

**South Kent Coast Intermediate Care Review Project**

This report provides an update to the South Kent Coast Health and Wellbeing Board on the Intermediate Care Review Project. This report provides an overview of the project objectives and current status, the key milestones and project risks and issues.

A small 'Task and Finish' project group has been established to deliver the project outputs. The project group includes members from the CCG, KCC, KCHT, EKHUFT as well as patient and voluntary sector representatives. The project group had an initial meeting at the end of March 2013 to approve the project plan and agree the project approach.

Work is now underway across multiple partners to jointly complete the SKC intermediate care needs assessment. The project group are signed up to completing all project objectives by June 2013.

**Integrated Commissioning Plan Theme:** Short term care and support.

**Aims/Objectives:** Review of intermediate care focusing on achieving the right model of care for SKC residents. The project objectives are:

- (a) An agreed a definition of intermediate care – to achieve a common understanding of intermediate care to steer the project and to support the development and delivery of the future model of care;
- (b) Robust needs assessment of intermediate care – to show current provision and service efficiencies, current need and impact on services and future population and service needs;
- (c) Commissioning options – informed by needs assessment outcomes to achieve the future vision for intermediate care. These options will include short and medium term options.
- (d) Outline business case (if required) – for future model of care.

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***For further details of project please see appendix.***

**MONTHLY/QUARTERLY R/A/G STATUS 2013**

Q4 Jan – Mar '13	Q1 Apr – June '13	Q2 July – Sept '13	Q3 Oct – Dec '13
<b>Green</b>			
<p><b>Key Project Milestones:</b></p> <ul style="list-style-type: none"> <li>▪ Project initiation – February to March;</li> <li>▪ Agree intermediate care definition – March;</li> <li>▪ Complete needs assessment - March to May;</li> <li>▪ Confirm commissioning options for future model of care – May to June</li> </ul>		<p><b>Achievements / actions completed (February to March)</b></p> <ul style="list-style-type: none"> <li>▪ Integrated Commissioning Group approval of project objectives and methodology on 26 February;</li> <li>▪ Project team membership established to include representatives from all key partners as well as patient and voluntary sector representatives by 11 March;</li> <li>▪ 'Task and Finish' Project Group established and held first meeting on 25 March and agreed the following:                             <ul style="list-style-type: none"> <li>(a) Defined project scope;</li> <li>(b) A definition of intermediate care;</li> <li>(c) Information requirements for needs assessment;</li> <li>(d) Commitment between partners to deliver the project according to plan.</li> </ul> </li> </ul>	
<p><b>New risks:</b></p> <ul style="list-style-type: none"> <li>▪ Project outputs not delivered according to plan within short timescales identified – the project group have signed up to deliver the objectives but recognise the challenge of completing all outputs by June;</li> <li>▪ Lack of accurate and comparable data needed to complete the needs assessment – project group have agreed data requirements against a clear definition and will use the same timeframe of measurement where possible and have agreed specific deadlines for providing the data.</li> </ul> <p><b>New issues:</b></p> <ul style="list-style-type: none"> <li>▪ Inaccurate understanding of aims of project by external agencies – project group recognise the need to ensure the use of consistent messages when communicating the purpose and scope of project.</li> </ul>		<p><b>Key Actions for next period (April to June):</b></p> <ul style="list-style-type: none"> <li>▪ Partners to provide data to inform needs assessment by 15 April;</li> <li>▪ CCG to undertake initial analysis of needs assessment data 20 April;</li> <li>▪ Project group to review initial analysis of the first stage of the needs assessment and finalise outstanding information requirements on 23 April;</li> <li>▪ Engagement with virtual patient participation group supporting the project to seek views – early May;</li> <li>▪ Needs assessment completed – early May;</li> <li>▪ Project group develops future vision for model of care based on needs assessment – mid May;</li> <li>▪ Further engagement with virtual patient participation group to seek input into the model of care development – mid May;</li> <li>▪ Engagement with CCG members on model of care – mid May;</li> <li>▪ Project group develops commissioning options – end May;</li> <li>▪ Financial impact of options developed – early June;</li> </ul>	

