

Date: Monday, 15 December 2014

Time: 10.00 am

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire,
SY2 6ND

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HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

TO FOLLOW REPORT (S)

6 Integrated Community Services Pilot and Better Care Fund (Pages 1 - 16)

To receive a presentation on and assess the success of the Integrated
Community Services Pilot (to follow)

An update will also be provided on the Better Care Fund and this will include
detail of plans for the Team Around the Practice Scheme.

Kerrie Allward, Better Care Fund Manager, and representatives of Shropshire
Community Health Trust will be present at the meeting to answer questions.

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The Better Care Fund & Integrated Community Services (ICS)

Health & Social Care Scrutiny Committee Briefing

15/12/2014



Agenda

- Strategic Context of the Better Care Fund
- The 'Transformation Schemes' of the Better Care Fund
- Better Care Fund update
- Background to the ICS prototype and model
- Progress to date

Better Care Fund Strategic Context

- Better Care Fund announced during 2013 spending round
- CCG & LA Budgets realigned into 'pooled budget' – not new money – budgets tied to existing activity - £12m in 13/14, £21m in 14/15
- BCF Plan should describe how Health & Social Care will work together to improve outcomes:
 - Non-elective admissions
 - Permanent Care Home admissions
 - People still at home 91 days after discharge from hospital into rehab & reablement services
 - 2 Local measures (MH Crisis Care & Hospital admissions for dementia)
- Shropshire's BCF Plan brings existing work streams under BCF umbrella in 1st year – opportunities to influence going forward

The Transformation of Integrated Care & Support v9

Health and Wellbeing Vision

"Everyone living in Shropshire is able to flourish by leading healthy lives, reaching their full potential and making a positive contribution to their communities"

Outcomes that the Health & Wellbeing Board will strive to achieve

Outcome 1
Health inequalities are reduced

Outcome 2
People are empowered to make better health and lifestyle choices

Outcome 3
Better emotional, mental health and wellbeing for all

Outcome 4
Older people and those with long term conditions remain independent for longer

Outcome 5
Health, Social care and wellbeing services are accessible, good quality and seamless

The Challenge: To improve services and outcomes for the people of Shropshire and make the local health and wellbeing system financially sustainable for the future

Better Care Fund Strategic Themes

Prevention

Early Intervention (Case Management)

Supporting People in Crisis

Supporting People to Live Independently for Longer

Governance

Clinical Lead/Sponsor:
Rod Thomson
Lead Officer: Kevin Lewis

Clinical Lead/Sponsor:
Colin Stanford
Lead Officer:
Kerrie Allward

Clinical Lead/Sponsor:
Colin Stanford
Lead Officer:
Kerrie Allward

Clinical Lead/Sponsor:
Sal Riding
Lead Officer:
Sam Tilley

Theme Objectives

Empowering people to make better lifestyle and health choices for their own and their families health and wellbeing, preventing the prevalence of ill health and the need for intervention.

The identification of 'at risk' groups of people and the approach to support those people through a process of joint assessment, allocation of a 'key-worker' joint care planning and active case management

In the event that an individual finds themselves in crisis, rapid, focused intervention with a view to helping a person remain in their own home or return there as quickly as possible.

Reducing dependence on paid support and enabling independence. Maximising the use of community resources and natural support to develop

Existing Integrated Activity

- Prevention Services

- 1st phase Care Home Advanced Scheme
- 1st Phase Community & Care Coordinators

- Mental Health Support Services
- Specialist rehab

- Housing, Equipment & Adaptations
- Supported Housing Development
- Carers Support
- End of Life Support

Transformation Schemes

| Scheme | Lead |
|---------------------------------|-----------------|
| A1 - Integrated Fall Prevention | Miranda Ashwell |
| | |
| | |

| Scheme | Lead |
|------------------------------------|---------------|
| B1 - Proactive Care programme | Nina White |
| B2 - Community & Care Coordinators | Tracey Savage |
| B3 - Care Home Advanced Scheme | Tracey Savage |
| B4 - Team Around the Practice | Nina White |

| Scheme | Lead |
|---|-------------|
| C1 - Integrated Community Services | Emma Pyrah |
| C2 - Mental Health Crisis Care Services | Paul Cooper |
| | |

| Scheme | Lead |
|--------------------------------|---------------|
| D1 - Resilient Communities | Kate Garner |
| D2 - Dementia Strategy | Louise Jones |
| D3 - Integrated Carers Support | David Whiting |
| D4 - End of Life Coordination | David Whiting |

