South Kent Coast
Clinical Commissioning Group

INTEGRATED INTERMEDIATE CARE
Report to South Kent Coast Health and Well Being Board

APRIL 2014

1 Introduction

1.1 This report provides an update on the South Kent Coast Integrated Intermediate Care Project following a review undertaken last year to better understand patient flows and to agree a future model of care to achieve greater integration as patients flow across health and social care services when receiving intermediate care.

1.2 Last year's intermediate care review of patient flows led to a number of recommendations informed through better understanding patients flows data, obtaining feedback from patients and stakeholders and looking at future need and best practice This report provides a summary of how each of these recommendations has been taken forward and also sets out details of other activities which are linked to these recommendations which collectively demonstrate how health and social care commissioners along with other stakeholders are working together to deliver more joined up care across the intermediate care pathway.

2 Better Care Fund Plans

2.1 Since last year's review on intermediate care the CCG has been working with partners to set out its plans for the Better Care Fund. One of the priority areas within the SKC plans is Integrated Teams, Rapid Response and Intermediate/reablement. A project group is established and meets monthly to oversee the work to deliver more integrated intermediate care. This project group includes health and social care commissioners as well as acute hospital and community service providers. The scope of this group has been widened to reflect the Integrated Intermediate Care Better Care Fund scheme and covers most of the previously agreed intermediate care recommendations.

2.2 The Better Care Fund is an opportunity to continue the pace of integration for intermediate care already started in SKC. The relevant scheme within the plans is aimed at full achievement of the integrated intermediate care pathway, on-going delivery of flexible use of community hospital and other reablement beds and effective use of those beds, developing integrated teams across the intermediate care pathway, developing enhanced rapid response models of care and extended access to therapists to support timely acute discharge and preventing readmissions.

3 Update on recommendations

3.1 The table below provides a summarised update on the status and next steps of each of recommendations agreed last year.

No	Recommendation	Status	Next Steps
1	**Integrated Care and Pathway** commissioners of health and social care to work jointly to ensure that services are formally integrated across a pathway to achieve significant improvements for patient / client care as well as the wider health and social care system. Commissioners to ensure that the integrated intermediate care pathway includes proactive management of patient care across the whole pathway and also linked with other integrated teams, including the Community Nursing Neighbourhood Care Teams. The local referral management system supporting the intermediate care pathway should also be aligned to other single points of contact to ensure coordination between services.	CCG commissioners have specified the new integrated pathway within the new service specification for the ICT's to include greater integration with the community nursing teams and better alignment with GP clusters. Integration of referral points to be achieved during 2014/15.	Requirements of integrated pathway to be discussed in greater detail with providers to ensure all elements delivered during 2014/15.
2	**Levels of provision** commissioners to develop short term and long term plan to assess the on-going capacity requirements for intermediate care beds. There are several options to consider here: (1)No additional beds to be commissioned - based on public health recommendations, that through more proactive integrated care over time this will reduce the need for step down intermediate care beds; (2)Additional beds in the short term – reflects that additional beds are being commissioned in SKC to support the predicted winter pressures during 2013/14 and the recognition that intermediate care beds are currently being used by patients who don't require 24/7 nursing care (partial and non-weight bearing patients).	CCG have not specified within its 2014/15 commissioning intentions additional intermediate care beds however an evaluation is underway to assess the impact and model of care of the reablement beds commissioned during winter 2013/14. 20 additional beds were commissioned (13 in Hythe and 7 in Deal) and these became available late Dec/early Jan.	The evaluation of the interim reablement beds is not currently available in full. Commissioners expect to receive this by the end of April. The assessment of the beds will inform the development of reablement schemes for 2014/15 which may include additional short term beds. Reablement schemes, including potential additional rehabilitation beds, to be developed jointly between CCG and KCC commissioners to maximise outcomes and support this element of the BCF plans.

