

Out of Hospital Teams

Suggested approach from Maureen Orr, Democratic Support and Scrutiny Team Manager

A report on the progress of Out-of-Hospital services in Great Yarmouth and Waveney.

1. Background

- 1.1 On 7 October 2016 Great Yarmouth and Waveney Joint Health Scrutiny Committee (GY&W JHSC) received an update on the progress of Out-of-Hospital Teams (OHTs), which were an important part of the new service model introduced following the 'Shape of the System' consultation in 2015.
- 1.2 At that stage OHTs were established in Lowestoft and the North of the CCG area and a Community Integrated Care Team (CICT) was established in Southwold and Reydon. Discussions were continuing regarding the development and implementation of out of hospital services across the remaining areas of Great Yarmouth and Waveney including Beccles, Bungay, Kessingland and Halesworth. The CCG had given a commitment not to close Patrick Stead Hospital, Halesworth, until suitable alternative provision was available but the hospital had to close temporarily in September 2016 due to staff shortages.
- 1.4 The Joint Committee agreed to write to GY&W CCG to fully support the provision of an OHT for the Beccles, Bungay, Kessingland and Halesworth areas.
- 1.5 In January 2017 the Joint Committee received an information bulletin from the CCG which said that it was currently working with members of the Halesworth community to establish future provision of out of hospital services to the Halesworth population and planning for the build of the Castle Meadows facility.

2. Purpose of today's meeting

- 2.1 The CCG has been asked to provide the Joint Committee with an update on the progress of the OHTs, including progress towards provision for the Halesworth area, including details of:-
 - current vacancy rates
 - patient feedback about the services
 - key performance indicators (KPIs)
 - effect on emergency admissions

- further development of the teams in all areas.

2.2 The CCG's report is attached at **Appendix A** and representatives have been invited to answer Members' questions.

3. **Suggested approach**

3.1 After the CCG representatives have presented their report, Members may wish to discuss the performance of the Out of Hospital services to date and the plans for implementation across the whole Great Yarmouth and Waveney area.

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Briefing for Great Yarmouth and Waveney Health Scrutiny Committee: Update on the Out of Hospital Teams

Description of the Services

The Out of Hospital Team (OHT) is an inter-disciplinary team of health and social care professionals. The objective of the service is to provide care at home whenever it is safe, sensible and affordable to do so. The care the team provides is organised around the patient, focusing on individual need and empowering independence. The team, in the main, provides intensive, short term care, which reduces as the patient regains health and independence. Care is holistic, co-ordinated and responsive and goal focused, using a case management approach.

The shared values and aims underpinning care delivered by the team include:

- Patient centred care; staff involve patients and their family and, or carers in the care planning approach
- Staff are sensitive to the needs of family and carers
- Care is provided in patients' usual places of residence or Beds with Care
- The team is easily accessible to patients and their families and, or carers
- The team focuses on proactive delivery of care and where a patient is in crisis reacts rapidly to keep that patient safe in their usual place of residence if it is safe and sensible to do so.

There is currently a Lowestoft OHT and North OHT provided by East Coast Community Healthcare, and a Community Integrated Care Team (CICT) in Southwold and Reydon provided by Sole Bay Health. The model in Southwold and Reydon is a locally designed model to support the needs of this population. This is in line with the CCG commitment, through the Shape of the System Public Consultation, to develop locally appropriate models of care with local stakeholders. The CICT is in the early stages and will continue to develop over the coming months.

Staffing

The OHTs are made up of key health and social care professionals supported by workers able to perform many types of basic nursing, therapeutic and personal care tasks. Teams incorporate the follow staff groups:

Senior Professionals

- Independent Nurse Prescribers
- Community Nurses
- Physiotherapists
- Occupational Therapists

- Social Workers
- Social Care Assessors

Support Staff:

- Assistant Practitioners
- Reablement Practitioners
- Generic Workers
- Home Care Workers
- Community Phlebotomists

In addition to the above the team has a combined triage team made up of both health and social care professionals including:

- Day Co-ordinators (Health)
- Duty Workers (Social)
- Allocation Co-ordinators
- Administrators

This team are responsible for:

- Receiving referrals
- Contacting various others for further information
- Triage referrals
- Allocating assessments
- Imparting necessary information to the assessor
- Daily contact with acute and community bed providers to ascertain details of patients who will require supported discharge
- Daily contact with acute and community bed providers for updates on patients' expected dates of discharge and any changes to patients circumstances and, or care needs

The CICT consists of two part time nurses, one healthcare assistant, seven carers, a physio assistant and a support worker. GPs and the Community Matron work in partnership with the multi-disciplinary out of hospital team to ensure that where at all possible, frail and/or unstable patients are supported to stay well and independent at home.

