Lincolnshire COUNTY COUNCIL
Working for a better future

Policy and Scrutiny

Open Report on behalf of Nigel Gooding, Head of Portfolio and Programme Management Office, Lincolnshire Health and Care Programme Office

Report to:	**Adults Scrutiny Committee**
Date:	**8 July 2015**
Subject:	**Neighbourhood Teams**

Summary:

The purpose of this report is to inform and update the Adults Scrutiny Committee on the implementation of Neighbourhood Teams across the county.

Actions Required:

To consider and comment on the information presented on the Neighbourhood Teams and to determine if and when further updates on Neighbourhood Teams may be necessary.

1. Background

In order to meet the challenges facing Lincolnshire and establish a sustainable and safe health and social care economy, commissioning and provider organisations across the county have established a joint programme of work known as Lincolnshire Health and Care.

Neighbourhood Teams are a key component of the Proactive Care Programme and are absolutely fundamental to the delivery of the Lincolnshire Health and Care Vision. Lincolnshire Health and Care aspires to a population-based model of health where wellbeing is maximised through communities, voluntary and statutory services working together. The aspiration is for the development of services from “cradle to grave”.

The Neighbourhood Team approach reflects a desire to move care wherever possible closer to home through building up neighbourhood teams meaning that there may be fewer situations where a journey to an acute hospital is required. It is common for those admitted to hospital to report having bad experiences due to the high demand, stretched resources and low number of step up and step down beds available, whilst support in the community is currently fragmented. Neighbourhood Teams will address such issues by working in a multidisciplinary way to provide more joined up care, enabling people to be treated and cared for closer to home where possible, avoiding lengthy hospital stays and re-admission.

What is a Neighbourhood Team?

Neighbourhood Teams are the delivery vehicles for the Proactive Care Programme. They are being developed to enable people to be:

- Treated proactively in their locality thus avoiding an admission to hospital
- Discharged earlier from care where a hospital stay has taken place and looked after in their community
- Supported to remain well, independent and safely at home
- Maintained as close to home as possible during a crisis
- Supported to experience a good death when at end of life
- Lead a local community based network of medical and support practitioners who support a community based proactive programme of sustainable health and self care.

The Neighbourhood Team brings together all people who work in the area to ensure that those with long term conditions and complex needs receive good quality co-ordinated care, relevant to their need. The Neighbourhood Teams include health, social care and third sector organisations across the community.

Neighbourhood Teams work to build care around individuals, enabling people to remain in or close to their own home whenever possible. Their aim is to identify individuals early and build a proactive care plan to help reduce dependency on acute services. By doing this, people should need to be treated in hospital less and in the event that they do, be able to come out more quickly.

Neighbourhood Teams will have links to a wealth of local services such as the Wellbeing Service, District Council Services, Community and Voluntary Sector Services. They will be liaising closely with staff at United Lincolnshire Hospitals NHS Trust (ULHT) in order to deliver care packages that both reduce the need for hospital visits and provide support for patients when they are discharged to avoid unnecessary lengthy stays.

An essential component of the proactive care approach will be working with individuals to promote their self-care, encourage lifestyle changes and to make use of all resources available to them in their community. Over time the neighbourhood will develop its own Directory of Services to facilitate this, and more importantly will be able to pull resource from the urgent care system to build capacity and expertise in the community.

There will be a core team in all of the Neighbourhood Teams, which will include such individuals as:

- GP
- Community and practice nurses
- Social care practitioner
- Community Psychiatric Nurse
- Independent Living Team

However, Neighbourhood Teams will work with all other organisations and groups including the voluntary sector and patients and carers to develop the best plan for the individual. They may hold multidisciplinary review meetings, carry out work to

proactively identify people at risk or with higher need, and signpost people to community resources open to them.

What are the benefits of Neighbourhood Teams?

