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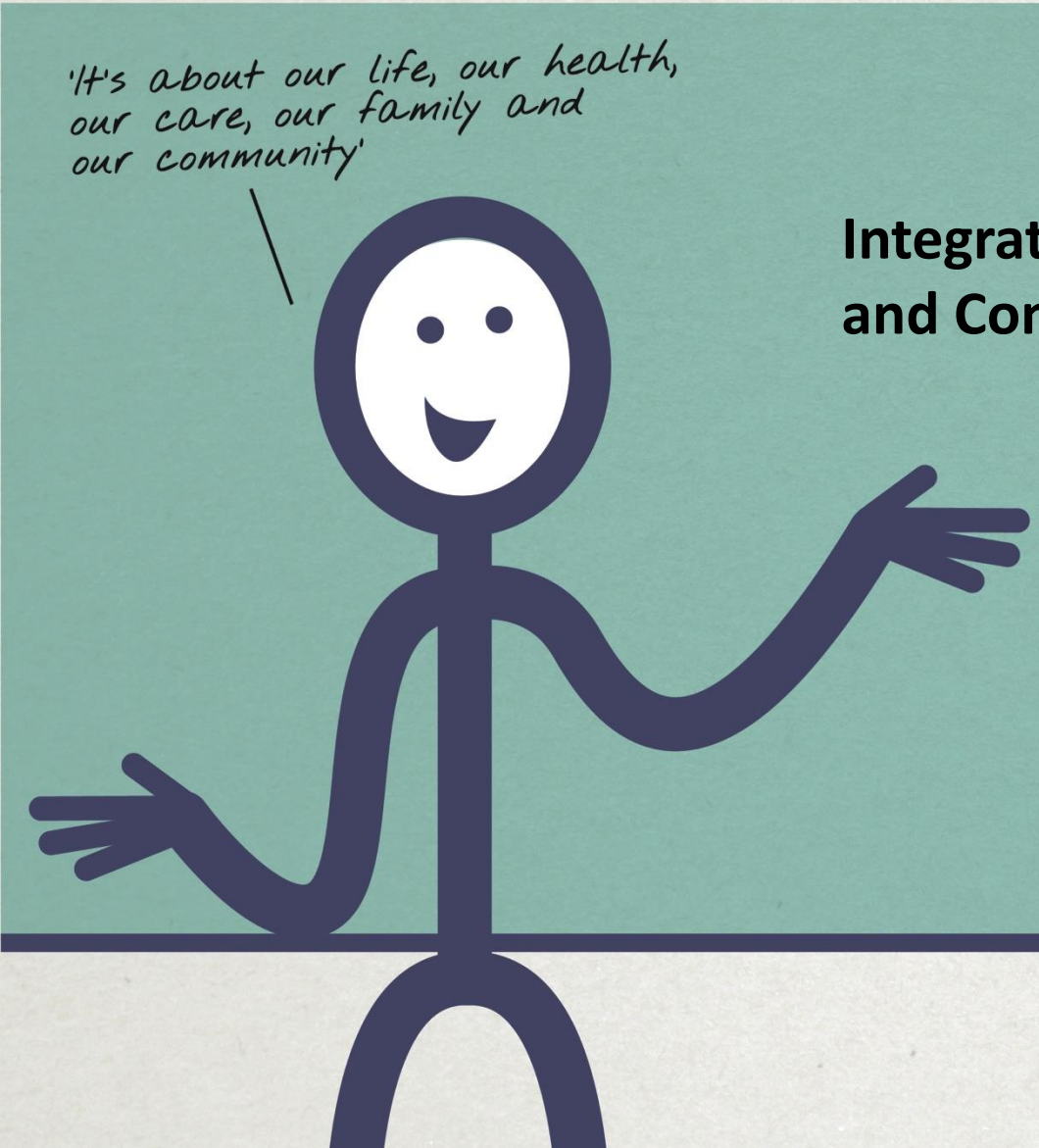


# Integrated Community Workstream and Community Services Redesign

County Health and Wellbeing Board July 2019

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# Contents:

- Integrated Community Programme
- Why redesign Community Health Services ?
- Project scope and approach
- Engagement
- What will future community services look like?
- What will this mean for patients and staff?
- Timeframe for implementation in 2019/2020
- Next steps towards integrated Community Health Services within an Integrated Care System



