Health and Adult Care Scrutiny
18 June 2019

IMPLEMENTING SPOTLIGHT REVIEW RECOMMENDATIONS: RAPID RESPONSE SERVICES

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

1. Introduction

1.1 Following the Spotlight Review of Rapid Response services in 2018, Health and Care Scrutiny made a series of recommendations for action. This report provides a Health and Care Scrutiny with an update on the implementation of the recommendations. The recommendations have been grouped to provide a coherence of response.

1.2 A related report was shared with Health and Adult Care Scrutiny in March 2019 that provided a broader description of 'short term services' in Devon and an update on the work taking place across Devon to align and develop these integrated community based services.

2. Recommendations and updates from Spotlight Review

Recommendation 1: Continue to develop the rapid response service

2.1 Consideration of joint teams to provide both Rapid Response and social care reablement, enabling the team to have more flexibility to respond to need.

2.1.1 We are continuing to align and look at options for the integration of all our short-term services. We need to continue to ensure a seamless, safe and responsive offer that enables people to maximise their independence and stay safe and well at home.

2.1.2 Progress so far

- The services are managed as part of our integrated community health and care teams with joint management arrangements
- There has been work to align the rotas for the services and use the same rostering tools at a local level.
- Work is underway to consider the 'place' based co-location of these teams to build relationships
- Administration of medication by social care reablement staff has been reviewed, bringing it into line with service need and closer to the responsibilities of NHS staff
- Joint training across teams

- The arrangements for registration of these services with the Care Quality Commission (CQC) are being explored to further align the delivery with one 'provider'. This is actively being explored in Southern Devon.
- The staff in these services across the NHS and Devon County Council are employed on different terms and conditions and at a range of pay grades. The 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.

2.2 ***Explore the feasibility of GPs as part of the Rapid Response team as a standardised approach across Devon.***

2.2.1 It is important to consider the skill mix and workforce required to deliver short term services. With the introduction of the new General Practice contract and the establishment of Primary Care Networks who have responsibilities for population-based health, there is the opportunity to work with the GP Clinical Directors of the emerging networks to develop a further integrated response co-designed with primary care.

2.2.2 It is our continued ambition to work alongside primary care both in the innovation and development of short-term services, and to support their key role in clinical leadership for individual episodes of care.

2.2.3 The operational leads of the service have analysed some of the key themes about what is currently working well:

- GP's refer directly for Rapid Response with one phone call.
- The service can look at a range of short term offers alongside care at home, including night sits or care home placement to support an individual where appropriate.
- There are close links with community teams and primary care in and out of hours.
- GP attendance and participation at multi-disciplinary meetings, which includes opportunities for information sharing

2.2.4 They have also identified some areas for local improvement. Examples include:

- Northern - has identified a need to continue to improve feedback to GP's on individual case outcomes.
- Eastern – looking at where practices have paramedics linked to them, it is hoped to improve communication to avoid duplication and ensure clear management plans are in place to support individuals needs
- Western – review of core groups to ensure information is shared with the relevant parties and continue to provide an effective multi-disciplinary approach

2.3 ***Record all calls and Rapid Response teams take a proactive approach where there is no help available, calling back health professionals when care is available, if not already done.***

2.3.1 The operational leads have considered how they ensure a proactive approach when there is limited capacity in the service. Examples of this include:

- Using local community teams to speak to the individual and their family about existing support
- Looking at using a care from independent sector agencies (including night sits)
- Consideration of a short term local care home placement
- Seeking to reduce travel time between support worker visits
- Ensuring all equipment and TECS (technology enabled care and support) solutions have been explored
- Good prioritisation of the service capacity i.e. for End of Life work / or when hospitals are in heightened escalation
- Offering overtime when the service has financial capacity and staff able to provide
- Working across boundaries – i.e. South Devon and Torbay
- Using other local intermediate care services to identify suitable alternatives to support the person to remain at home

2.3.2 If it is not possible to identify a suitable package of care at home or alternative, then it is likely that a hospital admission would be sought to ensure that the individual is safe.

2.3.3 Where the referral is inappropriate, the team will assess and feedback to the referrer, however always ensuring that declining this service does not put the individual at risk and helping to formulate an alternative plan.

<u>Recommendation 2: Support the system to work</u>

2.4 The Scrutiny Committee continue to scrutinise other aspects of system flow to ensure that appropriate care is available when needed and avoid bottlenecks.

