

## Health and Wellbeing Board

10 April 2018

### **Update to HWB on progress regarding locality work structures and their role in engagement.**

#### **1. Purpose**

The purpose of this report is to explain the current progress within the Place based Teams and the strategy for the MDT's both team MDT's and GP Led MDT's.

It also provides members with a brief update on the next steps of the case for change to build a new Integrated Health and Care Model for Walsall.

#### **2. Recommendations**

2.1 Receive the report and provide feedback through discussions

#### **3. Report detail**

The report outlines the current progress that has been made both with the construction of the integrated health and care teams, the way in which they work together and most importantly how they manage the caseloads with primary care to look after the population health of the localities that they serve.

The report highlights the progress being made with the team working outside of the formal MDT's and the next steps.

The final element of the report highlights the key components of the case for change sponsored by the Walsall Together Partnership Board together with the next steps.

#### **4. Implications for Joint Working arrangements:**

Integrated work has been proven to reduce variations of care to patients and their families by removing duplication and delays in hand-offs between organisations.

Joint working will eventually result in a challenge in the manner in which teams are managed across organisations and links into the new model of care described later in the report.

The current practice is restricted by limited estate options for co-location of teams. In the future space will need to be found to establish co-location and deliver the maximum benefits of team working together in both a formal and informal way.

## **Background papers**

This report is formulated from the material already presented to the Provider Board and the Partnership Board during Q3 & Q4 2018. In addition, the case for change has been referenced which was produced by the Provider Board and presented through Organisational Governance in February & March 2018.

The evidence within the report and the direction of travel is based on the direction outlined in the NHS Five Year Forward View and the Kings Fund Report on Integrated Care.

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# Walsall Health and Wellbeing Board

## Placed-based Teams / MDT working

26<sup>th</sup> March 2018

# Team working

- The last two months has been focused on getting the teams organised so that they are wrapping around each of the populations that they serve. There has been work to understand the needs of primary care and how this can be aligned. In addition there has been a developing understanding that often, the presence of the team is as useful to all providers as the MDT development itself. In principle the team working as a constant virtual MDT.
- Work is underway to understand how the teams can start to map the case loads across the providers initially to understand the different complexities and if they match and more importantly duplicate. Again this is work outside of the MDT and compliments the individual patient conversations that are planned through the specific meetings.
- A leadership (Action Group) group met on a weekly basis since From December to February to increase the pace and delivery of the project especially given the poor progress on primary care MDT's. This group has been focused on getting the basics right:-
  - Construction
  - Co location
  - Collaboration
- Team leader workshops have been planned and well attended to operationalise the work that teams have to deliver and also make sure that the original vision remains the focal point. The outputs of these workshops are covered on the next slide but are now planned to be regular items to ensure that teams stay connected to the vision.
- The challenge of colocation remains mainly due to specific estate issues but the teams have a renewed focus to work through these problems with hot desking and single route of referral, and regular team meetings moving forward.
- Meetings are taking place with Voluntary sector leads to establish introductions with Place Based Teams to further facilitate integration

# Leadership Workshop Output

- There have been two team leader workshops 27<sup>th</sup> Sept and 9<sup>th</sup> Jan, with a third planned for Apr 26<sup>th</sup>.
- The team leaders from provider organisations have agreed objectives at the second workshop and will be presenting their completed work on Apr 26<sup>th</sup>.
- Agreed Objectives
  - Improving teams visibility
  - Improving teams collaboration
  - Collaborate on a single referral form
  - Collaborate on a single outcome form, that captures agreed measurable KPI's.
  - Alex Boys from the Voluntary sector will be meeting with the teams through February with one of his team to start introductions in readiness for the placement of his Social prescribers/care coordinators if the business case is approved.

NORTH - Place Based Team Contact Details			EAST - Place Based Team Contact Details		
Title	Name	Organisation	Title	Name	Organisation
Team Leader	Rachel Purohit	Healthcare	Team Leader - East 1	Christine Ball	Healthcare
Team Leader	Francesca Riggon	Social Care	Team Leader - East 2	Dawn Asbury	Healthcare
Team Leader	Tony Hipwell	Mental Health	Team Leader	Karis Gallear	Social Care
MDT's	Bloxwich		Team Leader	Tony Hipwell	Mental Health
			MDT's	Portland and Northgate	
SOUTH - Place Based Team Contact Details			WEST - Place Based Team Contact Details		
Title	Name	Organisation	Title	Name	Organisation
Team Leader - South 1	Sandy Upton	Healthcare	Team Leader - West 1	Debbie Watson	Healthcare
Team Leader - South 2	Kelly Leek	Healthcare	Team Leader - West 2	Kim Powell	Healthcare
Team Leader	Paul Calder	Social Care	Team Leader	Susan Lloyd	Social Care
Team Leader	Tony Hipwell	Mental Health	Team Leader	Tony Hipwell	Mental Health
MDT's	St Peters		MDT's	Bentley and Lockfield	

# MDT's What's the difference

There has previously been some confusion around the two different types of MDT's proposed. This has been discussed at length in the project group and the following approach has been agreed.

