

Progress Report to Hampshire
Health Overview and Scrutiny
Committee on the Local
Development Plan for Hart and
Odiham to Implement the
'Hybrid Model'
September 2011

Following the engagement with local people on how best to meet their local health needs and discussion at the Hart Locality Stakeholder Group the idea for of a "hybrid" model of care was suggested

- Option 1 – In patient bed based model with 24/7 nursing and rehabilitation
- Option 2 – Reablement services
- Option 3 – Home based care from Community Matrons/Virtual wards etc
- Option 4 – Integrated care with social care/voluntary sector
- Option 5 – Outpatient/ clinic based care

Review

Progress

- Virtual Ward
- Rapid Response service,
- Multi-disciplinary discharge team based at BHNFT
- Reablement beds

BUT

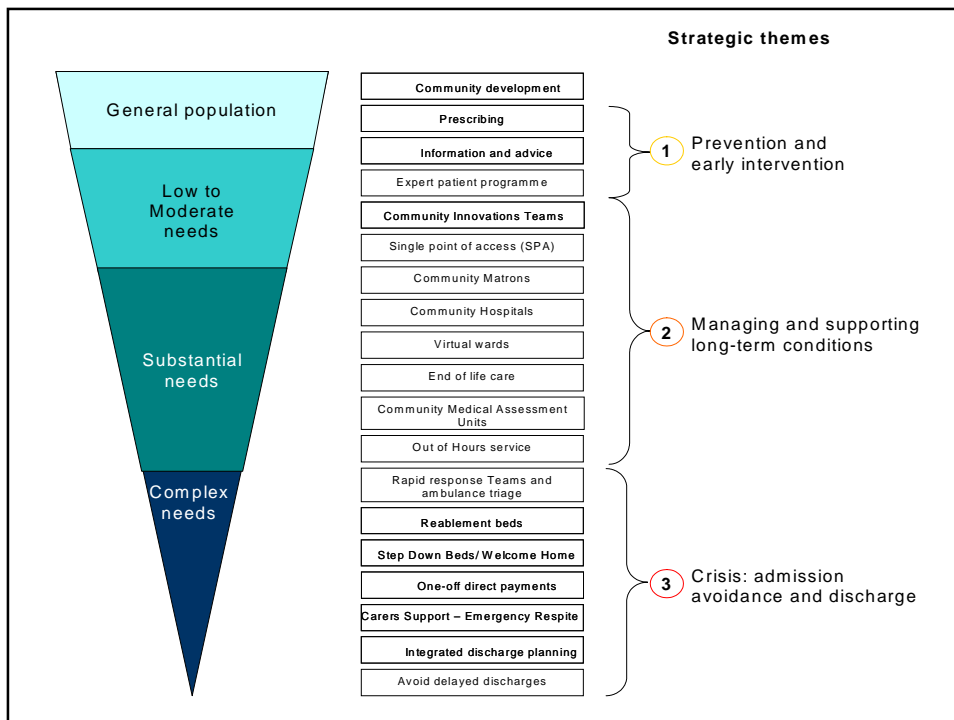
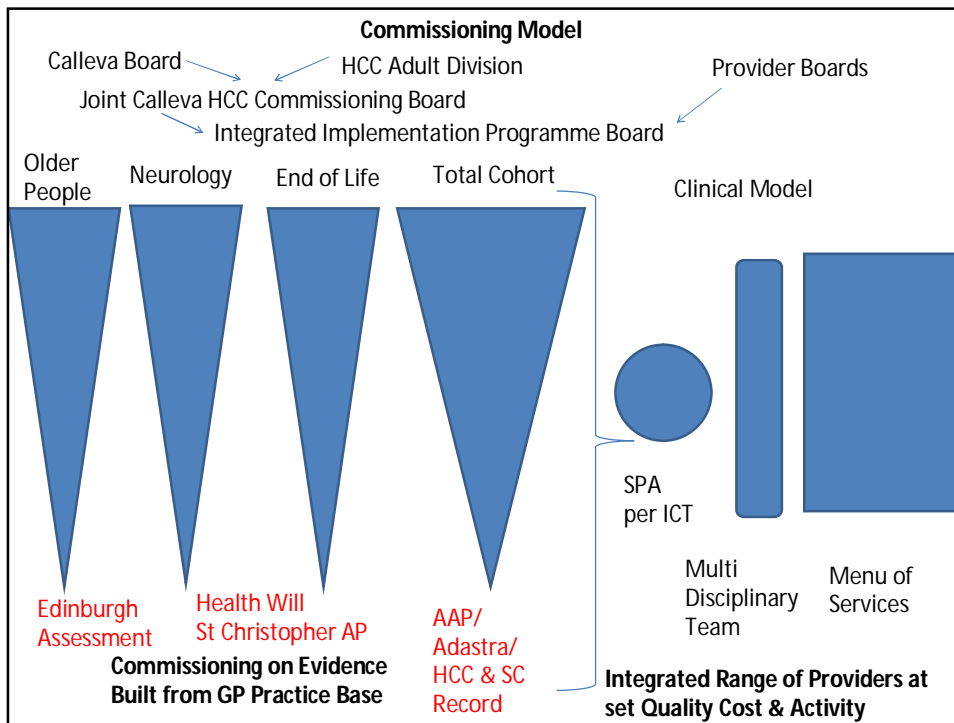
Coordinated?

Assessment of need by Locality ?

Shared Leadership and management?

Hart and Odiham ICT

- The team will be led by a tripartite of a lead **GP**, (the medical responsibility will remain with the individual patient's GP), **Social Worker** and **Community Matron**
- Coordinated use of all staff groups
- Focus on agreed complex client list which is under systematic and continuous review
- Call down specialist resources to assist
- Access to other community provision
- Develop a Local health and social care plan



OCH

Trustees of OCHCT have suggested that they would like to work with 3 preferred partners;

- **Calleva** (including HCC AD and SH),
- **St Michael's Hospice**
- **Odiham Consolidated Charities** (OCH alms-houses neighbours, to provide day club activities for the elderly) at the hospital.

Additional organisations to be consider at a later date

The main ground floor of the hospital to be used as far as possible for patient/client activities and limit admin/office activities to the first floor and outpatient building.

Progress on the 'hybrid model'

- Option 1 – In patient bed based model with 24/7 nursing and rehabilitation (**bed review HCC, Calleva, SH**)
- •Option 2 – Reablement services (**bed review**)
- •Option 3 – Home based care from Community Matrons/Virtual wards etc. (**additional hours and greater clarity of patients involved**)
- •Option 4 – Integrated care with social care/voluntary sector (**GP, Com Matron, SW leading this process**)
- •Option 5 – Outpatient/ clinic based care (**meetings with OCH Trustees and preferred partners started**)

Timescales

- ICT up and running by the October
- Stakeholder meeting end of October to discuss and agree implementation plan
- Initial services using OCH in November
- Additional services in the new year
- On going development of local development plan with input from local community

Thank you
and
Questions