North West Allied Health Professions Network
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NHS
Health Education North West

CASE STUDY: AHPs working differently.

Integrated Community Care Teams

Cheshire and Wirral Partnership Trust

Summary: Integrated Community Care Teams are based in localities aligned with General Practitioner practice clusters. The multi-professional teams are based within GP premises where possible and monthly MDT meetings occur to discuss patients with the whole team and GPs. Previously Physiotherapy and Occupational therapy for community patients were based together in one building covering a large demographic area of Cheshire West while other services were in localities and different offices which meant limited communication between staff, often duplication and multiple visits to the same patients.

Key Themes:

- Integration
- Innovation

Which AHPs are involved?

- Physiotherapists
- Occupational Therapists

working with District Nurses, Community Matrons, Social Care Staff, Care Coordinator and admin staff.

What setting does the service operate in?

Community

Does the service work with Older People?

The service works with adults aged over 18.

How did you identify the changes that needed to take place?

The Altogether Better Programme and the development of the 'Integrated Team around the GP'.

When did you start making the change & how long did it take?

HR consultation started on 29.1.13. Two early implementer teams were established April 2013. All nine teams were live in Sept 2014. The final two teams will move into their bases in (hopefully) February 2015.

How did you go about making the change?

- Two sites where identified as early implementation teams and staff were allocated, with processes and procedures trialled within these teams in preparation for all other teams.
- A project team was allocated with members from across organisations.

Who was involved in the consultation and process of change?

Staff, CCG, Voluntary section, public.

What communication strategies were used to engage people in the change?

- Cheshire and Wirral Partnership communications team arranged involvement and communication processes.
- Staff Briefings with senior management from both organisations, HR, project team members represented.
- Existing Public Involvement forums – the project was on the agenda for discussion.

Were changes needed to the existing skill mix?

Team Managers were all recruited from within services and so they have had to learn new managerial skills and new organisational knowledge as they work across both Health and Social Care. There will probably be more changes as the teams become more established.

Were any new roles developed? Band 3 therapy generic assistants

What have been the benefits?

- Reduced duplication.
- 1 point of access to team.
- Capacity management across team involving all services but this still needs further work. Still being monitored.

What has been the response to change?

Patients:

- Appropriate and less duplication of visits.
- Care coordinator role has provided 1 point of contact for the patient for all services.

Team Members:

- Staff are still settling into the new teams and there is frustration about processes, IT and different organisational issues
- There is some professional protection of roles and a feeling of roles not being understood - to clarify this therapies are doing a presentation to the team members. The CCG are also developing a training pack based on a patient's story to aid the teams to look at each other's roles and what they can offer a patient.
- However many staff see the benefits of closer working and having the ability to discuss patients with colleagues face to face, providing more holistic approach to care, closer working with GPs and the MDTs provide a forum for staff to feedback their input to the GPS.

Organisation:

- Reduction in duplication- should save money in long-term
- Meeting the agenda of Altogether Better Programme and Integrated Team around the GP'.

Integration

Do you work in integrated teams? Yes, currently made up of: District nurses, Community matrons, Physiotherapists, Occupational Therapists, Social workers, Health Care Assistants, Social Care Occupational therapists. In the future there will be links with mental health.

How have you had to work differently?

- Closer liaising and communication between professionals.
- A greater understanding and respect of roles.
- Staff responding to patients' needs (at a basic level) that may have been passed onto another professional previously.

Are team members involved in any generic working - and what training or support is available for this?

- A cross professional competency pack is in development. There are 6 basic competencies covering nurse care, therapy care, mental health and social care. There has been resistance to these competencies as staff feel their roles are being diluted so further work is required to establish how competencies fit within roles and the team.

- Assistant posts are now being developed as generic across therapy.

Has there been any reduction in any roles (e.g. to reduce duplication)?

- Not currently- there is ongoing review of processes and working practices as the teams become more established and staff from the local authority join the team.
- Referral rates and activity will be monitored within each team/locality and this will be used to determine if numbers of staff and skill mix is correct in each team.
- Therapists feel there is a need for specialist skills within each locality such as wheelchair prescriber, falls expert, acupuncture which would mean training or moving staff to ensure their specialist skills are in localities.

What difficulties did you face?

- Configuration of existing staff within the workforce.
- Job descriptions needed to be written for new posts and go through Agenda for Change
- Grades of staff and pay different between Health and social Care.
- Venues/facilities for the teams to be based- lack of suitable venues and then renovation costs for buildings to meet the needs of team and establishing who would cover this cost.
- Local Social services are going through a separate consultation which meant time scales for final decisions would be different.
- Different IT systems used by Health, social Care & GPs so work needed to be undertaken to ensure how communication within team would be established.
- Information sharing protocol and consent.
- Different processes and working practise of professionals in teams.
- Organisational boundaries for provision of services
- Support function teams (IT, Assets, HR) had their own agendas and budgets and so difficulty providing support within the time scales of this project.
- Team managers' new roles and establishing across all professionals in team.

What have you learnt from this process?

- To have a clearer understanding of training needs for all staff before implementation and then be able to deliver the training in a timely way.
- Processes and procedures to be agreed and in place prior to implementation.
- Robust communication and sharing of information systems is vital to integrated care.
- Agree a shared vision.
- Realistic timescales and expectations.
- Funding.
- Strong leadership.
- Robust governance framework.
- Engage key enablers especially IT and estates.
- Joint project planning.
- Relationships and ownership.
- Co-location.
- Integrated management.

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