2.4.1 Officers will support the ongoing involvement of Scrutiny in this issue.

2.5 Scrutiny to celebrate the successes of Rapid Response and receive a yearly report on the number of people being kept out of hospital because of the service.

2.5.1 Officers will produce a yearly report for the committee and will liaise with the Scrutiny committee to agree the timing of these.

2.5.2 In the meantime, below is an update on outcomes for each locality:

	Northern	Eastern	Southern	Western
Outcome was care at home	771	1470	735	73%
Care at home spot purchased through local agency	65	300		
Outcome was Acute Hospital admission	89	570	99	12%
Outcome was Community Hospital admission	0	0	41	0.6%
Placement in another care setting e.g. Hospice, Res or nursing care, respite	255	224	60	6%
Night sits (spot purchased from agency)	292	1788		
Deceased	N/K	323	66	8%

2.6 Consideration to be given to a review of the geographical limitations that may be placed upon a service – where a patient can only be treated where they are registered in area.

2.6.1 Community health and care teams in Devon are based on natural local geographies (coastal and market towns) and clusters of GP practices within these communities. This is to facilitate the local delivery of services; and to maximise efficiency e.g. to reduce staff travel time to deliver more face to face time with people. This model enables effective multi-disciplinary working.

2.6.2 When there are changes to the primary care arrangements within these communities then the local teams adapt to reflect this to ensure that people will continue to receive the right care.

2.6.3 The new General Practice contract, which outlines the development of Primary Care Networks, requires that local health and social care teams align and realign where required in accordance with the development of local primary care networks.

2.7 That consideration be given to provide a comprehensive description of the amount and type of community health and social care required at a local level.

2.7.1 As is our standard practice, everything we commission and co-produce with our communities will be based on a clear understanding of both need and current provision. This comes not only from traditional sources such as the Joint Strategic Needs assessment and service-level data, but also from ongoing community conversations and service-user feedback.

2.7.2 The National Institute for Health and Care Excellence (NICE) published guidance in September 2017 on intermediate care including reablement, and this helps us describe the type of care required. Intermediate Care is defined in 4 categories: crisis response, home-based intermediate care, bed-based intermediate care and reablement. For the purposes of this paper we are using the category of crisis response.

The NICE guidance recommends that people are referred to crisis response services if they have experienced an urgent increase in health or social care needs and:

- The cause of the deterioration has been identified
- Their support can be safely managed in their own home or care home
- The need for more detailed medical assessment has been addressed

2.7.3 The NICE Guidance also provides some national data in relation to crisis response activity. We have compared this against our rates of referral to rapid response to help understand the level of demand locally. (Caveat: the national figures are from the National Audit of Intermediate Care and therefore only reflect those areas which participated, but the audit is that used in the NICE guidance).

Locality	**Referrals to Rapid Response per 100,000 weighted population**
National	543
North	834
East	1521
South	660
West	459

2.7.4 We can use our local referral figures to understand if we have sufficient capacity to meet local demand. High numbers of unmet demand may mean we need to increase capacity. At present, declined referrals are low:

	North	Eastern	Southern	Western Devon
April	111	503	65	38
May	130	472	90	45
June	130	413	76	47
July	140	567	77	30
August	118	423	88	34
Sept	119	605	63	35
Oct	111	433	97	36
Nov	114	492	88	44
Dec	140	553	83	49
Jan	162	602	113	46
Feb	164	518	95	45
March	141	638	92	67
Total referrals	1580	**6219**	**1027**	**516**
Number Declined/rejected	**32**	**118**	**7**	**159**
	2%	**1.8%**	**0.7%**	**31%***

* The Western declined data is recorded differently and includes requests for unsourced personal care cover, cases that were cancelled, and cases where the RRS service had no staffing capacity – but alternative solutions identified.

2.7.5 Since these recommendations were received, the NHS Long-Term Plan has been published. This states that ***'over the next five years all parts of the country will be asked to increase the capacity and responsiveness of community and intermediate care services to those who are clinically judged to benefit most'***.