<b>Team MDT's</b>	<b>GP Led MDT's</b>
<p>These are run in the team location with the purpose of facilitating team work between all PBT members</p> <p>They are for information sharing, collaboration and identifying where sharing of best practices will improve working for all.</p> <p>They are for discussing patient caseloads, and complex patients cases that cross multiple agencies.</p>	<p>These are led by the GP's and support collaborative working arrangements that surrounds/supports patients suffering from long term conditions/complex illnesses.</p> <p>Support of 'a team around the patient'</p> <p>The 'right professional' talking about the 'right patients' at the 'right time' with the 'right information' with the output of the 'right plan for patients.</p> <p>The expected outcomes are, reduced GP appointments, reduced GP Visits and reduction in demand by removing duplication</p>

## **Virtual MDT**

When running efficiently the team MDT's will form a virtual MDT that is constantly reviewing the complex cases, with the ability for any healthcare professionals, GP's etc able to refer to the team for advice via the proposed single referral process that is being planned.

# Team MDT's

- The vision of the team MDT has been re affirmed through the project group and operationalised through the leadership workshops. The weekly action group has ensured implementation of the operational plan and managing the associated risks as described earlier. A view of the plan is at the end of this slide deck and is constantly under review and updates
- Dates have been agreed where the team leaders and members of the team will meet on a regular basis. This is seen in the table below. These meetings will be monitored for content by the action group to establish key outcomes as well as a place to build local relationships
- The Team MDT's will collate, discuss and monitor the complex multi agency caseloads of patients.
- The teams are also developing a single referral process so duplication can be quickly spotted and responded too at the point of referral. This step is expected to develop over the next few months .The final step will also be to have a single outcome form.
- When running efficiently the team MDT's will form a virtual MDT that is constantly reviewing the complex cases, with the ability for any healthcare professionals, GP's etc able to call the team for advice, clarity etc.

# Team MDT's

Summary		Info Page			Team MDT's in Adult Community Service				
Team	MDT Purpose	Frequency	Who Attends	Gaps					
<b>NORTH Integrated Health and Social Care placed based team</b> <b>Contact No:</b> 01922 605750 <b>Health Care Team Leader:</b> Rachael Purohit <b>Social Care Team Leader:</b> Francesca Riggon <b>Community Mental Health:</b> Jackie Rogers	MDT discussion for Case Management of patient Care, team working etc	Healthcare daily at 14:00hrs Social Care Every <b>Tue PM/Wed PM</b>	Health Care workers , Social Care workers and Mental Health Care workers and Voluntary sector workers	Social Care attending on Tue afternoons, attendance has been good with one or two attending.					
<b>EAST 1 Integrated Health and Social Care placed based team</b> <b>Contact No:</b> 01922 605751 <b>Health Care Team Leader:</b> Chris Ball <b>Social Care Team Leader:</b> Karis Gallear <b>Community Mental Health:</b> Colette Griffin-Chapman	MDT discussion for Case Management of patient Care, team working etc	Healthcare daily at 15:00hrs Social Care Weekly	Health Care workers , Social Care workers and Mental Health Care workers and Voluntary sector workers	Awaiting feedback					
<b>EAST 2 Integrated Health and Social Care placed based team</b> <b>Contact No:</b> 01922 605442 <b>Health Care Team Leader:</b> Dawn Asbury <b>Social Care Team Leader:</b> Karis Gallear <b>Community Mental Health:</b> Colette Griffin-Chapman	MDT discussion for Case Management of patient Care, team working etc	Healthcare daily at 15:00hrs Social Care Weekly every Tue @ 14:30hrs	Health Care workers , Social Care workers and Mental Health Care workers and Voluntary sector workers	Social Care team attending meetings regularly. COPD team also attending Tue PM. Mental Health contact regular, usually by phone					
<b>SOUTH 1 Integrated Health and Social Care placed based team</b> <b>Contact No:</b> 01922 605441 <b>Health Care Team Leader:</b> Sandy Upton <b>Social Care Team Leader:</b> Paul Calder <b>Community Mental Health:</b> <b>Recruited awaiting start date</b>	MDT discussion for Case Management of patient Care, team working etc	Healthcare daily at 14:30hrs Social Care every Wed until 8th Feb then Every Fri AM <b>Team leaders from South 1 &amp; 2 and Social Care team leader meet every Fri @ 10:00hrs</b>	Health Care workers , Social Care workers and Mental Health Care workers and Voluntary sector workers	Regular contact with Social Care, this has improved team MDT working <b>Mental Health - Recruited awaiting start date</b>					
<b>South 2 Integrated Health and Social Care placed based team</b> <b>Contact No:</b> 01922 605752 <b>Health Care Team Leader:</b> Kelly Leek <b>Social Care Team Leader:</b> Paul Calder <b>Community Mental Health:</b> <b>Recruited awaiting start date</b>	MDT discussion for Case Management of patient Care, team working etc	Healthcare daily at 15:00hrs Social Care every Thurs @ 15:00hrs <b>Team leaders from South 1 &amp; 2 and Social Care team leader meet every Fri @ 10:00hrs</b>	Health Care workers , Social Care workers and Mental Health Care workers and Voluntary sector workers	Regular contact with Social Care <b>Mental Health - Recruited awaiting start date</b>					
<b>West 1 Integrated Health and Social Care placed based team</b> <b>Contact No:</b> 01922 605764 <b>Health Care Team Leader:</b> Debbie Watson <b>Social Care Team Leader:</b> Susan Lloyd <b>Community Mental Health:</b> Pauline Wright	MDT discussion for Case Management of patient Care, team working etc	Healthcare daily at 14:30hrs Social Care Every Wed AM	Health Care workers , Social Care workers and Mental Health Care workers and Voluntary sector workers	Social Care are attending Wed AM meetings, need to confirm Mental Health attendance					
<b>West 2 Integrated Health and Social Care placed based team</b> <b>Contact No:</b> 01922 605763 <b>Health Care Team Leader:</b> Kim Powell <b>Social Care Team Leader:</b> Susan Lloyd <b>Community Mental Health:</b> Pauline Wright	MDT discussion for Case Management of patient Care, team working etc	Healthcare daily at 14:30hrs Social Care Every Wed AM	Health Care workers , Social Care workers and Mental Health Care workers and Voluntary sector workers						