Staffing Structures

The OHTs/CICT comprise of the following staff groups and whole time equivalents (WTE):

Lowestoft OHT Staff	Grade	WTE
Manager	7	1
Nurse	6	7
Physiotherapist	6	1.6
Occupational Therapist	6	2.8
Technical Instructor	5	1
Triage	4	3.8
Assistant Practitioner	4	6
Rehab Support Worker	4	16

North OHT Staff	Grade	WTE
Manager	7	1

Nurse	6	8.44
Physiotherapist	6	1
Social Workers	6	2.4
Occupational Therapist	7	0.8
Occupational Therapist	6	2
Pharmacy Technician	5	0.37
Triage	4	3.8
Assistant Practitioner	4	9.76
Rehab Support Worker	2	20.32

It should be noted that the above includes the Admission Prevention Service (APS) which provides support on an 8am to 8pm basis across the rest of Waveney currently. This team cannot be separated out in terms of staff as the Out of Hospital team works in a very integrated way to support both OHT and APS activity.

Sole Bay Health CICT

As described above the Sole Bay Health CICT two part time nurses, one healthcare assistant, seven carers, a physio assistant and a support worker. The carers, physio assistant and support worker are self-employed and work on an as and when basis to ensure resource can be flexed to meet demand. All members of the team are fully supervised and managed by Sole Bay Health and the appropriate screening is undertaken.

Vacancies

Below by team are the current vacancies (as of 14 March 2017) within each team:

Lowestoft OHT

1 x Band 2

North OHT

1 x Band 6 Nurse currently out to advert

Sole Bay Health CICT

There are no vacancies within the team.

Locations where services are based

The OHT in Lowestoft is based within Kirkley Mill Health Centre. The OHT North team are based within the Herbert Matthes Block on the Northgate Hospital site in Great Yarmouth.

The CICT is based at Sole Bay Health Centre.

Geographic areas served

The Lowestoft OHT will accept referrals for patients registered with a General Practitioner in Lowestoft.

The North OHT will accept referrals for patients registered with a General Practitioner within the Northern locality of NHS Great Yarmouth and Waveney CCG.

