

Health Partnerships Overview and Scrutiny Committee, 29th November 2011

Integrated Care Organisation - Progress Report

1. Introduction

On 1 April 2011 the community services of Brent, Ealing and Harrow separated from their former Primary Care Trusts to become part of Ealing Hospital NHS Trust and formed a new Integrated Care Organisation (ICO) better able to deliver high quality health care closer to home. This paper summarises the progress of the Integrated Care Organisation (ICO) since its creation and specifically the community health services it delivers in Brent.

The Trust employs a total workforce of over 3,000 staff of which 1,529 WTE staff work in the community across the three boroughs it serves.

2. Organisational and Management Structures

The ICO has created a robust clinical and management leadership structure with the capacity and capability to deliver the vision of the ICO. Appendix 1 contains an Organisational Chart which outlines the seven directorates that comprise the ICO. The ICO has a strong borough focus to support the further development of close collaborative working with partner agencies to deliver better outcomes for its local communities.

Three experienced Community Services Directors (CSDs) were appointed in April 2011 to oversee the operational delivery and strategic development of more integrated community services within each borough and to lead the Transforming Community Services agenda locally. In the first few months in post the Community Services Directors have focused on establishing productive relationships with key partners in the respective Local Authorities, GPs and commissioners in each borough, supporting staff through the transition period and developing their directorate objectives in line with the goals of the organisation.

The Community Services Director – Brent is an experienced manager who has thirty years experience of working in the NHS; twenty of those in the community both as a clinician and in various clinical and management leadership roles. The CSD-Brent has also focused on driving up quality within community services to improve health outcomes and deliver improved productivity and efficiency within services, developing robust systems locally to support and monitor this process and finally overseeing the ongoing delivery of key service development projects for 2011-12.

3. Governance

The ICO has reviewed its governance and strategic committee structures to reflect its broader organisational responsibilities and accountability for the provision of both acute and community health care. There is now community representation on all appropriate Trust committees and groups.

Within Community Services Brent the following groups have also been established to oversee the governance of three priority areas:

- Brent Safeguarding Adults Group chaired by the CSD – Brent

- Brent Safeguarding Children and Looked After Children's Group chaired by the CSD – Brent
- Brent Clinical Governance Group chaired by the Deputy Director of Nursing and Clinical Standards - Brent

Each local group reports to an ICO-wide committee which, in turn, reports to the Trust Board.

Monthly meetings have been established between Community Services Brent and NHS Brent/GP commissioners to oversee performance management of the local community contract.

Community Services - Brent

An update is provided below on a range of existing and developing services in Brent which are focused on the closer integration of health and social care to deliver higher quality care.

4. STARRS

A successful example of a recent new service delivery arrangement in Brent is STARRS (Short Term Assessment, Rehabilitation and Re-ablement Services). The STARRS intermediate care service was implemented in Brent in October 2010. The clinical model treats acute exacerbations of Ambulatory Care Sensitive (ACS) conditions for an admission avoidance pathway, in addition to supporting hospital discharges and facilitating community rehabilitation. The service is aligned with Brent Council Social Care to support the assessment and set-up of re-ablement packages of care.

The STARRS project is delivering patient benefits as a result of a Single Point of Access (SPA) to care that integrates care services across Brent. This creates a seamless patient pathway, delivering consistent and reliable services that offer greater choice and personalised care closer to home, or in an appropriate community setting. Thus unnecessary or prolonged acute hospital admissions are avoided. Such support for patients in living independently reduces long-term reliance on care services. This has the overall benefit of increasing access to rehabilitation and re-ablement services which substantially improves recovery times and long-term wellbeing. The community element of the STARRS service is delivered by the ICO and has been performing well against its key performance indicators since May 2011.

5. District Nursing and Case Management

A new case management system is also being piloted in two localities in Kilburn and Wembley. It aims to improve quality, increase capacity and efficiency within the District Nursing Service to be able to intensively case manage identified high risk patients with long term conditions. The service is working closely with GPs to identify those high risk patients with complex co-morbidities and known high use of A&E and acute services, who will benefit from case management where care is centrally co-ordinated by a community nurse. Through better co-ordinated interventions patients will benefit by developing greater confidence, knowledge and self-awareness enabling them to better self-manage their conditions thereby improving their quality of life. In turn, this will lead to improved disease control and consequently a reduced number of acute exacerbations of their condition/s and subsequent reliance on acute services.

The system seeks to integrate services and encourage all elements of the health economy to work together to reduce emergency admissions (particularly District Nursing, GPs and consortia, Social Care, STARRS and NWLHT). The project for example will be seeking to further develop joint working between the District Nursing Service and STARRS to maximise the potential of the District Nurses longer-term

management of high risk patients in the community, with STARRS having a key role in rapid intervention to stabilise those patients whose condition worsens at home.

There are currently over 120 patients with complex needs being case managed. The pilot is due to be evaluated in December 2011/January 2012. A decision will then be made by commissioners regarding whether they wish to roll the programme out across the borough.