# GP Led MDT's

- The project team have reviewed the position on GP lead MDT's and following suggestions from the Partnership Board agreed to run a series of pilot MDT's across the borough with supportive practices and GP's. The scope of this pilot has been kept small to ensure that the correct support is in place and issues can be resolved quickly and effectively. Again a principle of getting the basics right has been adopted with a member of the project team attending each of the pilot MDT's until such time as clear routine has been established.
- A SOP/MoU has been created and the latest draft is now being piloted the 7 chosen MDT pilot practices – feedback after each MDT is used to verify if the MOU needs to be developed further before a decision is taken on a wider roll out. This process forms as a live audit process that is fed into the weekly action group where issues or best practice can be resolved or rolled out further.
- The MDT coordinator role has not been recruited too and the successful candidate starts in Apr. This post will hold a future coordinating role of the MDT's establishing a continuous audit process and feedback loop.
- The project team are also working on understanding the scale of the MDT requirement by each locality. It is clear that not every practice can be facilitated with an MDT so economies of scale are being explored as the project progresses and will be added to this report as options progress.

# GP Led MDT's

Key			
Blue	MDT Running - Fully		
Green	MDT's Running		
Amber	MDT's Planned		
Red	MDT's To be agreed		
Pilot - Phase One			
Practice Name	Time & Date	Status	Comments
<b>Bentley Med Centre - West 1</b>		Running	This MDT has now been running sucesfully since Aug 17
Berkley Practice	<b>Monthly</b>		
Kingfisher Practice	Every 3 <sup>rd</sup> Mon at 13:00hrs		
Stroud Practice			
Lockfield Surgery - West 2	<b>Monthly</b> Every 2 <sup>nd</sup> Tue at 11:30hrs	Running	This MDT has been runing over that last few months, originally attendance was an issue but the last MDT on Jan 9th was well attended
Northgate Practice - East 2	<b>2<sup>nd</sup> MDT</b> <del>13th Feb @ 12:30hrs</del> - Cancelled by Practice 20th Mar @ 12:30hrs	Went Well	First meeting went very well Monthly meetings now set for 3rd Tue every month Stats to be collected when MDT Co ordinator starts
Portland Practice - East 2	<b>Monthly</b> Every 3 <sup>rd</sup> Tues at 12:30hrs	Running	Very positive response from all the GP's in the first meeting. They have requested attendance from a Heart failure nurse. (To be followed up) Monthly meetings now set for 3rd Tue every month
Moxley Practice - West 2	<b>Monthly</b> Every 3 <sup>rd</sup> Wed at 11:30hrs	Running	Another very good MDT. Dr Vitarana didn't think that one MDT coordinator would be enough and was worried about impact on Practice staff. He is going to talk to two other practices and see if they want to join his MDT.
Bloxwich Practice - North	<b>2nd MDT</b> <del>21st Mar @ 12:15hrs</del> - Cancelled 28th Mar @ 12:15hrs	Went Well	A promising MDT, GP's keen to repeat. Future meetings to be held 6 weekly in between GSF meetings.
Pleck HC - South 1	<b>Awating Information</b>	Planned	Kirsty from South 1 is meeting with GP's to see if they agree to joining the pilot
St Peters Practice - South 1	<b>Not going ahead</b>	Cancelled	Practice manager has in consultation with GP's cancelled and does not want to proceed