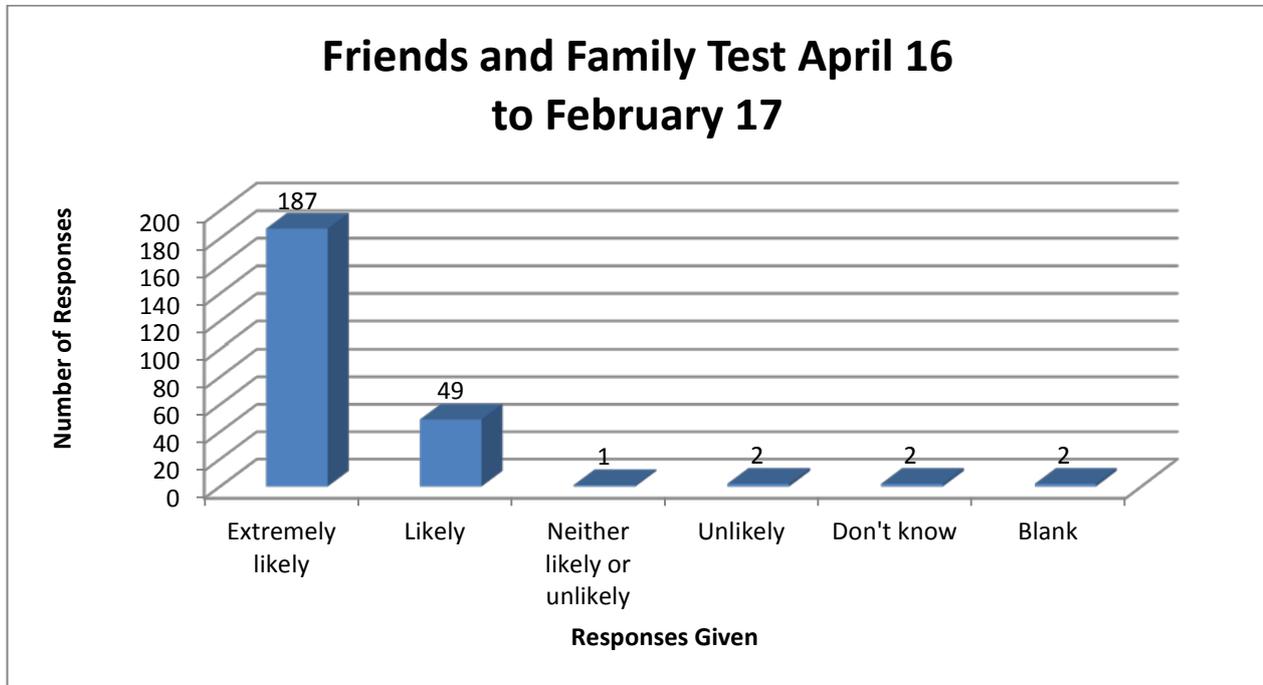
The CICT supports patients registered at Sole Bay Health Centre.

The OHTs/CICT supports patients aged 18 years and over.

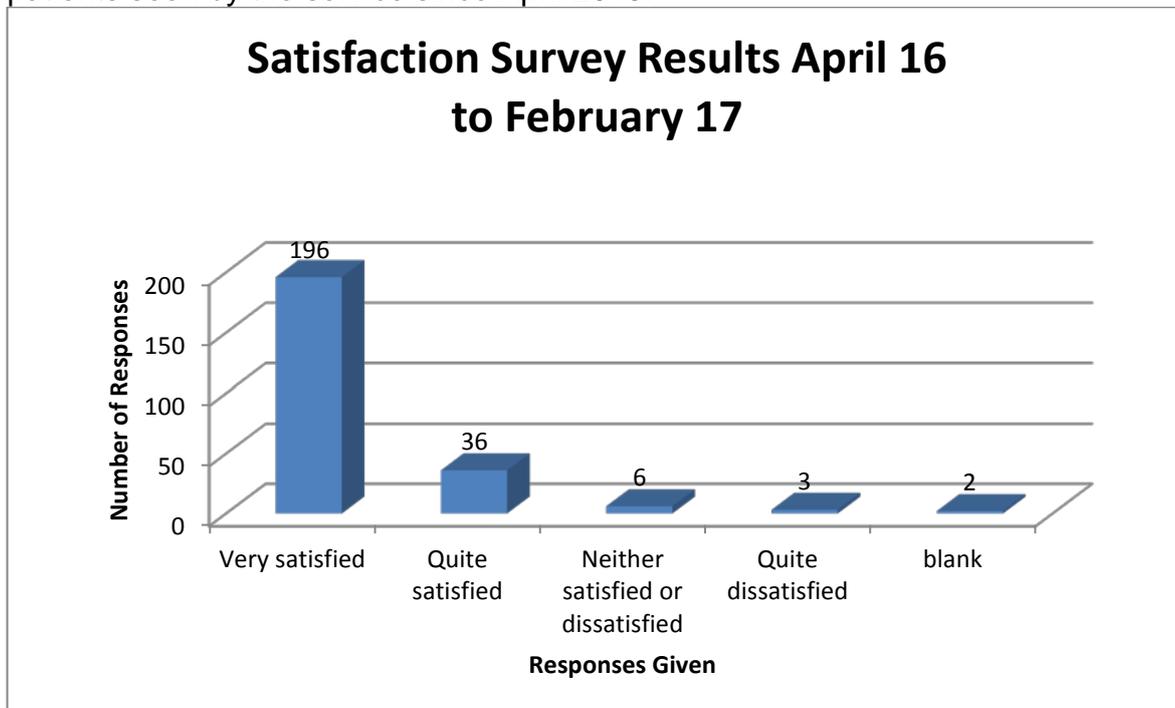
Patient Feedback

The OHTs in both Lowestoft and the North have received extremely positive patient feedback – see below.

