NHS
East Lancashire
Clinical Commissioning Group

Agenda Item No: 6.3

REPORT TO:	**PRIMARY CARE COMMITTEE**	
MEETING DATE:	**21st November 2016**	
REPORT TITLE:	**East Lancashire Integrated Neighbourhood Team Workshop Recommendations**	
SUMMARY OF REPORT:	The East Lancashire Integrated Neighbourhood Team Workshop was held on the 25th October 2016 to review the evaluation and make recommendations to continually improve the service. The report outlines those recommendations and plans for implementation.	
REPORT RECOMMENDATIONS:	To consider the report and approve the recommendations	
FINANCIAL IMPLICATIONS:	£823,372 (£500,000 already accounted) request for an additional £323,372	
REPORT CATEGORY:		**Tick**
	Formally Receipt	X
	Action the recommendations outlined in the report.	X
	Debate the content of the report	X
	Receive the report for information	
AUTHOR:	**Kirsty Hamer**	
	Report supported & approved by your Senior Lead	**Y/N**
PRESENTED BY:	**Kirsty Hamer**	
OTHER COMMITTEES/ GROUPS CONSULTED:	East Lancashire INT Board	
EQUALITY ANALYSIS (EA) :	Has an EA been completed in respect of this report?	**N**
RISKS:	Have any risks been identified / assessed?	**N**
CONFLICT OF INTEREST:	Is there a conflict of interest associated with this report?	**N**
PATIENT ENGAGEMENT:	Has there been any patient engagement associated with this report?	**N**
PRIVACY STATUS OF THE REPORT:	Can the document be shared?	**Y**

Which Strategic Objective does the report relate to		**Tick**
1	Commission the right services for patients to be seen at the right time, in the right place, by the right professional.	**X**
2	Optimise appropriate use of resources and remove inefficiencies.	**X**
3	Improve access, quality and choice of service provision within Primary Care	**X**
4	Work with colleagues from Secondary Care and Local Authorities to develop seamless care pathways	**X**

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PRIMARY CARE COMMITTEE
21st November 2016

East Lancashire Integrated Neighbourhood Team Workshop Overview and Recommendations

1.0 Introduction

In September 2016 an evaluation of the East Lancashire Integrated Neighbourhood Team (INT) was completed. The evaluation highlighted the commencement of the service and the development of the model since its implementation in September 2015. It provided the East Lancashire INT Board with an overview of progress to date, areas of good practice to learn and build upon which included:

- Recruitment of INT Clinical Coordinators.
- Development of a Standard Operational Procedure.
- The implementation of Multi-disciplinary Team (MDT) Meetings.
- The implementation of a case management / key worker model.
- Improving communication between different teams and different organisations.
- Improved productivity and increased satisfaction for staff working within the MDT process.
- A reduction in secondary care activity for those patients supported by the INT.

The evaluation also identified areas for improvement to develop the INT model further, these were:

- Not every service has access to the EMIS IT System therefore the INT is also having to use paper copies to ensure that information is shared appropriately. Having all members of the INT Hubs having access to EMIS will improve electronic information sharing and communication between professionals.
- Data collection isn't consistent across the Neighbourhoods, this is because of the issues with access to the EMIS system and other clinical systems. Concerns have also been raised about what is currently being gathered and how relevant that is.
- Some teams have the added benefit of being co-located which has improved communication further. Other Neighbourhoods haven't had the opportunity due to accommodation issues.
- There is inconsistency in attendees to the MDT's in INT Neighbourhoods i.e., Practices attending MDT's in some Neighbourhoods and not others.
- Inconsistency in Providers of the INTs in Neighbourhoods which causes difficulties in cross-cover, access to Clinical Systems, information sharing.
- Current contracting of the Core Team is currently fixed term due to the INT's status as a pilot, most staff within the INT's are on secondment or fixed-term contracts which can lead to uncertainty and turnover of staff.

- As the INT Service has developed, gaps in core team needs have been identified i.e., data analysis.
- The mental health pilot is only running in 3 Neighbourhoods, feedback from those Neighbourhoods has highlighted the invaluable support from the pilot but this leaves a gap in the additional 6 Neighbourhoods.
- Further work needs to be carried out to raise awareness of the INT Service to ensure that all professionals whose patients may benefit from INT support are aware of the service and referral processes.
- A workforce development plan is required to provide clear guidance around the roles and responsibilities for the wider INT

Following on from the evaluation, the East Lancashire INT Board recommended the production of a workshop with all key stakeholders to address those areas for improvement and to develop the INT Service model further.

