

Integrated care Bulletin


Harrogate and Rural District
Clinical Commissioning Group

Harrogate and District 
NHS Foundation Trust

 North
Yorkshire County Council

The Harrogate and Rural District Integrated Care Transformational Programme

July 2013

Introduction

The Integrated Care Transformational Programme is a joint project managed between Harrogate and District NHS Foundation Trust (HDFT), Harrogate and Rural District Clinical Commissioning Group (CCG) and North Yorkshire County Council (NYCC).

The programme is remodelling community health, social, primary and where applicable voluntary care services to deliver a more integrated, effective and efficient care system of staff and infrastructure to support people with long term conditions (LTCs). The aim is to ensure people are cared for at the right time in the most appropriate setting – usually within their homes or as near to their homes as possible.

What's been happening since we were last in touch?

The three main partners in the transformation programme have been discussing a number of matters that have meant we haven't moved ahead quite as quickly as we would have liked to with our integrated care work.

The main issue has been how North Yorkshire County Council can implement the integrated care agenda across their entire area rather than just in the Harrogate district.

On 15 May colleagues from NYCC held a workshop with the CCGs that cover North Yorkshire to start developing a framework which the Council could adopt for rolling out integrated care consistently across the county. This framework is now being drafted and there will be further meetings throughout the summer months to refine it.

In the meantime . . .

All partners intend to continue to develop integrated care teams with the focus being on virtual teams rather than tackling the issues related to physical co-location. All professionals operating as part of a virtual team remain employed by their employing organisation and there will be no change to job descriptions.

Members of the virtual teams will work together in a more systematic and co-ordinated way, which is aligned with best practice, to ensure the needs of people with LTCs and complex needs are met.

All partners support the on-going development of the virtual teams and processes relating to consent, case management, referrals process, pathway development and information governance.

What's been happening on the ground?

A number of initiatives have been forging ahead over the last few months. For example:

Single Point of Access (SPOA)

February saw the start of a Single Point of Access for all referrals coming into the Community Teams. This means that the Community Fast Response and Rehabilitation Team Single Point of Access has been extended to include District Nurses, Community Matrons and Case Managers.

This is supported by the administration funding that has come in from the Integrated Care project and is already proving popular. It means that GPs, the hospital and others have a single number to call to make a referral and then that referral can be tracked to the relevant team and updates provided. This is reducing errors to wrong numbers, speeding up discharge and enabling the teams to manage their capacity better.

The Single point of access contact details are:

In Hours

Monday to Friday, 8am – 5pm, all referrals to Single Point of Access:

Telephone: 01423 799467

Fax: 01423 799468

Out of Hours

5pm – 8am, weekends and bank holidays, **ALL** nursing referrals to be directed to the service via Yorkshire Ambulance Services (YAS): 0300 33 00 254

To talk to a nurse directly about an out of hours visit, call the Community Fast Response and Rehabilitation Team on 01423 554625 or 07789 712394.

If you would like to discuss this further, please contact Lynne Boyd, Matron, Community Adult Services(07919493187) Sandra Ward, Team Leader, South Harrogate Integrated care Team Leader 01423 554625) or at Harrogate and District NHS Foundation Trust.