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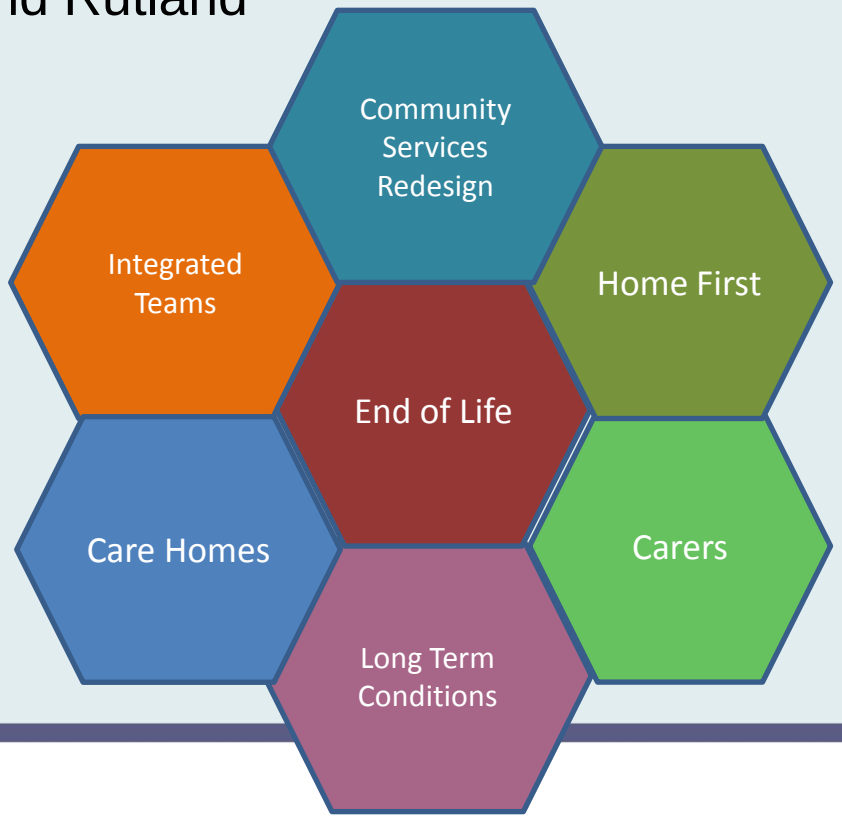
# Integrated Community Programme

Improving integrated health and care services across Leicester, Leicestershire and Rutland



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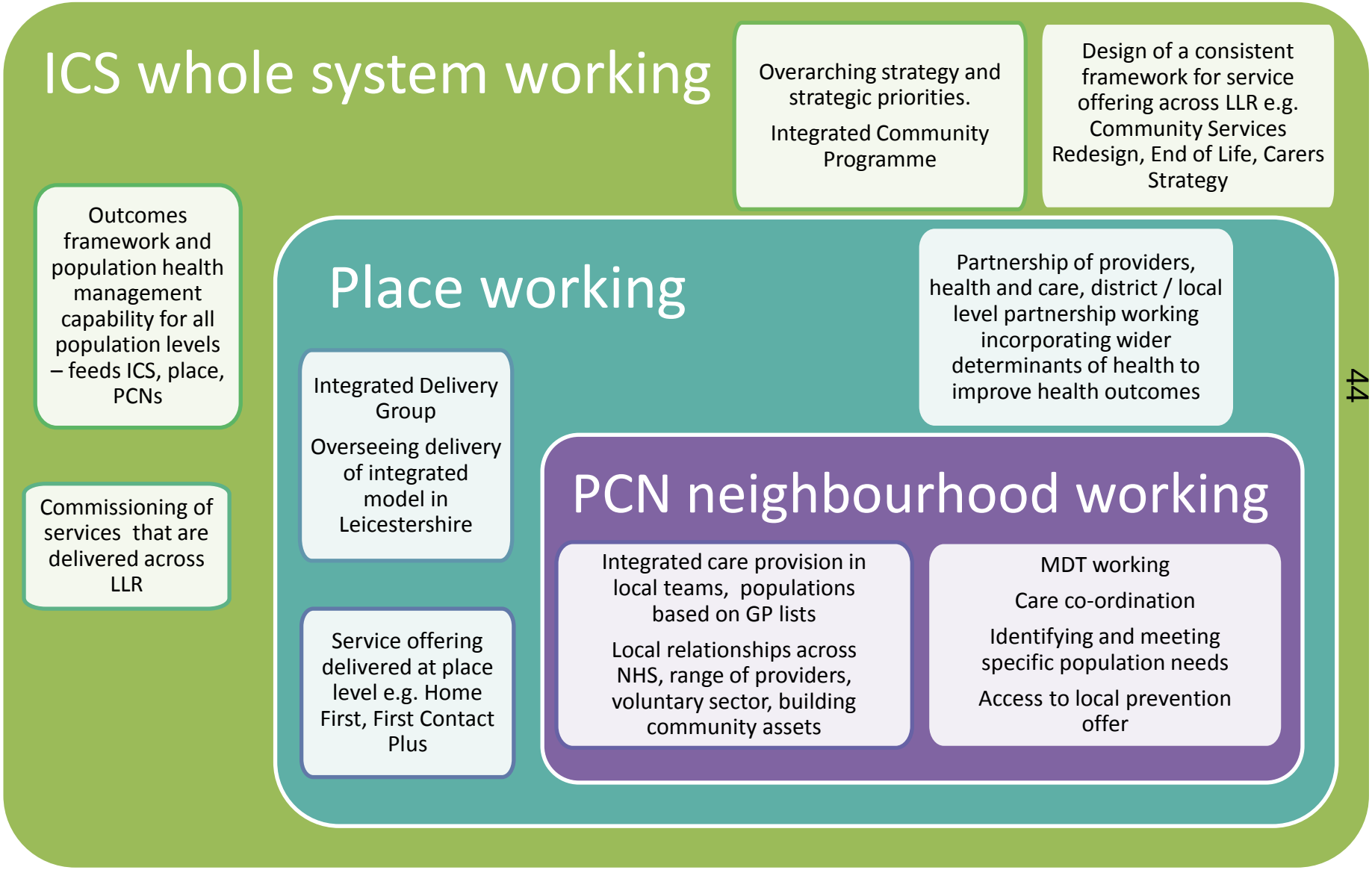
# The Integrated Community programme reflects working at system, place and neighbourhood population levels:



