Health and Wellbeing Board

11th September 2015

INTEGRATED COMMUNITY SERVICES (ICS) – PROGRAMME UPDATE SEPTEMBER 2015

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1. Summary

1.1. The Integrated Community Service (ICS) prototype supports discharge from hospital or prevents an avoidable hospital admission by ensuring that people get the right level of support at the right time in order to maintain independence. A team of professionals from different disciplines employed by Shropshire Community Health Trust, Shropshire Council and British Red Cross work together under one leadership structure to support patients and ensure that they receive a seamless service.

1.2. ICS is the flagship service in the Better Care Fund Plan and one of the first models of Integrated Health and Social Care delivery within Shropshire.

1.3. This report will provide the Health and Wellbeing Board with:

1.3.1. An overview of the ICS Prototype to date and remind the board of the key components of the model.

1.3.2. An overview of introduction of the Admission Avoidance pathway that will be launched in North and South Shropshire and relaunched in Shrewsbury in October 2015.

1.3.3. An update of the Strategic Review that was undertaken in May 2015 and the subsequent delivery action plan which will inform the priorities of the ICS prototype as it enters its third and final stage of development.

2. Recommendations

- That the Health & Wellbeing Board note the content of the report and the progress to date.

3. Development of the Integrated Community Service prototype

3.1. In the summer of 2013 a cross-sector project team came together to review how capacity to support complex discharges from hospital could be optimised with the aim of reducing the number of delayed transfers of care, shortening in-patient length of stay for complex patients and increasing the number of people who are discharged home rather than to a bed based setting.

3.2. An in depth analysis of the current state and supporting evidence from studies completed by SaTH, Atos and the Oak Group led the project team to consider the case for change in detail and how services and functions could be better aligned to address some of the challenges that the analysis highlighted. The outcome of its work confirmed the position that the network of bed capacity, resources, care pathways, teams and skills was not optimised, thus creating inefficiencies. An external audit commissioned from the Oak Group also confirmed that a significant number of patients occupying acute and community beds could be cared for in alternative settings, if that capacity was available and appropriately resourced.

3.3. Using local and national research of what works well, the team developed a vision of what success should look like and produced a draft model. The key elements of this relate to addressing the fragmentation, duplication and gaps that exists in our local health and social care economy to support discharge. A health and social care integrated intermediate care model – Integrated Community Services (ICS) was launched in Shrewsbury in November 2013.

4. The ICS First Phase Prototype (November 2013 – October 2014)

4.1. It was intended that the solution would incorporate and integrate services that support discharge activity. Key features of the prototype included:

- Discharge home to assess as the norm
- Single point of access and referrals mechanisms
- Integrated triage, co-ordination and management
- Shared generic assessments that can be completed by any member of the team.
- Integrated interventions provided and/ or co-ordinated by the team
- Shared chronological notes
- Rapid access to advice and assessment
- 7 day service

4.2. The first phase of the prototype concluded in October 2014 and a specification was developed to expand the prototype to the North and South of the County and to introduce acute admission avoidance to the model, prototyping in the Shrewsbury area in the first instance.

5. ICS Operational Model in the Second Phase (November 2014 – October 2015)

5.1. In the second phase, the prototype was rolled out to be delivered across North and South Shropshire and introduced admission avoidance in Shrewsbury. The key components of the ICS Operating model were refined and are listed below.

- A locality based health and social care, community and voluntary sector integrated service with responsibility for complex patients who require health and/or social care support to prevent an acute emergency admission or to facilitate discharge from an in-patient bed.

- The exclusion criteria for the service is:

    - Patients Under 18 Years of age
    - End of Life patients
    - Patients where only a nursing/nursing EMI placement will meet their needs and there is no potential for them to improve – these patients will be assessed by ICS and appropriate alternative services arranged.
    - Patients where existing arrangements can be restarted without further assessment

- The service aim is to provide a rapid response to care delivery in the right place at the right time to maximise a patient's independence deploying the optimum skill mix to ensure that the response provided is appropriate and proportionate to the assessed needs with the default position being for the patient to remain at, or return to, their home.

- The service will provide time limited **assessment**, **rehabilitation**, **reablement** and **treatment (or recovery)** in the community.
- The service will receive referrals through a Single Point of Access.
- The service will operate over 7 days per week, 365 days a year.
    - Operating 8am-8pm, 7 Days per week
    - 1hr or Same day for admission avoidance (indicated by referrer)
    - Discharge facilitated within 24hrs of Fit for Transfer for hospital discharge
- Maintaining people at **home** when they become ill or discharge **home** to assess will be the default position, home being the patients' usual place of residence; this should include those in residential and nursing settings.

