priority within the specification.

### Our Impact

The discussion with members of the clinical senate team enabled the CCG to discuss in more detail background to the current services and the procurement process. It also enabled the CCG to talk more about how it developed the model, how the currently primary care led frailty service works, and the clinical and public engagement that has helped to shape the high level model. Specifically as a result of the Senate report the CCG:

- strengthened the reference to mental health issues and interdependencies with mental health services and made specific references to dementia care as part of the core services;
- undertook further engagement with Vale of York CCG in regard to the wider Ryedale patch;
- made sure that our invitation to submit final tender questions included seeking detailed understanding of how the MCP would operate across partners and wider stakeholders;
- Firmed up the approach to elderly medicine with the specification.

### Testimonial

*“The Clinical Senate provided valuable external input to the CCG's thinking and allowed us to revise our outline service specification and explain our requirements more clearly. We think that the Senate's input has contributed to providers being able to submit a service model which demonstrates clear benefits for patients and carers in Scarborough and Ryedale.”*



**“The clinical Senate provided invaluable external input to the CCG's thinking”**