# Walsall Together

Joining up your health and social care

## Case for Change



Walsall Council

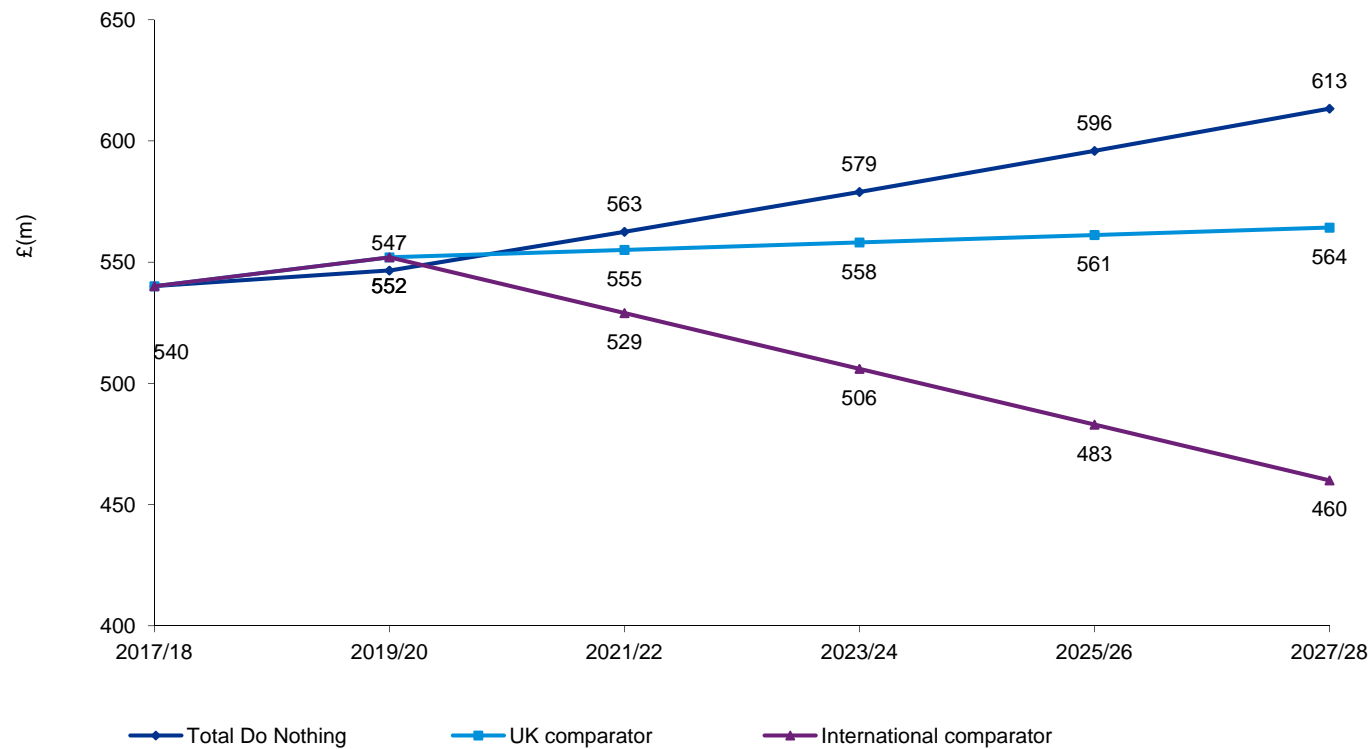


GP Leadership Group



# Sustainability through collaboration

Projected Financial Impact: "Do nothing" vs transformation



# Progress but not enough

## Walsall Model of Integrated Health & Social Care

### Resilient Communities

Early intervention and prevention to support people and communities to live independently and to have active, prosperous and healthy lives.