Communities

Cross Cutting Themes

Workforce

Information Technology

Quality & Safety

Communication & Engagement

7 Day Working

Better Care Fund Update

- Initial plan submitted April 2014 – not assured
- New guidance issued – increased focus on admission avoidance
- Plan refreshed & re-submitted September 2014
- Nationally Consistent Assurance Review (NCAR) process to assure plans
- Shropshire awarded ‘Approved with Support’ Status
- Final approval of plan, subject to addressing ‘improvement areas’ on 8th December
- Implementation of plan by April 2015 (with some schemes already started e.g. ICS, CHAS)
- Performance against outcomes will be measured from January 2015

Background of the ICS Prototype

- In November 2013, Shropshire CCG in partnership with Shropshire Council and Shropshire Community Health NHS Trust began the first phase of introducing an integrated health and social care **Integrated Intermediate Care** model.
- Shrewsbury & Atcham was chosen to be the Phase 1 locality in which a first **prototype** version of an integrated service would be introduced to test the operational delivery of the model, with the aim of replicating and learning from it for roll out to the other 2 localities.
- The Shrewsbury prototype is focussed on delivering a model of early supported discharge. Inclusion of admissions avoidance is in Phase 2 plans.
- The phased introduction is using PDSA (Plan, Do, Study, Act) cycles to find the most effective way of delivering this integrated model.
- In 2014 ICS became a Transformation Scheme under the Better Care Fund umbrella.



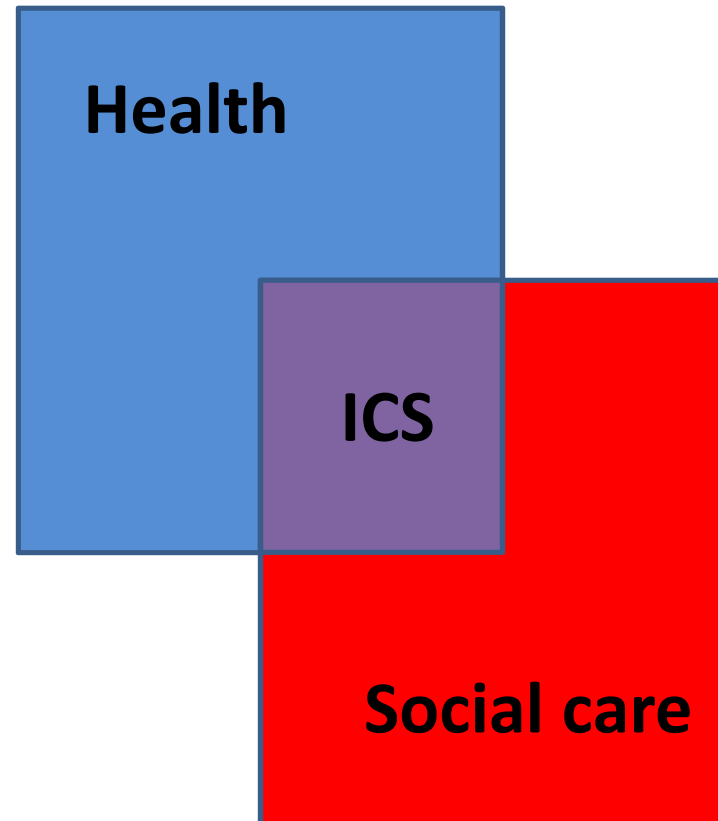
Key components of the ICS early facilitated discharge model

- A locality based health and social care, community and voluntary sector integrated service with responsibility for complex patients who require support to facilitate discharge from an in-patient bed which:-
 - Removes unnecessary complexity through a simple pattern of co-ordinated services
 - Capable of very rapid response
 - Includes mental health
 - Access to high quality expert decision makers as early as possible in the process (especially for older people) Seamless interface with both primary, community and hospital based services
 - Engagement with local communities
- The service will provide **assessment, rehabilitation, reablement and treatment** in the community.
- The service will receive referrals through a **single point of access**.
- **Discharge home to assess will be the default position**, home being the patients' usual place of residence.
- The service will undertake **shared generic assessments**, to be completed by any member of the team, so that patients do not have to re-tell their story.

