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Leicester, Leicestershire and Rutland Commissioning Insights Community Services Redesign

Patients, service users, family carers and staff

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Tamsin Hooton
Director Lead for Community Services
Redesign Leicester, Leicestershire and Rutland

Welcome and introduction

We need to improve care for a changing population

Our **local population** is

growing

The old population is increasing most

and is predicted to increase by **11%** in next five years

Predicted increase in people aged 65+ whose day-to-day activities are limited by a long-term illness

Long term illnesses are also increasing

There are more of us and either as a result of ageing or lifestyle choices

more of us are ill more of the time

This leads to a greater demand for health and care services

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Purpose of event

- Share with you insights from patients, carers and staff about their experiences of receiving and delivering community services and hear your insights
- Share with you the learning and research undertaken about the current community services and hear your insights
- Share with you the underpinning principles for a model of community services in the future and hear your views
- Share with you how we have aligned the insights and research to the model to support the co-design of the service and hear your views

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What are community health services?

- Nursing and therapy services that work in people's home, care homes or community hospital settings
- Typically provide care to people who are housebound, with a range of health needs, but who are not acutely ill

Services included in our current review:

- District nurses
- Intensive Community Support Service
- Domiciliary therapy (occupational therapists and physiotherapists)
- Community hospital inpatient beds
- Care home reablement beds
- Primary Care Co-ordinators (discharge workers in hospital)

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Sue Venables, Head of Communications and Engagement, Better Care Together &
Helen Cullinan, Patient Experience and Quality Support Officer

Peoples experiences of community services and what matters most to them

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Focus commissioning question

"How will a new integrated model of community care change the experiences of staff, family carers, patients and people who use the services."

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Co-design: what we have done

Captured the experience of:

- Patients receiving community services (in their own home, in community and acute hospitals, in clinics and other settings) (n.63)
- Family carers (n.28)
- NHS staff who deliver community services (district nurses, community matrons, Intensive Community Support, community hospital staff, therapists, neuro and stroke service staff and primary care coordinators etc.) acute care staff and social care staff (n.83)
- Domiciliary care workers and care home staff (n.11)

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Analysis: what we have done

Research

- Undertaken face-to-face qualitative interviews (n. 156)
- Undertaken online qualitative survey (n.66)
- Examined 22 existing reports in line with community services from research in LLR representing 4,300 people

Business intelligence

- Themed the qualitative date from interviews, survey and existing reports
- Aligned findings with local and national research
- Created emotional maps
- Created insights
- Created high impact principles to improve community services

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Patients in a hospital bed

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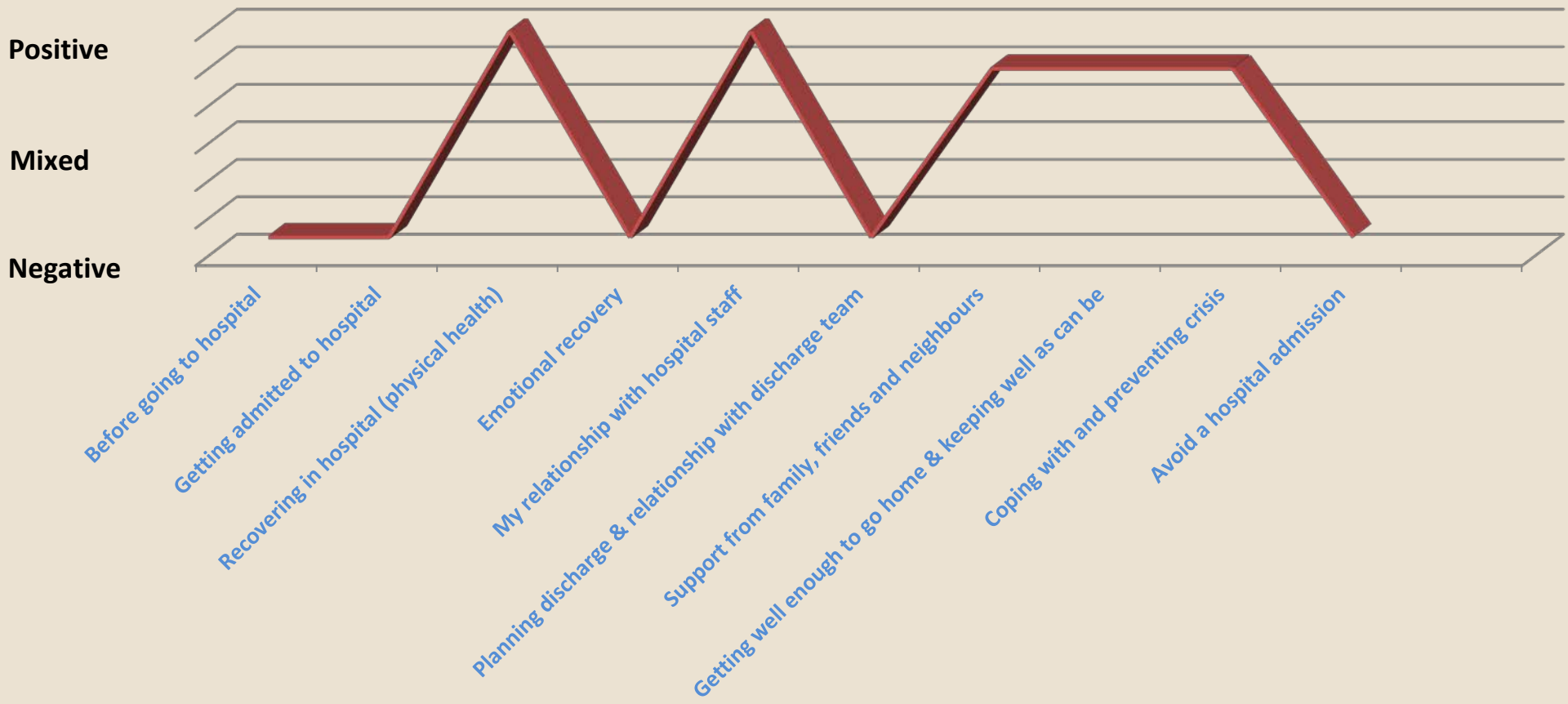
Patients in a community hospital bed
Experiences of care and what matters most