	Commissioners to evaluate the use of these beds and specify the requirements beyond March 2014 when the funding for these beds ends. If additional capacity is commissioned beyond March 2014 this should be monitored on an on-going basis and be flexed to reflect the wider improvements following the implementation of a patient outcome focused integrated intermediate care pathway.		Further work to be undertaken during 2014/15 to better understand full needs of provision for non-weight bearing patients as occupancy rates remain high within community hospital for SKC patients on the non-weight bearing pathway. Further work to review models of care at other sites where SKC patients are admitted for intermediate care including Broadmeadow during 2014/15.
3	**Integrated service reviews** commissioners of intermediate care services across the intermediate care pathway to jointly re-specify the data required by providers to monitor patient / client outcomes and overall service performance across this pathway. Health and Social Care commissioners to undertake joint integrated care performance reviews and audits to better understand the impact of the integrated intermediate care pathway ensuring that the right patient outcomes and system improvements are consistently met.	CCG and KCC commissioners have agreed a draft set of integrated KPIs which can start to be used across the intermediate care pathway as part of provider contract management. The integrated KPIs are included within the new ICT service specification for implementation during 2014/15. The integrated KPIs are being used to develop an integrated performance dashboard which will best tested during the early part of 2014/15.	Integrated KPIs to be further tested during 2014/15. Integrated Performance dashboard to be trialled. Approaches for integrated performance management of providers to be further agreed between commissioners.
4	**Appropriate use of services** clear criteria, with an element of flexibility, to be developed for the use of community hospital beds and short term beds to ensure the beds are used appropriately and therefore making better use of these resources and balancing the availability of step up and step down beds to ensure avoidance of unnecessary acute admission's as well as supporting timely discharge from acute beds.	CCG commissioners have specified these requirements in the new intermediate care service specification to come into effect during 2014/15 including the requirement for revised admission criteria for the community hospital beds and agreeing a trajectory for achieving a 40% / 60% split for step up and step down beds which are currently 100% step down from acute.	Main ICT provider to adhere with this requirement once specification signed off and implemented by Sep/Oct 2014. Delivery of 40% step up provision to be achieved at year end in preparation for the BCF 2015/16 plans.
5	**Location of service provision** commissioners to specify that patients should receive intermediate care	CCG commissioners have specified these requirements in the new intermediate care service	Main ICT provider to adhere with this requirement once specification signed off

	in the right location depending on their needs, preferably in the comfort of their own home where appropriate. Where patients require admission to beds in the community providers should ensure patients stay as close to home as possible, and when they are admitted to facilities outside of SKC all patients should be actively repatriated to the next available local bed as a preference to using that bed for the next step down referral. Also where patients are admitted outside of SKC the provider should make provisions for the patient's family and carers to visit them regularly.	specification to come into effect during 2014/15.	and implemented by Sep/Oct 2014.
6	**Patient engagement** commissioners and providers to jointly undertake further engagement activities with service users and their representatives to ensure co-design of services on an on-going basis.	CCG commissioners have specified these requirements in the new intermediate care service specification to come into effect during 2014/15.	Main ICT provider to adhere with this requirement once specification signed off and implemented by Sep/Oct 2014. Further patient engagement activities planned during 2014 and 2015 to support the development of the BCF intermediate care scheme.
7	**Communication and training** providers to undertake regular communication and training with staff, particularly on falls prevention, dementia and end of life care (reflecting the growing number of older people) to ensure staff have the right knowledge to care for patients on the integrated intermediate care pathway.	CCG commissioners have specified these requirements in the new intermediate care service specification to come into effect during 2014/15.	Main ICT provider to adhere with this requirement once specification signed off and implemented by Sep/Oct 2014.
8	**Integrated commissioning implementation plan** commissioners of intermediate care services to jointly take forward the recommendations from this project and agree a timetable and plan to deliver the improvements	CCG and KCC commissioners have jointly agreed the details of the BCF intermediate care / reablement plans which are supported by a high level delivery plan.	CCG and KCC commissioners to continue working jointly to define details of plans for commissioning integrated intermediate care / reablement plans and schemes during 2014/15 to support full realisation of the BCF plans for 2015/16.