Welcome to the second edition of CONNECTED, the staff newsletter for Intermediate Care Services in Doncaster. Its aim is to keep staff informed of developments in the intermediate health and social care project and to provide an opportunity to share good news and best practice across all teams.

The project team will be co-ordinating the production of the newsletter so please contact Debbie Aitchison or Paul Burton, details below, if you have some news you would like to include.

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STAFF ROADSHOWS

In late April and early May the project team held eight Intermediate Care update sessions. They presented to over 100 staff from health and social care, including STEPS, Positive Step, Mexborough Montagu Rehab Centre and the RDASH Unplanned Care Team. Many thanks to all those that attended and contributed towards the discussions.

If you were unable to attend the sessions please find a link below to the presentation that the team gave.

http://www.doncasterccg.nhs.uk/wp-content/uploads/2017/05/Staff-roadshow-Apr-May-17.pptx

Integrated Digital Care Record (IDCR) Supplier confirmed

As reported in April’s newsletter it has become increasingly apparent that the ability to integrate information across organisations and have some interoperability between IT systems is going to be an essential enabler to implementing the new model of intermediate care services. We have been fortunate to have been able to work with the interoperability group on this issue and identified an opportunity to use the rapid response pathway as a proof of concept for the development of a Doncaster Integrated Digital Care Record (IDCR).

This is a really exciting opportunity and we are very pleased to announce that we have completed a procurement process for a supplier to work with us on the proof of concept (PoC).

ORION Health one of the leading suppliers of healthcare integration software will be our partners in this project and will be starting work with us in early June.

“Orion Health is extremely pleased to be partnering with The Authority and Channel 3 on this project to deliver an integrated digital care record within the Doncaster region. We bring over two decades of experience delivering healthcare technology solutions around the globe, including to over 70 organisations across the UK. This is an exciting time for all parties involved and through working in partnership we look forward to delivering the proof of concept.”

Gary Birks, General Manager UK and Ireland

Channel 3 who have supported the procurement process will also be providing project management and working with the Intermediate Care Implementation team to develop an initial PoC by September.

For more detail about the project, work to date and next steps:

Introducing the new Intermediate care implementation team...

In the last issue we shared an appeal to partner organisations to nominate representatives to join the project team and we were really pleased to receive lots of expressions of interest from that. The new Implementation Team was launched on 9th May 2017 when they met together for the first time to agree the initial work plan. Each member will be dedicating 1 or 2 days a week to the project with a variety of backfill and cover arrangements in place to support this. Please contact Paul Burton if you need contact details for any of the team or wish to get involved.

The new team and some of the areas of work allocated include:

**Rapid Response & Short term interventions Test**
Developing Triage, expanding response, referrer engagement, MDT coordination, patient information, development of e –form, evaluation
- FCMS - Dawn Evans-Booth - ECP
- RDASH - Jayne Partington – Team Leader – Unplanned Care Team
- RDASH - Della Denton – Senior Physio CICT
- RDaSH - Di McIntosh –Clinical Lead OT
- DBHFT - Clayton Cecil – Senior Physio RAPT
- DBHFT - Mike Smith – Community Physio Manager

**Medium Term Test**
Work with partners to agree integrated health and social care model and develop implementation plan.
- RDaSH Steve Baxter – Lead Therapist –Wheel chair Services (formally CICT manager)
- DMBC Lisa Rockliff – Team Leader – STEPS
- DMBC - Dominic Armstrong-Project Manager
- DBHFT Mike Smith – Community Physio Manager

Other team members/ project support include;
- Jan Lyon – Support Analyst – DCCG P&I Team and Tony Sanderson – DMBC Contractor leading on evaluation, dashboard development and data collection and analysis.
- Kim Doran – Pharmacy Technician – see later feature.
- Dr Karen Wagstaff – DCCG GP Clinical Lead
- Paul Burton- Project Support Officer
- Debbie Aitchison Project Lead & Head of Strategy & Delivery for Intermediate Care.
Integrating health and social care rehabilitation and reablement services (Medium Term Response).

Last month we reported the aspiration to develop a single integrated health and social care service providing reablement and rehabilitation to people, at home for up to 6 weeks. We have been referring to this as our medium term intermediate care response. There are currently two separate services offering this type of support in Doncaster, CICT (RDaSH) and STEPS (DMBC) and in the future we want to integrate these two services and develop a single offer.

On the 3rd May a workshop was held to identify what this response will need to do based on the review findings, the resource we currently have and the results of some initial staff engagement. Partners involved in delivering intermediate care were then set a challenge...

Providers now have 8 weeks to work together and agree a response to this challenge. In the first week of July they will present a proposed model, phased implementation plan and timeline (to commence September) and an initial risk register to an innovation panel. These proposals will then be submitted to July’s Project Board for approval.