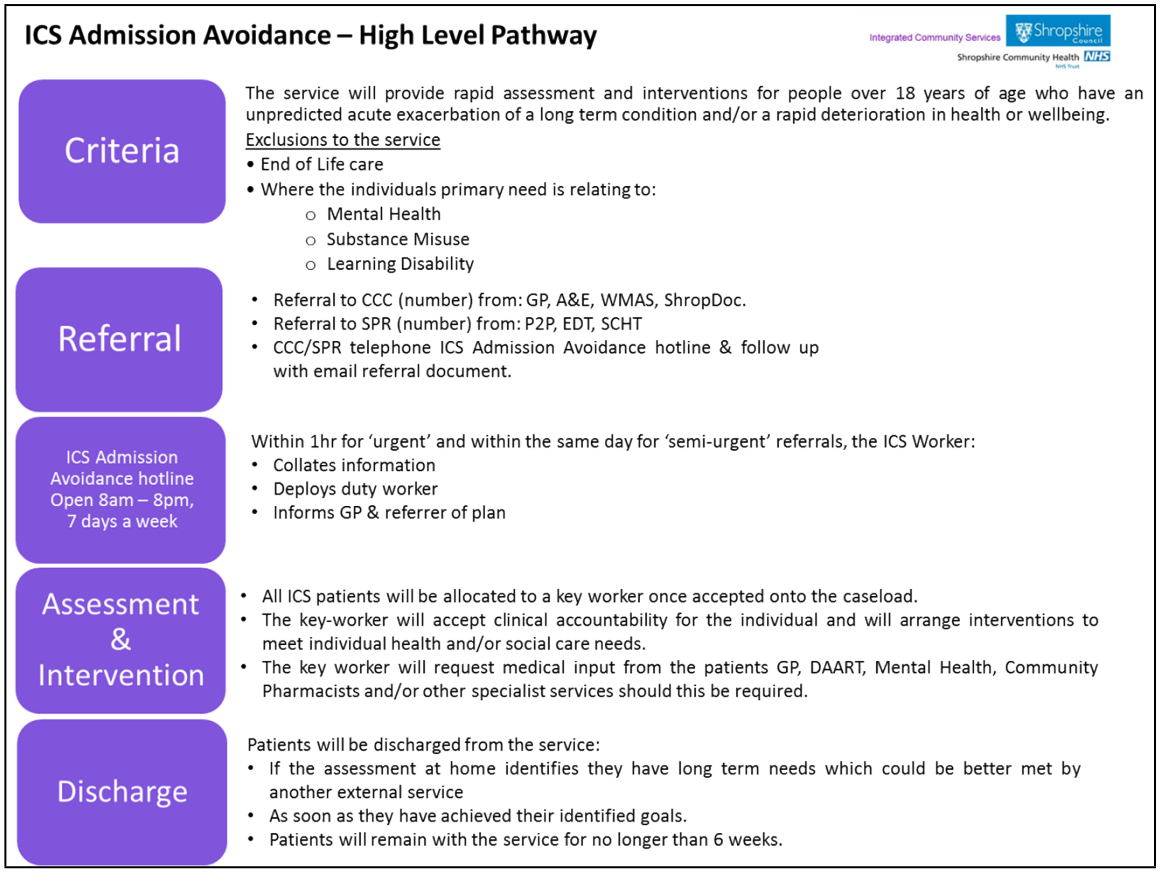
- The service will undertake shared generic assessments, to be completed by any member of the team, so that patients do not have to re-tell their story.

6. Third and final stage of ICS Prototype (October 2015 – March 2016)

6.1. As part of the Second Phase prototype Admission Avoidance was introduced in Shrewsbury in November 2014. The pathway has now been reviewed prior to the introduction of the pathway in North and

South Shropshire. The revised Admission Avoidance pathway has been developed through a multi-stakeholder group, including representatives from ICS, Inter-disciplinary Teams (IDT's), People to People (P2P), Shropshire Clinical Commissioning Group (SCCG), Pharmacy, General Practitioners (GP's), Shropdoc and Shropshire Partners in Care (SPIC).

6.2. The revised pathway now has clearer referral processes into the service and a robust procedure and pathway to be applied by the ICS team to ensure quick response times and improved patient outcomes. A high level view of this is detailed below.



6.3. It is anticipated that subject to approval of both the SCCG Clinical Assurance Panel and the SCCG Quality Department, the Admission Avoidance pathway will be implemented in the North and South of the county and relaunched in the Shrewsbury in October 2015.

7. Strategic Review to inform Third Phase developments

7.1. Further to the review and development of the Admission Avoidance pathway, in May 2015 a comprehensive strategic review of the prototype was conducted. The objectives of the review were to:

- To provide the operational leadership team with a clear understanding of the opportunities and challenges that exist within the ICS prototype.
- To develop a robust action plan to improve the delivery of the prototype within its final phase.