The integration we want is purple!

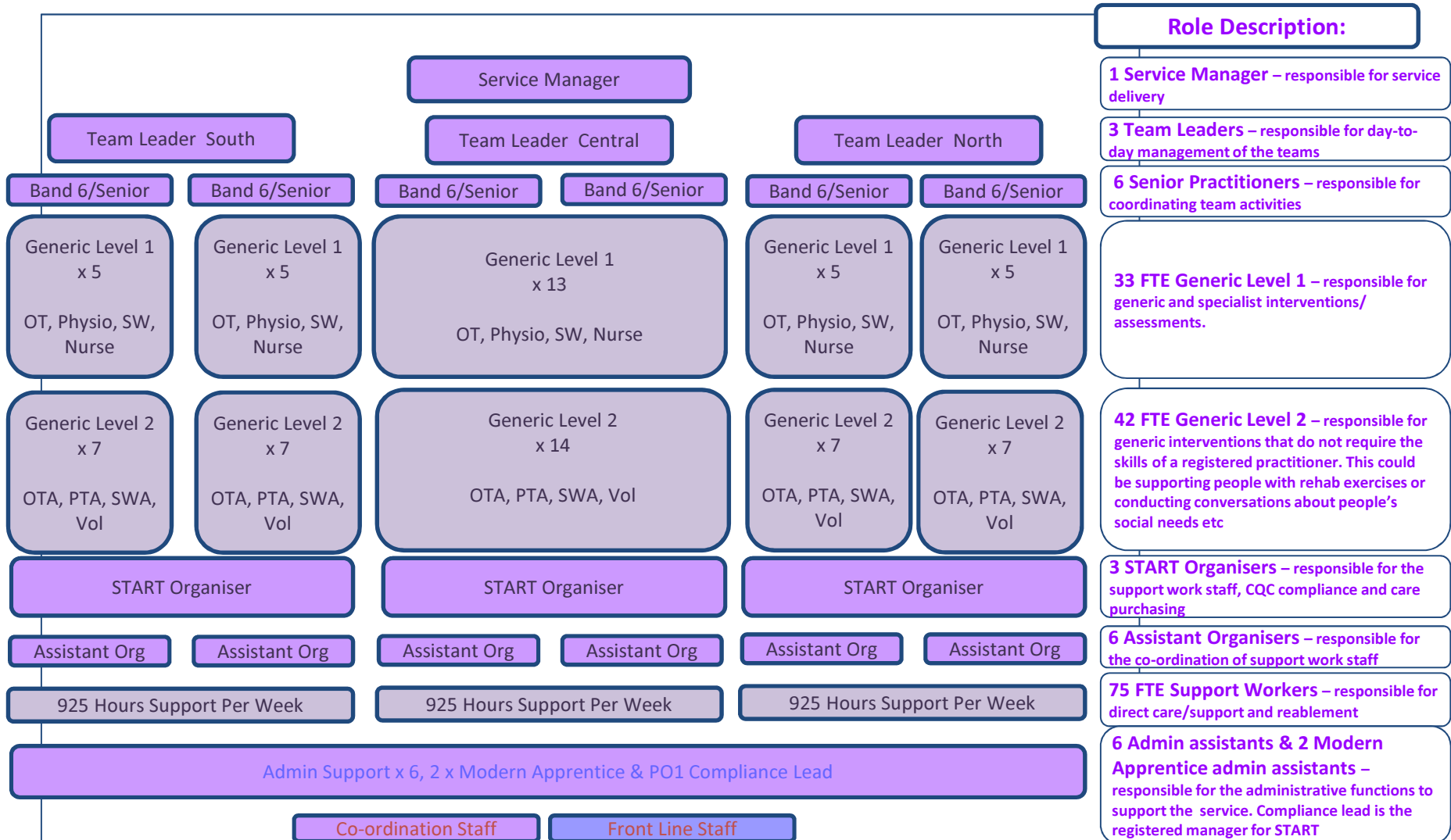
We want **purple** people, using **purple** processes to deliver purple outcomes.....

