North Somerset Council

REPORT TO THE ADULT SERVICES AND HOUSING POLICY AND SCRUTINY PANEL

DATE OF MEETING: 22 JANUARY 2016

SUBJECT OF REPORT: INTEGRATED CARE TEAMS

TOWN OR PARISH: ALL

OFFICER/MEMBER PRESENTING: DAVID JONES, INTERIM ASSISTANT DIRECTOR, PEOPLE AND COMMUNITIES

KEY DECISION: NO

RECOMMENDATIONS

Scrutiny Panel is asked to note the contents of the report and provide comment on the work to integrate health and social care services.

1. SUMMARY OF REPORT

1.1 This report provides Scrutiny Panel with an update on progress with a key shared initiative to deliver integrated locality working within North Somerset. Members are asked to note this report and provide comment. There is a strong commitment to deliver the national drive towards integration; it is recognised that there remains a lot of work ahead, but significant steps have been made towards this joint goal.

2. BACKGROUND

2.1 Within the North Somerset Clinical Commissioning Group and North Somerset Council Better Care Fund submission of September 2014 we set out:-

Our ambition for integration of health and social care services - advanced arrangements for joint working is to ensure that there is high quality coordination of care. In order to achieve the vision for the integration of health and social care within North Somerset, it is essential that a model for integration continues to build on the existing good work that will achieve greater joint working across health and social care, delivering personalised care and support in locality settings across the area.

Consequently integrated health and social care teams are a key element in the Better Care Fund Delivery Plan to meet this ambition.

2.2 The council's Corporate Plan has as one of its key aims to 'enhance health and well-being' and one of the priorities for delivery is to 'promote greater integration of health and social care'. The developments this report demonstrate how the council and partners are progressing this work.

2.3 Some integrated services such as the Single Point of Access, Community Learning Disability Team and Integrated Mental Health service, are already in place. The focus of this report is on the development of the four Locality Integrated Care Teams.

2.4 These teams aim to:

- Promote independence
- Improve the ease and speed of access to health and social care services
- Focus on the needs of the most vulnerable in our communities
- Deliver as much care locally as is safe and good value
- Shift the pattern of care towards domiciliary and community settings
- Commit the maximum spend on services and the minimum spend on overhead
- Support the North Somerset Health and Social Care System to be in financial balance, with increased emphasis on efficiency and productivity.

3. RECENT DEVELOPEMENTS

3.1 More progress has been made in the development of Locality Integrated Care Teams in North Somerset since the last report to Panel on 16 January 2015. Weston (since June 2013) and Worle (since July 2014) teams are well established and The Rurals and Gordano Valley will soon go live. This report summarises recent actions, the challenges ahead and the approach which is being taken.

3.2 Management / Staffing

As part of the agreement that the two Integrated Care Team managers will be NSC staff and two will be NSCP staff, the remaining posts were filled in July. Those appointed were due to take up their posts in October. However, concerns were raised about the NSC management structure. Following a review, it was decided to introduce Social Care Coordinator posts (apart from in the Worle team, as it is much smaller and managed by an NSC manager) to reflect the NSCP side of the structure. This was achieved at minimal additional cost, but the NSC manager appointed to Gordano Valley decided to withdraw and was appointed to the Social Care Coordinator post in her currently locality (the Rurals).

The Rurals Integrated Care Team Manager has now taken up post but the Gordano Valley post is out to external recruitment and is being covered by the SPA Manager with her substantive post covered by a locum.

Most other team posts have now been filled.

Since the last report to Panel three of the four middle and senior managers from NSC and NSCP are no longer in post. The newcomers have been reviewing and developing some of the arrangements.

3.3 Team Building and Training

Also over recent months the delays in filling all the management posts has been used as an opportunity to undertake more team building and training. Staff are much more familiar with the responsibilities of other professionals and of their partner organisation. Forty nine staff have attended integration workshops and identified issues which should assist in meeting the aims listed above.

Evaluation workshops have been held for the South teams to provide them an opportunity to give feedback on how they feel integration is going and how it can be improved, whilst identifying lessons of improvement for the North.

Bring and Share lunches/tea have been held for the social care teams to visit their respective community teams at their place of work. This allowed staff to informally meet each other and provided social care staff an opportunity to tour the buildings from which they will be expected to work from once Wi-Fi is installed. Once the remaining teams are established, further team building will be arranged.

Work has also been undertaken on joint procedure and clarifying management roles and responsibilities. A series of induction workshops for Integrated Care Team Managers are continuing.

3.4 Accommodation

Obtaining appropriate cost effective office space for these teams is challenging. Co-location would be preferable but the size of teams, financial pressures and the lack of suitable buildings means this has only been achieved for the Worle team. The main base for the Weston team is the Town Hall with a satellite at Worle Health Centre.

