Bay Health & Care Partners delivering | better care together

NHS

Report to Cumbria Overview and Scrutiny Committee – February 2018

Speaker: Dr William Lumb, GP Sedbergh and Clinical Lead East Integrated Care Community
Chief Clinical Information Officer North Cumbria CCG
Joint Chief Clinical Information Officer Morecambe Bay CCG

Introduction

The purpose of this paper is to provide the Cumbria Overview and Scrutiny Committee (OSC) with a summary of the key focus areas for the south Cumbria ICCs in addition to the Communication and Engagement activity which has taken place across South Cumbria over the past quarter. This report is supplied ahead of the OSC meeting at the end of February to allow time for the Committee to examine the paper and prepare any questions.

Accelerating Plans
There is a requirement to address the needs of specific issues which have been identified as:

1. Respiratory
2. MSK and Pain
3. Frailty
4. Long term conditions

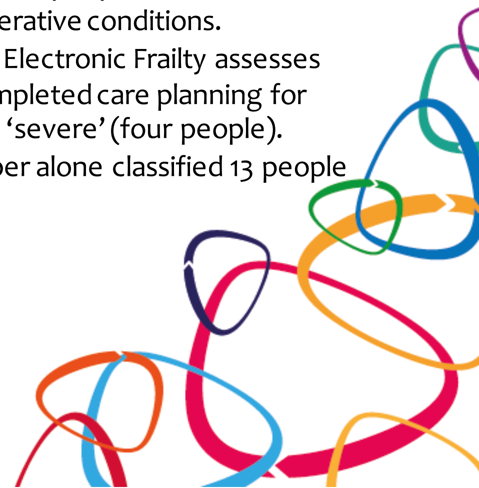
Risk management and referrals with STRATA

Our aim is that by the end of February anyone will be able to refer a patient to the Third Sector via our STRATA system in less than three minutes. A recent meeting decided on three projects for the SRATA focus on, namely;

1. Care Homes
2. Dressing Produces
3. Mental Health

Care Plans
The ICCs are using a proactive approach to care planning supported by STRATA and the Electronic Frailty Index:

- East ICC: Care planning is in place and is led by a Case Manager who is seeing particular success with people who are elderly living with frailty. Typically they are seeing predominantly people at all levels of frailty – however they are also offering assessments to small numbers of people who are not identified by the Frailty tool who may be living with long term or degenerative conditions.
- Kendal ICC has a mature care planning process to support patients. The Electronic Frailty assesses frailty as 'mild', 'moderate' or 'severe'. In November alone the team completed care planning for people determined as 'Mild' (two people), 'moderate' (five people) and 'severe' (four people).
- The Grange and Lakes ICC continues to roll-out care plans and for October alone classified 13 people to be of 'Mild' frailty , 23 as 'Moderate' frailty and 18 people as 'Severe'.



- The two Barrow ICCs are making good progress in identifying, offering and undertaking assessments and completing Care Plans. Millom is a 'fast follower' having just recently appointed new staff.

Care Homes:
All ICCs are identifying opportunities to work more closely with the Care Homes in their areas. Development of ICCs has been a catalyst for General Practice on some areas to collaborate about how they work together to offer a more streamlined and effective offer to these resident.

In some ICCs the Case Manager has targeted residential and nursing homes, following a large number of inappropriate requests for GP visits. This was prioritised and seen as an opportunity to reduce requests and free up GP time. Recent success includes one ICC working with Care Home staff to review 100 residents and complete up to date care plans that are electronic that have visibility in the wider system.

Work in the ICCs is contributing to the development of an overall strategy for supporting the regulated care sector. Going forward the CCG would like to work more closely with commissioners from the County Council to explore ways in which appropriate elements of this work is included within the service specification and contracting process. This work is just at an exploratory stage.

Multi-Disciplinary Teams (MDT)
There have been a number of initiatives across South Cumbria, such as:

- Barrow Town ICC held its first MDT meeting recently and identified three patients who have complex health conditions yet do not require admission to hospital. It was decided that a combination of regular assessment phone calls and signposting people to the Third sector would be an effective plan. Alfred Barrow ICC also hosted an integrated clinic with some interesting outcomes, whilst a meeting with social services helped define the HAWKs, Re-ablement and Integrated Rapid Response Service pathways as a key part of the MDTs approach

- The Case Management Team has been trialling weekly MDTs with one practice at Ulverston Health Centre since August 2017. These have recently been expanded to involve three practices using teleconferencing with allocated time slots for GPs to dial into the meetings. Attendance included Adult Social Care, nursing teams and discussion cases are based on in-patient and discharge lists.