.....the type of integration we are trying to achieve requires **more** than blue staff and red staff being based together, aligning their specialist input to meet the needs of the patient – it requires a new shared culture, mind-set, values and objectives to create a new staff group – the **purple people!**



ICS – The Team

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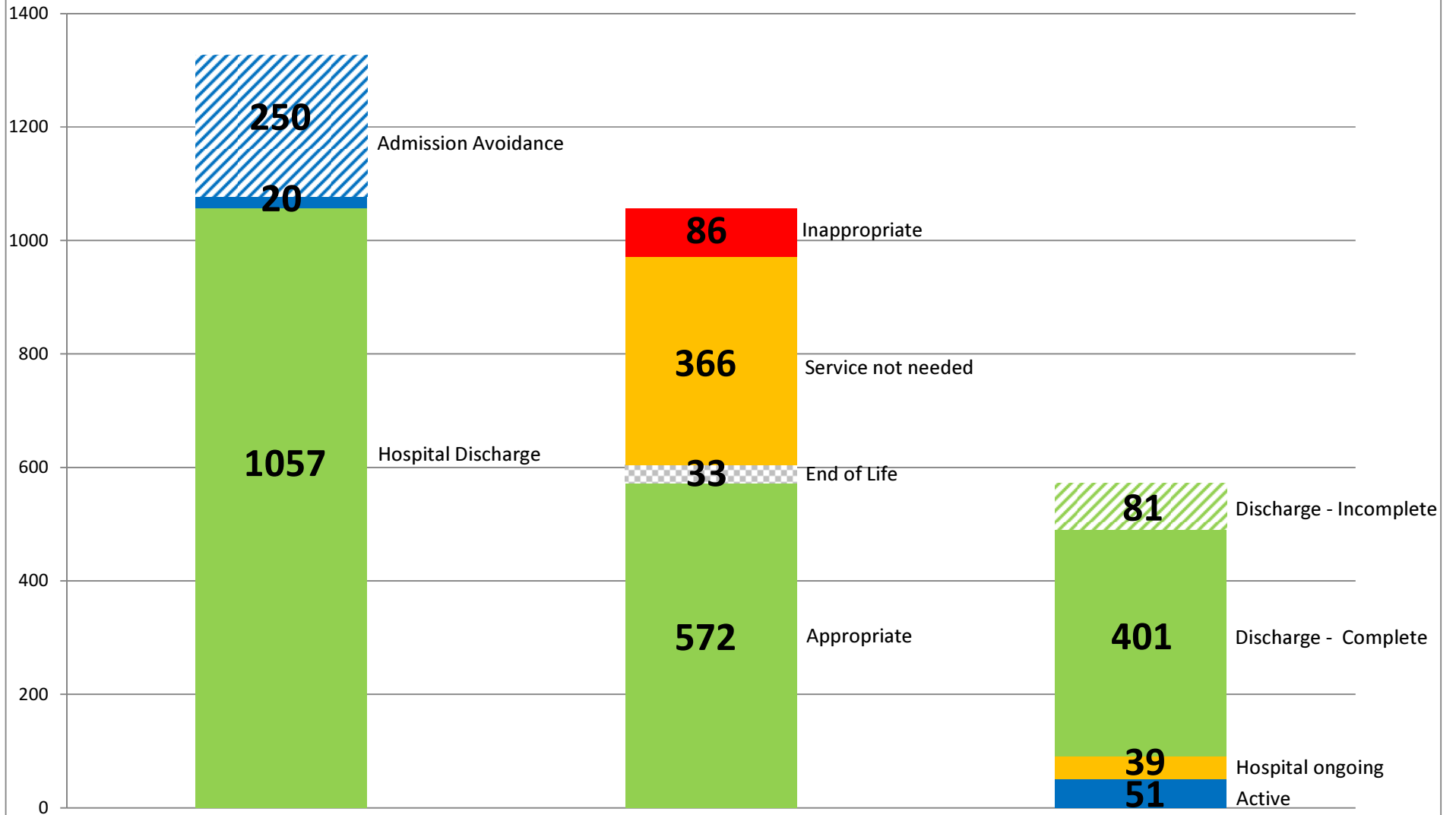


- Role Description:**
- 1 Service Manager** – responsible for service delivery
 - 3 Team Leaders** – responsible for day-to-day management of the teams
 - 6 Senior Practitioners** – responsible for coordinating team activities
 - 33 FTE Generic Level 1** – responsible for generic and specialist interventions/assessments.
 - 42 FTE Generic Level 2** – responsible for generic interventions that do not require the skills of a registered practitioner. This could be supporting people with rehab exercises or conducting conversations about people's social needs etc
 - 3 START Organisers** – responsible for the support work staff, CQC compliance and care purchasing
 - 6 Assistant Organisers** – responsible for the co-ordination of support work staff
 - 75 FTE Support Workers** – responsible for direct care/support and reablement
 - 6 Admin assistants & 2 Modern Apprentice admin assistants** – responsible for the administrative functions to support the service. Compliance lead is the registered manager for START