The model of Neighbourhood Teams is well established and various multi-disciplinary have been trialled and implemented successfully both within the UK (South Devon and Torbay, Leeds, South Manchester, Lincolnshire's Independent Living Team and Frail Older People Services) and internationally (USA, Sweden, Spain, New Zealand).

In Torbay, the establishment of Integrated Health and Social Care teams helped older people to live independently in the community. This resulted in low rates of emergency hospital admissions for the over 65s with the average length of stay being less than five days, half the national average. There were minimal delays in transfers of care and the use of residential and nursing homes has fallen while at the same time there has been an increase in the use of home care services.

In North West London, general practices have come together in localities to work as multidisciplinary teams and have shown improvements in the quality of life for patients and also a 6% reduction on non elective admissions for case managed patients.

Gwent's frailty programme includes an urgent care co-ordination centre and the deployment of specialist teams to manage the sick and elderly at home through to independence, delivering a startling 50% reduction in emergency admissions.

Evidence has shown that Integrated Teams can deliver a better service to people. By building on work already undertaken in Lincolnshire, Neighbourhood Teams can be developed across the county. There is a range of benefits linked to the development of Neighbourhood Teams, which include:

- Providing a mechanism for health and care organisations in the local community to pool their resources
- Providing proactive care, closer to people's homes, that improves clinical effectiveness and patient/service user experience
- Reduction in hospital admissions and delayed discharges
- Removing frustrations of the patient/service user's journey that too often cause people to fall into the gaps between services
- Preventing patients/service users from having to repeat their story multiple times and means those delivering care to them know what is happening
- Eliminating day-to-day frustrations from care delivery and multi professional liaison
- Delivering improved clinical reasoning
- Developing a community based health care team that works together to not only treat but prevent
- Easier accessibility to services and more personalised treatment

Scenario 1: David and Susan

David is 86 and lives with his wife, and main carer, Susan near Stamford. David has hearing problems, a chronic breathing disorder and mental health issues including depression. He frequently falls, and Susan has to call 999 for help.

David's GP highlights his situation to his Neighbourhood Team Care Co-ordinator and they agree to review it in more detail at a Multi-Disciplinary Team (MDT) Meeting. As a result of the MDT Review it is agreed that:

- The Care Coordinator will work with David and Susan to look at how best to keep David safe and reduce his risk of falls, helping to reduce hospital admissions
- David is showing early signs of dementia, so the Team refer him to Alzheimer's Society for extra support
- Lincolnshire Adult Social Care review David's care plan and look into arranging personal and domestic care, which will in turn support Susan too
- An emergency carer's plan is put together to support Susan if David does have to go into hospital
- The Social Care Team help to set-up a personal budget to help David and Susan find suitable and enjoyable daytime activities

These actions and the benefits for David and Susan are developed and managed through the coordinated approach taken by the Neighbourhood Team.

Scenario 2: Shahana and Amir

Amir was 78 in March and is the main carer for his wife Shahana, aged 75, and they live in Grantham. Shahana has Type 1 diabetes and Parkinson's; she has had recent hypo attacks and has been admitted into A&E three times in the last six weeks.

Amir is partially sighted in one eye.

Health and care professionals from the Grantham Neighbourhood Team met at a GP surgery in May following Shahana's most recent admission into hospital and agreed the following action plan for Shahana and her husband; the overview of their needs and the actions required are with the Neighbourhood Team Care Coordinator.

- The specialist diabetes nurse has set up a short series of home visits to advise Shahana on her insulin regime and diet, and these visits will include Amir so he knows what to watch out for.
- The Grantham branch of Parkinson's UK and specialist Parkinson's nurse will work with Shahana to support her further
- The Social Care Team have worked with the couple to provide support with transport and home care when needed
- Amir has received support so that he can keep up to date with his eye examinations and update his glasses
- A carer plan has been agreed with Amir so he knows what to do and who to call when he needs additional help to care for Shahana.

