# COUNCIL SEMINAR
## 17th October, 2016

Present:- Councillor Roche (in the Chair); Councillors Albiston, Atkin, Bird, Elliott, Khan, Mallinder, Napper, Russell, Sansome, Short, Simpson, Steele, John Turner and Williams.

Apologies for absence were received from Councillors M. Elliott, Jepson and Roddison.

## INTEGRATED LOCALITY WORKING: A NEW MODEL OF CARE

The Chairman welcomed Members to the seminar and introduced the presenting officers as follows:-

Louise Barnett, Chief Executive, Rotherham Foundation Trust
Chris Holt, Chief Operating Officer, Rotherham Foundation Trust
Dr. John Miles, Community Physician
Chris Edwards, Chief Operating Officer, Rotherham Clinical Commissioning Group

The following powerpoint presentation was given:-

Developing a New Model of Integrated Care

- The evidence base was well grounded and taking account of
  - HM Treasury – Total Place: a whole area approach to public services
  - Local Government Association – The journey to integration
  - The Kings Fund – Place-based approaches and the NHS
  - Care Quality Commission – Building Bridges breaking barriers
  - NHS Five Year Forward View
- There would always be issues unique to Rotherham but approach consistent with the national scale
- Most encapsulated within the NHS Five Year Forward View which was very clear about the models of care required

The Story so Far

- 2011 – Community Services transferred to the Trust
- 2013 – Divisional restructure
- 2014 – Community Transformation Programme launched
- 2015 – Development of the integrated locality vision
- 2016 – Launch of the national pilot

Desired Outcomes

- Shared vision for how services could run
- Pooled resources
- Integrated/co-located services
- Utilising shared technology

- Prove a model/concept for wider use
- Reducing dependence, promoting self-care and increasing resilience

Challenges Anticipated (and faced)

- Shared vision from all partners – how we engage the teams
- Organisational barriers – how we organise ourselves
- Information sharing – how we work together
- Language – how we communicate
- New ways of working – how we change what we do
- Development of single care plans – how we integrate
- Ability to navigate the system – how we make it better

Approach for the Pilot

- Joint commitment to fund
- Single team, single line management
- Joint identification of target patients/citizens
- New technology/shared portal
- Agreed outcome measures
- Integration with other services (Care Co-ordination Centre, Integrated Rapid Response, Community Home Team, Falls Team)
- Single point of referral

The Integrated Locality Team (from 1st July)

- Locality Manager in place (joint funded)
- Team of approximately 40 people including District Nurses, Community Matrons, Therapists, Social Worker, Community Link Worker, Social Prescribing, Mental Health Worker – all seconded into one single team
- The Team would
  - Work exclusively with the locality population
  - Serve practice populations and designated care homes
  - Be co-located
  - Develop integrated care planning

Integrated Locality Team Service Model

- Community Nursing
  Community Matron
  District Nurses
  Staff Nurses
- Community Physician
- Social Work
  Assessment and Care Management
  Older People's Mental Health
- Community Rehabilitation
  Domiciliary Physiotherapy
  Community Rehabilitation
  Fast Response

Community Occupational Therapy
Community Intermediate Care
- Older People's Mental Health
Community Psychiatrist Nurses
Psychologists
Occupational Therapy

Progress made to date
- Team now co-located
- Joint multi-disciplinary team meetings being held
- Referral process between professionals being reviewed
- Locality clinics being held
- Shared caseloads being developed
- IT equipment and access underway

Location of Locality Team – Health Village
- Team to be co-located and cover the registered GP population covering both Health and Social Care needs

Outcomes for Health
- Reduced attendances and admissions to hospital
- Reduction in length of stay within hospital
- More patients returned to their usual place of residence
- Development of new roles, skills and capabilities
- Enhanced self-care – Making Every Contact Count
- Improved patient experience

Outcomes for Social Care
- Reduction in individual being moved around the system
- Maximum choice and control for individuals to remain as independent as possible
- Timely assessments and reviews
- Promotion of wellbeing
- Reduction in costs of care and particularly residential care placements

Outcome Measures
- Number of attendances, admissions and length of stay in the acute setting
- Number of placements into long term residential care
- Number of patients at home 91 days post-discharge
- Number and cost of home care packages
- Staff satisfaction
- Patient experience

Points of Concern
- No time to make the change
- Loss of professional identity
- Divisions between integrated team and others

- Activity and referrals increasing
- Information governance exposure

Next Steps
- Patient and citizen feedback
- Workforce model
- Patient segmentation
- Integration with Sustainability and Transformation Plan, Place Plan, ACC, WTP
- Technology
- Communicate

A question and answer session ensued with the following issues raised/highlighted:-

- A session was to be held on 11th November to allow the opportunity to look at the new Emergency Care Centre

- The change of provision of care would take some time. One of the measures of its success would be staff satisfaction and patient experience

- A proposal was to be submitted to the forthcoming Health and Wellbeing Board that it be responsible for the governance of the Locality Plan

- Liquidlogic would enable all partners across Rotherham to access the same NHS identifier number

- Need for a thorough integrated service to ensure the recipients received the time and care required. Patients were discussed at the Multi-Disciplinary Team meetings so all were aware of their particular needs

- Carers were the most undervalued part of the community. A Carers Strategy was progressing through the necessary processes

- The technology being used sat above the existing IT platform. If that failed there would still be the existing platform available. There was a business continuity case in place

- A patient's exit plan from hospital was at the heart of integrated locality working. District Nurses were now alerted when one of their patients was admitted to hospital to save wasted journeys to the home. It also enabled the Community Teams to start planning for the patient's discharge. The locality pilot was actively talking about patients that were in hospital

- Senior Community Nurses went into hospital to discuss how the patient could be facilitated at home

- The pilot was scheduled to run for 9 months (July to early 2017). There was to be a further launch in January, 2017. At that point it would be possible to carry out some initial analysis on the benefits but it would take 6 months before there was firm evidence. There would be an interim update in January and then a full evaluation in April, 2017

- It had not been agreed as yet who would take the lead on the single line management. Presently the respective workers were reporting to Health

- Recognition that there was a need for more consultation and engagement with the people that the model was to serve. At the moment it was based on best practice and what had been developed elsewhere

- There had been an evaluation of Social Prescribing but an evaluation of the whole locality package was still work in progress

- The need to involve the South Yorkshire Fire and Rescue Service and South Yorkshire Police both of whom could contribute to the locality model

- Information governance issues were ongoing and clinicians were at the heart of the discussions. The sharing of information had to be done properly and appropriately when it was determined to be in a patient's best interests to make the information available to named professionals. Work was taking place regarding clarity as to in what instances the information was shared timely and appropriately

The Chair thanked the Officers and Members for their attendance.