Shrewsbury ICS Service
 Overall summary of patient referrals

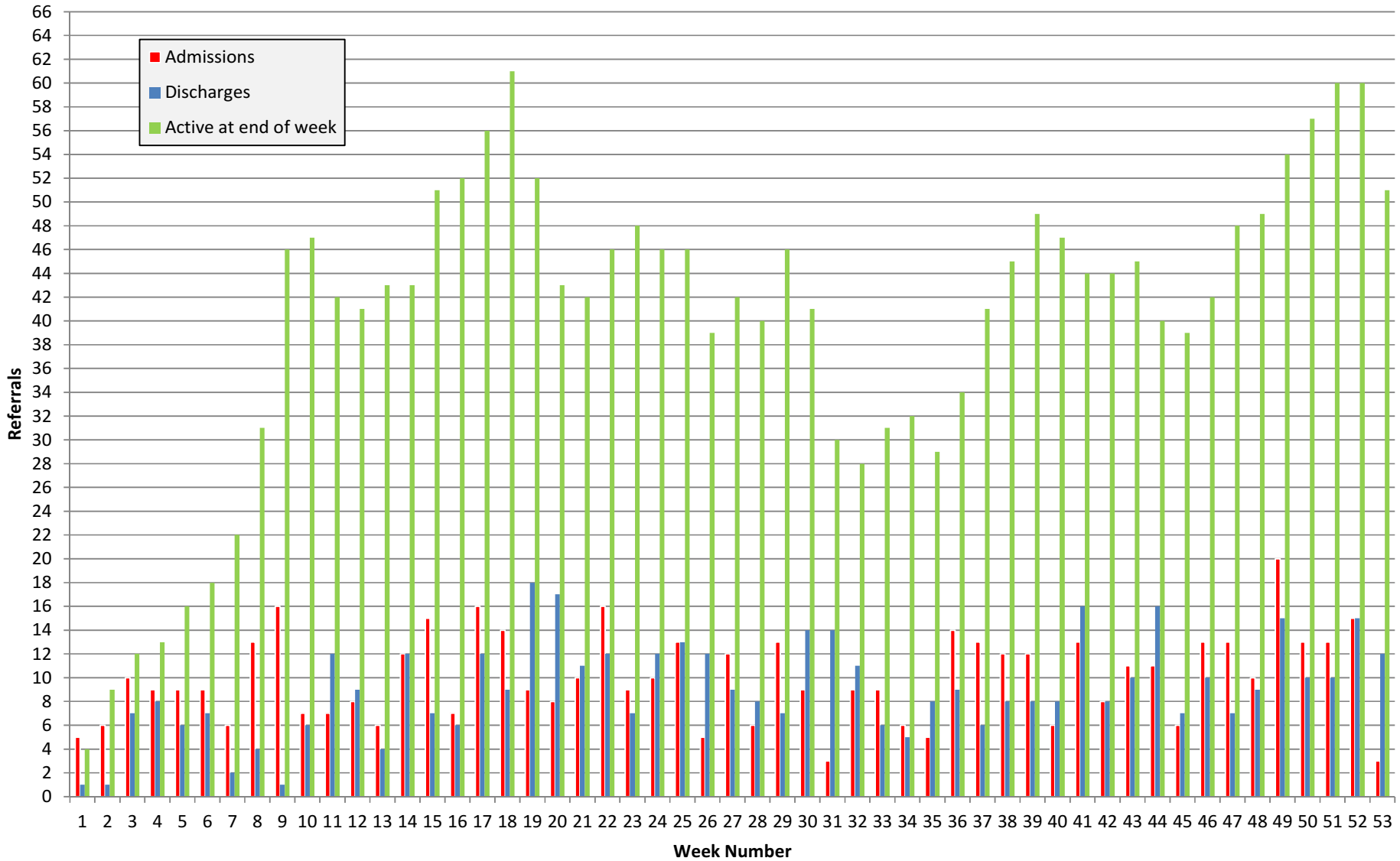
Cumulative Overall Referral Breakdown