This joined up approach across the Neighbourhood has helped Shahana to better manage her diabetes day-to-day, reduced the number of inappropriate A&E admissions and consequently made savings to the health economy.

The 'Neighbourhood Team Story' for Lincolnshire Staff

Staff of the various health and care organisations across Lincolnshire have been engaged throughout the process so far. For example, over 200 staff attended two Stakeholder Events in Skegness, where developments within the programme were shared and they were given the opportunity to feed in their own thoughts and experiences. Regular newsletters are also distributed to inform staff and other stakeholders of progress and these include the contact details of the appropriate people should anyone wish to feedback their input.

In Lincolnshire, Neighbourhood Team working means that health and social care specialists now work more closely together in a multi-disciplinary way so that:

- Cases of more vulnerable patients are better tracked and the multiple needs of one patient are considered at one, rather an a series, of meetings that lead to coordinated actions
- Working together means that professionals better understand each others pressures and can support each other appropriately
- Evidence already shows that pressure is eased on Lincoln County's A&E with some inappropriate admissions being reduced
- Information is exchanged in a more joined up way and more quickly, e.g. where a patient had to make just one call and the community matron was able to pass on the information to a social worker seamlessly
- Being able to share health and social care perspectives means that it is easier to share information.

When Lincolnshire people and patients have support from a range of different services, integrated working is absolutely fundamental.

Progress to Date

An early group of implementer Neighbourhood Teams were established last year and a review has taken place to input lessons learnt and develop the next stage in the development of Neighbourhood teams.

At present Neighbourhood Teams are established in:

- Skegness - East Lindsey Coastal	Lincolnshire East CCG
- Sleaford - Grantham Town and Grantham Rural	South West Lincolnshire CCG
- Stamford - Long Sutton/Sutton Bridge	South Lincolnshire CCG
- Lincoln City South - Lincoln North	Lincolnshire West CCG

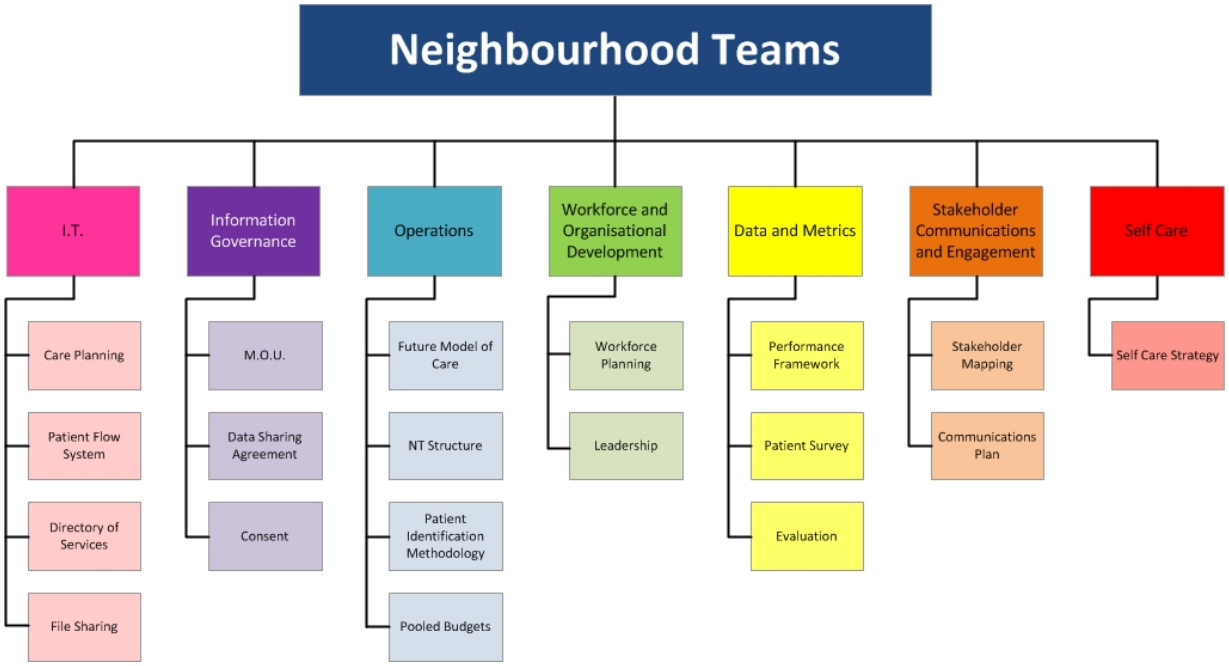
Current proposals are for 18 Neighbourhood Teams across the county by September 2015.

