

Appendix 3

Proposed Community Health and Social Care Target Operating Model implementation projects

Ref No	Projects 2020/21	Description	Benefits
CP1	Integrated Community Therapy service	Integrating Adult Social Care Occupational Therapy teams with Joint Community Reablement Rehabilitation teams to create a health and social care Integrated Community Therapy service	<ul style="list-style-type: none"> • Reduce duplication and cross referral between Community Nurses and Social Workers releasing capacity for growth in community care demand • Reduced re-telling of the story for our citizens • Responsive service proving the right care at the earliest opportunity • Reduction in GP referrals to acute services, releasing acute capacity • Flexible deployment of community workforce increasing productivity and providing job variety • Reduction in A&E admissions • Timely discharges releasing capacity in acute and community beds and improving recovery time for patients
CP2	Integrated (health and social care) Rapid Response Team	Creating an Integrated (health and social care) Rapid Response Team organised at CCG/Locality Hub level	
CP3	Increased co-location of duty and triage (D&T) functions	Increased co-location of D&T functions – Stage 1 - consolidate community nursing D&T functions in St Mary's House; Stage 2 - identify timescales for achieving same in Hastings & Rother area and identify best model for High Weald Lewes Havens area.	
CP4	Primary Care Multi-Disciplinary Team (MDT)	Re-invigorating MDT meetings (where necessary) to become a key forum for joint work across primary care, community health and social care and mental health services.	
CP5	Care Coordination Locality Processes	Create structured care coordination processes in localities to work on complex, multi-agency, multi-disciplinary cases including referrals from MDT; Mental Health, Community Nurses, Social Workers, GPs	