  Ulverston, Dalton and Askam ICC have three out of four surgeries with their own MDTs and they meet regularly, starting to see positive outcomes.

- MDTs are increasingly focussing on Mental Health and currently there is an initiative to explore the opportunities to work with the Consultant and other specialist clinicians along with other health specialists to strengthen the system priorities of improving integration across Mental Health, Social Care and Public Health.

Communications and Engagement Activity

Barrow ICC. The first Primary Care networking meeting took place in Barrow which was a great success. The key elements were inviting all the staff, having protected time and a sense that we could achieve more with an integrated approach.

Alfred Barrow ICC held a successful event at Death Café, having meaningful discussions around palliative care and end of life care, as well as people's wishes around their death and preferences. Alfred Barrow is considering investing in the Falls Tool Kit.

Dalton ICC collaborated with third sector, council and health partners to hold a winter well-being event held at Dalton Community Centre took place with six key themes:

- Winter Wobbles: getting out, about and around in winter, how to maintain activity levels in reduced daylight and poor weather and how to get around during the winter months.
- Winter Blues: how to reduce isolation, keep connected, prevent loneliness and poor mood when the nights draw in
- Winter Bugs: how to stave off or manage the inevitable winter sniffles, best advice on preventing a minor ailment becoming a major illness
- Winter Weather: what support is out there to ensure the winter weather doesn't wreak havoc, slips, falls, floods, frost, home safety, ensuring enough food is in the house if people can't get out
- Winter warmth: advice on how to stay warm in and out of the house
- Winter wellbeing: preventing long term conditions worsening

ICC staff regularly attend community events such as the Dalton Coffee Mornings to promote the ICC and offer health checks.

Kendal ICC continues to undertake a lot of engagement e.g. it has a regular newsletter which is distributed in the local community providing an update on health and care in and around Kendal. They are also planning a Family Health and Fun Day for mid-march in association with colleagues such as the Kendal Leisure Centre. The ICC also hosted a successful nurses' event in Kendal which covered setting priority objectives e.g. tackling frailty and respiratory. Going forward it was agreed to involve all practice staff in the next meeting which will take place shortly.

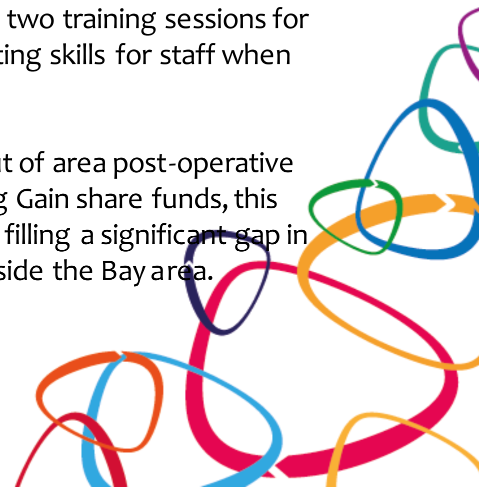
Millom ICC continues to undertake cross organisational work e.g. with Cumbrian Diabetes focusing on educational work and building strong working relationships and networks. In addition, Millom is working with Beggar's Theatre to develop a series of street performances , as well as an adult version of the 'Sick Play' commencing in Spring 2018 to engage the communities across the ICC in mobilising population based health approaches.

Grange & Lakes ICC has a 'Bounce Back Clinic', this has not been as successful as hoped however, it is hoped now that re-ablement is active, this will lead to more referrals to the clinic.

Millom, Ulverston and both Barrow ICCs are working with Furness Rotary which is proposing a series of 'well-being festivals across the local community. These focus on well-being, mental health, with a wide variety of stalls and activities to engage all ages and interests, including health checks.

Ulverston Health Centre has ordered TV screens for practices to be able to display health and well-being information for patients, whilst the Ulverston Healthy Town initiative is running two training sessions for small businesses such as hair dressers around mental health to provide signposting skills for staff when dealing with the public.

Another initiative, based at Ulverston Health Centre is to potentially pilot an 'out of area post-operative dressings' service but offering a service for all four practices with the ICC. Using Gain share funds, this would be for approximately 15 hours per week for nine months, with the aim of filling a significant gap in service provision and to reduce patient journeys to attend hospital services outside the Bay area.



Bed Reduction
I would be pleased to discuss the statistics around bed reductions which has seen some significant improvements.

Conclusion
As we continue to see the value in collaboration, with primary care working with the Third Sector, we continue to develop the MDT approach and the region is seeing some significant improvements across all areas.

We actively seek new connections with health specialists to work in tandem with but also recognise the importance of being involved in community activities, as well as broadening our reach outside of the health care system to groups such as the Rotary Club for example.