

Report of the Head of Service for Adult Care Operations & Health

Developing the Integrated Short Term Offer

1. Recommendations

- 1.1 The purpose of this report is to update Health and Care Scrutiny on work to further develop the integrated short term offer in Devon to enable oversight of progress in this area.

The integrated short term offer is a key component of the Care Model in Devon. This report will outline the ambition, local opportunities and challenges in this service delivery area

2. Introduction

- 2.1 Navigating the health and care system can be complicated and confusing. People tell us that they want to experience joined-up care, whichever organisation or team is caring for them. They want services that are well-coordinated so that they only need to tell their story once and they want to get help at an early stage to avoid a crisis at a later time.

- 2.2 In Devon at present the integrated short term offer may be referred to as Social Care Reablement or Rapid Response or home based intermediate care service (Southern Devon and Torbay) or Urgent Care Response (Eastern Devon). These services are increasingly aligned but there is further work to do to ensure that the experience of people using the service is joined up. They are all part of the 'umbrella' of services nationally referred to as Intermediate Care which are designed to promote independence and prevent unnecessary admission to hospital.

- 2.3 Intermediate care is defined in the National Audit of Intermediate Care in 4 categories: crisis response, home-based intermediate care, bed-based intermediate care and reablement and they respond to a range of health and social care needs.

- 2.4 Core principles of intermediate care (from NICE guidance)

Ensure that intermediate care practitioners:

- develop goals in a collaborative way that optimises independence and wellbeing
- adopt a person-centred approach, taking into account cultural differences and preferences.

At all stages of assessment and delivery, ensure good communication between intermediate care practitioners and:

- other agencies
- people using the service and their families and carers.

Intermediate care practitioners should:

- work in partnership with the person to find out what they want to achieve and understand what motivates them
- focus on the person's own strengths and help them realise their potential to regain independence
- build the person's knowledge, skills, resilience and confidence

- learn to observe and guide and not automatically intervene, even when the person is struggling to perform an activity, such as dressing themselves or preparing a snack
- support positive risk taking.
- Ensure that the person using intermediate care and their family and carers know who to speak to if they have any questions or concerns about the service, and how to contact them.
- Offer the person the information they need to make decisions about their care and support, and to get the most out of the intermediate care service.
- Offer this information in a range of accessible formats

2.5 Being integrated also means that we can be more efficient by working together to ensure we are all clear what a person needs and reducing the number of different staff involved in looking after someone. This better enables innovation and creative solutions at a community level.

2.6 Across the NHS and Devon County Council we have used the Better Care Fund and Improved Better Care Fund to significantly invest and develop these services.

3. Description and activity of the current short term services that operate in Devon

NICE definition of Reablement and Crisis Response.

Reablement

Assessment and interventions provided to people in their home (or care home) aiming to help them recover skills and confidence and maximise their independence. For most people interventions last up to 6 weeks. Reablement is delivered by a multidisciplinary team but most commonly by social care practitioners.

Crisis response

Community-based services provided to people in their own home or a care home. These services aim to avoid hospital admissions. Crisis response usually involves an assessment, and may provide short-term interventions (usually up to 48 hours). Crisis response is delivered by a multidisciplinary team but most commonly by healthcare professionals.

3.1 The aims and objectives of the **Rapid Response / Urgent Care Response** (see NICE guidance for Crisis response) are:

- Provide a service to individuals at home that responds to crisis appropriately, in and out of hours, to avoid inappropriate admissions to hospital, hospice or care home.
- Provide a timely, flexible, safe and responsive service
- Provide a service that meets individual assessed needs and preferences (where reasonably possible) and supports family carers.
- Closely align and work collaboratively with Primary Care, Community, acute services and social care services.
- Deliver personalised care, with a high degree of user and carer involvement ensuring wherever possible the service enables and supports people and their carers in managing their care.