The emphasis of the work to date has been to

- Establish the 'core multi-disciplinary teams' within each of these areas
- Establish ways of working
- Building relationships locally
- Identify issues that hinder coordinated care for individuals

Moving Forward

A revised Project Group was set up in April to support the development of Neighbourhood Teams in Lincolnshire. A detailed project plan is currently being compiled. This contains a number of workstreams, each with a designated lead who reports in to the Project Team.



These are seen as being the important areas to focus on in order to achieve the outcomes required over the next 12 months.

Progress against the Project Plan will be monitored centrally by Programme Management Office support assigned by Lincolnshire Health and Care, alongside other live project documentation, including the Risk, Assumptions, Issues and Dependencies Log. This will ensure that progress is being made and the early identification of any issues or dependencies.

A central driver for the success of Neighbourhood Teams is effective working with the wide range of stakeholder groups in each area, so an important workstream for the project group is stakeholder communications and engagement. In the coming months there will be a growing focus on this workstream as the group maps the range of partners involved and develops the best approach to building effective two-way dialogue.

Consultation

A comprehensive Communications Plan is currently being developed in collaboration with all partners and there will be a growing focus on stakeholder engagement in the coming months. The LHAC Programme will be going to formal public consultation in December 2015.

2. Conclusion

The Adults Scrutiny Committee is requested to consider and comment on the information presented on the Neighbourhood Teams and to determine if and when further updates on Neighbourhood Teams may be necessary.

3. Appendices - These are listed below and attached at the back of the report

Appendix A	Neighbourhood Teams Roll Out Status Report
Appendix B	Neighbourhood Teams Map

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Alex Mehaffey and Duncan Richardson, who can be contacted on 01522 718051 or LHAC@lincolnshire.gov.uk

APPENDIX A

Neighbourhood Team Roll Out for Lincolnshire West CCG					
Locality	**Current Progress**	**Lead**	**Status**	**Next Actions**	**Red Amber Green**
Lincoln City South	• Implemented	Lisa	Complete	• Explore co-location possibilities • Roll out e-Frailty tool • Widen links within Neighbourhood Community • Identify format for Care Support Planning and progress • Ensure internet connectivity for MDT during meetings	Green
North Lincoln	• Implemented	Lisa	Complete	• Explore co-location possibilities • Roll out e-Frailty tool • Widen links within Neighbourhood Community • Identify format for Care Support Planning and progress • Ensure internet connectivity for MDT during meetings	Green
South of Lincoln	• Implemented	Lisa	Complete	• Explore co-location possibilities • Roll out e-Frailty tool • Widen links within Neighbourhood Community • Identify format for Care Support Planning and progress • Ensure internet connectivity for MDT during meetings	Green
Gainsborough	• Implemented	Lisa	Complete	• Explore co-location possibilities • Roll out e-Frailty tool • Widen links within Neighbourhood Community • Identify format for Care Support Planning and progress • Ensure internet connectivity for MDT during meetings	Green