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# Why are we reviewing community health services?

- Opportunities to increase number of people who can be cared for to remain in the place they call home
- Increase integration between community services, primary care and social care so that people get more joined up care
- Current community nursing service not able to deliver sufficient support to patients at home, only has capacity for routine care
- Community services structured around integrated teams with GP practices and social care, better continuity of care and a more preventative approach
- Joined up health and care response in a crisis
- Single assessments, co-ordinated care packages



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# What we've done so far:

- ✓ Looked at best practice across the country
- ✓ Audited current pathways
- ✓ Held co-design workshops with key stakeholders
- ✓ A Clinical Reference Group looked at different options
- ✓ Engaged on a high level model
- ✓ Developed a detailed service specification
- ✓ Design of operational service model and costings
- ✓ CCG approval to implement first year of changes



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# Engagement work

- Extensive work to understand current experiences of community health services (focussed interviews, online survey, analysis of existing feedback)
- Report to Joint Health Overview and Scrutiny Committee (Jan) and briefings to lead members
- Six public events in Feb and March
- Summarised progress to date, including:
  - analysis of existing patient, carer and staff experiences
  - explained vision for new model, focussing on home based care
  - set out proposed 2019/2020 changes and sought feedback



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# Summary of feedback from engagement

- People want to stay in their own homes, but confidence in support from services in the community to manage this well is sometimes lacking
- Recognition that social care and primary care are fundamental to delivering improved community based care
- Carers often articulate negative experiences of the support they and their loved one get
- Some concerns over rurality and a desire to see more services delivered in local settings for local populations
- A view that community hospital beds are a ‘safe’ option for sicker people
- Scepticism that we can tackle long standing issues and make a positive change
- LPT staff value increased continuity of care, some concern over loss of specialist team structure



