Supporting People Closer to Home

Summary of how Community Health and Social Care Services will support people closer to home, and progress with implementation of the new integrated locality services approach across the island.

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About me

- Started 1st January 2017
- Joint appointment across the Trust, CCG and Local Authority
- Job title – Assistant Director Integrated Services
- Worked in Health and Social Care since 17 years old
- What services are in this

Why are we doing this ?

- Janet – 137
- People tell us that's what they want
- We waste money
- Professional frustration

- Do we have an option - No
- Legislation
- Care Act, Autism Act, SEND Reforms, Children Act
- Sustainability and Transformation Plans
- Transforming Care
- Research

What can Integration look like

- Legally binding
- Virtual
- Co-located
- Joining and merging
- Harmonised pathways and assessments
- Could be all of the above

- Our vision for integration:
- ‘Stepping up to the place(report): The key to successful health and care integration’
- “ to call on local and national players to work together to ensure integration becomes integral to a transformed system.
- We are making change business as usual”

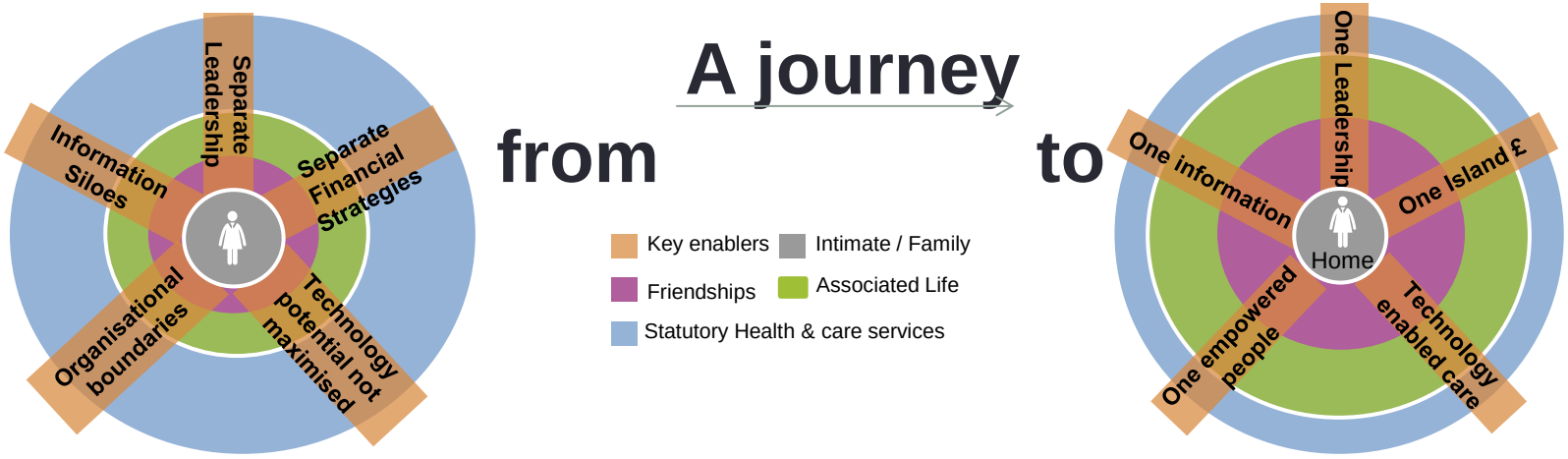
New Model of Care - My Life a Full Life

You told us you wanted new, sustainable health and care system for the Isle of Wight, in which:

- **health and care services work together more coordinated, effective and efficient**
- **delivering services in the local community to enable people to manage their health more easily and live their lives to the full.**