Emotional touchpoints of care

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People receiving care in the place they call home

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People receiving care in a place they call home
Experiences of care and what matters most

Emotional touchpoints of care

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Family carers

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Family Carers
Experiences of care and what matters most

Emotional touchpoints of care

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Frontline staff

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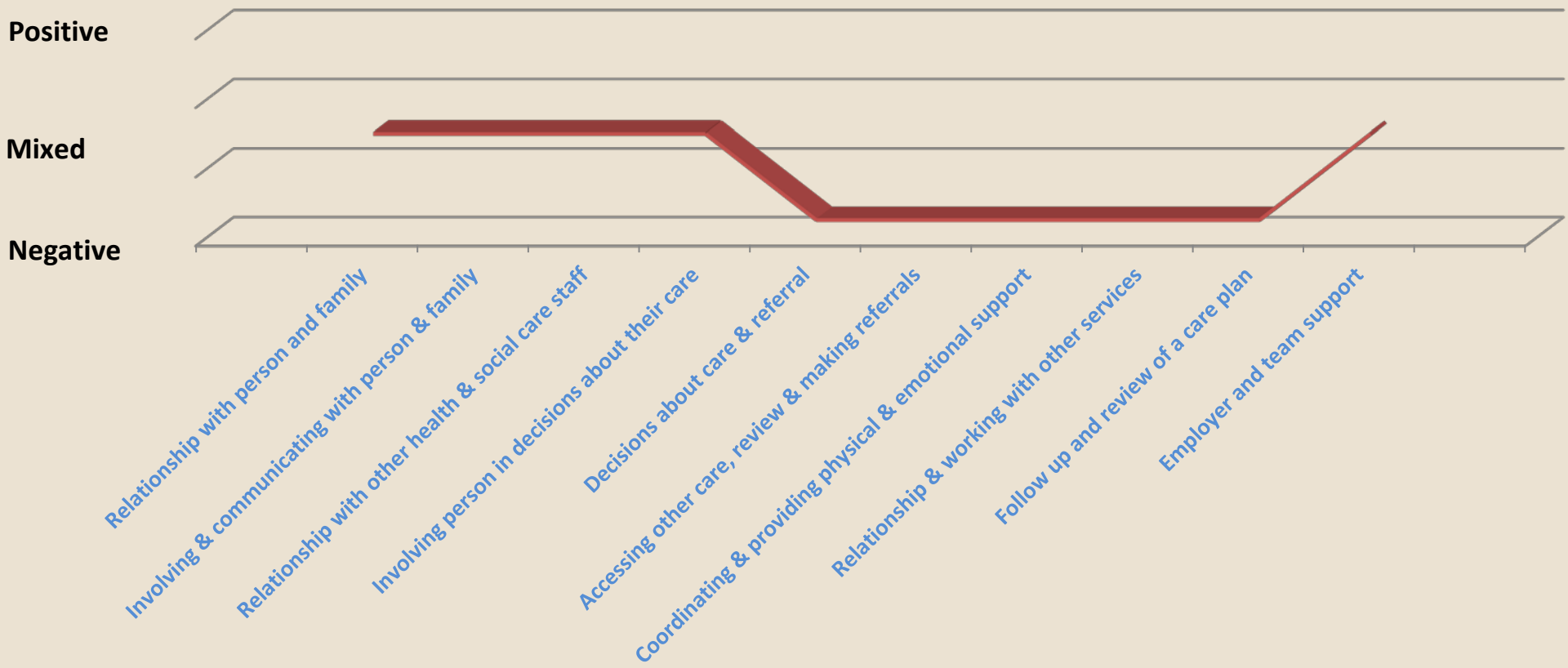
Frontline staff
Experiences of care and what matters most



