

Agenda item 7

Health and Adult Social Care Scrutiny Committee – November 12th 2012

The Dudley Group NHS Foundation Trust

Integrated Living Team and Rehabilitation

1.0 Purpose of Report

1.1 This document is presented to update the Committee on the progress to date of the integration of Integrated Living Team (ILT) and the Community Neurology Team (CNT).

2.0 Background

2.1 Prior to the transfer of Adult Community Services to The Dudley Group of Hospitals NHS Foundation Trust (now known as The Dudley Group NHS Foundation Trust) in April 2011 the Commissioners had been in discussion with both parties to progress plans for the integration of the ILT and the CNT. The basis for the integration was to:

- Improve the patient experience
- Reduce duplication
- Maximise the staffing levels
- Maximise the skills across both teams
- Increase the knowledge and expertise across the staff
- Maximise the capacity to reduce waiting times
- Develop joint patient/client pathways
- Remove inefficiencies

2.2 Prior to the integration of the services The ILT team focused on supporting the client's needs and objectives using the social model of disability to promote client empowerment to manage their condition and improve their quality of life. The team comprised a Social Worker, Occupational Therapists, Physiotherapists and Administrative support.

The CNT was a rehabilitation team with Allied Health Professionals and Nursing staff supporting patients to maximise their functional independence. In addition the team also provided advice and education to patients on their long term neurological condition. This advice and education included support from a Neurological Specialist Pharmacist and other specialists (eg Dietician, Speech and Language Therapist and Psychologist) in response to the National Standards Framework for Long Term Conditions and the Dudley Primary Care Trust Neurology Strategy.

3.0 Update

- The integrated team is now known as the Community Neurology and Disability Support Team (CNDST)
- There is now a single point of access for all referrals to the service. This means that the most appropriate professional will be identified to work with the patient/client; the right person first time avoiding delays
- There has been an increase in the Pharmacy and specialist Multiple Sclerosis staffing within the team
- The integration has removed the need to pass referrals between teams
- The ILT had 165 referrals for April 2011 to March 2012. We have had 77 ILT referrals for April 2012 to September 2012. All these clients if they have identified carers will have had a needs assessment during their initial assessment
- We have completed 32 formal assessment following the integration 1st April 2012 (45 formal assessments 2011/12)
- The CNT received 526 referrals last year. To the end of September the team has received 221 referrals
- There is multidisciplinary team working across the service which has created opportunities for joint working avoiding onward referral delays and duplication of assessments between health and social care
- Patients/clients needs can be addressed by another team member if the key worker is absent
- Clients previously seen by ILT can access group sessions e.g. fatigue management and hand writing quickly and easily without the need for a further referral
- The Social Worker in the ILT works as a case manager as part of disability support team. The advantages of having a social worker is that the clients/patients and staff have a direct access to social services network, services as and when required. The staff are able to keep up with all the changes happening with social services e.g. disability support allowance etc and safeguarding and risk assessments around those cases. The team can access if there are any alerts on social services systems regarding the clients or their carers that we need to consider for our case management.
- Integrating services onto one IT system has enabled the service to clearly demonstrate activity to commissioners and share information and processes previously held within the single services
- Improved access to clinic facilities to enable patients/clients to reduce unnecessary home visits, travel and has increased choice. This has increased face to face contact time further reducing delays
- Staff benefit from shared learning about roles and different models of care in health and social care
- The lead Commissioner and the CNDST Leader plan to meet with the team to understand the benefits of the integration
- The annual Patient/Client experience survey will include questions regarding the impact on the users and their carers following the integration of the two teams
- The CNDST receive on average nine recorded compliments per month in addition to verbal compliments.

Integration of the services has enabled the team to maximise resources to support more people to live and work with their long term condition using a wide variety of resources.

The team regularly receives positive feedback from patients regarding their treatment and care and the life changing impact of the intervention provided by the service.

4.0 Patient/Client involvement

4.1. The ILT team have approximately 102 active clients who have been directly affected by this move. Every client has been informed by a formal letter about the move and change of contact details. We have also sent a letter to all the clients who have been discharged in the last two years (approximately 200). In 99% of cases these clients were seen at home hence the change in location has not affected them.