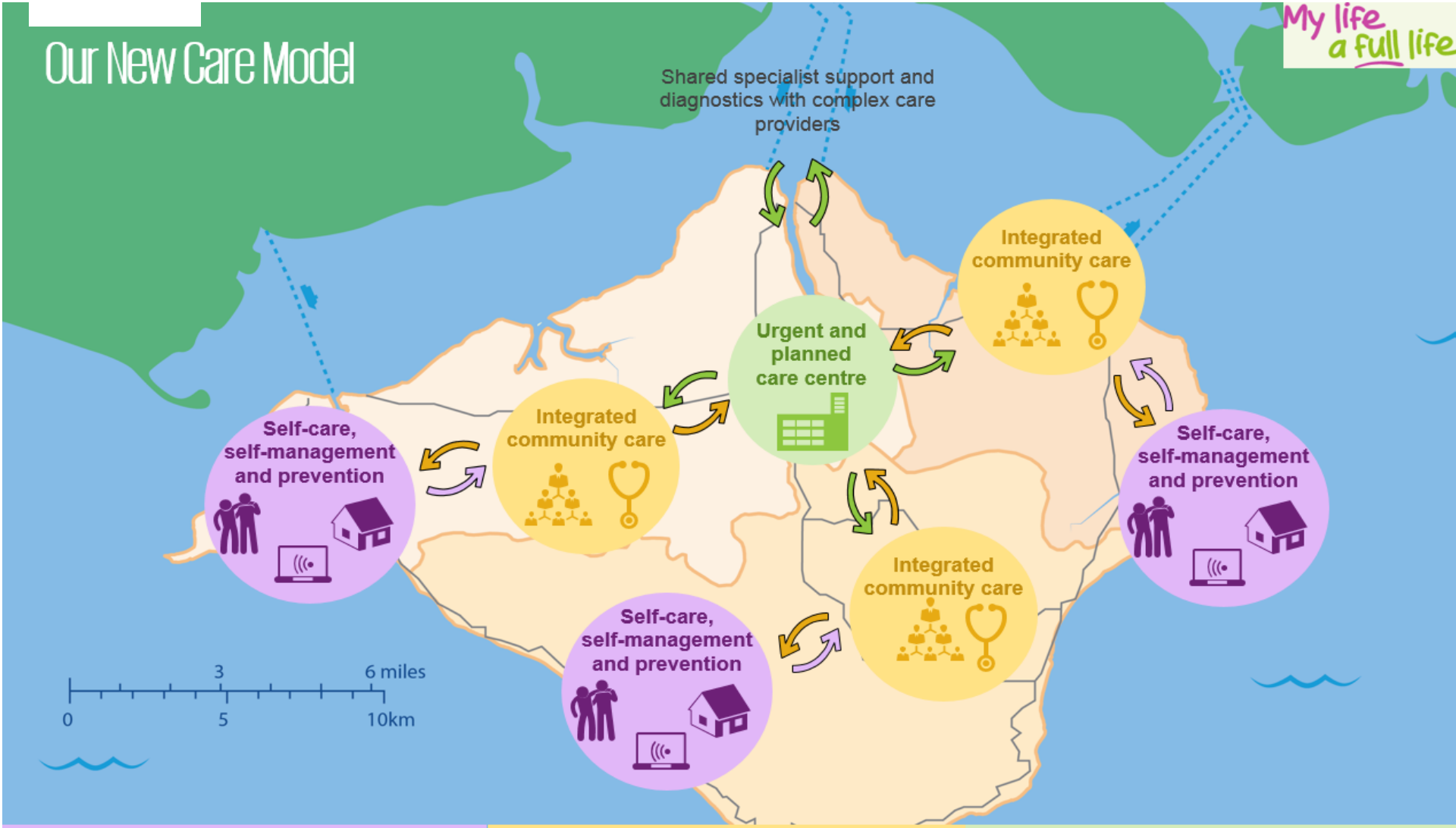
MLAFL is a model of care that has been developed by the Island for the Island. It is not an organisation or a project.

This needs system-wide transformation to help all organisations on the Island meet what people want.



Our New Care Model

My life a full life



Self-care, self-management and prevention

- Maximum use of community assets
- Technology and housing for independent living
- Coaching for health
- Schools training and support for young people
- Self-care and self-management

Integrated community care

- Multidisciplinary locality service
- 7 day general practice
- Digital access to community services
- Care co-ordination
- Single point of access to mental health support
- Improved recovery and reablement planning and services
- Locality-based urgent care

Urgent and planned care service

- Urgent care co-ordination centre with A&E access when it is needed
- Ambulatory urgent care
- Reduction in outpatient appointments
- Day case and planned care activity
- Rapid access to diagnostics
- Specialists outreach into communities

Integrated Localities have been designed to improve the outcomes for people on the Island.

Currently there are pockets of good joint working between health, social and voluntary services. Were we don't work together well people can be left without support and advice and control.

Integrated Localities need to achieve the five key outcomes below:

People will receive improved quality of appropriate and holistic care, as part of 'business as usual' for community services.