### General Practice and Integrated Health and Care Teams

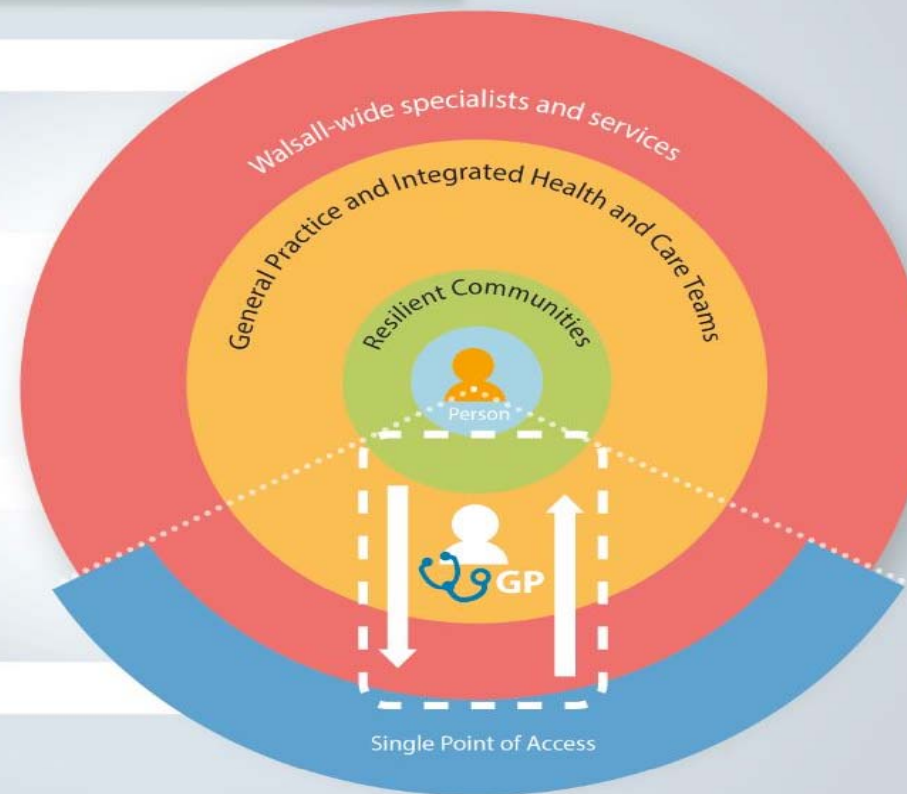
People registered with GPs in Walsall will be supported by a team that is made up of GPs, community nursing, social care, mental health and the voluntary sector, providing accessible, high quality co-ordinated care in people's homes and communities.

### Walsall-wide specialists and service

Accessible, high quality care with local hospital teams working as part of a network of specialist care. Supporting people with health needs to prevent unnecessary hospital admission and receive care in the most appropriate setting.

### Single point of access

A single point of access for care coordination and navigation for all health, care and prevention services. To help ensure rapid and timely access and effective co-ordination for professionals and patients.