This report provides an overview of the workshop and recommendations identified during the workshop to build on the good work already being provided by the East Lancashire INT Service.

2. Workshop Overview

The workshop was held on the 25th October 2016. It was well attended with 73 people taking part in the discussions and developments. Attendees were from a range of organisations including; GP Practices, ELHT, LCFT, Voluntary Organisations, CCG, and a range of disciplines including clinical staff, business managers, commissioners, IT specialists, estate specialists and communication specialists. (Attendees noted appendix A)
The workshop was split into 5 programme areas to address the areas for improvement these were:

- IT and Data
- Workforce Development
- Estates
- Communication and Engagement
- Pathways

All attendees were able to input into each programme area, and this helped the CCG to gain maximum feedback and recommendations from all attendees at the workshop.

The following provides an overview of each programme area and the recommendations from those areas.

2.1 IT and Data

Areas discussed were:

- EMIS
- Data Collection
- Access to Records
- Care plans and Assessment documentation

- EMIS

There were concerns that not all Providers are using the same IT System. EMIS has been agreed as the system of choice for the INT but not all organisations and clinicians have access to EMIS. Concerns were also raised about information sharing agreements not being signed and the differences between EMIS Web and EMIS Community.

- Data Collection

It was highlighted that data collection was cumbersome and is currently carried out manually and questions were raised as to whether all information gathered was relevant.

- Access to Records

There were questions raised around clarification of patient consent.

- Care plans and assessment documentation

Concerns were raised around the number of care plans being used across the local health economy and a similar concern regarding assessment documentation.

2.1.1 IT and Data Recommendations:

- Identification of champion to ensure all relevant organisations have signed the INT Information Sharing Agreements.
- Provide further training on EMIS to ensure it is fully utilised.
- Enabling the use of EMIS across all staff members working within the INT
- For data collection – carry out an analysis of recording processes in each locality and develop a tool to enable a consistent monthly submission.
- For patient consent, identification of information available to inform the patient.

Further information available Appendix B

2.2 Workforce Development

Areas discussed were:

- Different Employers
- Capacity Issues
- Boundary Issues
- Inconsistent MDT Membership

- Different Employers

Staff within the INT Core Team are employed by different organisations resulting in different policies and processes and issues with cross cover within Localities.

- Capacity Issues

INT staff felt that they are at full capacity now and are wary of further developments and communication leading to an increase in referrals and support required from the INT.

- Boundary Issues

Confusion of boundary issues for patients who may reside on the borders of other CCG areas or those patients that may live in one locality but be registered in another locality.

- Inconsistent MDT Membership

It was noted that each locality may have a different clinicians at their MDT's and that there is an inconsistency across the MDT's.

2.2.1 Workforce Development Recommendations:

- Agree one service provider for the employment of the INT Core Team (INT Clinical Coordinators and Administrators)

- Additional investment into core team for one Administrator and one INT Clinical Coordinator per Neighbourhood. This will allow the service to expand and to take on further case management responsibility.
- Expansion of the mental health support into the INT across all neighbourhoods.
- Carry out an assessment on the boundary issues and develop a consistent approach across East Lancashire to address this.
- Review of MDT Membership and development of core MDT Membership proposal. Work needs to be undertaken to ensure that this is implemented in each Neighbourhood.

Further information available Appendix C

2.3 Estates

Areas discussed were:

- Different bases / Location of MDT Meetings / meeting room bookings
- Hot desks for MDT members
- Storage for confidential paperwork
- Wi Fi connectivity

- Different bases / Location of MDT Meetings / Meeting room bookings

It was acknowledged that INT members are based in a number of locations dependent on estate available within the localities. MDT's are held in localities in a variety of locations again dependent on estate available and those MDT's often experience issues booking rooms.

- Hot desks for MDT Members

Some INT's have hot desks for other members of the MDT process to come in and use on occasion helping to foster greater cooperation and build relationships. Some INT staff find working in a room with other teams difficult to concentrate so quiet work areas or being co-located in a building but not in the same room could be considered. Space needs to be used more effectively.