The Gordano Valley and The Rural teams are based at Castlewood but will utilise local GP practices and Health Centres and their Wi-Fi to develop links with Health colleagues and minimise travel time.

3.5 Information Technology

The two partner organisations (NSC and NSCP) have separate IT systems. This makes information sharing and reduction of duplication complicated. Whilst the North Somerset system, including both organisations, is signed up to the BNSSG Connecting Care project, this does not negate the need to double enter information onto different systems.

Scoping work is underway to try and identify an integrated IT solution for health and social care teams. The current “work-around” hinders integration especially for managers and administrators. A solution is currently being explored and costed.

It has been agreed that NSC can use the NSCP Wi-Fi that is being installed in the community teams as part of the EMIS roll-out. SWCSU have been running the project. The hardware at all sites has been installed and a subcontractor will shortly be finalising the systems.

Investigations are underway to achieve a solution to share information more effectively between health and social care to avoid duplication of documents and comply with the information governance requirements of both organisations.

3.6 Multi-Disciplinary Meetings (MDMs)

Weekly MDMs are held in partnership with GPs and AWP to identify high risk residents/patients and to co-ordinate work across professionals and partners. The number of MDMs are monitored and have been very useful in breaking down barriers and increasing understanding to improve joint working. A staff consultation was conducted to inform the usefulness of MDMs and identify further required work

including focus, attendance and frequency. Developments will include using risk stratification tools to identify people at risk and engage more with GPs.

Initial research has been undertaken looking at joint care plans and trusted assessments. This includes identifying what information is duplicated across the organisations and how best to capture and share this.

The different stands of work will be progressed and brought together over the coming months.

3.7 Making a difference

The challenge is to ensure and evidence that locality integrated care teams are not just about organisation change but are improving the health and well-being of local people.

More work will be undertaken on clarifying the purpose of the teams and moving away from measuring numbers and processes to focusing on outcomes. This will include asking patients / service users and their carers what differences were made to their lives as well as seeking feedback on whether they experienced fewer requests for the same information from different professions and felt that their health and care and support needs were being met in a more co-ordinated and responsive way.

It should be appreciated that many people will continue to either just need a service from a health or social care worker with perhaps brief input (including information and advice) from another professional and a relatively small number will need to be 'jointly held cases'. Greater clarity on the criteria for this more integrated approach e.g. people experiencing a higher number of unplanned admissions to acute or residential care and means of identifying and evaluating more targeted interventions will be developed.

Experience from other areas suggests there are three stages to achieving a more integrated approach:

- Parallel working – team members largely work separately but are gaining knowledge of the roles and responsibilities of other professions / partners and developing working relationships.

- Collaborative working – staff work more effectively across professional / partner boundaries with a better understanding of how drawing on others skills and experience will benefit patients' / service users.

- Integrated working – all staff have a well-developed understanding of how peoples' health and care and support needs can be met but through tools should as risk stratification, have some 'jointly held cases' and can evidence this more targeted approach has made a real difference.

It is suggested the Worle team has probably reached stage two (co-location and size are distinct advantages); others teams will still be at stage one but there are some examples of 'stage three integrated working'.

Other work will contribute to accelerating progress such a reviewing the roles of occupational therapists / other therapies to achieve greater integration and developing the Single Point of Access (SPA) so there is a reduction in the volume of incoming long term work as current levels are not sustainable.

3.8 Plans for the next 6 months

Priorities will include:

- Recruiting to the final Integrated Care Team Manager post so all four locality teams are fully operational
- Continue with team building reinforced by greater clarity of purpose
- Identify IT solutions to support sharing information
- Develop the Multi-Disciplinary Meetings supported by risk stratification and joint care plans
- Introduce a range of outcome metrics to measure the impact of integrated working

4. CONSULTATION

4.1 There has been ongoing engagement with all relevant organisations in relation to integrated working.

5. FINANCIAL IMPLICATIONS

5.1 This work is being delivered within current staffing budgets for NSC and NSCP, although this is challenging. Joint health and social care funding is meeting some of the implementation costs.

6. RISK MANAGEMENT

6.1 There are a range of risks and issues for this work which are monitored by NSC and NSCP through the Operational Leadership Group.

7. EQUALITY IMPLICATIONS

7.1 There are no negative equality implications of this development. It should improve access to services for all sections of the community, particularly those with long term conditions or issues associated with ageing.

AUTHOR

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BACKGROUND PAPERS

Report to the Adult Services and Housing Policy and Scrutiny Panel – 16 January 2015

Better Care Fund Submission Presentation – delivered to ASSH Scrutiny Panel January 2015