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|  | <ul style="list-style-type: none"><li>▪ Report to CCG Clinical Cabinet for consideration and decision – mid June;</li><li>▪ Report to HWBB outlining project outputs.</li></ul> |
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South Kent Coast  
Clinical Commissioning Group

## APPENDIX

### Project Brief: South Kent Coast Intermediate Care Review

**Project Aim:**

This South Kent Coast (SKC) Health and Wealth Being Board (HWBB) sponsored project is an opportunity for multiple partners to work together on assessing the future needs of intermediate care services in the Dover, Deal and Shepway areas to inform the commissioning of an intermediate care model of care which is both innovative and effective at delivering care closer to or within patients own homes whilst responding to changes in the local population needs.

**Description:**

A detailed assessment will be undertaken of the needs for intermediate care services in SKC to assess whether the current model of care, including the number of and access to intermediate care beds and other community options is appropriate for future local needs.

A small 'Task and Finish' group will be established to ensure engagement with key stakeholders and ownership across partners.

**Task and Finish Project Group:**

Zoe Mirza –Head of Integrated Commissioning, NHS SKC CCG (Project Lead);

Dr Joe Chaudhuri – GP and LTC Clinical Lead, NHS SKC CCG (Project Clinical Lead);

Paula Parker – Commissioning Manager Lead for Urgent and Intermediate Care, KCC;

Jo Empson – Commissioning Manager Lead for Reablement and Homecare, KCC;

Janice Duff – Head of Service Dover and Thanet, KCC;

Debbie Pyart - Senior Operations Manager UCLTC, East Kent Hospital University Trust

Karen Jefferies – Community Services Director South Kent Coast and Thanet, Kent Community Health Trust;

Nicola Osbourne – Head of Intermediate Care Service, Kent Community Health Trust;

Debbie Barry – Chief Officer Deal Age Concern and Chair DASP (Voluntary Sector representative);

Tricia Cole – CEO Carers Support (Voluntary Sector representative);

Sue Chitty – Chair of Patient Participation Group Shepway (Patient representative)

**Additional Project Support:**

Alison Scantlebury – Kent and Medway Commissioning Support Unit - information support;  
Deborah Bateson/Peter Hodgson – CCG Finance Support;  
Jessica Mookherjee – Public Health Support

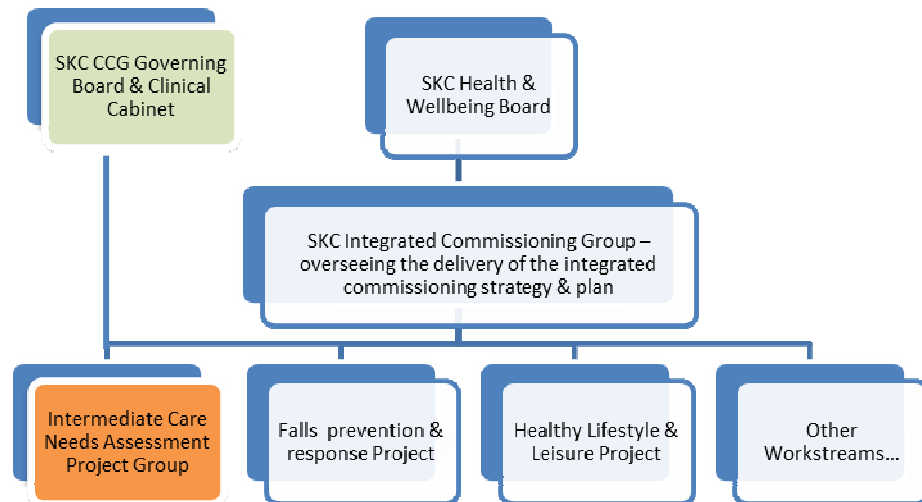
A small virtual group of service users has been identified to support the project and will be communicated with by the project lead and the project’s patient representative.

**Each representative must be able to provide data and information from their organisation to support the needs assessment completion and contribute towards the development of the future options for an innovative intermediate care model of care.**

**Project Governance:**

This project is one of several that reports to the Integrated Commissioning Group which is a sub-committee of the SKC HWBB.

This project reports to the SKC CCG Governing Board (through the Clinical Cabinet) as well as the appropriate governance routes within KCC.



