Health Scrutiny
Adult Health and Social care Integration
16th December 2015
BCF models of care

- Review and provision of a Falls Service
- Re-providing Intermediate Care in Trafford
- End of Life
- Social Isolation
- Integration of community health and social care
- Transforming Community Nursing
- Admission Avoidance (Alternative to Transfer)
- Primary Care for Nursing Homes
- Educating Primary Care, Nursing Homes and Community Provision
- Patient Focussed
- Early Assessment
- Respect and Dignity
- Supporting Independence
- Whole System Approach
- Community Geriatrics

[Diagram]

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Primary care

4 Neighbourhood model

• Primary care working with the integrated teams
• Access 7 days a week (primary care and community services)
• Working differently – federation
• Service to support residential and nursing home residents
Primary care

New estate

• Modern buildings / technology
• All services located together
• Improved patient experience
• Supported by Trafford Care Co-ordination centre - out reach of TCCC
Alternative to transfer

Reactive to patients needs

• For all patients
• For residents of nursing and residential homes
Community nursing review

New Service model
• Health and social care
• Reduce duplication
• Prevention – flu etc.
• Assessment, signposting, treat
• Work with TCCC
• Phase 1 community nursing, specialist, enhanced community service
• Locality teams in place for support for adults
• Joint Heads of service and operational leads
• New models of care
  ✓ Intermediate care
  ✓ Reablement
  ✓ Home from hospital
  ✓ Proactive care plans to prevent admission
  ✓ Links to TCCC development
## Trafford division neighbourhood teams

### Neighbourhood Team North

**Head of Service:** Gaynor Burton  
**Operations Managers:**  
Tina Beaumont (social) and Alison Collins (health)

Core team*  
Ear Care team  
Discharge team (Manchester Royal Infirmary)

### Neighbourhood Team South

**Head of Service:** Debbie Walsh  
**Operations Managers:**  
Sue Read (social) and Carol Harratt (health)

Core team*  
Out of hours nursing service  
Community Enhanced Care (CEC) service  
Bladder and bowel service  
Discharge team (University Hospital South Manchester)

### Neighbourhood Team West

**Head of Service:** Fiona O’Shea  
**Operations Managers:**  
Chris Lomas (social) and Debra Maloney (health)

Core team*  
Community Neuro Rehab/Parkinson’s disease/Stroke teams  
Specialist Weight Management Service  
Dietetics team  
Speech and Language Therapy  
Pulmonary Rehabilitation  
Out Patients Rehabilitation  
Discharge team (Trafford General Hospital & Salford Royal)

### Neighbourhood Team Central

**Head of Service:** Allan Tronconi  
**Operations Managers:**  
Nick Edwards - interim (social) and Jennifer Sigley (health)

Core team*  
Leg ulcer clinics  
Musculoskeletal service  
Women's Health Physiotherapy Service  
Podiatry service  
Treatment room  
Tissue Viability team

### Core Access Service

**Head of Service:** Chris Warner  
**Operations Managers:**  
Chris O’Grady (social) and Hayley Jones (health)

Phlebotomy  
Safeguarding (health & social care)  
Infection control  
Health Single Point of Access (including clinical triage)  
One Stop Resource Centre Equipment team  
Screening Team  
Early discharge team  
Macmillan Centre  
Mobility Officers  
Sensory/equipment  
Reablement (responsible officer)  
Ascot house – Intermediate Care beds  
Direct payment service management  
Welfare benefits  
Supported living  
Day services

*CORE TEAM – in each neighbourhood, there will be staff from the following service teams: District Nursing, Specialist Palliative Care, Occupational Therapy/Physiotherapy, Senior Practitioner, Support Workers, Social Care Assessor, Reviewing Officers, Direct Payment Brokers, Social Workers, Reablement*
Adult IHSC model -

**Neighbourhood Teams:**
- GPs
- Matrons
- District Nurses
- Reablement
- Social workers
- Commissioning of care packages
- Review / reassessment functions
- OT/Physio
- Social care assessors
- Hospital teams

**Central Assessment Service:**
- Rapid response
- EDT
- Urgent Care
- Single Point of Access

72hr step up/down
Assessment/referral

North Team pop. 49,000
West Team pop. 48,000
South Team pop. 75,000

Urgent Care Service
Central Assessment Service
Assessment pathways

Home without support

No care required

Further short term care

Home care

Home with home from hospital check

Interim care

Residential or nursing home

Home with stabilise & make safe
Refocusing the offer in Trafford

- We will provide a more effective and appropriate reablement service by...

- Developing a stabilise and make safe service (first three weeks)
- Streamlining care pathways, systems and processes
- Implementing a new model for people with the greatest need utilising Trafford council reablement service
- Developing the home care market to enable people throughout their period of home care support be enabled further.
- Developed an intermediate care model at Ascot house
- Revising pathways of assessment and support for people leaving hospital
- Introducing a triage process in the hospital teams
- Educating the ward staff about social care and community health services
Stabilise & Make Safe

• We will look to incentivise the market in different ways with a shared risk/reward approach by...

  • Establishing a clear plan at the outset of each intervention and the outcomes expected
  • A new payment method for achieving the plan as the person starts to lead their independent life.
  • Ensuring that the provider market responds to the additional care package requirements is incentivised to promote independence in the initial period of contact as people gain confidence.
  • Support is intensive for 2 or 3 weeks.
  • Two providers procured covering half the Borough each
Reablement and ‘Stabilise & Make Safe’

Identify those who are likely to be in service for...

- **0-15 days**: Stabilise & Make Safe
- **16-50 days**: Quicker access to long term care
- **51 plus**: Reablement
Community Enhanced Care

- Launched November 2013, designed to prevent unnecessary admissions to acute care.
- Critical to our integrated care offer.
- Collaboration with commissioners for market insight.
- Underpinned by shared data, designed around a seamless pathway.
- It takes time and effort to achieve change—but we are beginning to see the results.
Community Enhanced Nursing

Trafford Community Enhanced Care (CEC) aims to prevent avoidable hospital attendance or admission by providing an alternative for patients who are experiencing medical, health or social care crises.

There are two parts to the service:

• **Neighbourhood teams** to provide on-going management for patients with a long term condition, conditions associated with ageing, or patients with complex needs requiring holistic assessment.

• There are four neighbourhood teams that work the hours: 8am – 5pm, Monday – Friday and are based at –

  South area - Broomfield Lane Clinic, Hale
  Central area - Conway Road Medical Centre
  North area - The Delamere Centre, Stretford
  West area - Partington Health Centre

  all provide on-going management for these patients

• **Urgent response team** for patients at risk of hospital admission without intervention based at Ascot House, Sale. This service runs 7 days per week, hours: 8am – midnight, on-call from midnight – 8am

  Patients with long term conditions, acute Infections, conditions associated with ageing or patients with complex needs requiring holistic assessment
Community Enhanced Nursing

About the CEC service -

• The CEC service includes Matrons who are both Advanced Practitioners and non medical prescribers. They -
• Triage
• Assess
• Make a differential diagnosis
• Initiate investigations
• Commence a treatment plan, including prescribing where appropriate
• Provide a nursing care plan
• Evaluate the outcome of care and modify treatment as required

There is a range of nursing and therapy staff working across the CEC urgent response and neighbourhood teams, including those from:

• Rapid response
• Community Matrons
• I.V therapy
• Heart Failure Specialist
• Dementia Specialist Nursing
• Occupational and Physiotherapy (including chest physio)
• Medicines management
• Social care support for personal care, light meals and drinks