



Report of Rachael Shimmin, Corporate Director, Children & Adults Services, Durham County Council / Nicola Bailey, Chief Operating Officer, North Durham Clinical Commissioning Group

Purpose of the Report

1. The purpose of this report is to provide the Health and Wellbeing Board with:
 - information relating to the recent government request for expressions of interest from local areas wishing to become pioneers of health and social care integration
 - an overview of the development of an improved Intermediate Care 'Short Term Intervention' Model which could be used to inform this expression of interest

Background

2. In May 2013 the government released a request for local areas to submit an expression of interest to become 'pioneers' of health and social care integration with the aim of ensuring person-centred coordinated care becomes the norm across the sector.
3. This request also aimed to build upon the vision detailed within the 'Integrated Care and Support: Our Shared Commitment' Report which indicated the key objectives underpinning this initiative, which includes:
 - enable and encourage local innovation
 - address current barriers to integration
 - disseminate and promote learning to support better integration with the aim of improving patient outcomes and experience
4. In accepting that each local area is unique and will need to develop an integrative approach to suit the needs of the local people, the selection criteria is quite broad. The government are looking for initiatives able to adopt a whole system approach to providing coordinated and outcome focused care incorporating local health, public health, social care systems and the voluntary sector where appropriate. This approach must be able to demonstrate the ability to implement change at both scale and pace and develop a robust evidence base on which to build improvement moving forward.
5. Localities selected to become integration 'pioneers' will be provided with tailored support in implementation to facilitate the use of best practice and shared learning on a national basis.

Current Review of Intermediate Care Provision

6. It is proposed that the current review and planned transformation of Intermediate Care Provision form the basis of the integration 'pioneer' expression of interest.
7. The importance of driving patient centred care and support has been recognised within County Durham, particularly within the former Care Closer to Home Group featuring representation from Clinical Commissioning Groups, County Durham and Darlington NHS Foundation Trust and Durham County Council. More specifically it has been accepted that this will require a move away from the provision of care in the acute setting towards more flexible, locality based provision where appropriate.
8. In view of this, in January 2013 the former Care Closer to Home Group committed to oversee a high level evaluation of current Intermediate Care Services with a view to developing an Outline Business Case for a proposed operating model moving forward within County Durham.
9. The proposed model was developed with input from a comprehensive list of primary stakeholders and aimed to be both flexible and accessible in providing credible alternatives to hospital admission through incorporating the following objectives:
 - Admission avoidance to an acute bed
 - Re-admission avoidance to an acute bed
 - Admission avoidance to 24 hour care
10. While some progress had been made in working towards an integrated approach within current Intermediate Care services, further opportunities for improvement remained. These included:
 - Addressing the current restrictive definition of Intermediate Care excluding some referrals who could potentially benefit from short term support
 - Resolving a number of inconsistencies in the service delivered across the County
 - Improving current accessibility of the service
 - Reducing pressure placed on the acute setting through increasing demands due to demographic trends.
 - Resolving instances of silo working exacerbated by multiple, incompatible data systems across key organisations.
11. This resulted in the development of a 'Short Term Intervention' Model which aimed to optimise opportunities for improvement highlighted above through incorporating the following:
 - A non-restrictive definition which ignores medical diagnosis allowing access to all those who will benefit for up to 6 weeks.
 - A 24/7 single point of access (SPA) responsible for the collection of relevant information at the point of referrals and commissioning intermediate care beds and sitting services out of hours.
 - The SPA will be supported by an 8am-8pm multidisciplinary assessment team responsible for identifying the most appropriate short term intervention service once an individual is considered to be medically stable.

- GP Beds will also form part of the model with GPs maintaining admission rights through the SPA
- Short Term Intervention Services may include Intermediate Care Beds, Step Up/Step Down and Time to Think Beds, provision of Telecare and Telehealth, administering of IV Fluids and Antibiotics in the Community, Community Equipment, Rehab Therapy, Reablement and Sitting Services amongst others. Bringing together all existing services into one holistic model, which will be evaluated over an 18 month period to inform the future commissioning strategy for the service moving forward, based on value for money and patient and service user outcomes.

Possible Outcomes

12. Successful submission to become an integration 'pioneer' could bring a number of general and specific benefits for County Durham including:
 - Recognition as a practitioner of best practice in pursuing coordinated, patient-centred care through the use of an integrated, whole system approach.
 - Tailored support from the Department for Communities and Local Government and their partners, to help achieve effective outcomes from programme
13. It should be noted that there is no financial implications to becoming an integration 'pioneer'

Recommendations

14. The Health and Wellbeing Board is recommended to:
 - Support the application process
 - Be involved in the ongoing development of becoming a pioneer of health and social care integration
 - Accept further reports on progress.

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Background papers: None

Appendix 1: Implications

Finance – The submission of the expression of interest to become an integration pioneer will be conducted as part of the existing Intermediate Care project and will, therefore, require no additional financial investment

Staffing - None

Risk – No additional risks will arise as a result of this submission

Equality and Diversity / Public Sector Equality Duty - None

Accommodation - None

Crime and Disorder - None

Human Rights - None

Consultation - None

Procurement - None

Disability Issues - None

Legal Implications- None