**Scope:**

- (i) South Kent Coast geography and residents – outputs split by Dover, Deal and Shepway localities;
- (ii) All current Intermediate Care Service functions (aligned to agreed definition). To include:
  - Unplanned carers respite;
  - Kent Enablement at Home (KEAH) – care workers in patient’s own home;
  - Domiciliary Care – in patient’s own home;
  - Short term residential beds – social care enablement and or/ ICT therapies;
  - Broadmeadow Care Home – integrated care beds;
  - Deal Community Hospital Intermediate Care Beds – should accept both ‘step-up’ and ‘step-down’ intermediate care patients;
  - Dover /Deal/Shepway Community based Intermediate care teams

**Project Outcomes:**

- (i) Agreed Definition - a common understanding of intermediate care to steer the project and to support the development and delivery of the future model of care;
- (ii) Needs Assessment - a robust analysis of data to show current provision and service efficiencies, current need and impact on services and future needs of intermediate care;
- (iii) Commissioning options - informed by needs assessment to achieve the future vision for intermediate care. These options will include flexible short and medium term options;
- (iv) Outline business case (if required) - for future model of care.

The outputs of the project will be reported to the SKC HWBB and the SKC CCG Clinical Cabinet.

### Project Information Requirements:

The needs assessment information requirements will be mapped against an agreed definition. And will be analysed to show current service efficiencies

INFORMATION	SPLIT BY	DATA SOURCE	PROVIDED BY
<b>Current capacity (by location/service)</b>	Number of patients that can be seen by service / number of beds	Carers Support KCC KCHT	Tricia Cole Jo Empson / Paula Parker Karen Jefferies
<b>Actual demand (by location/service)</b>	Total no's of admissions / placements; Source of referrals; Patients not accepted with reasons; Waiting Lists and waiting times; Occupancy rates / empty bed days; Average length of stay; DTCs / reasons; Discharge destinations; Patient health outcomes Re-admission rates		
<b>Patient Flows</b>	Mapped to show where patients are currently receiving IC; Reasons if provided outside of SKC	As above – above data will inform mapping	N/A
<b>Population Needs (to show impact on service and future need)</b>	Current population rates – mapped against age and medical condition of patients receiving IC; Projected population growth (next 5-10years) – mapped against increase in elderly population, and increase in long term condition prevalence	Public Health risk stratified analysis	Jess Mookherjee Other public health specialists

Additional data will be requested from the acute trust.

Measurement timescales agreed by Project Group – April 2011 to March 2012.

**Key Milestones :**

- (a) 26 Feb – Draft Project Brief to be developed further by Integrated Commissioning Group;
- (b) 11 March – Project Group members to be finalised and informed of Project Brief;
- (c) 25 March – Project Group meets to sign off Project Brief and agree intermediate care definition and information requirements of needs assessment;
- (d) 9 April – Project update to SKC HWBB;
- (e) 10 April – Project update to SKC Clinical Cabinet;
- (f) April to May - Commissioner to undertake wider engagement with SKC CCG members through locality meetings;
- (g) 15 April– Project Group makes available information to complete needs assessment and meet to assess the outputs;
- (h) April – Project Group jointly reviews information analysis and options for future vision;
- (i) Early May – undertake discussion with patient participation group;
- (j) Early May – Commissioner develops, with input from project group, recommendations and develops options for future vision;
- (k) May – further engagement with SKC CCG members to share project outputs;
- (l) End May – Project Outputs Final Report signed off by Project Group;
- (m) June (exact dates TBC) – Report to the SKC CCG appropriate committee and SKC HWBB.

**Risks:**

- (a) Lack of engagement with stakeholders – keep project group small with minimal meetings yet drive project forward with regular communication as project progresses. Undertake engagement with service users via the project patient representative and the project's virtual patient participation group.
- (b) Lack of accurate and comparable data – agree with project member's data requirements with a clear definition for each set of data and use the same timeframe for measurement where possible and agree deadlines for providing data.
- (c) Unable to deliver project within timeframes – review and agree milestones with project group and report any issues within the CCG in advance if project moves off track and highlighting the reasons.