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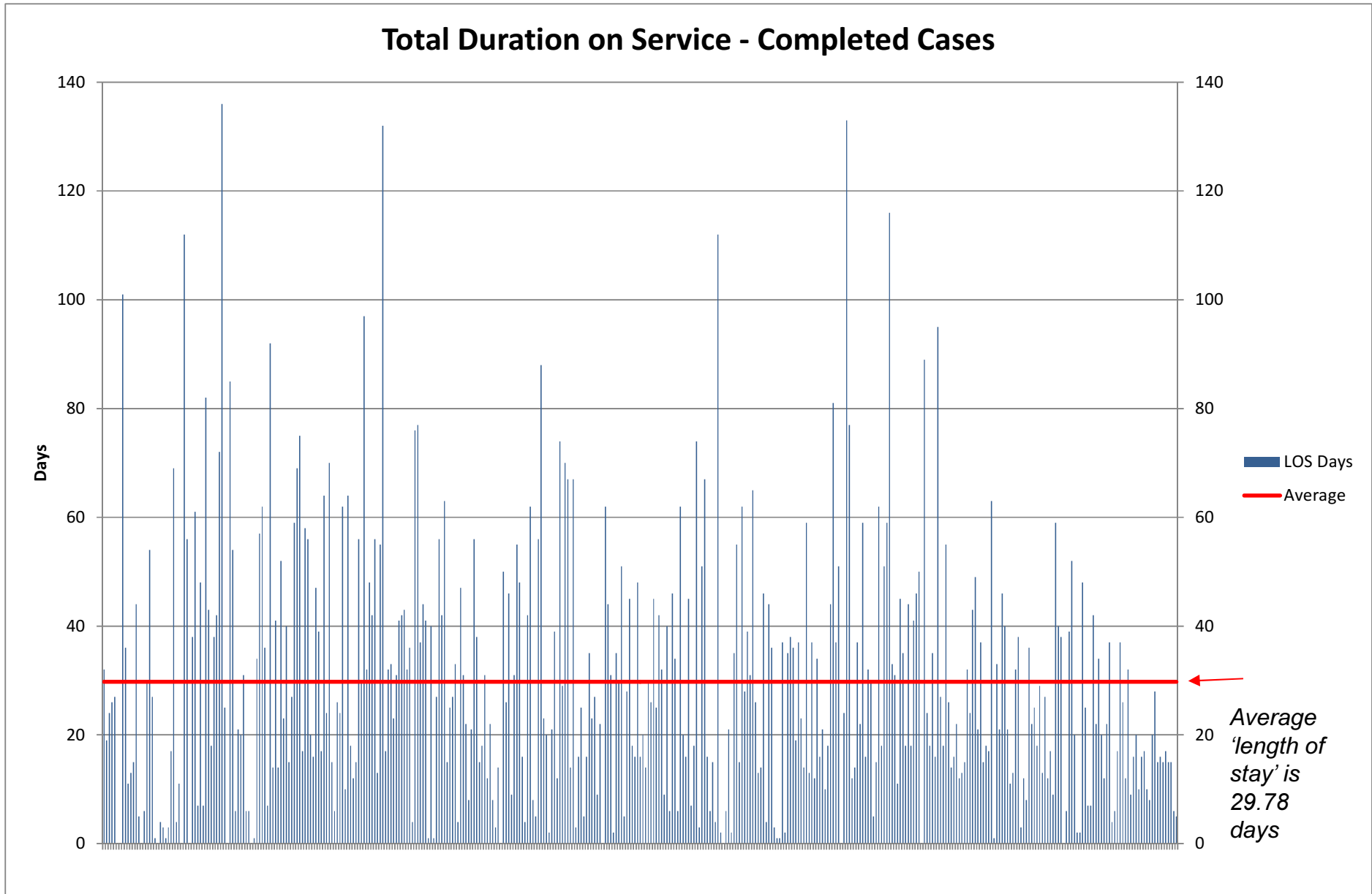
Shrewsbury ICS Service:
Hospital discharges: Patients admitted, discharged and active by week

