

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	14 May 2019
Title:	Integrated Intermediate Care
Report From:	Director of Adults' Health and Care

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Purpose of this Report

1. The purpose of this report is to provide the Health and Adult Social Care Select Committee with the background and the latest position with regard to the creation of an integrated Intermediate Care service to operate across the whole of Hampshire. This proposed service will bring together elements of Hampshire County Council directly provided services and Southern Health NHS Foundation Trust to support Hampshire residents to avoid unnecessary hospital admissions and to be supported to leave hospital settings in a timely manner and return to independent living.

Recommendation(s)

2. For the Health and Adult Social Care Select Committee to note and support the project approach and the direction of travel in seeking to create an integrated health and social care service.
3. To note the managerial, service and legal options available in creating an integrated health and social care and endorse the preferred route to organisational alignment and integration.
4. For the Health and Adult Social Care Select Committee to receive a further update in October 2019.

Executive Summary

5. This report sets out the ambition to achieve a Hampshire County Council and Southern Health NHS Foundation Trust re-designed, jointly led and integrated health and social care crisis response, rehabilitation and reablement service for the whole of Hampshire. This integrated service was a recommendation following the Care Quality Commission (CQC) Local System Review in Hampshire. This service development is a key component of the action plan this Committee and the Health and Wellbeing Board have previously endorsed and received updates upon.

6. The vision of this project, and in due course the new service, is to achieve significant benefits across the whole system including:
 - An improved client experience that is person-centred, seamless and integrated;
 - A clear and effective pathway for individuals to promote recovery and independence;
 - Improved efficiency by reducing service duplication and increasing productivity;
 - Rationalising spend across the health and social care system;
 - Minimising future demand for health and care services by reducing avoidable hospital admission rates, reducing length of hospital stay and reducing reportable and non-reportable hospital delays;
 - To enable people to retain their independence and remain in their homes for as long possible, thereby minimising the need for ongoing complex packages of care.
7. Hampshire Clinical Commissioning Groups (CCGs) and Hampshire County Council have developed and agreed a shared specification for a Hampshire integrated Intermediate Care service. The specification sets out the requirements for rehabilitation, reablement and recovery services to prevent unnecessary hospital admission and promote individuals fullest possible recovery following an episode of ill-health, including ensuring timely discharge from hospital. The service is to be made up of crisis response and standard services through a single point of access and, whilst Intermediate Care will normally take place in peoples' own homes (or the place they normally call home), there will be a provision for people who require a period of bed based Intermediate Care.
8. The primary providers of current services, Hampshire County Council and Southern Health Foundation Trust, have worked together to develop a Proposal for an integrated service which meets the requirements of the specification. The Proposal has been met with support by system leaders and agreed in principle, subject to the delivery of a satisfactory implementation plan and agreement through the respective governance of all commissioning and provider organisations.

The Integrated Intermediate Care Service (IIC)

9. The requirement is for a Hampshire wide service which provides all people with equity of access to Intermediate Care, although it is acknowledged that different localities and Integrated Care Systems (ICS) will have varying needs dependent on geography and demographics. For this reason, precise pathways, processes and structures may vary slightly in order to accommodate local needs.
10. The proposed service model will bring together current Hampshire County Council and Southern Health Foundation Trust crisis response, rehabilitation and reablement functions under a single management structure. It is proposed that a management team is jointly appointed to manage service

implementation and delivery. At this time it is not proposed that other staff should be jointly appointed but rather a Section 75 agreement be put in place to enable managers to direct the work of staff from the other organisation. This will not change the employer or the current terms and conditions of staff.