- Storage for confidential paperwork

To comply with IG principles any patient identifiable data must be locked away, if members of the INT team are using hot desks there needs to be storage space provided to lock away any confidential information while someone else is working at the desk.

- Wi Fi Connectivity

Some areas in East Lancashire do not have very good WiFI connectivity, especially the more rural locations; mobile devises are very useful but not always practical.

2.3.1 Estate Recommendations

- Identification of an INT Hub in each Locality where groups can meet and discuss cases. This could be developed alongside the primary care access hubs.
- Liaise with Estates representatives to make room booking easier and charge free - Implement a centralised booking management system.
- Provide additional admin areas with the Coordinators with hot desks so that members of the wider MDT groups can liaise with the INT Coordinators and also continue with their work. PC equipment to be made available where possible in case of connectivity issues. Provide quiet areas to do complex work.
- Lockers to be provided in areas where hot desking is taking place.

- Ensure there are PC's available in MDT bases (possibly where the INT Coordinator & admin are based)

Further information available Appendix D

2.4 Communication and Engagement

Areas discussed were:

- Raising awareness of service
- The use of different approaches to engage with various organisations

- Raising awareness of service

It was acknowledged that there are still some services / organisations who are unaware of the Integrated Neighbourhood Teams.

- The use of different approaches to engage with various organisations

It was highlighted that differences in working practices in the localities may mean different approaches to raising awareness of the service need to take place

2.4.1 Communication and Engagement Recommendations

- Development of introduction letters / leaflet for INT
- Poster display 'What is an INT'
- Regular attendance at meetings to promote the service
- Utilisation of Care Navigators to support the awareness raising of the INT
- Use of different promotion opportunities such as Ward rounds, nurses on preceptorship programme, being part of staff induction processes (ELHT).
- Development of INT newsletter including the promotion of case studies, patient feedback etc.

Further information available appendix E

2.5 Pathways

Areas discussed were:

- Links to clinical pathways; COPD, end of life, frailty
- Adolescent transition
- INT referral pathways
- Pathways to other hospitals i.e., Airedale

- Links to clinical pathways; COPD, end of life, frailty

Discussions took place regarding gaps and potential duplication between the INT and additional clinical pathways.

- Adolescent transition

Gaps were raised regarding support for adolescents transitioning from children to adult services and whether the INT's could facilitate this support.

- INT referral pathways

Queries were raised around whether the referral pathways were clear and concise for other services to refer and if services were aware i.e., community hospital wards, general hospital wards, etc.

- Pathways to other hospitals

Concerns were raised that the pathway into the INT from ELHT was in place but that there was a need to develop and promote the referral pathway to the INT for patients attending other hospitals.

2.5.1 Pathways Recommendations

- Carry out some work to determine how the INT fits within the clinical pathways. Develop a set of criteria to fit alongside those pathways to determine when patients can be stepped-up / stepped-down to the INT.
- To look to expand the INT service model to facilitate transition between children and adult services.
- Review of referral pathways and promotion across all services, including the development of referral pathways for "out of area" hospitals.

Further information available Appendix F

3. Conclusion

The INT Workshop was really useful in supporting the East Lancashire INT Board to address those areas for improvement and the recommendations from the workshop will be implemented through the INT Board plans.
It is anticipated that Locality Managers via their Locality INT Groups will take a lead programme area to ensure that all recommendations are considered and implemented across East Lancashire. Progress will be monitored via the East Lancashire INT Board.

4. Key Recommendations

The East Lancashire INT Board would ask the Primary Care Committee to consider the following:

- Note the recommendations within the report.
- Support the request for additional capacity into the INT to ensure equity across all Neighbourhoods. Given the impact on activity and cost for those patients being supported by the INT, the recommendations within this report to expand the work of the INT and the development of new models of care built around neighbourhoods and the INT model it would be of significant benefit to patients and staff working within those neighbourhoods to be supported by their own Clinical Coordinator and Administrator. The request would be to have 10 Clinical Coordinators and 10 INT Administrators to cover the 10 MDT's across East Lancashire.
- Expansion of the mental health provision currently in 3 Neighbourhoods to all 9 Neighbourhoods. Discussion needs to take place with the Provider whether this is additional capacity or a redesign of current service provision.
- For the INT staff to be employed by one Provider.
- The above recommendations would be built into one service specification for a service provider to work within. This would be the start of the development of the out of hospital offer across East Lancashire.
- To agree for those additional recommendations within the report to be developed further by the East Lancashire INT Board and Locality Managers.