Service Starts vs Service Ends



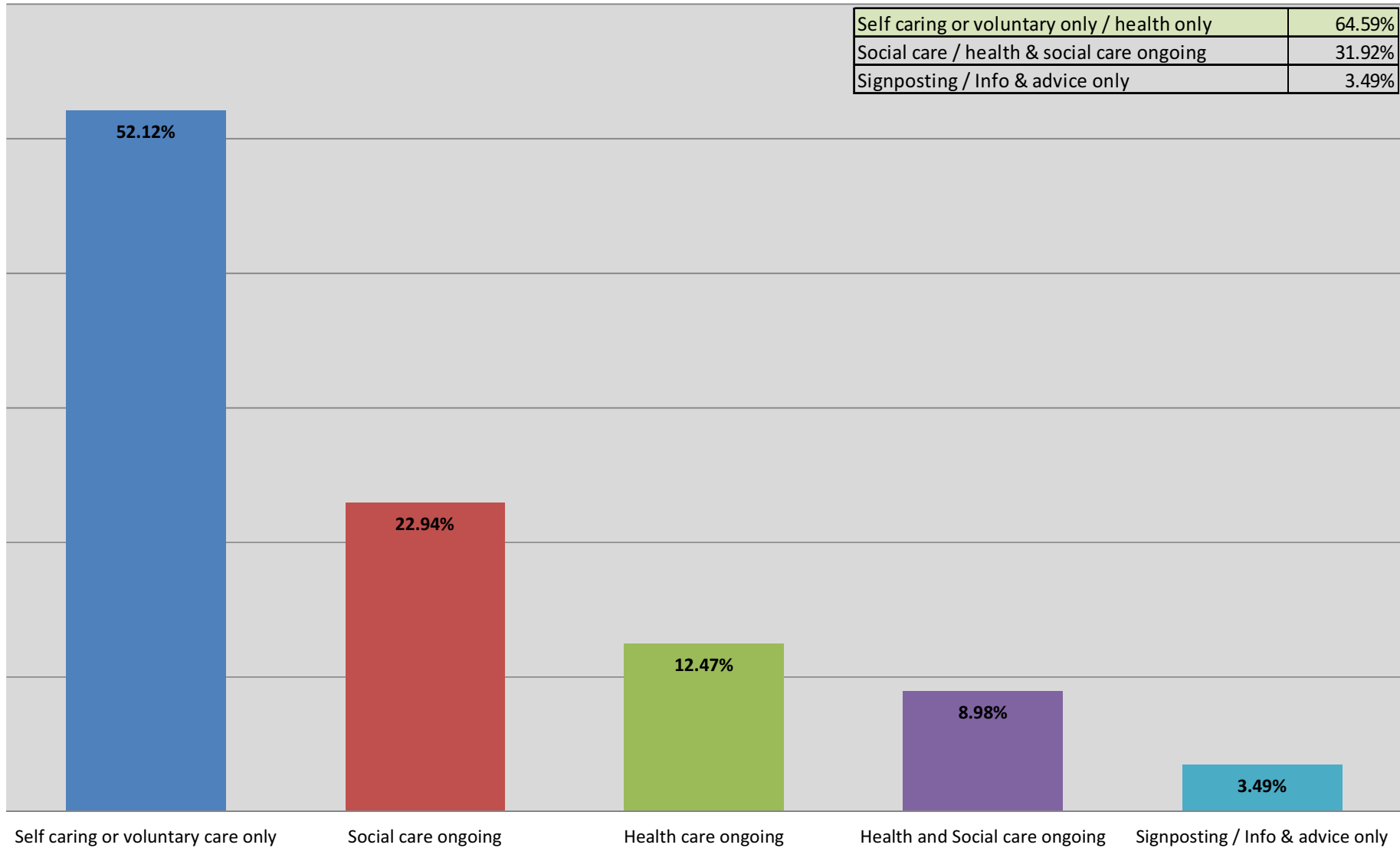
Shrewsbury ICS Service:
Hospital discharges: Total service 'length of stay' for completed ICS cases