People remain independent in their day-to-day lives.

People will have greater involvement in planning their own care.

People will no longer have to repeat information with multiple services.

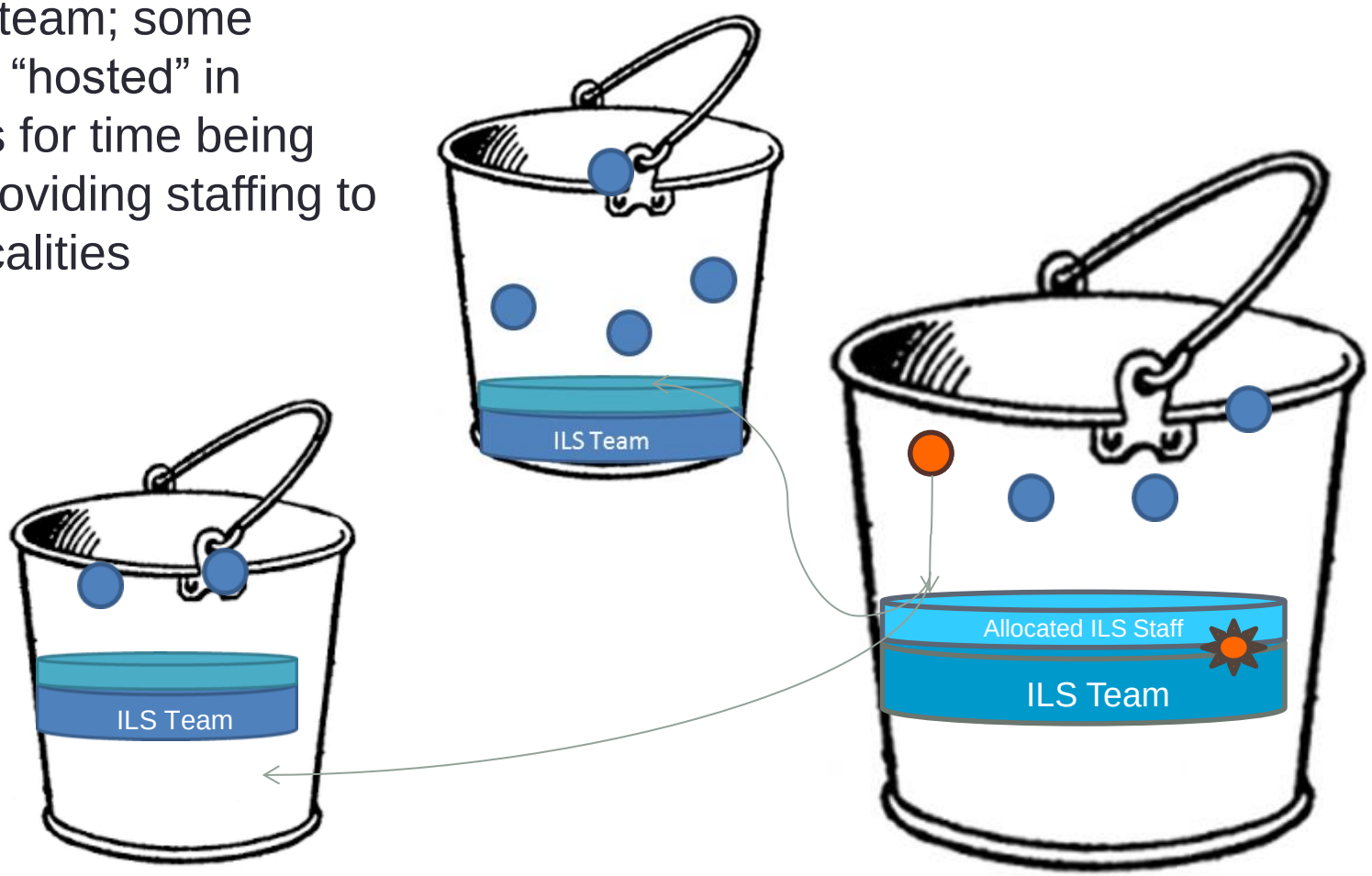
People will remain in their own home for longer.

Current Position

Services are not networked
Operate as professional groups
Centralised, we don’t link in with other community providers.
Operate within Council or NHS Community Service's management structures.

