Perth and Kinross Health and Social Care Partnership

Supporting healthy and independent lives

Integrated Working Through a Global Pandemic

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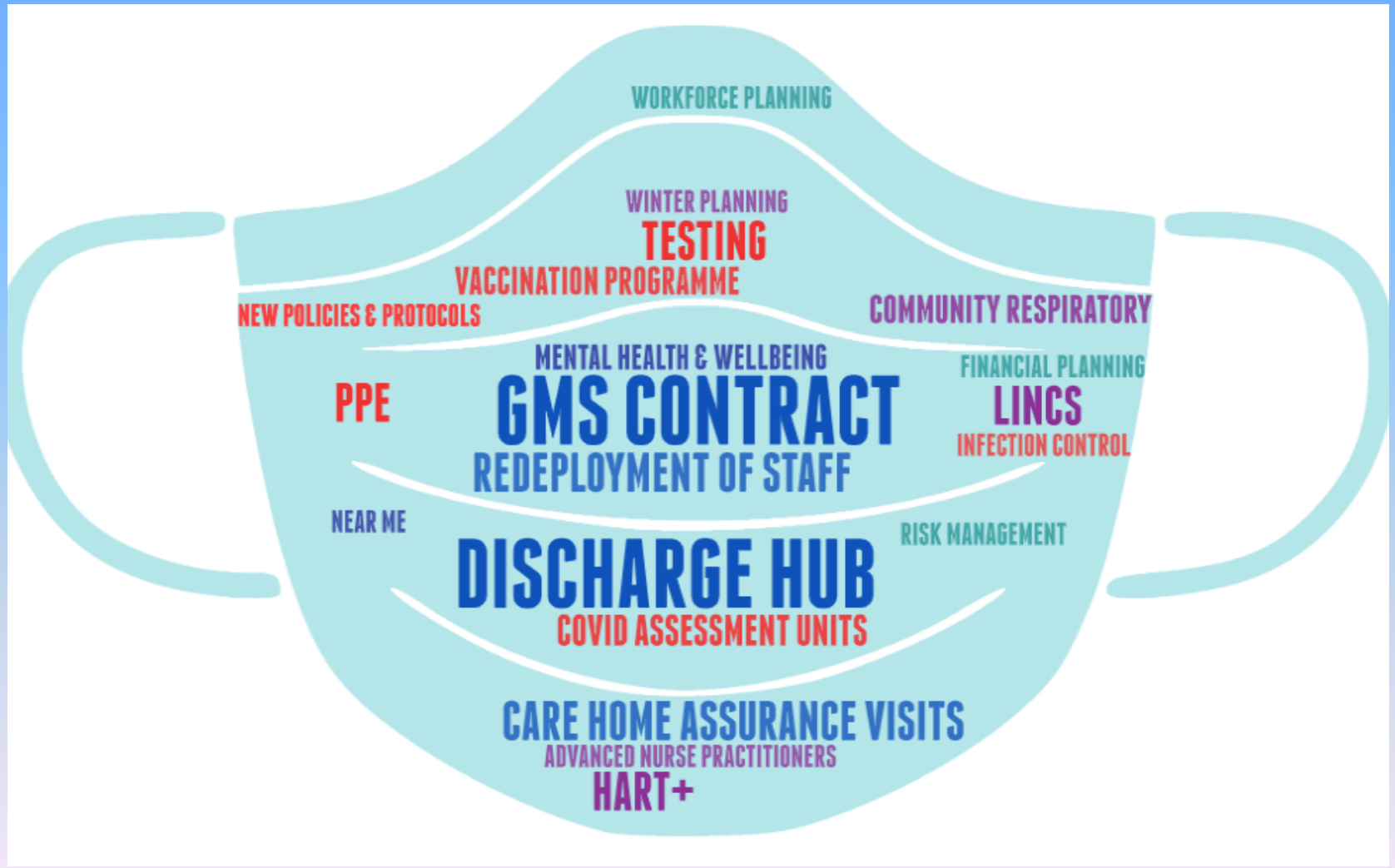
Invest to Save Strategy