Total Duration on Service - Completed Cases

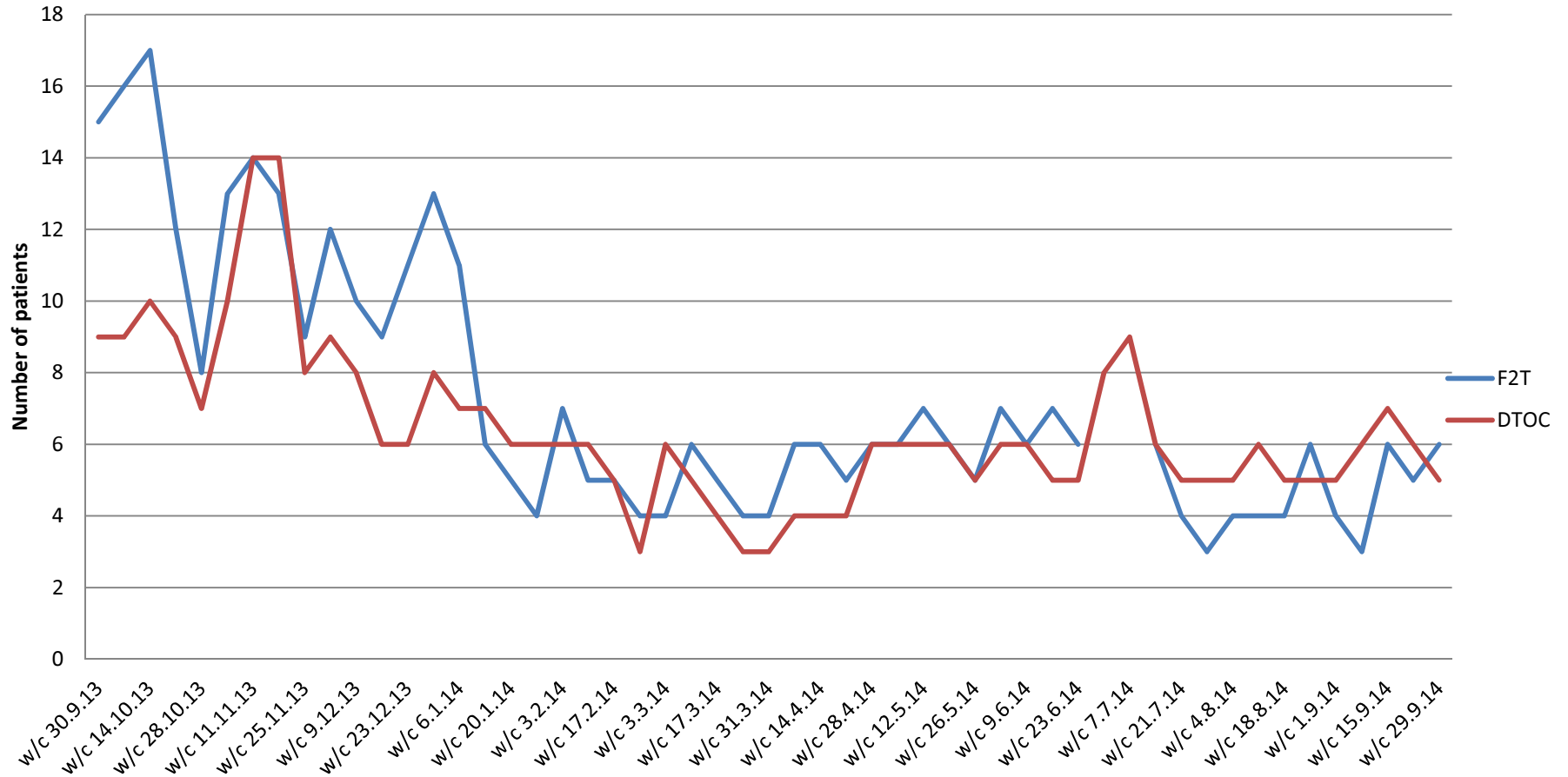


Shrewsbury ICS Service:
Hospital discharges: Patient outcome for ICS completed cases

ICS Completion Outcomes



Average number of Shrewsbury & Atcham patients on F2T list and reportable DTOC per week



Healthwatch Patient Survey

“The ICS service was excellent, the people were trained to deal with my husband who has MS as well as Alzheimers...Whoever trains the ICS team knows what they are doing - they were all good but some were exceptional.”

77% of respondents said that this was the best way of meeting their needs on returning home from hospital and only 2% of patients felt that support could have been delivered in a better way

78% of people said that they felt supported at home from day one and a further 5% said that they felt supported ‘to some extent’.

When asked if staff treated the patient with respect 83% answered ‘yes’ and similarly when people were asked if staff treated their homes with respect 82% gave positive responses.

Shropshire ICS Service:
Hospital discharges: Patients admitted vs discharged by week

