BURY
LOCAL CARE
ORGANISATION

Improving lives in Bury

Bury Overview and Scrutiny Committee- June 2019

Chris O'Gorman

| LCO Independent Chair |

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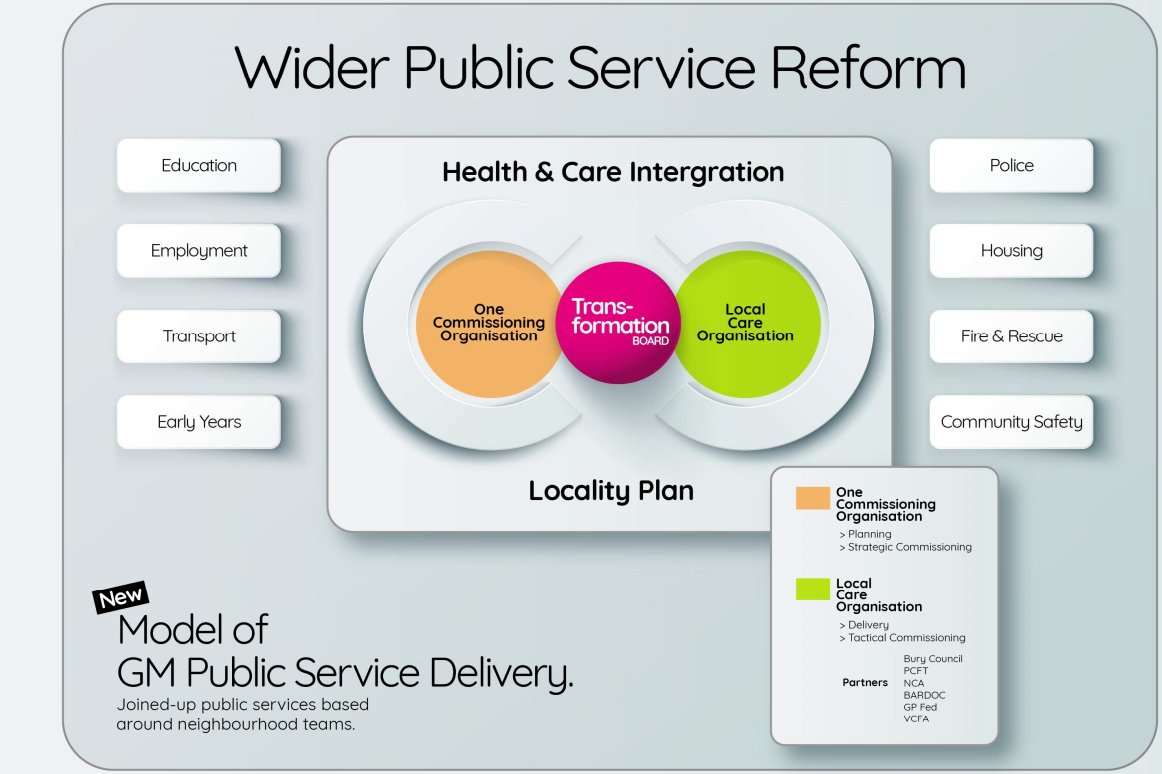
Link with Public Service Reform



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1st April LCO launch

Our Partners:

- **Bury Council**
- **Northern Care Alliance**
- **Pennine Care NHS Foundation Trust**
- **VCFA**
- **GP Federation**
- **BARDOC**
- **Persona**

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Our Vision

Overall Aims:

- Encourage everyone to work in a mutually beneficial and collaborative way
- Enable sharing of information between clinicians and health professionals
- Support people in becoming active participants in managing their own health
- Developing health and care services more in communities and homes
- Services will be developed around neighbourhoods and tailored for local areas with their own unique needs
- Patients will only have to 'tell their story' once

Our Vision:

- We want to find a way of capturing simply and clearly our vision for the future, one that everyone can relate to and be inspired by, and will be asking for your input…..

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Our purpose

- **We are NOT**… an employer

We ARE…

- An over-arching organisation that sets vision, values, goals, ambitions across all delivery partners
- We work closely with the One Commissioning Organisation – single commissioning across the Council and CCG
- We are a common thread and a driver of transformational change
- We are a key part of joining up health and care in bury
- We have an agreed way of working – the 5 Ps

Our aim is to roll out and scale up all the good work and changes that are already happening, and introduce some new things too – and we need your help to do that.