2.7.6 Key to the delivery of this reform will be the establishment of Primary Care Networks. Expanded neighbourhood teams will comprise a range of staff including GPs, pharmacists, district nurses, community geriatricians, dementia workers, physiotherapists and podiatrists/chiropodists, joined by social care and the voluntary sector. This aligns with the STP Integrated Care Model (ICM) which includes risk stratification to better understand the needs of our population at local level; social prescribing to ensure we maximise peoples' independence and develop resilient communities; and GP-led multi-disciplinary teams, including the voluntary and community sector.

2.7.7 The first iteration of local Primary Care Networks will be in place by 1st July 2019. We are actively working with CCG colleagues and primary care leads in each locality to ensure we reshape our community services to best match the needs of each locality, and each network's population.

2.8 Write to the Secretary of State for Health and the Chief Executive of the NHS to request a review of pay structures within Rapid Response and Social Care Reablement.

2.8.1 This recommendation would be best taken forward by the Chair of the Adult Care and Health Scrutiny Committee, who can most accurately reflect the intention of the task group, underpinned with the evidence found in the review.

<u>Recommendation 3: Increase GP and other agency's confidence</u>

2.9 Publish a patient satisfaction on website including a 'you said – we did' response form

2.9.1 This is indeed something we do. Please see below the latest information indicating patient satisfaction:

Northern Devon Friends and Family reporting

Period Covered	Responses No.	Would recommend %	Would not recommend %	Neither likely nor unlikely to recommend / Don't know %
Mar 18 / Jan 19	119		0.0	0.85

Eastern Devon Friends and Family reporting

Period Covered	Responses No.	Would recommend %	Would not recommend %	Neither likely nor unlikely to recommend / Don't know %
Oct 18 / Mar 19	102		1.96	0.98

2.9.2 Examples of what has been done to improve the service as consequence of feedback received:

- Northern Devon – new supervision arrangements and support to rapid response support workers around patient perception, especially around glove use and hand hygiene, being visible in what they do.
- From July 2019 the short term services in Torbay and South Devon will start using a new allocation and scheduling tool to standardise capacity, competencies and increase productivity.

- In Western Devon they have developed the service to support people discharged from Derriford requiring collar care. The Rapid Response staff are now fully trained and this supports hospital flow and benefits the individual in their treatment at home.

2.9.3 Examples of public information to ensure there is access to information about the service

https://www.northdevonhealth.nhs.uk/services/northern-rapid-intervention-centre-ric/

2.10 Review the phraseology used to describe patients in the Rapid Response service.

2.10.1 Rapid Response is one of the services described under the heading of **intermediate care** or **short-term services,** a range of services which support people to stay at home and / or to allow them to return home from hospital as soon as possible.

2.10.2 The paper presented to Scrutiny in March 2019 detailed the ambition to better align the range of short-term services to improve and enable better understanding of the nature of these services.

2.10.3 This work is ongoing and will include opportunities to review the different service names in line with local developments in the integrated care model.

2.11 Publicise and promote the 'yellow card' scheme where GPs are able to feedback on systems that are not working as well as they could.

2.11.1 Yellow Card is a free and easy to use web-based system designed to enable health, social care and voluntary sector staff to feedback on elements of care, system or quality that have either prevented them from doing their work or put safety at risk. It can also be used for good practice.

2.11.2 As the CCG now has delegated commissioning for Primary Care (general practice) the tool has been enhanced to allow GP practices to report significant events and patient safety concerns that would have originally have been reported to NHS England and are now reported to the CCG. All GP practices in Devon have a short-cut to Yellow Card on their desktop screen.

2.11.3 Bi annual high-level news letters are produced to show learning and themes and trends identified and what has been done with the feedback. In addition, monthly locality reports are produced showing numbers received and themes and trends

Recommendation 4: End of Life Care Support

2.12 Review of all Hospices role in end of life support with a view to increasing public sector funding.

2.12.1 It is important to recognise that End of Life Care support is delivered by a range of providers in our system, including locality-based health and social care teams, GPs, Marie Curie services and acute hospitals, the care provided by hospices is one aspect of this whole-system offer. The STP End of Life Care Board brings together representation from providers from across the system to define and implement the local priorities for end of life care for the Devon population. All four adult hospices in Devon are key partners in this work.

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Electoral Divisions: All

Cabinet Member for Adult Social Care and Health Services: Councillor Andrew Leadbetter

Chief Officer for Adult Care and Health: Jennie Stephens

LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

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BACKGROUND PAPER	DATE	FILE REFERENCE

Nil
There are no equality issues associated with this report