The members of the project team allocated to support this piece of work are Steve Baxter, Lisa Rockcliff and Dominic Armstrong (Project Manager from DMBC), with data analysis support from Jan Lyon and Tony Sanderson.

The workshop was attended by 18 staff and Service Managers from health and social care and there was a great deal of energy and enthusiasm to progress this work. Watch this space for further updates...

The challenge...

Work in partnership to develop and test an integrated health and social care rehabilitation and reablement pathway to prevent hospital admission and facilitate timely discharge.

It should...

• bring together STEPs and CICT (unplanned care)
• respond to the findings of the review.
• link into RDaSH SPA and development of rapid response.
• Compliment development of neighbourhood model.
• Increase efficiency and provide opportunities for increase in home based activity.
• Work within existing specifications and contracts.

PHARMACY TECHNICIAN REVIEW

My name is Kimberly Doran, I am a Medicines Management Technician with McGill Pharmacy and was recently seconded to the CCG for a couple of days to scope the potential role of a pharmacy technician within the new intermediate care model. I excitedly began the secondment with three key deliverables;

1. To map pharmacy support in current intermediate care services
2. Gather evidence for potential role of a pharmacy technician
3. Produce report and present recommendations

I am two months in and my initial findings have identified lots of potential for a pharmacy technician to work with intermediate care services to enable them to do more to promote or maintain independence with medication and work differently to support people with optimising medication. The examples identified so far suggest that as well as improving outcomes for people using services, there are situations where it could also release time for staff members to utilise their skills in their own specialist areas and reduce level of ongoing care required.

A pharmacy technician could also provide expert advice and support with medicines optimisation to help prevent admissions as part of the rapid response. There is also scope to provide training for staff in community intermediate care services to increase awareness of community pharmacy offer and help improve communication regarding medicines across pathways.

The next step involves presenting the report and recommendations which will be discussed to consider the possibility of piloting this role and measuring the impact this would have on the current intermediate care services.

If you would like to discuss my role and/or pharmacy services within the intermediate care project, please don’t hesitate to contact me, I would be happy to chat to you!

kim.doran@doncasterccg.nhs.uk
The Rapid Response pathway continues to develop and has started to expand beyond falls.

Between January 23rd and the end of April, the pathway has received over 70 referrals with the majority of people still being supported to stay at home. The pathway began to take referrals from GPs where an MDT approach is felt to be required to prevent an unnecessary hospital admission. The team has been attending locality meetings to raise awareness which has resulted in a steady increase in referrals from GPs. In June it’s planned that the Rapid Response pathway will start to receive referrals directly from ECP’s, Community Nurses, RAPT and the Front Door Assessment Service (FDAS). Further communication to follow.

`AGE UK joins rapid response test…. new Hospital Avoidance Service

A new addition to the Rapid Response Pathway is Age UK’s Hospital Avoidance offer, which is an extension of the Home from Hospital Service and is a 6 month pilot. It will provide practical support and signposting to people who do not require medical or therapeutic intervention.

Outcomes from the service will be reviewed every 28 days to measure the success of the support provided.

Recently appointed Hospital Avoidance Officers, Lynette Coates and Rebecca Woodward, both have an extensive working background in Health & Social Care and the voluntary sector. With this experience, both Lynette and Rebecca understand the pressures that the health and social care systems are under and how, if properly supported, people can be helped to stay at home and avoid an unnecessary trip to A&E and, or, a stay in hospital.

“Following a referral we will, use a person centred and outcome focussed approach, to identify where we can offer support, refer or signpost to other agencies and community organisations, to support an individual’s independence, improve their quality of life and avoid unnecessary hospital admission.” Lynette & Rebecca

While the Hospital Avoidance Officers are still getting established, referrals are being picked up through the Rapid Response Pathway. We all look forward to working together to increase the range of support available through the rapid response.

SKILLS REVIEW

A report summarising the skills review is now available. Further feedback for individual teams will be coming out in the next few weeks. We are using this to develop joint workforce development plan for intermediate care and will be linking with other initiatives across Doncaster including Care Home Strategy, ANP regional network and apprenticeship development.


OTHER NEWS…

The Kings Fund have pulled together a range of content to help explain social care in England, including a series of short videos on what social care is, how it’s provided and paid for. It’s really useful for those in health who want to understand more as we move towards further integration.

https://www.kingsfund.org.uk/topics/social-care/what-is-social-care

Take a minute to watch Mrs Andrews story, a reminder of why working together to do more to maintain people at home and facilitate timely discharge home is so important.

https://www.youtube.com/watch?v=Fj_9HG_TWEM