Work in progress

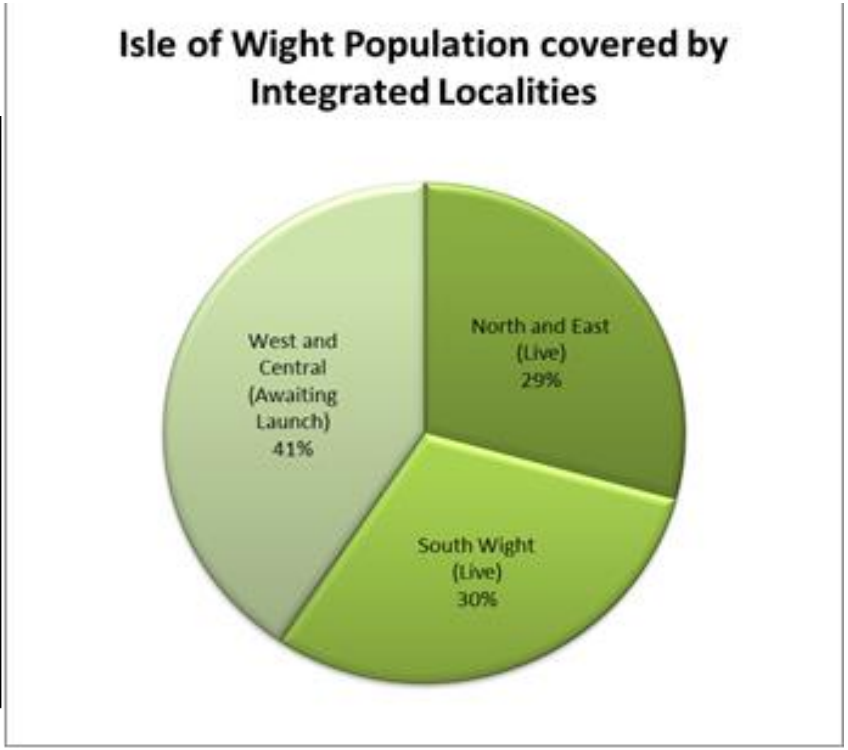
Core staff moved into the Locality team; some services “hosted” in localities for time being whilst providing staffing to other localities



Progress so far

- Integrated Locality working has gone live in 2 areas:

Key steps	North & East	South	West and Central
Core Locality Team (including Locality Manager) in place & co-located			
Interim base established			
Wider ILS team networking achieved			
Ad hoc elements of co-ordinated care delivery happening			
Weekly ILS case review meetings taking place			
Activity through ILS case review meetings meet agreed activity figures			



Progress so far - is there a difference

- Yes there is
- interagency networking is happening
- Locality Managers in place to lead change and support learning
- Practice that brings co-ordination of care through weekly Locality Case Review meetings
- Improved delivery of care for people

Who is involved now

- Community Health staff
- GP Confederation
- Adult social care
- 3rd Sector
- Local Area Coordinators
- Police
- Community safety
- Commissioners
- Providers
- Parish Council

Who will be involved

- Mental Ill Health
- Children's Services - Local Authority
  - CAMHS
- Housing
- Employment services

What still needs to be done

- Supervision – Management – Clinical Governance
- Integrated management structures.
- Different ways of user and carer involvement.
- Organisational cultures are different – issues of command and control.
- Financial Management - Data Sharing – Recording Systems.
- Human Resources disciplinary/grievance procedures.
- Scrutiny – Best Value – Governance different regimes.

What next

- Roll-out of Locality working to West and Central
  - Integrated Locality teams will be in Freshwater from 24th July 2016
  - Because of geographical difference involve people in where else as well

- Increase ability and impact of integrated working by:
  supporting people at home rather than in care:
  linking in with primary care co-ordination
  supporting hospital discharge

Case Histories

Brief synopsis of case:

- Jean was initially identified by the Community Matron following a number of admissions to hospital related to her erratic blood sugars. Jean was known to health services, and had previously withdrawn from care packages. The ILS discussion allowed for a holistic overview of her situation, education was provided to Jean and her family regarding diabetes management and her blood sugars have become more stable. Jean has remained in her own home and is now accepting of care and support from the Community.
- Without the ILS discussion and joint visits with health and social care to Jean, the root cause of Jean's fluctuating blood sugars would not have been understood and Jean is likely to have been admitted to hospital, following previous withdrawal from care packages.