Kath Wynne-Jones

| LCO Chief Officer |

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Our priorities

- Delivering transformational change for six priority areas:
    - **Integrated neighbourhood teams**
    - **The intermediate tier**
    - **End of life care**
    - **Community stroke/neurorehabilitation**
    - **The rapid response service**
    - **Urgent care and care home support**
- Overseeing the transfer of community services from PCFT to NCA
- Supporting the developing children's health and social care transformation programmes
- Developing the transformation programmes for other services not yet transformed across partners
- Building relationships and collaboration across partners
- Develop an infrastructure for April 2020 onwards

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Our Principles

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Our Services

DIRECTLY MANAGED

All PCFT community services

75% of adult social care services

DIRECTLY INFLUENCED

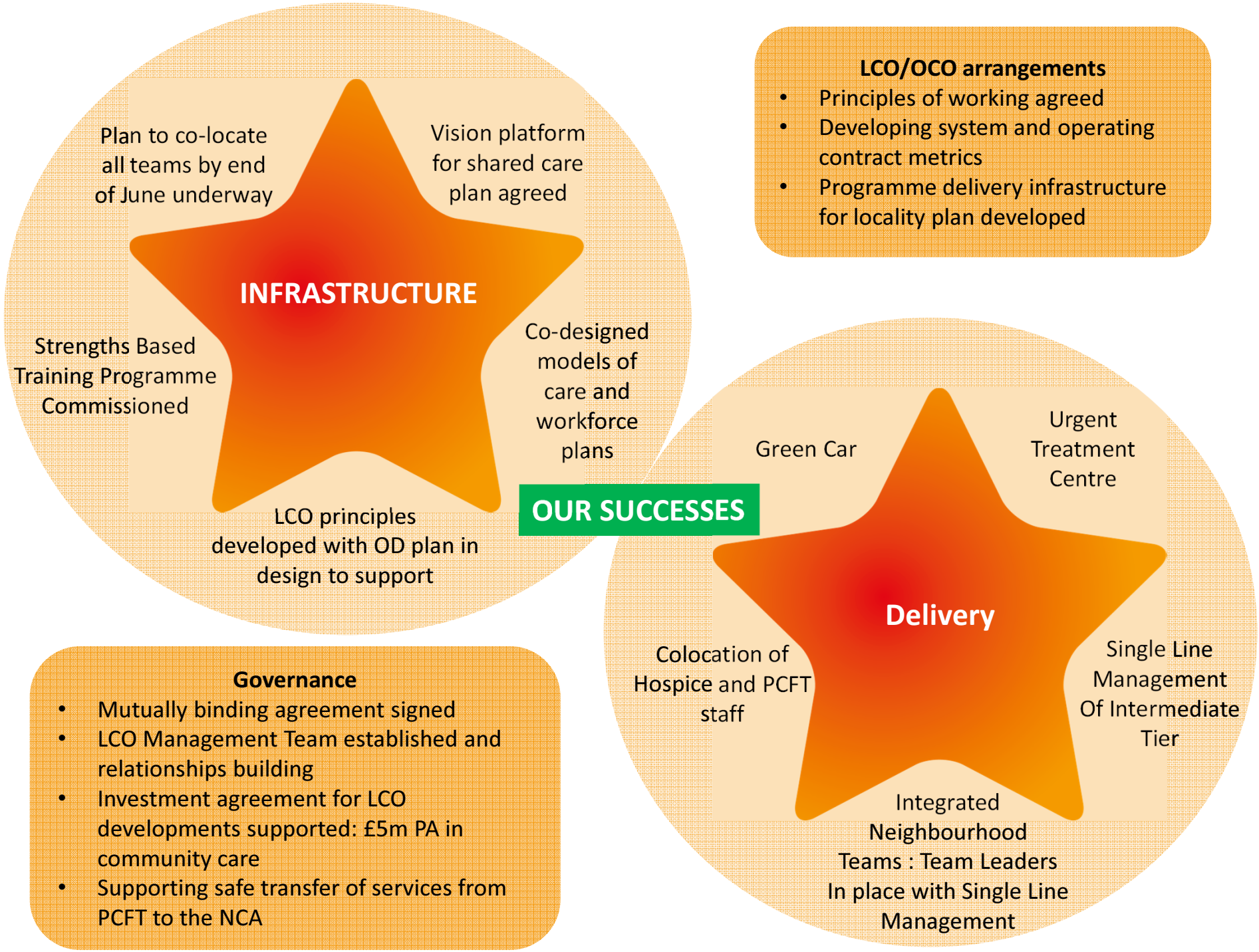
A&E and the medical wards

Local Bury Mental Health Services

Bardoc Services

Services provided by the GP Federation

Voluntary sector provision



LCO/OCO arrangements

- Principles of working agreed
- Developing system and operating contract metrics
- Programme delivery infrastructure for locality plan developed

Governance

- Mutually binding agreement signed
- LCO Management Team established and relationships building
- Investment agreement for LCO developments supported: £5m PA in community care
- Supporting safe transfer of services from PCFT to the NCA

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Green Car

"Big thumbs up, excellent service. No negatives".

"I think that this is the way forward to preventing unnecessary hospital admissions by providing accurate and effective and safe care to the patient. I would like to see this service extended to my main practice area".

"All positives no negatives".

"I had a very satisfactory consultation with the car paramedic who effectively was able to prevent a hospital admission, and assessed the patient very thoroughly and phoned me from the patient's house and we were able to formulate an effective plan for this patient's care".

"……. the GP was more than satisfied with the management plan instigated for the patient and the avoidance of a hospital A&E admission. We would definitely use the service again".

"the green car scheme had prevented an ambulance attendance".

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Joanne explains how Prestwich have been breaking down barriers in delivering person centred care through the multi-disciplinary team (MDT) meeting approach.

Joanne Cranham, a NHS Pennine Care District Nurse Team Leader has been involved in the MDT meetings since the start of the Pilot in Prestwich last year.

How long have you worked in the District Nursing team