Neighbourhood Team Roll Out for South Lincolnshire CCG					
Locality	**Current Progress**	**Lead**	**Status**	**Next Actions**	**Red Amber Green**
Bourne Gellatly & Hereward	• Initial meeting with Practice Managers • Meeting to set up NHT and MDT to take place before 19th May 15 • Meeting for the year to be booked in • Contact list to be developed and sent out • Care Co-ordinator register – agree template • Dial in details to be available	Sally C	31st May		Green
Littlebury (Holbeach)/ Moulton Medical Centre /Sutterton Surgery/Gosberton Medical Centre	• Call individual practice managers • Initial meeting with Practice Managers • Meeting to set up NHT and MDT to take place before 31st June • Meeting for the year to be booked in • Contact list to be developed and sent out • Care Co-ordinator register – agree template • Dial in details to be available	Sally C	30th June		Amber
Spalding Practices (Beechfield Medical Centre, Penny Gate Health Centre, Munro Medical Centre	• Call individual practice managers • Initial meeting with Practice Managers • Meeting to set up NHT and MDT to take place before 17th August • Meeting for the year to be booked in • Contact list to be developed and sent out • Care Co-ordinator register – agree template • Dial in details to be available	Sally C	17th August		Amber

Neighbourhood Team Roll Out for South Lincolnshire CCG					
Locality	**Current Progress**	**Lead**	**Status**	**Next Actions**	**Red Amber Green**
The Deepings & Abbey View Surgery (Crowland)	• Meeting to take place with the Deepings 6th May • NHT to be implemented by the 31st August			Meeting took place – start up meeting to b arranged for 13th July	Amber
The Little Surgery, The New Sheepmarket Surgery, St Marys Medical Centre(Stamford)	• Meeting to take place with Ginny Blackoe on the 29th April to discuss NHT and MDT meeting for Stamford • Following meeting actions to be agreed and GP practices to be invited to attend • Venue to be agreed • Liaison Officer to be advertised by 1st May • Resend of all templates and paperwork		31st May	Liaison Officer post out to advert now 18/05/2015	Amber
Long Sutton	• Implemented	Sally C	Completed	• Explore co-location possibilities • Roll out e-Frailty tool • Widen links within Neighbourhood Community • Identify format for Care Support Planning and progress • Ensure internet connectivity for MDT during meetings	Green

Neighbourhood Team Roll Out for South West Lincolnshire CCG					
Locality	**Current Progress**	**Lead**	**Status**	**Next Actions**	**Red Amber Green**
Sleaford	• Implemented		Completed	• Explore co-location possibilities • Roll out e-Frailty tool • Widen links within Neighbourhood Community • Identify format for Care Support Planning and progress • Ensure internet connectivity for MDT during meetings	Green
Grantham Town	• Implemented		Completed	• Explore co-location possibilities • Roll out e-Frailty tool • Widen links within Neighbourhood Community • Identify format for Care Support Planning and progress • Ensure internet connectivity for MDT during meetings	Green
Grantham Rural	• Implemented		Completed	• Explore co-location possibilities • Roll out e-Frailty tool • Widen links within Neighbourhood Community • Identify format for Care Support Planning and progress • Ensure internet connectivity for MDT during meetings	Green

Neighbourhood Team Roll Out for Lincolnshire East CCG					
Locality	**Current Progress**	**Lead**	**Status**	**Next Actions**	**Red Amber Green**
Skegness	• Implemented		Completed	• Explore co-location possibilities • Roll out e-Frailty tool • Widen links within Neighbourhood Community • Identify format for Care Support Planning and progress • Ensure internet connectivity for MDT during meetings	Green
East Lindsey Coastal	• Implemented		Completed	• Explore co-location possibilities • Roll out e-Frailty tool • Widen links within Neighbourhood Community • Identify format for Care Support Planning and progress • Ensure internet connectivity for MDT during meetings	Green
Boston			July		Amber
East Lindsey North			August		Amber
East Lindsey Middle			September		Amber

Map Showing Lincolnshire Neighbourhood Team Areas & GP Practices as at March 2015

GEM

NHS
Greater East Midlands
Commissioning Support Unit