KIRSTY HAMER
Ribblesdale Locality Manager

Appendix A

Attendance Log

East Lancashire INT Attendance Log (25.10.16)		
Name	**Job Title**	**Organisation**
Alison Aston	INT Administrator	East Lancashire Hospitals Trust
Amanda Coulthurst	Specialist Occupational Therapist	East Lancashire Hospitals Trust
Amanda Hughes	Burnley Locality Support Officer	NHS East Lancashire CCG
Amanda Nowell	Care Coordinator	BPRCVS
Andrea Cottam	Senior Pharmacy Technician	East Lancashire Hospitals Trust
Andrea Mcvan	INT Administrator	East Lancashire Hospitals Trust
Andrew McCrimmon	Mental Health Practitioner	Lancashire Care Foundation Trust
Andy Laverty	Rossendale Locality Manager	NHS East Lancashire CCG
Angela Emmett	Practice Manager	Harambee Surgery
Angela Taylor	Adult Social Care	Lancashire County Council
Annette Ferrier	Airedale Telemed Engagemenet Lead	Airedale NHS Foundation Trust
Anxhela Lungari	GP	Briercliffe Surgery
Belinda Taylor	Business Manager	East Lancashire Hospitals Trust
Bernie Underwood	Practice Manager	Richmond Hill Practice
Carol Mawdsley	Matron	East Lancashire Hospitals Trust
Cath Coughlan	Pendle Locality Manager	NHS East Lancashire CCG
Catherine Ashworth	INT Clinical Coordinator	East Lancashire Hospitals Trust
Charlotte Brown	Care Coordinator	The Surgery - Haslingden
Chris Hendry	IT Training Manager	Midlands and Lancashire CSU
Claire Barnes	INT Administrator	East Lancashire Hospitals Trust
Claire Wise	Team Manager - Adult Social Care	Lancashire County Council
David Rogers	Head of communications & engagement	NHS East Lancashire CCG
Dawn Blackburn	Adult Social Care	Lancashire County Council
Debra Shannon-Wallace	Care Coordinator	The Surgery - Haslingden
Diane Hobro	Over 75s Community Matron	Ribblesdale Locality
Dr Zeenat Sykes	GP	Ilex View Medical Practice
Emma Ingham	Project Manager	One Partnership
Emma Slater	Community Services Commissioning Officer	NHS East Lancashire CCG
Helen Davies	Clinical Team Leader	East Lancashire Hospitals Trust
Helen Harrison	ITT	East Lancashire Hospitals Trust
Hester Knox	Patnership & Engagement Officer	Lancashire Wellbeing Service
Hilary Wait	GP	Irwell Medical Practice
James Earle	Integrated Clinical Lead	IHSS
Jeanette Eborall	Mental Health Practitioner	Lancashire Care Foundation Trust
Jeanette Finch	INT Clinical Coordinator	East Lancashire Hospitals Trust
Josie Arthur	District Nurse	East Lancashire Hospitals Trust
Julia Tolley	Commissioning Support Manager	NHS East Lancashire CCG
Julie McDonald	Pendle Locality Support Officer	NHS East Lancashire CCG
Julie McDonald	Integrated Care Team Leader	Age UK Lancashire