I have worked for PCFT since 2013 I started as a band 5 community staff nurse, in February 2018 I was successful in 'stepping up to a band 6' team leader, after 3 weeks a full time post became available and I was successful and offered the post. Since then I have been a team leader at Prestwich district nurse team and have completed an in house band 6 development programme.

When did the District Nurses become involved in the MDT meetings

The district nurse team have been involved in the MDT since the beginning of the pilots last year, we have ensured District Nurse presence at all the meetings so far and been able to help with developing the processes and building relationships, staff have felt more empowered to help patients.

Can you give an example of where an MDT approach has significantly improved the outcome for a patient

Yes one particular patient was being managed already by both DNs and Social workers but separately until we began the MDT meetings, we did not do any joint working. DNs were visiting and raising concerns and safeguarding alerts.

The patient was bouncing in and out of hospital, Bardoc were being called and the daughter was being called out and was under increasing pressure from work about the time off she was needing.

Social workers had met the patient but not as frequently as the DNs so had not seen the very fluctuating capacity and understanding of the patient, DNs were able to give them a wider overall picture.

Once we started MDT we did a joint visit, then held a professionals meeting including the daughter and we put plans into place to look at providing a more safe and appropriate placement. By jointly working in this way we not only improved the outcome for the patient and daughter but also enabled a much quicker and timely response from all services involved.

How do you feel about moving into Integrated Neighbourhood teams

I am really excited by the upcoming re-location as I feel being based with other professionals will help us work together and share information easier on a day to day basis, not just at the MDT meetings.

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Operational updates

- Development of workforce plans for the intermediate tier and rapid response service
- Visit to Bealeys: positive feedback on relationships improving
- Support to the urgent care system following the implementation of rapid discharge protocol
- PCCC supported in principle 4 P/C networks :not aligned with the neighbourhoods but nieghbourhoods will be the delivery vehicle
- Participation in health and social care savings Board
- Engagement meeting with Bolton University regarding future training programmes
- Visit from Oldham Cares to start a learning journey together

- Recruitment of Divisional Nursing / Therapy Director to support community services
- OCO/LCO workshop held to gear up for new system management group from July
- Updated objectives and commenced 2:1 meetings with MT and Board members
- SEND inspection held with some gaps identified in services, which the LCO which contribute to suring up
- VCFA workshop to be held to understand the GM survey results and Bury opportunities