- To gather the information required to identify the priorities from key stakeholders in relation to ICS delivery.
- To demonstrate to commissioners that concerns that they have raised have been heard and that Shropshire Community Health Trust and Shropshire Council are committed to working in Partnership to improve the delivery of ICS.

7.2. The review was conducted over 5 days and took the form of the following:

- Staff/Stakeholder Surveys
    - 67 Staff Surveys Completed
    - 15 Stakeholder Surveys Completed
- Walk About – Check, Chase, Challenge
    - Over 10 Locations visited Inc; Community Hospitals, ICS offices in all locations, Independent sector rehab beds etc.
    - Stakeholder 'SWOT' Interviews
    - 12 group discussions with staff and stakeholders including; Commissioners, IDT Team Leaders, Ward Manager, Discharge Liaison, Leadership Teams from Social Care & Community Health etc.
- Review of Team Profile & Activity
    - Discussions with ICS Leadership Team and staff to review current team profile and activity levels in all areas.

7.3. Key Findings of the strategic review

- All stakeholders recognise that the challenges that currently exist are not due to a lack of hard work and commitment from staff.
- Team development, including formal supervision of staff requires significant improvement.
- Recruitment & retention of staff has been problematic, however, with the exception of a few posts, a robust plan to recruit to full capacity is in place.
- Recruitment/redistribution of admin support staff needs to be prioritised.
- The team has a strong sense of the concept of 'purple' and are committed but team behaviour is inconsistent with the vision.
- There are significant accommodation and IT problems across the service which impacts on the delivery of the service.
- Operational processes are not fit for purpose and significantly impacts on the team's ability to deliver against objectives.
- ICS Criteria is not applied consistently across the service.
- ICS pathways and processes are not aligned with the wider Health & Social Care economy and relationships have not been formed.
- Processes to monitor and manage team demand and capacity, budgets and performance are not consistent or robust.

- There are significant delays within the service which is having a critical impact on the ability of the team to maintain flow out of hospitals.
- Communication and engagement within the service and with stakeholders is not adequate.
- The Leadership Team of ICS has not formed or had an opportunity to develop and as a result Leadership approaches are not consistent.
- The lack of clarity over funding streams exposes the service to unacceptable financial risk.
- ICS currently uses 5 data and case recording systems. Improvement/ rationalisation of these systems is critical to the ability of the team to deliver.
- Performance of some critical elements of the service is not captured or monitored.
- An action plan has been developed to address the findings of the review. The high level actions are as follows, these are monitored through the ICS Management and Commissioning Groups.

Focus Area	High Level Actions
Team	• Develop a matrix for Staff Supervision and Peer Support and monitor level of Supervision/Appraisal undertaken. • Understand the skill/knowledge gaps within the team and develop a programme of staff development. • Review level/role/function of admin support and ensure adequate support to all teams • Develop a recruitment plan for 'hard to fill' posts • Communicate consistently about the Vision for ICS and engage staff & stakeholders in discussion regarding it. Describe/model the behaviours that are expected aligned to the Vision. • Address accommodation and IT issues.
Processes	• Review all pathways and processes and apply a PDSA approach – develop standard operating procedures for reviewed processes • Confirm ICS Criteria and communicate to staff and stakeholders • Review rota's/allocation/caseload management processes • Review Independent Sector Beds Pathways/Processes/Criteria with Commissioners and agree where responsibilities lie. • Introduce 'Business Meetings' and expectations of Team Leaders to monitor Performance/Budgets/ Demand and Capacity • Develop better relationships with wider stakeholder groups, in particular, SATH, GP's, IDT's & P2P
Programme	• Develop a plan to ensure that staff and stakeholders receive regular communication and are engaged in ICS developments • Work with Commissioners to resolve budget issues and secure recurrent funding at earliest opportunity. • Work with commissioners to plan the final evaluation of the ICS Service • Develop Partnership Agreement between SCHT & LA
Performance	• Address Data Capture and Case Recording system issues. • Develop action plans to address performance that is below target • Resolve data quality issues • Increase awareness of performance targets and expectations with staff • Develop data capture and monitoring methods in relation to responsiveness, impact and bed based rehab • Establish Commissioner/Provider process for performance reporting/monitoring

8. Performance and Impact of ICS Prototype to date.

8.1. Despite the significant challenges to delivery that were highlighted in the strategic review, ICS continue to deliver good outcomes for patients receiving the service with over 70% of individuals who receive the service regaining full independence and not requiring long term Social Care support, this is above the National Benchmark of 60%. There has also been an overall reduction in delayed transfers of care attributable to Community Services.

8.2. A copy of the ICS Impact Template showing current performance against a range of indicators is attached in the appendix of this document for your reference.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

Cabinet Member (Portfolio Holder)

Cllr. Lee Chapman

Local Member

Covers all constituencies

Appendices

ICS Template with Narrative v1.11 Augus