Julie Pollard	Project Officer	Pennine Lancashire Transformation Team
Kat Clarkson	Hyndburn Locality Support Officer	NHS East Lancashire CCG
Kathryn Phillips	Practice Manager	Colne Corner Surgery
Kim Atkinson	Clinical Team Leader - District Nursing	East Lancashire Hospitals Trust
Kirsty Hamer	Ribblesdale Locality Manager	NHS East Lancashire CCG
Kirsty Slinger	Burnley Locality Manager	NHS East Lancashire CCG
Lauren Haigh	Medicines Support Team Representative - INT Pendle	East Lancashire Hospitals Trust
Linda Underwood	Practice Manager	Pendleside Medical Practice
Lisa Egan	ITT	East Lancashire Hospitals Trust
Lisa Mitchell	Assistant Practice Manager	Whitworth Medical Centre
Lynn Wood	Matron	East Lancashire Hospitals Trust
Lynne Crouter	CSP Student	East Lancashire Hospitals Trust
Lynsey Fraser	Speech and Language Therapist	East Lancashire Hospitals Trust
Mandy Lord	District Nurse	East Lancashire Hospitals Trust
Michelle McNamara	INT Clinical Coordinator	East Lancashire Hospitals Trust
Nabila Chowdhury	GP	Reedyford Practice
Nicki Van Der Heiden	Physiotherapist Team Leader	East Lancashire Hospitals Trust
Nicola Broxup	Matron	East Lancashire Hospitals Trust
Pauline Aspinall	Practice Manager	Irwell Medical Practice
Rachel Hayes	INT Clinical Coordinator	East Lancashire Hospitals Trust
Rachel Watkin	Hyndburn Locality Manager	NHS East Lancashire CCG
Rosie Hall	ITT	East Lancashire Hospitals Trust
Sarah Knight	Adult Social Care	Lancashire County Council
Sharne Whiteley	Occupational Therapist	East Lancashire Hospitals Trust
Sunem Manzur	Service Redesign	Blackburn with Darwen CCG
Susan Hancock	Steering Group CCG	NHS East Lancashire CCG
Suzanne Thornber	Older Adults Mental Health Manager	Lancashire Care Foundation Trust
Tracey Sconce	Clinical Team Leader - District Nursing	East Lancashire Hospitals Trust
Vicki Frost	Long Term Conditions Nurse	Rossendale Hospice
Victoria Richards	Advanced Primary Care Pharmacist	NHS East Lancashire CCG
Wayne Ashton	Head of Strategic Planning	One Partnership

Appendix B – IT and Data

IT ISSUE & TIMESCALE	SHORT TERM / QUICK WINS Next 6 months	MEDIUM TERM ➢ 6 months to 2 years	LONG TERM ➢ 2 years
Access to EMIS	Current situation: concerns that LCFT are moving to Lorenzo. Most practices have signed the INT sharing agreement. There's a belief that ELHT staff can view EMIS but cannot input data. Solution: Enable ELHT staff to input onto EMIS. Further education re: EMIS (see medium term)	Solution: can cross cover be enabled across localities. Can permissions on EMIS be for all clinical coordinators Chase those practices who have not signed up to the INT sharing agreement.	Solution: Ensure the EMIS Web community data sharing agreement has been communicated to practices and patients.
EMIS Web vs EMIS Community	Current situation: Solution: Mapping across neighbourhoods re. level of access	Solution: arrange training for EMIS across neighbourhoods and localities EMIS community to be available to AGE UK.	Solution: need clarity on where information will be stored between EMIS web and EMIS community to make data meaningful and avoid duplication.
Data Collection	Current situation: as a provider, you can record and report from EMIS but cannot report from another providers data. Solution: tool developed to enable monthly submission Support consistency re. understanding which practices are engaging and which aren't regarding the data pack.	Solution: appropriate SNOMED codes implemented Include the number of times a patient has attended A and E.	Solution: enabling recording of patient contacts. Enabling a tab for all INT staff to view information, practicality issues.
Access to records	Current situation: Solution: clarifying patient consent – what information and say do they have?	Solution: Templates to be in a similar format as EPaCCs template, tab to consent for patients.	Solution: Long-term patient agreement for shared care.
Use of systems - standardised	Current situation: Solution: mapping across INT teams and extended core teams.	Solution: On discharge – tickbox to signify a referral to district nursing team and tickbox to signify referral to INT.	Solution:
Care plans and templates – assessment document	Current situation: Solution: INT teams and Primary Care team to be involved in the design.	Solution: Agreement to care plan and assessment document across localities. EMIS annual national user group are developing generic assessment documents.	Solution: Implementation of standard care plan and assessment documents across localities. One care plan to fit all patients. Correlating long-term care plans across INT teams.
Various assessment documents – INT feeding into ELHT trusted assessor	Current situation: Solution: enable mobile working for community services.		