Invest / Redesign	Save	Outcomes
• Advanced Nurse Practitioners	• Review of Inpatient Rehab Beds	• People look after and improve their own health
• Enhanced Locality Integrated Teams – LINCs	• Care Home Placements	• People live independently at home
• HART+	• Care at Home Improvement Plan	• Reduced health inequalities
• Community Respiratory Service	• Large Hospital Set Aside	• People benefit from improved quality of life
• Community Resilience (eg CAPA, Live Active)	• Urgent Care	• Positive experience of care
• Technology Enabled Care		• Staff supported and engaged
		• Resources used more effectively

Integrated Working through a Global Pandemic



Integrated Working Through a Global Pandemic

Introduction

- Integrated Pathways
- Locality Integrated Care Service (LInCS)
- Enhanced HART
- Care at Home Redesign
- Advanced Nurse Practitioners (ANPs)
- Community Respiratory
- Celebrating Success
- Building our Recovery

Integrated Pathways

Locality Integrated Care Team

Provides a high quality integrated care approach to support people with a deteriorating condition at home and for those who require admission, are supported to transition safely back home.

- Identifies key worker to co-ordinate support
- Provides a range of early interventions
- Provides clinical assessment and urgent response
- Supports people to retain / regain independence
- Promotes personalised self care planning
- Ensures consideration of initiation or review of anticipatory care planning
- Signposts on to other community supports

May 2020 to August 2021

- 607 referrals
- Average age 82 years of age
- 84% assessed with Frailty Score of 6+
- 72% supported to remain at home

HART+	ANP	OT /Physio	Social Work	Pharmacy	District Nursing	Older People Mental Health

HART+

A team of social care staff who are skilled and experienced in delivering intensive short-term support 24/7 to service users across Perth and Kinross.

- 168 LInCS patients supported
- 36% required 2 carers
- 12% required overnight care - sit in service or planned visits
- On discharge 29% required ongoing care at home support
- Developing self management approach to offer more flexibility, personalisation and job satisfaction
- Learning & Education

Care at Home

Strengthening the Foundations > **Supporting the Workforce to Thrive** > **Fit for the Future**

To continue to develop proactive & preventative care to ensure integrated support for people at home

- Social Care Discharge to Assess
- Overnight Support
- Total Mobile
- Matching unit & flexible care
- Physical activity
- Paths for All

To nurture and strengthen the social care workforce so they feel engaged, valued and rewarded

- MH App for staff wellbeing
- Joint training and induction
- Simulated Care Training
- Shadowing programme
- Care ambassador roles
- Work in Adult Care/developing the young workforce
- Digital Marketing Graduate
- Bank arrangements for PAs
- PKC PA Directory
- HART/QM admin roles

To transform the way we plan and deliver social care support

- Care LInk
- Activity Monitoring
- IOT for Assisted Living
- Local co-production groups
- Community brokerage
- Self Managed Teams
- Care at Home social media platform
- HART in hospital

Advanced Nurse Practitioners

Aims to assess and proactively manage frail adults with complex needs and respond to deteriorating patients with a view to directly supporting General Practice, working alongside the Locality Integrated Care Teams.

Current Staffing – Lead ANP, Five trained ANPs, Two Trainee ANPS

Future Staffing – Additional Two Mental Health ANPs

- Advanced assessment skills, treatment planning, Non medical prescribing, onward referral
- Senior decision maker
- Care co-ordination at transitions in care
- Post Hospital Discharge follow up for complex unstable patients
- Expert in nursing contribution to CGA
- Education and joint visits with MDT

Patient/Carer Feedback

Patient Feedback
"Lovely person, great personality, has **patience** and has **the right attitude** for the job. It's good to have someone like this looking after me. She was **very helpful, intensive and thorough**. Took the time to **listen and explained** everything to me. **Checked me over, took my bloods and was able to get to the bottom of what was wrong and changed my medication**. I feel much better and more **confident** as I now know what was wrong. Just shows what can happen when the **right person** comes in. I have **faith** in the service due to this."