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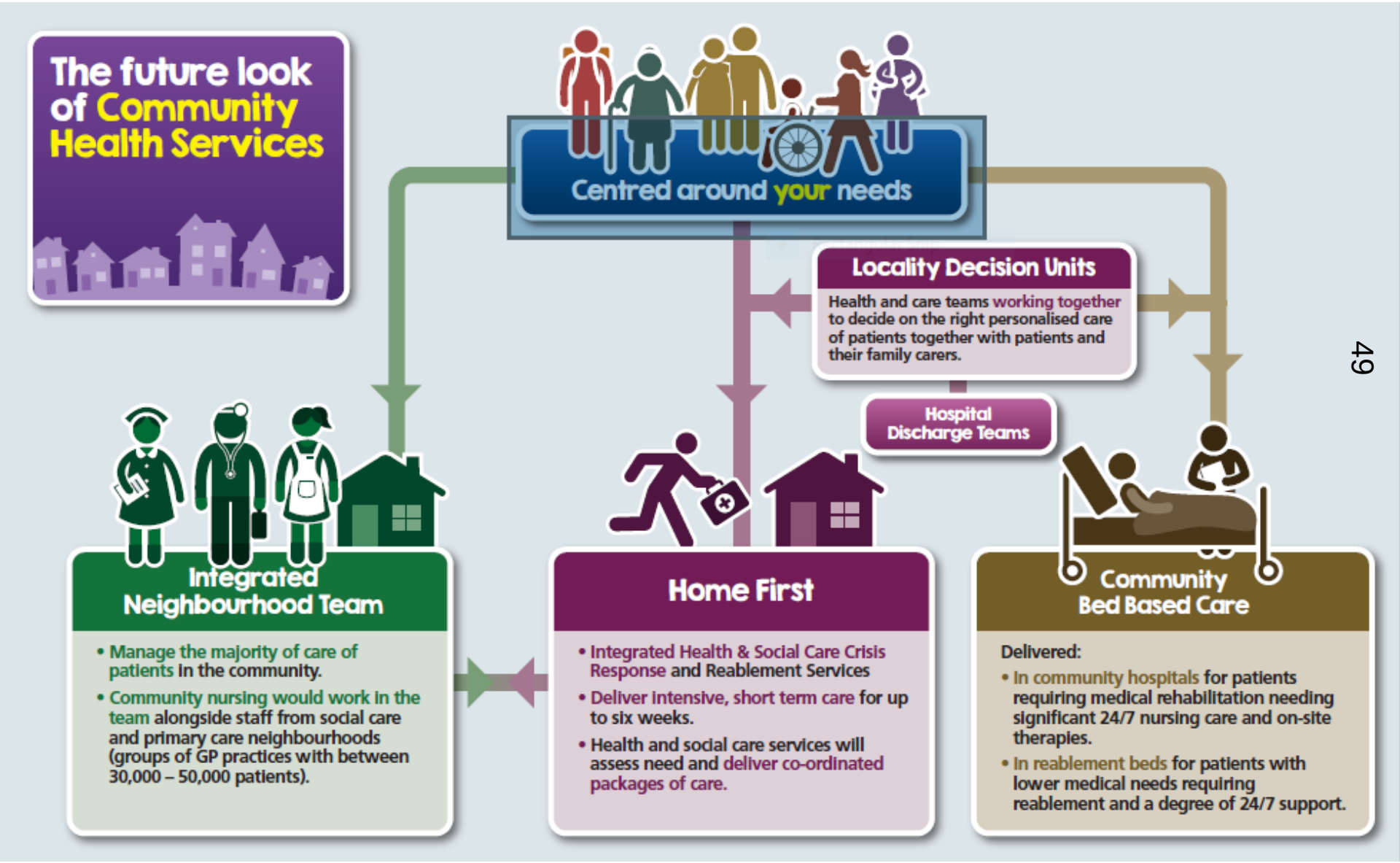
# Community Services Redesign model



# What does this mean?

## Patients and carers

- More continuity of care
- Faster access to therapy for those with urgent needs/reablement potential
- Faster, smoother, better planned discharge home
- Joined up health and social care offer in crisis
- 2 hour crisis response

## Staff

- Fewer handoffs between teams
- Single assessments, joint decision making in Home First
- Clear alignment with Primary care and social care teams in MDTs
- More medical support to Home First teams

# Changes to local services in this year

We will redesign the current service whilst still providing the same (or better) level of care to patients in their home by:

- Reorganising current nursing and therapy teams
- Creating community nursing and therapy teams working at neighbourhood level. This will improve continuity of care and create better team working with GP practices
- Some staff will work in integrated 'Home First' services alongside social care crisis response and reablement workers
- Creating local decision units in each social care area, as single points of access for discharge decision making and crisis response
- Introducing 7 day therapy assessment and rapid response
- Enhanced medical support for patients at home

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# What does this mean for County services?

- Home First service incorporating social care crisis response and reablement teams working alongside LPT staff
- Locality Decision Unit being piloted – co-located integrated team with single assessment and shared delivery of packages of care
- Community nursing teams will be aligned to new Primary Care Network structure – 18 teams in Leicestershire
- Consistent care co-ordination offer
- Primary Care Networks will provide more responsive medical support to Home First teams and their patients



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# End of Life

- Task force approach across the system
- Bringing together specialist palliative care services provided by Leicestershire Partnership Trust and LOROS
- Single point of access into specialist triage and assessment
- Better co-ordination of care, whether that be from district nurses, specialist palliative care or care packages
- Work includes a focus on advanced care planning (RESPECT), better discharge processes, and communication with patients/carers and across health and care teams

# Next steps

- Develop and test Locality Decision Unit model in County (July)
- Aim to complete LPT staff transfer to new teams by December
- Develop integrated team working with Primary Care networks
- Review Health and Social Care protocol
- Develop workforce plan for shared reablement workers
- Consider potential for more formal integration and joint commissioning
- Engage on options for community bed model