Appendix C – Workforce Development

WORKFORCE ISSUE & TIMESCALE	SHORT TERM / QUICK WINS Next 6 months	MEDIUM TERM ➢ 6 months to 2 years	LONG TERM ➢ 2 years
DIFFERENT EMPLOYERS	Current situation: Staff across INT teams are with different employers resulting in different HR policies, IT system access – ELHT, ELCCG, GP Practices, Consideration of Green Dreams. Hosting by Rossendale Hospice Solution: Move to one Employer for all INT Staff or harmonisation of HR, Computer access etc for all staff	Solution: One employer provides security and stability for the INT staff. However need to ensure that staff in that one organisation are not pulled to other parts of the chosen one organisation in times of emergency or short staffing	Solution: Security for those working in the INT which may make them more likely not to seek employment elsewhere. INT Staff feel valued.
CAPACITY ISSUES	Current situation: INT staff in some teams feel that they are at full capacity now and wary of any further expansion. Locality Vs Neighbourhood leads to different models for different areas. Solution: Need to have a full assessment of future staffing levels as INT activity starts to increase following successful evaluation. Looking at WTE requirements for specific levels of activity.	Solution: Adequate staffing levels that allow for training, annual leave and illness. Shorter sharper more frequent meetings	Solution: Staff not over stretched and able to be resilient
CROSS COVER ISSUES	Current situation: Presently ad hoc cover provided in times of annual leave and sickness etc. Solution: More formal arrangements necessary.	Solution: Capacity review will help, but it may be appropriate to recruit a floating team (INT Co-Ordinator / Admin) that can cover across.	Solution: More formal operational procedures adopted by the INTs bringing harmonisation and consistency of operation
BOUNDARY ISSUES	Current situation: Some areas of EL are excluded from INT / MDT approach because of where they are located. For example where patient lives outside regular catchment area of the GP Practice to where they are registered such as Airedale, Whitworth or East / West Pendle. Even neighbouring localities Solution: Start to work through these issues by identifying where a boundary is causing a problem	Solution: Establish a protocol for dealing with a boundary issue like those listed. This may involve setting up a practice specific MDT meeting.	Solution: Boundary Protocol will ensure consistency and equal access to INT / MDT of all EL GP registered patients
INCONSISTANT MDT MEMBERSHIP	Current situation: Broad similarities in terms of MDT membership which includes – INT Co-ordinator, INT Administration, District Nursing, Speech Therapy, Physiotherapy, Occupational Therapy, Meds Mgmt, Intensive Home Support, Transforming Lives, Community Matron and GP / GP Practice representative Solution: Review of MDT membership as some areas have additional such as MH worker, Social Services, Voluntary Sector, Community Geriatrician, NWAS (Emergency Services)	Solution: Move towards a consistent membership will bring about consistent decision making and make it easier to share good practice	Solution: Consistent decisions and consistent outcomes

Appendix D – Estates

Estates ISSUE & TIMESCALE	SHORT TERM / QUICK WINS Next 6 months	MEDIUM TERM ➢ 6 months to 2 years	LONG TERM ➢ 2 years
Different Bases	Current situation: INT members are based in a number of locations Solution: Co-locate INT Coordinators and Admin and DN's/ Therapies where possible	Solution:	Solution:
Location of MDT meetings	Current situation: MDT's are held in localities in a variety of locations. Solution: Need to map out where MDT's are currently held and what facilities are available	Solution: Have an INT Hub in each locality where groups can meet and discuss cases. A suggestion was made of considering non NHS buildings for meetings such as hotels – this could raise issues of confidentiality & accessibility of information if members wish to connect to patient records.	Solution:
Booking of Meeting rooms	Current situation: Some MDT groups experience difficulty in booking rooms for regular MDT meetings or ad hoc case conferences, and are being advised of a charge to use rooms in NHS buildings	Solution: Liaise with Estates representatives to make room booking easier and charge free -Implement a centralised booking management system.	Solution:
Parking	Current situation: Some buildings used for MDT do not have a lot of on-site parking or if they do there is often a charge Solution:	Solution:	Solution: While looking at the Estates currently held in East Lancashire Parking will be noted as a consideration to aid collaboration between services.
Hot Desks for MDT members	Current Situation: Some INT 's have hot desks for other members of the MDT process to come in and use on occasion helping to foster greater cooperation and build relationships. Some INT staff find working in a room with other teams difficult to concentrate so quiet work areas or being collocated in a building but not in the same room could be considered Space needs to be used more effectively	Solution: Provide additional admin areas with the Coordinators with hot desks so that members of the wider MDT groups can liaise with the INT Coordinators and also continue with their work. PC equipment to be made available where possible in case of connectivity issues. Provide quiet areas to do complex work.	
Storage for Confidential Paperwork	Current situation: To comply with IG principles any patient identifiable data must be locked away, if members of the INT team are using hot desks there needs to be storage space provided to lock away any confidential information while someone else is working at the desk.	Solution: Lockers to be provided in areas where hot desking is taking place.	Solution:
Wi Fi Connectivity	Current Situation: Some areas in East Lancashire do not have very good WiFI connectivity, especially the more rural locations; mobile devises are very useful but not always practical.	Solution: Ensure there are PC's available in MDT bases (possibly where the INT Coordinator & admin are based)	