6. Long Term Conditions

There is a long history of collaboration in Brent between community health services and the Central Middlesex Hospital to jointly provide a range of clinics delivering enhanced care for patients with certain long term conditions. These services are delivered by multi-disciplinary teams from across both acute and community Trusts including consultant physicians, consultant nurses, Allied Health Professionals, therapists and specialist nurses. Examples include clinics for diabetic and COPD patients with complex management needs. Patients benefit from a service model that offers timely, local and convenient access to a team of professionals with a broad range of clinical expertise to be able to manage their complex care needs in an integrated one-stop shop service.

The York and Humber Public Health Observatory have recently published inpatient data for diabetic foot patients for all PCTs in England and Wales. The data shows that Brent has achieved amongst the lowest amputation rates in the country (1 per 1000 c.f. national average 2.7 per 1000). Major amputation rates are amongst the best in the country (0.5 per 1000 c.f national average 1.08 per 1000).

Brent has one of the highest prevalence rates of diabetes in the country, has higher than average deprivation and falls in the bottom end of the spending per capita for diabetes. However, Brent results are amongst the best in the country. The integrated foot pathway within Brent (which is part of the Integrated Diabetes Care Pathway), with the STARRS team, microbiology and vascular surgery have been key to achieving these results. These are a set of excellent results and clearly illustrate the huge benefits to patients and commissioners from delivering integrated care.

A potential merger between EHNT and NWLHT would facilitate a further shift towards more whole system changes in the management of such long term conditions through a unified clinical workforce, access to high quality facilities/premises in Brent and more innovative and efficient utilisation of resources and staff.

7. Universal Children's Services

The Health Visiting and School Nursing Services in Brent have been working collaboratively with the Local Authority and commissioners this year to progress the development of integrated & holistic universal children's services to support delivery of the "Healthy Child Programme" across the borough. Within this health and social care model, services for the under 5s are focused around Children's Centres providing more accessible support to children and families in the community. Health Visitors play a key role in supporting this model of delivery whilst also working currently to strengthen links with primary care and GP clusters.

Improved access and choice for service users to these collaborative centres within localities, enables children and families to benefit from timely support from a range of professionals to advise them on all aspects of child health and development including breastfeeding support, feeding and weaning, immunisation advice as well as reducing isolation and providing parenting support. Whilst services are focused on prevention and supporting the healthy development of children, this approach also enables the early identification of issues where some families may require an

enhanced level of support and/or referral onto other health, social care and third sector agencies.

The ICO has a robust recruitment strategy in place prioritising the ongoing recruitment of Health Visitors in each of its community directorates due to the shortages across the capital of this professional group. Community Services Brent currently has a rolling programme of recruitment every 3 months. The ICO is working closely with NHS London who centrally co-ordinate the recruitment to Health Visitor training placements and Return to Practice students following an awareness campaign across London. Brent currently has ten WTE vacancies although three Health Visitors have recently been appointed and are due to commence in the next couple of months. Temporary staff are also used wherever possible to provide backfill for these vacancies.

Community Services Brent has recently begun working closely with NHS Brent and GP commissioners to develop a Health Visitor Implementation Plan by February 2012. This will set out how the envisaged increase in Health Visitor numbers will be implemented in Brent by 2015 in line with the Department of Health's strategic vision.

8. OFSTED/CQC Safeguarding and Looked After Children Inspection

An inspection of Safeguarding and Looked after Children Services took place in Brent from 3-14 October 2011. The contribution of health agencies to keeping children and young people safe was graded as adequate. The health outcomes for Looked after Children were however assessed as inadequate.

The inspection highlighted the following issues:

- the quality of health assessments
- health plans were not always outcome-focused
- no follow-up of care plan outcomes
- timeliness of review health assessments of LAC
- issues with information-sharing between services
- low rates of LAC partnership working

The ICO takes the findings of the inspection very seriously and is committed to working closely with the Council and commissioners to address the issues highlighted during the inspection in a timely way to improve outcomes for Looked after Children locally.

Consequently a Joint Working Group has been established with representation from the ICO, Brent Council and NHS Brent to develop and implement a joint action plan to take forward the recommendations in the report within the required timescales. The group is chaired by the Community Services Director – Brent and the first meeting took place on 3 November 2011. The group will report regularly on its progress to the Brent Children's Partnership Board and within the ICO to the Trust Board.

10. Looking Forward

At the time of writing this report the ICO is awaiting the Commissioning Intentions for 2012-13 from NHS Brent. The focus of Community Services in Brent however will be on:

- improving quality and health outcomes
- providing a more positive patient experience
- prevention of disease
- early detection and identification of health issues
- better management of long-term conditions in the community

- prevention of unnecessary acute hospital admissions
- supporting timely discharge from hospital

This will be achieved through closer integration with health and social care services in Brent as well as with other community services within the ICO to deliver greater productivity, responsiveness, choice and value for money for our service users.

Yvonne Leese
Community Services Director – Brent
14 November 2011

Appendix 1 – ICO Organisational Chart

Integrated Care Organisation
Incorporating the Community Services of
Brent, Ealing and Harrow

**Organisational Structure:
September 2011**

Ealing Hospital 
NHS Trust