3.2 These services are largely delivered by the NHS provider organisations in Devon. The core workforce is made up of health care assistants who are paid at band 3 (£18,813 - £20,795)

- 3.3 In the period April 2018 – January 2019 there were 7738 Referrals were made to Rapid Response / Urgent Care response teams of these 292 referrals were declined (3.8%)
- 3.4 The aims and objectives of **Social Care Reablement** (see NICE guidance for reablement) are:
- Provide a service to support people to regain or acquire self-care skills to manage or reduce need where possible.
 - Enable people to maximise their independence, and therefore reducing the numbers of people requiring long term personal care support and the numbers of hours of support commissioned
 - To reduce unplanned admissions into hospital or care home, working to prevent falls/accidents within the home and work alongside NHS professions to improve self-care for people with complex long term conditions
 - To reduce rates of readmission into hospital by supporting hospital discharge arrangements, improving people's rehabilitation and recovery
 - To enhance carers ability to continue for longer in their caring roles by maximising the cared for persons self-care abilities
- 3.5 The Social care reablement service is delivered by Devon County Council. The core workforce is made up of social care reablement support workers who are paid at grade C (£18,426 – £19,171)
- 3.6 In the period April 2018- January 2019 there were 3023 referrals made to the Social care reablement service of these 515 were declined at point of referral (17%). Where a service is declined there will be a number of reasons such as appropriateness of service, capacity or capability of current service offer. In all instances alternative arrangements will be put in place.

4. **The ambition, local opportunities and challenges**

- 4.1 The ambition in Devon is to continue to integrate the current short term services described above to ensure a seamless, safe and responsive offer that enables people to maximise their independent and stay safe and well at home.
- 4.2 Core principles that have been considered in the delivery of an integrated service model
- All interventions will include a reablement approach, to support people to regain their skills and confidence following a crisis, maximising their independence.
 - Services are available across all clients and all adult age groups
 - An integrated model that reflects commissioning and delivery to ensure continuous service improvement.
 - A model which ensures primary care medical oversight
 - Services are time limited as we expect the individual to get better
 - Services are free at point of delivery
 - There will be a single transferable assessment and planning process i.e. one episode of care, one intervention, one treatment.
 - Technology Enabled Care and Support will be offered as a core part of service response.
 - There will be links with the independent, community and voluntary sector

4.3 Local opportunities and progress to move towards the integration of the short term offer include:

- The services are managed as part of our integrated community health and care teams. There are joint management arrangements in place
- There has been work to align the rotas for the services and use the same rostering tools at a local level.
- There is work underway to consider the 'place' based co-location of these teams to build relationships
- The administration of medication by social care reablement staff has been recently reviewed to bring this in line with service need and closer to the responsibilities of staff employed by the NHS.
- The IBCF has been used to grow and enhance the service across the local areas. This has supported the safe delivery of health and care during periods of escalation (for example winter)
- Delivery of joint training across teams
- The arrangements for registration of these services with the Care Quality Commission (CQC) are being explored in order to further align the delivery with one 'provider'. This is actively being explored in Southern Devon.

4.4. Some of the current challenges and further work needed include:

- The staff in these service across NHS and Devon County Council are employed on different terms and conditions and at a range of pay grades. Recent offer to enable smooth transfer of residual staff in DCC employed in Rapid Response did not lead to staff opting to transfer to NHS organisations.
- There are recruitment and retention challenges for this service which can lead to insufficient capacity. The Proud to Care campaign is a key enabler to support workforce development for these services.
- The services do not have access to joined up ICT case management records and systems.
- Workforce development plans that ensure staff are competent to deliver reablement approaches to people whatever their range of needs or disabilities (including people of a working age with a learning disability and people with dementia)
- There is further work to do to ensure the short term offer is aligned to services designed to support people at end of life.
- There is further work to do to understand the key measures of success for this service and develop the tools that enable measurement of the experience of people and the impact to the health and care system
- It is important to continue the evolution of this short term offer in partnership with people who may use the service and their carers, this will include consideration of what the service is called as the current historic service descriptors can create confusion
- Further work to explore the opportunities to work with the voluntary sector to identify elements of service which could be delivered by the sector in partnership with statutory provision

5. **Conclusions**

- 5.1 This paper has set out the current work underway to further align these services and it is helpful to understand how Scrutiny would like to have continued oversight of this important element of the Care Model in Devon.
- 5.2 It is recognised that there is further work to do to understand the demand and required capacity for this element of our care model.

Equality Considerations

None

Legal Considerations

None

Electoral Divisions: All

Cabinet Member for Adult Care and Health: Councillor Andrew Leadbetter

Chief Officer for Adult Care and Health: Jennie Stephens