The Friends and Family Test has been used since April 2015 and asks patients ‘How likely are you to recommend our services to your friends and family if they needed similar care or treatment?’



‘How satisfied are you with the service you have received?’ has also been routinely asked of patients seen by the service since April 2015.



Patient feedback received for the Sole Bay CICT has been extremely positive with 100% of patients and their families happy to complete the satisfaction questionnaire and comments being that the team provide an excellent service with it being highly likely to be recommended to others.

Key Performance Indicators (KPIs)

A number of KPIs are in place with providers to monitor effectiveness and compliance of out of hospital teams.

Below is the list of the main KPIs in place for the out of hospital services provided by ECCH and Sole Bay Health

1. % of Service Users referred urgently to the Out of Hospital Team assessed within two hours of referral – Threshold for compliance is 98%.

This KPI is a measure of the speed of response to a request for 'urgent' support. All providers are currently achieving 100% compliance.

2. % of Service Users referred non-urgently to the Out of Hospital Team assessed within one working day of referral - Threshold for compliance is 98%.

This KPI is a measure of the speed of response to a request for 'non-urgent' support. All providers are currently achieving 100% compliance.

3. % of all Service Users receiving a care package within 12 hours of Assessment - Threshold for compliance is 95% for the North and Lowestoft teams, and 98% for the Sole Bay team

This KPI is a measure of the speed a package of care is provided to an individual following assessment. All providers have achieved 100% compliance.

Effect on Emergency Admissions

When comparing data between calendar years for 2015 and 2016 the CCG has seen a 4.1% increase in emergency admissions for patients aged over 75 being admitted to the James Paget University Hospital for a medical speciality. This is for North and Lowestoft practices which have an out of hospital team. From 4071 patients in 2015, to 4236 in 2016.

This increase is in line with the national picture where there have been increases in A&E attendances and emergency admissions. It is also worth noting that during 2016 Beccles Hospital operated at a reduced capacity level for part of the year, and also inpatient activity at Patrick Hospital was temporarily suspended due to safe staffing levels.

As the Sole Bay CICT model has been implemented part way through the year comparable data is not yet available.

Developing out of hospital teams across the CCG Area

As described in the CCGs Shape of the System consultation, the CCG wants a community model provided across Great Yarmouth and Waveney which helps our more older people and people with long term health conditions to remain independent in their own homes and avoid going into hospital or ending up in long term care.

The CCG is currently planning a review of the different models in place in the North, Lowestoft and Southwold to inform future out of hospital services for the population of Great Yarmouth and Waveney. This will ensure the CCG understands demand for services including reasons for intervention, peak periods, any gaps in delivery and also the differing issues facing rural and urban areas.

Beccles Intermediate Care

As part of the Shape of the System consultation the CCG Governing Body agreed in November 2015 to change the use of the GP community hospital beds at Beccles Hospital to provide an intermediate care facility for the whole of Great Yarmouth and Waveney.

Since that decision a £1.65 million development has been completed on the Minsmere ward at Beccles Hospital to provide the Intermediate care facility. This work was completed by the developers in February 2017.

The facility is now open and includes 20 beds including the following:

- Eight single rooms with ensuite toilets and washing facilities
- Three four bed bay areas with separate toilet and washing facilities
- Piped oxygen to all beds
- Dedicated therapy area and resource room
- Space for four chair intravenous therapy area
- Patient lounge and dining area

Additional resource has been commissioned with ECCH to ensure that patients can receive intense rehabilitation and therapy to enable patients' function to be optimised and suitable for discharge. This includes both therapy, nursing and assistant practitioner roles. Additional social work capacity has also been commissioned to ensure that there are as few patients as possible that have delayed discharges and that patients will transition quickly and efficiently from the hospital back to the community.

Recruitment is currently taking place for the additional staff and the new model of care will be fully operational over the coming months.

Cath Byford
Director of Commissioning and Quality