

Acquired Brain Injury Managed Care Network

Terms of Reference

1. Introduction

As an integrated Community Health and Care Partnership the move to a local Managed Care Network (MCN) is in line with existing practice across a range of integrated services and our established working across our community planning partners including the third and independent sectors. Within the context of integration this provides local people affected by brain injuries with more opportunity to drive the workstreams identified within the Acquired Brain Injury national Managed Clinical Network into the community setting as well as creating a managed care network within West Dunbartonshire to meet the specific needs of our community.

Much of the work already undertaken by the West Dunbartonshire Acquired Brain Injury Joint Strategy Group is applicable and transferable to a care network setting. There is a range of identified partners from across integrated services, third sector partners, independent providers, carers as well as service users.

For the purposes of this MCN, the definition of Acquired Brain Injury (ABI) used is taken from the Scottish Needs Assessment Report (2000) and the SIGN 130 Guidelines (2003). ABI is defined as “damage to the brain that was sudden in onset and occurred after birth and the neonatal period. It is thus differentiated from birth injuries, congenital abnormalities and progressive or degenerative diseases affecting the central nervous system.” The scope of the MCN is to include ABI diagnoses of traumatic brain injury/head injury, as well as non-traumatic causes including infection (encephalitis and meningitis), hypoxia/anoxia, and neurotoxic insult. It does not include stroke or alcohol related brain damage which are addressed via partnership services.

The move to a managed care network reflects the national direction of policy and will allow for wider representation of all areas of service and service delivery for the CHCP as well as other third sector, service user and carer organisations. An established Managed Care Network will provide a focus for existing work streams, as well as ensuring continuing developments within our locality.
(Appendix 1- MCN Development paper)

2. Key Policies

The CHCP Strategic Plan 2013 – 2014

The CHCP Strategy for Carers 2012 – 2021

The CHCP Commissioning Strategy for Rehabilitation and Enablement

The CHCP Commissioning Strategy for Mental Health

3. Aims and Objectives

The West Dunbartonshire Local Managed Care Network (MCN) for Acquired Brain Injury (ABI) aims to:

1. Facilitate the planning, development, review and delivery of community health and care services across West Dunbartonshire for individuals and their carers affected by brain injuries.
2. Ensure that services are responsive to the needs of service-users and carers; and service-users and carers are at the heart of local service planning, development and review.
3. Maximise community participation and involvement in the design of services for ABI across West Dunbartonshire, through a range of forums including the MCN and the Public Partnership Forum
4. Support the development of service standards to promote best practice across Partners including community health and social care services, independent and third sectors.
5. Support the development of accessible public information for patients/clients and carers
6. Support the development and delivery of ABI training/ awareness at a range of levels
7. Support the development of data collection regarding ABI, including mapping information and making this accessible

Development of Managed Care Network for West Dunbartonshire (11/09/2012)

To facilitate a move to a managed care network much of the work already undertaken by our Joint Strategy Group is applicable / transferable to a care network setting. Within the context of integration legislation at Community Health and Care level this provides us with more opportunity to replicate work within the national MCN to a community setting and create a managed care network within West Dunbartonshire. There is already a range of staff from service users, carers, qualified clinicians and case managers who are working across our community. The membership of the strategy group already reflects a broader care network including Council, NHS, third and independent representatives as well as service users and carers.

The key areas of work for a managed care network, as replicated from a national level, would be to develop and implement locally.

- Robust service standards across all elements of health and social care services for people with acquired brain injury
- Develop good public information for patients/clients and carers as well as for acute service colleagues. This would cover information at point of discharge from hospital or rehabilitation setting.
- Training/ basic awareness available at a range of levels for multi-agency/multi-disciplinary services

Much of this work is underway and transferable from the Joint Strategy Group.

By way of expansion into a Managed Care Network from a Joint Strategy Group would be the development of patient/client pathway through services, this already exists as part of service mapping work which has recently been updated and republished by the national managed clinical network and reflects West Dunbartonshire. More detailed work would be required to ensure all elements of the pathway were clear from all hospital and rehabilitation settings.

Another development would be an increased representation from AHP services including the newly developing community rehabilitation service. For more long term progress there would need to be actions relating to:-

- Sharing of assessment information
- Shared systems for reporting across acute, secondary and community services
- Better/more appropriate discharge processes
 - *This includes a proportion of people who can be discharged
 - *Focus initially on people identified with ABI
- Self-Directed Services and its impact for individuals and their families on coming out from hospital

These actions will be related to a broader response from the CHCP as a whole rather solely from the new formed Managed Care Network. A useable definition of acquired brain injury which can be shared between acute and community services, this would need to be agreed by all members of the Network. This paper proposes that a move to a managed care network reflects the political direction of policy and would allow for wider representation of all areas of service and service delivery for the CHCP as well as other third sector, service user and care organisations. A newly established Care Network would provide a focus for existing work streams, as well as ensuring continuing developments within our locality.