Intermediate Care Update **Overview & Scrutiny**

15th March 2017

Recap…

Intermediate care delivers a short burst of extra care and rehabilitation outside hospital to help people recover and regain their independence as quickly as possible.

It can provide support in many situations, such as: when an older person has an illness like a water or chest infection that can easily be treated at home rather than hospital; when an existing health condition worsens; when an older person has fallen and lost their confidence; if someone is weak and needs help to settle back home following a hospital stay; or if their carer is unwell and not able to look after them.

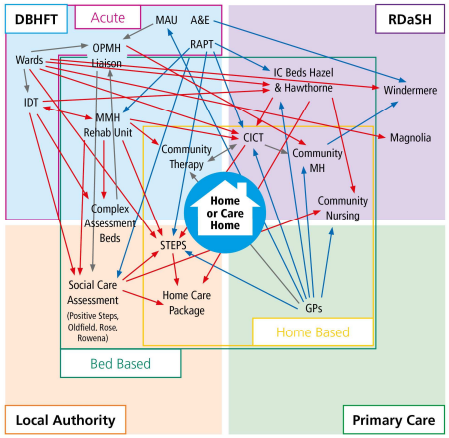
NHS Doncaster CCG and Adult Social Care in DMBC are working together to develop intermediate care services further so:

- there's more of this type of community support;
- they can be easily accessed when people need them; and
- they are equipped to meet the needs of an increasingly ageing local population.

Vision for intermediate care in Doncaster

We want to move away from the current configuration of;

- **two** community teams
- **four** bed based services (100 plus beds)
- **two** hospital based assessment teams
- with **six** access routes
- delivered by **four** providers
- providing more step down than step up support…



…to a more streamlined, integrated health and social care service, providing a more even balance of step up and step down support**.**

Offering;

- **a single point of access and assessment.**
- rapid response and short term interventions,
- medium term rehabilitation and re-ablement in the community
- and a smaller integrated health & social care bed based service.

Testing Update

- We are currently testing some of the proposed changes, refining the future model and preparing staff for transition.

- By May 2017 we will hope to have agreed a joint health and social care model for commissioning and providing intermediate care and will start full implementation.

- We have started by asking providers to work together to develop a rapid response…

Rapid Response to Falls Progress Update

Rapid response to falls pathway opened to Yorkshire Ambulance Service on the 23 January 2017

- Operating 8am – 8pm – 7 days per week.
- Speedy access to a multi agency assessment.
- Single point of coordination and care planning.
- Support for up to 72hrs.
- Access to equipment, and technologies such as telecare to support people to remain at home safely after a fall.
- Referrals onto other community services where needed.
- Brings together existing falls responses.
- Focus has been on a single referrer initially to test and build confidence.

Partnership response

Doncaster and Bassetlaw Hospitals NHS Foundation Trust

RDaSH leading the way with care

Doncaster Metropolitan Borough Council

NHS Doncaster Clinical Commissioning Group

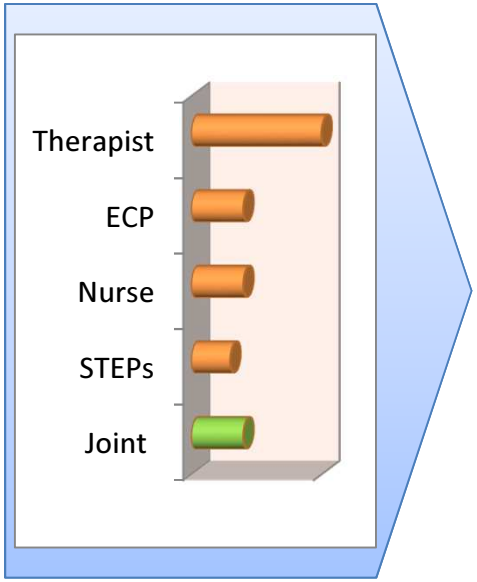
Doncaster age UK

fcms

Overview of month one…

16 referrals

First responder



1 person transported to A&E by ambulance service following discussion with rapid response triage practitioner.

Types of care and support provided

- Provision/ adjusting of equipment.
- Therapy assessment/advice.
- Dressing/ monitoring of wounds.
- Medication review arranged.
- Key safe info.
- Telecare.
- Temporary increase in care package
- Advice on arranging respite
- Reablement support.
- Referral/ signposting.

Sample- data collection incomplete

Outcome of referrals accepted.

13 (86%) supported at home

1 person taken to A&E for an x-ray

1 person admitted to hospital.

CASE STUDY- To be presented on the day.

Initial staff feedback

Staff Survey

- Responses from 21 staff involved in delivering the rapid response
- Majority of ratings were good or very good.

Refreshing	successful
good	unchanged
Encouraging	EXCITING
Very interesting	supported
Progressing	collaboration
Fine	excellent
Enlightening	Fantastic
meaningful	Positive
ok	Rewarding

I have had a very positive experience of integrated working

Next steps

- Integrated IT solutions.
- Further staff training
- Mental health expertise and AGE UK will be available as part of the response from mid March 2017.
- Further communications.
- Ongoing evaluation.
- Increase number of referrals…

Phased Expansion

Areas of Expansion	Timeline
GP referrals to prevent admission.	March 2017
Care Home Falls	Mid April 2017
Open to other referrals from the ambulance service including local infections e.g. urinary tract infections, chest infection. (These need to be agreed)	May 2017
Identifying people who have attended A&E but could be seen at home by the rapid response instead.	April – May 2017

Other activities

- Carers survey – to understand what influences how carers access support for their loved ones in a crisis.

- User and carer walk through on 30th March – opportunity for people who have used or may need to use the rapid response to work with staff to contribute to the design of the pathway.

- Workforce review – joint health and social care skills assessment across all intermediate care teams to identify gaps and development needs.

Next Steps

- Scoping the development of an integrated model of health and social care community based rehabilitation and reablement by starting to integrate the current health reablement service (CICT) and social care reablement team (STEPS)

- The new model will complement the locality based neighbourhood teams and community led support.

- Update on this will be provided at future Overview & Scrutiny committee meetings.