Emotional touchpoints of care

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Care home and domiciliary staff

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Care home staff and domiciliary staff
Experiences of care and what matters most

Emotional touchpoints of care

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High impact principles to improve community services

Invest in building engaging, resilient teams	Improve support of family carers helping them to be the best care co-ordinators they can be	Embed consistent person-centred care planning across all teams involving everyone in decision making	Support mobility preservation and recognition of its' importance to emotional recovery	Better support transition/ discharge from acute hospital to community setting understanding appropriateness of home setting to provide care
Build trust between families, NHS and social care teams	Build social connections to create hope and confidence helping people to live as well as they can at home	Use insights to support improvement of systems and processes including IT and administration	Better ensure that services and teams provide support to reassure people and help them cope in a crisis	Simplify and increase understanding of service options

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Table top work:

How does this resonate with you?
What surprises you?
What else do we need to consider?

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Aligning the high impact actions to the proposals for future community based services

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Why we need to improve services provided in the community

- We want to increase integration with social care crisis response/re-ablement services
- There are opportunities to increase number of people cared for at home and in re-ablement beds
- Current community nursing service not able to deliver sufficient support to patients at home, only has capacity for routine/planned care
- We have fewer community based therapists locally compared to national average, but significant numbers of therapists working in other settings, e.g. hospital
- Community nursing could work as better integrated teams with GP practices and social care, providing joined-up continuity of care

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Change will take 2 – 3 years of transformation

What we have reviewed so far to support the improvements

- Looked at all the best practice across country
- Held co-design workshops with key stakeholders
- A Clinical Reference Group looked at different options
- Put together high level model
- Looked at current demand and capacity of service
- Audited current pathway
- Undertaken initial analysis of impact of improving community nursing model
- Capital approval for redevelopment of services in Hinckley including those provided in the Health Centre and both hospitals

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What we want to do

- Increase the capacity in neighbourhood community nursing services to manage the majority of patient care, working in integrated teams
- Redesign the Intensive Community Support service to develop integrated 'Home First' services which deliver short term crisis response and reablement care for up to 6 weeks
- 'Home First' services will include community nurses, therapists and social care crisis response and re-ablement staff
- Continue to provide community hospital beds and reablement beds in care home settings for patients who require 24 hour care with therapy input
- Discharge people home from hospital as soon as possible and avoid planned and emergency hospital visits
- Increase the care provided at home reducing over time the reliance on community beds

The future look of Community Health Services

Centred around your needs

Locality Decision Units

Health and care teams working together to decide on the right personalised care of patients together with patients and their family carers.

Hospital Discharge Teams

Integrated Neighbourhood Team

- Manage the majority of care of patients in the community.
- Community nursing would work in the team alongside staff from social care and primary care neighbourhoods (groups of GP practices with between 30,000 – 50,000 patients).

Home First

- Integrated Health & Social Care Crisis Response and Reablement Services
- Deliver intensive, short term care for up to six weeks.
- Health and social care services will assess need and deliver co-ordinated packages of care.

Community Bed Based Care

Delivered:

- In community hospitals for patients requiring medical rehabilitation needing significant 24/7 nursing care and on-site therapies.
- In reablement beds for patients with lower medical needs requiring reablement and a degree of 24/7 support.

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A Patient Case Study - now

"I work full time and have an understanding boss who knows my mum needs support and I need to take time off work.

"My mum was discharged from hospital with less than 24 hours' notice. She was assessed by a Home Care Assessment and Reablement Team on arrival home and her needs understood.

"She was then visited by the Intensive Community Support Team by a Occupational Therapist and Assistive Technologist.

"Home Carers provided support and I know that my mum is safe."

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A Patient Case Study – future proposed care

"I work full time and have an understanding boss who know my mum needs support and I need to take time off work.

"My mum was assessed by a health and care team who liaised with me and my mum, and the hospital discharge team. They decided before she was discharged the right personalised care she needed in order to go home.

"We agree when she was going to be discharged.

"Mum came home and a Team of health and social care staff working together delivered intensive care for the next few weeks to get mum mobile and confident.

"With my mum and I, they will decide if Mum needs a further package of care.

"I know that my mum is safe and is able to be supported to stay in her own home and there is less pressure on me to take time off work."

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First phase of improvements

Redesign of some of the current service whilst still providing the same (or better) level of care to patients in their home by:

- Reorganising current nursing teams
- Moving some of the capacity in the Intensive Community Support Service into larger community nursing teams working at neighbourhood level. This will improve continuity of care and create better team working with GP practices
- Aligning the rest of the Intensive Community Support Service capacity into integrated 'Home First' services to work alongside social care crisis response and reablement
- Creating local decision units in each social care area, as single points of access for discharge decision making and crisis response

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Table top work

- Do the insights align with the principles for the future of community health services
- What else should we consider?

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Question and Answers

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The way forward

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Close