11. It is proposed that there will be one Local Access Point (LAP) for each ICS (two in the North and Mid system until suitable accommodation can be identified), to manage referrals and allocate work to teams. In-reach activity, largely from acute providers, will also be coordinated from the LAPs.
12. Rehabilitation and reablement beds will be reviewed, rationalised and reconfigured to ensure that all IIC beds are of a standard and configuration to meet the requirements of the specification irrespective of ownership. This will help achieve more capacity in the system, thereby reducing delays in acutes and communities, whilst delivering a cost effective bed offer which ensures that people are able to access appropriate Intermediate Care beds as close to their home as possible.
13. Community home based Intermediate Care services will be redesigned, with a single Hampshire County Council /Southern Health Foundation Trust combined workforce which is able to operate at local level, minimising travel and delays. The teams will interface with Primary Care Network Multi-Disciplinary Teams to ensure effective transitioning.
14. Urgent community response is a key component of an effective IIC service and a new process is to be put in place within the LAPs to ensure that hospital admissions can be avoided wherever possible and ongoing needs are minimised. The LAP will stratify IIC requests with a separate process for Urgent Community Response. Features of the Urgent Community Response service include:
 - Urgent Community Response process will avoid non-elective admissions into acute hospitals from both the community and front door;
 - Referrals can be made by clinicians and professionals in the community and acute settings;
 - As part of the development of Standard Operating Procedures, clear criteria for what constitutes the need and expectation for Urgent Community Response will be developed;
 - The service will operate from 07:00 to 20:00, 7 days a week;
 - Urgent Community Response will take place within 2 hours during service hours;
 - Referrals will be made by a phone call into the IIC LAP, through a designated number;
 - Referrals will be made by clinician/professional to clinician/professional to assess and agree suitability and need;
 - An IIC First Contact Responder will undertake an initial visit to the individual to assess safety and IIC need;
 - Depending on the referral and need, work with the individual may commence immediately and may be for a relatively short period in order to improve an individual's condition;
 - Therapists will commence work with individuals within 3 days;

- A person may undertake their IIC recovery at home or in an IIC bed depending on individual needs and circumstances and this will be determined as part of the referral process.
15. In order to develop, test and improve the different aspects of the new operating model, a forerunner programme has been in place for a number of months. Forerunners currently in train include integrating Hampshire County Council and Southern Health Foundation Trust care staff, integrating Hampshire County Council and Southern Health Foundation Trust Occupational Therapy staff, developing the Winchester Triage Hub (a future Local Access Point) and developing a frailty admission avoidance model. The next phase of forerunners has now commenced, and areas being developed and tested include: Local Access Points in each of the localities; working practice and operational structures with Primary Care Networks; and Acute hospital in-reach services.

Finance

16. The redesigned and integrated Intermediate Care service is intended to provide the following benefits:
- Yield economies of scale;
 - Stabilised workforce through improved recruitment and retention and increased workforce flexibility;
 - Increased productivity;
 - Improved service resilience;
 - Positive impact on health and care systems by enabling people to remain in good health in their own homes for longer.
17. It is the intention not to increase the current funding envelope for Intermediate Care. However, if there is a case of enhancing services beyond the specified requirements which clearly demonstrate beneficial impacts, an appropriate business case will be submitted for consideration as part of the normal financial planning process.
18. Work will be undertaken with commissioners to determine the best mechanism for funding the future integrated service. However, the current mechanism of the Better Care Fund (BCF) provides a way of both accounting for the money and also to report on elements of current (individual) service performance. The BCF is currently subject to a review at a national level and whatever amendments or replacement may be recommended to the BCF, development of a 'pooled fund' for this service will require an additional Section 75 agreement to be put in place.

Performance

19. Performance measures and Key Performance Indicators are to be developed in line with national best practice developed by Social Care Institute for Excellence (SCIE). The aim will be to have a set of simple measures, qualitative and quantitative measures to support effective operational

management of the service. These measures will be described in the presentation accompanying this paper.

Consultation and Equalities

20. Staff engagement and consultation will take throughout the process and formal consultation will take place if necessary, although this has yet to be determined.
21. An Equality Impact Assessment will be undertaken at the next stage of decision making and subsequent implementation.

Conclusions

22. Many areas across the country already have the equivalent of integrated Intermediate Care services in place. A huge amount of energy and organisational determination, both for commissioners and providers, is being directed into this project in Hampshire.
23. In line with the findings of the CQC Local System Review, as well as other insights, our collective resources to better support people to live independently and to avoid unnecessary hospital admission and / or return to their usual place of residence with the maximum opportunity for independent living can be best achieved through this approach.
24. This Committee is asked to note and support the work being undertaken and to receive a further update later in this calendar year in order to seek the creation of a single integrated Intermediate Care service for the residents of Hampshire.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	No
People in Hampshire live safe, healthy and independent lives:	Yes
People in Hampshire enjoy a rich and diverse environment:	No
People in Hampshire enjoy being part of strong, inclusive communities:	No

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document

Location

None

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

2. Equalities Impact Assessment:

Staff engagement and consultation will take throughout the process and formal consultation will take place if necessary, although this has yet to be determined.

An Equality Impact Assessment will be undertaken at the next stage of decision making and subsequent implementation.