Patient Feedback
"**Excellent** service, have seen nurses previously who have not provided such a **thorough** check-up. **Explained** everything to me and I felt **involved**. Referred me on for other tests at PRI and appointment is already confirmed. Friendly & approachable"

Patient Feedback
"Takes the time **to listen and explain** what is going on with me. Did a **a thorough check** and knew exactly what was wrong. I feel I can now **confidently explain** to my family what is wrong with me. "

Carer Feedback
"On a learning curve with health and social care services so it was really **helpful guidance, advice and information** provided to help us **understand and manoeuvre** through. Very **professional, sympathetic and knowledgeable**. Gave us **confidence** in what was happening for now and in future. Talked to all other professionals involved, **reviewed** what was in place to make sure it was **appropriate and was working for us**. What was presented was very satisfying and **reassuring**. We give high marks."

Carer Feedback
"Very **approachable**. Great deal of **guidance, advice and support** offered. Felt **informed and involved** in the care and treatment plan. Felt very **confident**. Had more time to **listen and understand**. Referred on for increased POC to help loved one **remain at home and support me** as no longer able to provide the level of care I used to."

Specialist Community Respiratory Service

Aims to monitor and manage patients who have a suspected or confirmed diagnosis of respiratory disease, to prevent further deterioration and complications of their condition

- Provides up to date management of chronic respiratory conditions
- Ensures optimisation of medicines
- Provides self management strategies
  - Anxiety and breathlessness management
  - Recommends rescue medications and treatments
- Supports the provision of community based Pulmonary Rehab
- Promotes personalised self care planning
  - Information & Education
  - COPD APP
- Aligns with ANPs and LInCs

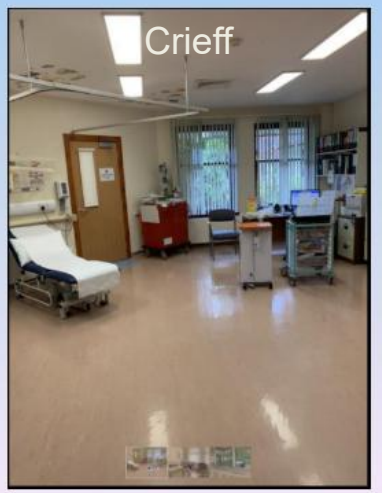
March to August 2021

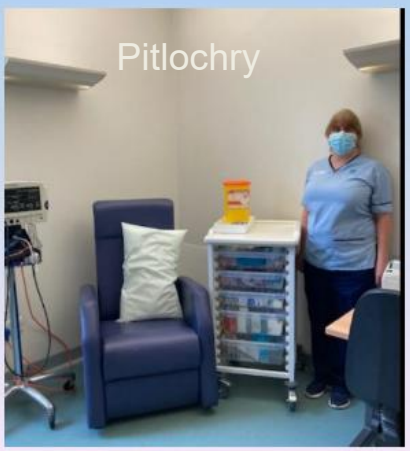
- 129 Referrals
- 55 Active Users of COPD App
- 999 User interactions

Your COPD App

Through Apple or Playstore download the “Healthzone UK” app and chose “P&K – Your COPD”

Celebrating Success
Care & Treatment Services

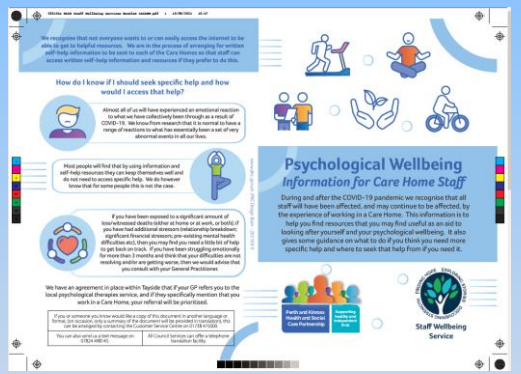




Celebrating Success

- Go For Gold

- Care Home Psychological & Emotional Wellbeing Resources



- HSCP & Paths for ALL

Building Our Recovery

- Design future strategic direction
- Joint Strategic Needs Assessment
- Future Financial Planning
- Build resilience in the workforce

Going the Extra Mile