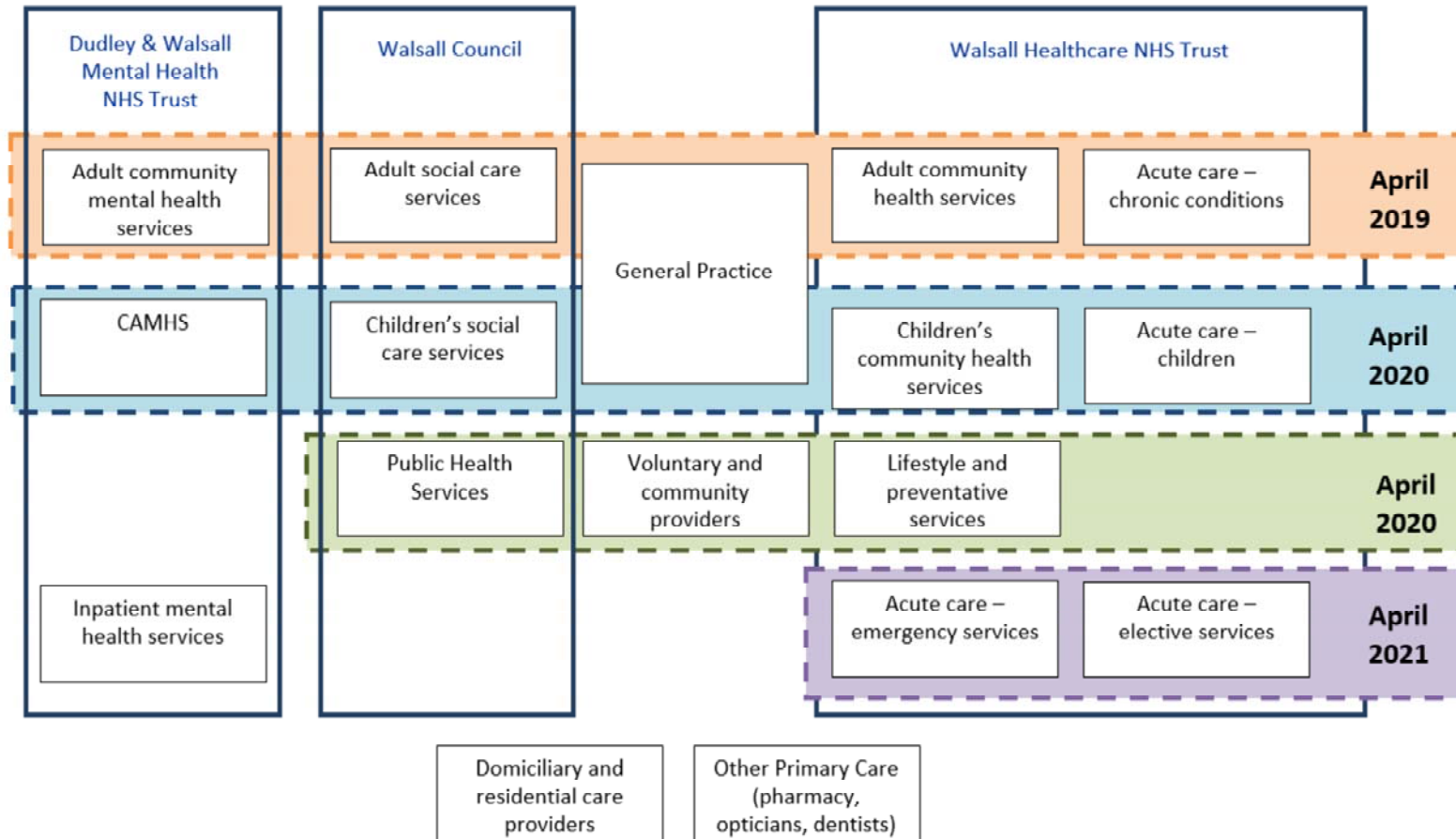


Walsall  
**Together**

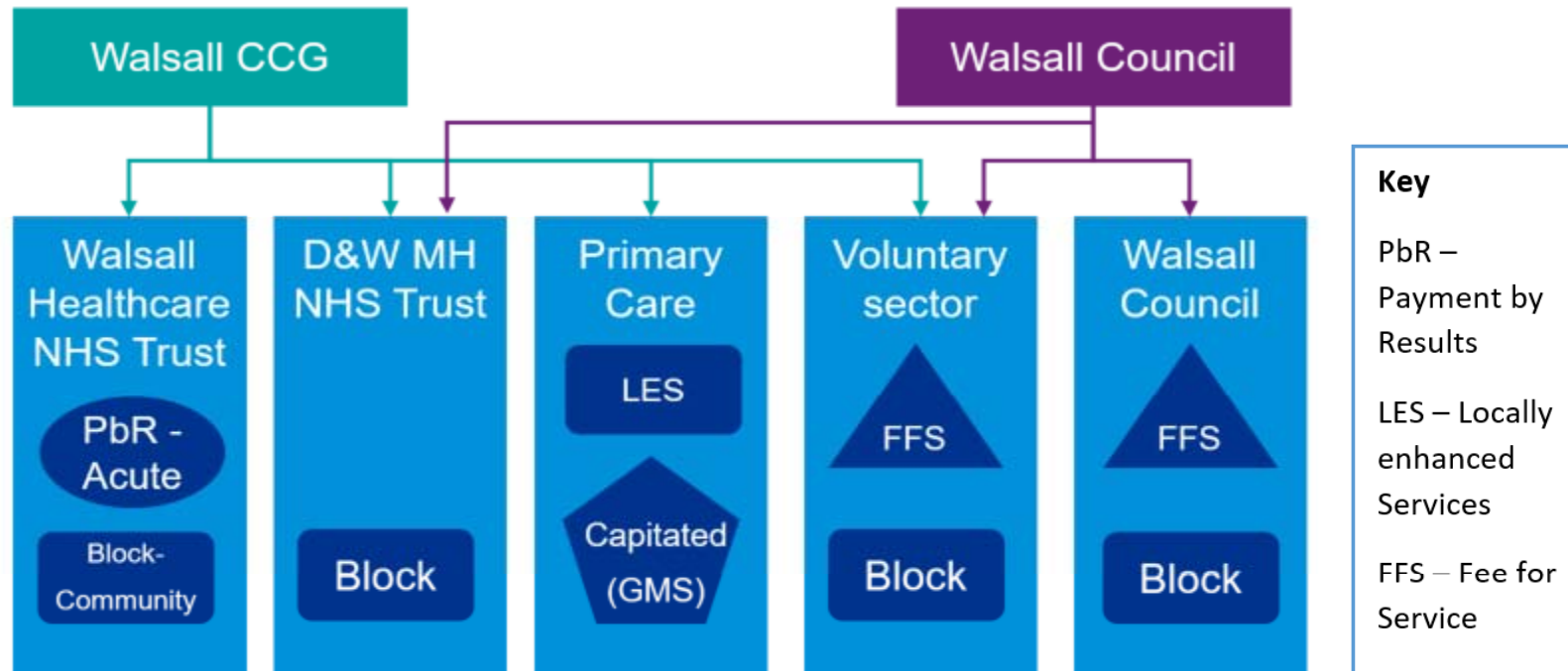
Joining up your health and social care



# Systematic Approach

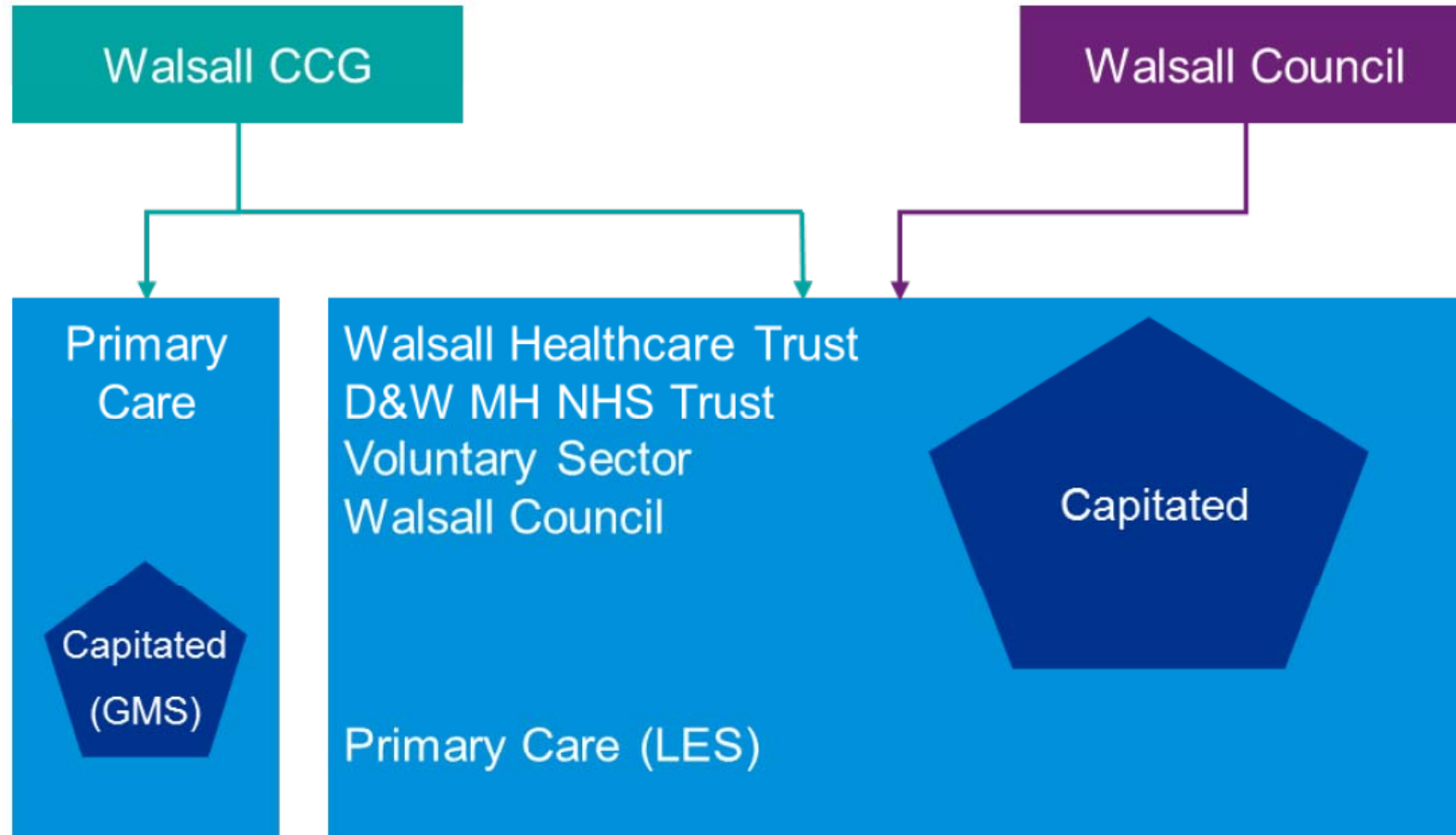


# How does the current £ work?

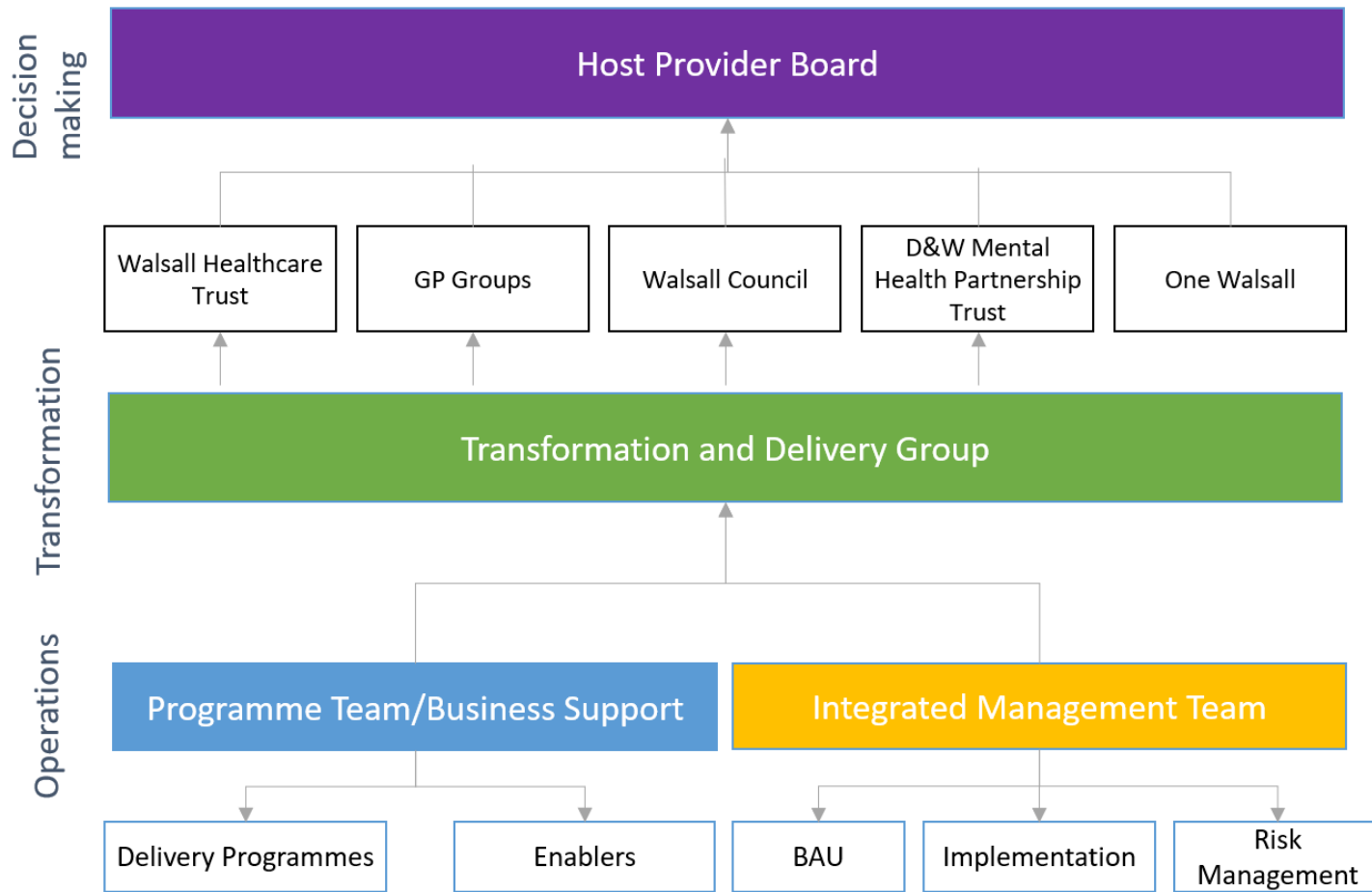




# How Walsall £ could look like?



# Structural Options



\* Commissioner landscape not included in this slide

**Walsall Together**

Joining up your health and social care



# Next Steps OBC to FBC

- Establishing a programme team with access to dedicated resource
- Strengthening system governance to facilitate collective leadership in transition (e.g. learning from Croydon)
- Developing Walsall specific whole system modelling capabilities
- Developing an appropriate commercial model
- Developing a Target Operating Model