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The future of the LCO

- Understanding of the scope of services to be included from 20/21 is already inderway
- Alignment of LCO/OCO roadmap and associated activities is key
- Considering organsiational form options as part of the roadmap is vital: does this offer a route to efficiencies?
- Procurement timeline and ending of funding for LCO infrastructure do not align, which is a major risk
- Considering how we sustain the LCO infrastructure post March 20 ,assuming we need to be self funding

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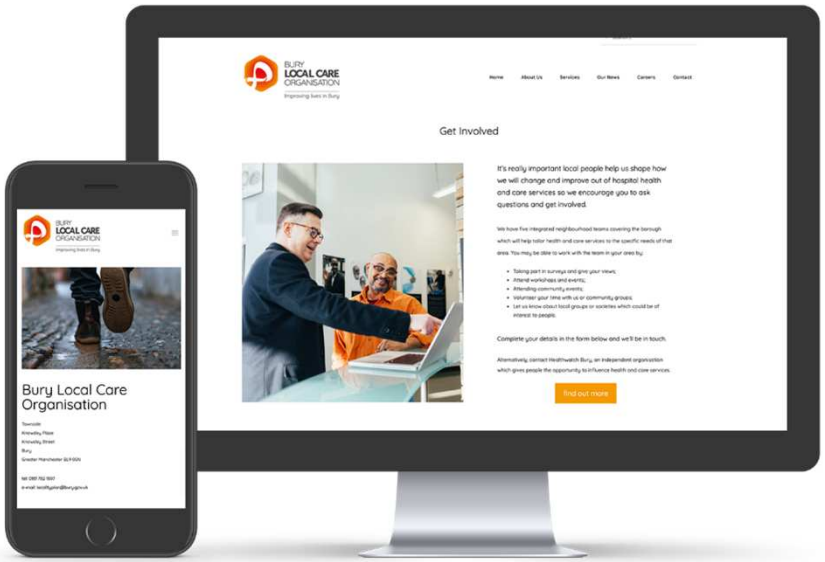
How we will share what we're doing

@Burylco
#Burylco

Twitter – **live**
Website – **nearly live!**



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Julie Gonda

| Director of Adult Social Care |

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VISION

Intermediate care is a range of integrated services to promote faster recovery from illness, prevent unnecessary acute hospital admission and premature admission to long-term residential care, support timely discharge from hospital and maximise independent living.
Intermediate Care – Halfway Home Updated Guidance for the NHS and Local Authorities, DoH, 2009:

From a service user perspective this is expressed by NICE in the following terms:
Intermediate care services provide support for a short time to help you recover and increase your independence.This support is provided by a team of people who will work with you to achieve what you want to be able to do. Intermediate care may help you:
remain at home when you start to find things more difficult recover after a fall, an acute illness or an operation avoid going into hospital unnecessarily return home more quickly after a hospital stay.
Understanding intermediate care, including reablement: A quick guide for people using intermediate care services, NICE, 2018.

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Engagement

- Existing staff teams focused on vision, benefits, challenges, areas for development, building relationships
- Organisational stakeholders and subject matter experts
- NWAS Green Car paramedics and Urgent Care Team.
- CCG Senior Commissioning Manager and Clinical Lead for Mental Health, Programme Manager – Urgent Care, Clinical Lead for Medicines Management.
- LCO Clinical Lead
- FGH staff - Assistant Director of Nursing, Clinical Support Services, Consultant Physician in Acute Medicine/COTE Clinical Lead Persona Chief Officer
- Bury Community Mental Health Services, lead for AHP, Professional Lead for Nursing
- Bury VCFA.
- Bury Professional Congress.
- HMR Rapid Response and Intermediate Care Services.
- Choices for Living Well Customer Forum.

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Model

The PA review found:

- Current services are fragmented and provided inconsistently
- There is a disproportionately high level of bed-based care that is financially unsustainable
- There is a requirement to develop home-based intermediate care services
- The Rapid Community Response Service is struggling to meet the level of demand and does not have the ability to manage complex health cases.