Appendix E – Communication and Engagement

CURRENT SITUATION	SHORT TERM/QUICK WINS	MEDIUM TERM	LONG TERM
Raising awareness of Service – What are INT's?	Community Hospital Wards Utilisation of INTs Winter Pressures	GP attendance or representation at INT MDTs, if not for entire meeting given a timed slot	
Different approaches at Locality Meetings	Sign posting Care Navigators Lancashire Wellbeing Service	Best Practice Days (Conference)	
Attendance at meetings	INT Co-ordinator in-reach to MDT "Board rounds" on peripheral ELHT sites (CCH, AVH, PCH, Ward 16 BGH)	Yearly updated engagement sessions	
Action plan as well as Case Management Plans	Nurses on Preceptorship Programme – L& D Dept.	Standardised Agenda item on all department Agendas. INT update referrals.	
Operational Awareness (best use of)	Continual promotion in Wards	Childrens – where are they on INTs?	
Engagement of GPs/Practices/all • Primary • Community Crucial: • Secondary • Voluntary	Evaluation of Referrals into INT	Need to think about Hospital Discharge Strategy	
	Case Studies – use of Diamond!	Need to look at individual Service offers (what's in it for me?)	
	Link with ELHT Corporate Induction		
	Back to basics – Discharge Summaries		
	Introduction Letter for INTs and Leaflets Information Leaflet for professional groups, consider communications for patients on borders		
	Poster Display – 'What is an INT?'		
	Clinical Leaders Forum, FY1 information, Staff Inductions		
	Social Care – Awareness Raising Session for them		
	Produce an Infographic to show people achievements (data and case studies and how to refer in)		
	Newsletter (INT) for all Services utilisation of PDG		
	Lessons learned across all localities – (KP identity		
	Planned Meetings: Yearly diary of engagement events		
	INT/IDS/IHSS forms need to be utilised		
	Liaison Service gap between Secondary/Community		
	Feedback to demonstrate number of bed stays saved £ GPs/Hospitals, Time and Money		

Appendix F – Pathways

PATHWAYS ISSUE & TIMESCALE	SHORT TERM / QUICK WINS Next 6 months	MEDIUM TERM ➢ 6 months to 2 years	LONG TERM ➢ 2 years
Gaps linking with other pathways	• Connecting further to IHSS (self-refer and work understanding). • INT as part of discharge checklist. • Safeguarding to attend MDTs (Local Authority and Health).	• End of life step up and step down between GSF and INT. • Link the Front Door team and District Nurses to the INT for those admitted to hospital. • Front Door team to link with Primary Care for patients who are high attenders. Link better with community services.	• NWAS and care plans. • Transforming Lives. • Partnership in Airedale and information sharing between them. • Access to earlier diagnostic for mental health. • Memory service – development of pathway between INT and MAS. • Long term i.e. 1 hospital, 2 community providers and consistency across East Lancashire and Blackburn with Darwen.
Referral pathway into the INTs	• Consistency referral form across localities. • Ensuring referral process is consistent across localities.	• INT coordinators to provide ward rounds to promote the referral process. • Invite ward staff to attend MDTs to understand the process. • Hospital complex case managers to link in to INTs. • Referrals from mental health into the INT.	• Refer with the system assessment.
Community ward pathways	• Community geriatrician to be linked in to all INTs (already happening in Rossendale).		
Frailty pathway: where and how do INT fit in?	• INT to be part of the frailty pathway group to feed into developments		
Childrens INT and transitions for children	• To look at options for INT facilitating transition for children to adult services	• Rossendale potentially to trial children's' MDTs.	
COPD	• Develop community setting to COPD too far to go.		
Pathways to other hospitals i.e. Airedale	• Look to build relationships between INT and other hospitals to ensure patient choice.		