4.2 The ILT and CNT integration was discussed in the Dudley Neurology Strategy Group meeting which is attended by ILT clients who would be affected by the move. The CNT Leader (Mehul Amin) and a Commissioner (Andrew Hindle) attended client forums in September 2012 at Brierley Hill and Dudley to discuss the changes and to respond to any questions. The feedback from the meetings was positive. In addition the views of the users was sought at the October Neurology Strategy Group. Again the feedback was positive. One member of this group, a client commented that the teams were working more closely together following the integration and that communication was effective.

“Feels like the whole neurology communication has improved and getting a quicker response to various problems” and “Very useful to have 1 contact number for all my queries”.

In addition a request for improved signposting at the Stourbridge Health and Social Care Centre has been suggested with a temporary solution currently in place whilst permanent signage is arranged.

4.3 Regular education days (four) are planned over the next 12 months with a particular focus on Multiple Sclerosis and Parkinson's Disease.

4.4 A number of issues were raised by the patients/clients:

4.4.1 Redirection of funding i.e. leading to reduced staff will affect how the staff can help. Also increased emphasis on increasing contacts and efficiency means the ILT staff could not spend the same amount of time with each client. It was discussed that merging the two teams means they will see the right professional at the right time, improved communication and reduced repetition will bring efficiency and time savings. There has been an increase of two additional days for specialist pharmacist and one additional day for MS specialist role. Rather than a reduction in funding there has been a re-direction of the money to areas of need.

4.4.2 Difficulty contacting the ILT staff: Prior to the integration of the teams the ILT landline was continually in use therefore creating problems for clients. In addition when messages were left on occasions there was a delay in receiving the call back. We have created a loop of two telephones between the two administration staff. It is a priority to answer the telephone when it is ringing which has helped to reduce the concerns. The Acquired Brain Injury team will have their phone added to the loop to create additional capacity. An electronic message book has been created with access for all staff and which has enabled clients to be contacted as soon as possible.

4.4.3 There were concerns about an increased waiting time for ILT staff: Over the last six months this has not proved to be a problem with no concerns being raised since the integration.

4.4.4 The main issue raised was a concern regarding communication with the clients/patients about integration of services. This was undertaken through the user forum, GP briefing, through DCVS and updating the Local Authority's and The Dudley Group's web sites. In addition the proposals and progress was discussed at the Dudley Neurology Strategy Group meetings. This forum has a wide representation including: four clients, Primary Care, Voluntary

organisations, Dudley Metropolitan Borough Council, Dudley and Wolverhampton Commissioners and Dudley Group NHS Foundation Trust.

4.5 The ILT user forum previously for ILT only now works across the Neurology and Disability Support Team advising both staff and commissioners on wider issues around long term conditions.

4.6 The Disability Support Team does have a client feedback card which is sent to every client at the point of discharge. The feedback from these cards has included:

“ Thank you, we couldn't have done all this without you. Nicest thing anyone's done for us in a while”

“There is not one thing I would have change, You assistance a great help, I would not hesitate if need help in the future. Well done for all your hard work”

“ I am confident and able to live independently because of ILT”

“Just continue the service given at present and that is good enough, you can't do any better than that”

“ You have given me and my family a new lease of life”

“ You made us feel like we are not alone”

Improvements have included additional support with benefits advice. The CNDST signpost clients/patients for advice.

4.7 The annual patient/client experience survey for 2012/13 will include questions about the integration of the teams and the impact on the user

5.0 Guidelines

5.1 NICE for Multiple Sclerosis Management in Primary & Secondary Care 2003.

5.2 National Standards Framework for Long Term Conditions 2005.

5.3 NICE for Parkinson's Disease Diagnosis and Management in Primary & Secondary Care 2006.

5.4 Dudley Neurology Commissioning Strategy 2009-2014 (review2012).

6.0 Equality Impact

6.1 An Equality Impact Assessment was completed prior to the integration of the CNT and ILT.

6.2 All patients/clients are supported as individuals, ensuring choice, respecting their views and input into service improvement. The individual's needs are supported on an individual basis and treatment is personalised to meet their specific needs. Any exceptions to this patient-centred approach is reviewed, actions plans instigated and progressed.

6.3 ILT is essentially a domiciliary service. They have moved from Corbett Rehabilitation Centre to the Stourbridge Health and Social Care Centre (SHSCC) approximately 200 metres away. SHSCC has adequate facilities with consultation rooms, meeting rooms and education rooms to support the needs of the ILT clients.

7.0 Recommendation

7.1 The Committee is asked to ACCEPT this report for information and reassurance that we are working with stakeholders to provide the most effective client/patient centred possible support for people with a long term condition and that current changes have not impacted on service quality or access.

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