The proposed delivery model will:

- bring together a **unified Bury-wide integrated team** under **single leadership**. The key deliverables are to:
- Introduce **home-based care** into Bury's intermediate care offering;
- Create **additional enhanced IMC beds** through dual registration of Killelea House;
- Relaunch **Rapid Community Response** with a broader multidisciplinary team.
- Focusing on acute admission avoidance by increasing step-up referrals
- Achieve higher bed occupancy
- Reduce average length of stay.

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New workforce

Intermediate Care	40.0 wte total
	10.0 Therapy
	11.0 Nursing
	4.0 Social Work
	10.0 Support Worker
	2.0 admin
Rapid Response	29.5 wte total
	11.0 Therapy
	2.0 Social Work
	9.8 nursing
	4.0 Support Workers
	2.0 admin

Across	6.0 wte total
	2.0 Pharmacy
	1.0 Drug /Alcohol
	3.0 Professional and managerial

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Mental Health and LD within the LCO

- Mental health strategy in development between PCFT and the OCO, taking into account the work undertaken by Niche
- LCO Board and MT session to be held led by PCFT to consider the future strategy and developments
- Mental Health Services will be integrated across all transformational points: small investment into intermediate tier and proposals in development for the primary care physchological offer
- LD services not yet in scope of the LCO
- Bury local MH services will be managed through single LCO/OCO contract arrangements

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Key risks summary

1. Financial sustainability of the economy in the short and long term
2. Workforce stability and availability
3. IM&T programme
4. Continuation of the LCO infrastructure post 2020
5. Alignment between neighbourhoods and networks

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Our Risks

Risk	Pre-mitigation score	Mitigation	Post-mitigation score
Lack of funding to support core and transformational models of care: primary care mental health services , UTC, reablement and OD team in the context of the system wide gap for 19/20	4 (L)*4(I) = 16	• System wide group established to bridge the gap for 19/20 • TF funding used to support continuation of schemes: review of all financial plans to commence to identify any slippage/support reprioritisation	4 (L)*4(I) = 16
Workforce stability and engagement	4 (L)*5(I) = 20	• Design of recruitment process/campaign underway via SWG • Considering opportunities for rotation of workforce across community, primary and acute care • Staff engagement sessions to support PCFT transaction to be extended to other LCO staff	4 (L)*4(I) = 16
Transaction risks: District nursing, clinical leadership and performance/waiting times	4 (L)*4(I) = 16	• Discussions held with OCO, but no agreements yet reached	4 (L)*4(I) = 16
Lack of clarity regarding leadership of enabling programmes – IM&T is a major risk, particularly with the retirement of the SRO	4 (L)*4(I) = 16	• LCO MT and IM&T group session being arranged	4 (L)*4(I) = 16

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Our Risks

Risk	Pre-mitigation score	Mitigation	Post-mitigation score
Ensuring we have the appropriate enabling infrastructure in place from the 1st April 2020	4 (L)*5(I) = 20	Agree process for determining: • In scope services for 20/21 • Target operating model • Organisational form • Future LCO infrastructure requirements	4 (L)*4(I) = 16
Cash ability assumptions and ambition to move resources across the across providers so not materialise	4 (L)*5(I) = 20	• Robust monitoring of process and impact measures as schemes mobilise • Recruit new roles on fixed term appointments where possible	4 (L)*4(I) = 16
No connection date yet agreed for Heathlands	4 (L)*4(I) = 16	• Issue been escalated via GMSS to Virgin	4 (L)*4(I) = 16
Decision making/risks for L4 services not managed in the context of the MBA	4 (L)*5(I) = 20	• Review of recent decision making processes, e.g. SEND, Heathlands,	4 (L)*4(I) = 16

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Our Risks

Risk	Pre-mitigation score	Mitigation	Post-mitigation score
Potential misalignment between neighbourhood and primary care network boundaries	4 (L)*4(I) = 16	• GP Federation leading conversations with LMC and practices regarding potential delivery models for new roles to support neighbourhood working. All applications needed to determine how they would support neighbourhood working	5 (L)*3(I) = 15
Full governance arrangements will not be fully operational from the 1st April 2019.	5 (L)*3(I) = 15	• We are aiming for the 1st July for new governance arrangements to be fully operational. • Workshops planned to engage back office support teams to face organisationally and to the LCO	4 (L)*3(I) = 15

Discussion