Social Care and Health Overview and Scrutiny Committee **Agenda Item No.**

Date 14th January 2018

Title of the Report: Intermediate Care Service

Ward(s) All

Portfolios: Cllr D Coughlan – Adult Social Care

1 Reason for scrutiny

1.1 The Intermediate Care Service (ICS) business case, phase 0-3, was approved by the Walsall Healthcare Trust Board and Walsall Council Cabinet in September 2017, which enabled ICS staff to be transferred from the Trust to ICS line management and budget. This facilitated consolidation of the disparate ICS teams, reducing fragmentation, complexity and implementation of a 'team' around the patient ethos.

1.2 The transformation of Health & Social Care Intermediate Care services is an important and significant work stream within the Health and Social Care system and the Scrutiny Committee will want to be assured that the work stream is on track and delivering against plan.

2 Recommendations

2.1 That the Committee note the contents of the report

3 Report/Context

3.1 There is a plethora of evidence that care provision in the least restrictive environment is the most optimal service delivery model for patients, Health Services, Social Care Services and the wider System. The proposed reconfigured Intermediate Care Service (ICS) is an enabler for patients to be discharged to a safe living environment when in-patient acute care interventions are completed (patient is medically fit for discharge). The full ICS Business Case can be found at **Appendix 1**.

3.2 At the heart of the ICS reconfiguration is to 'organise' ICS staff so that non-acute activities, such as Social Care assessments, therapy, Continuing Health Care Assessments etc. are transferred to a community setting when a patient becomes medically fit. Patients will then be supported by a 'team' dependent on the patient needs, with access to both ICS and voluntary sector services to support and monitor progress against the care plan through to discharge.

3.3 The benefits span all of the stakeholders, from patients with improved experience and outcomes through to patients being less dependent on care post-discharge from ICS. A key benefit for the Trust, 'liberating' beds, is predicated on facilitating earlier discharge or avoiding admissions for patients that require health and/or social care support (subsequent phase). The actual beds liberated is dependent on the maturity of transformation capability, that is the ability to induce staff to change behaviours / working practices, across ward processes and ICS to resolve issues that constrain patient flow from in-patient care to intermediate care services. The proposed beds reduction across all phases are:

- Liberate **28 (21 phase 1) beds p.a**. IF the Trust has high transformation capability
- Liberate **23 (16 phase 1) beds p.a**. IF the Trust has moderate transformation capability
- Liberate **18 (11 phase 1) beds p.a**. IF the Trust has low transformation capability

4 Progress against the implementation plan.

4.1 A copy of the ICS Implementation Plan and Risk Register can be found at **Appendix 2 and 3**. implementation of the reconfigured ICS has involved significant Business Change across governance and management, business processes, roles, skills and responsibilities, information flows and location of work. A phased approach was undertaken to:

- Manage scope, complexity and reduce risk to implementation and existing service provision
- Assist to gain commitment from staff and overcome resistance to change
- Incorporate skills and experience / insights gained early in the programme to smooth subsequent phases
- Lead time to develop/enhance capabilities and/or resolve bottlenecks across both organisations

<u>Phase 0 & 1: Engage and confirm / Design</u>

4.2 Phases 0 & 1 were to engage staff leads to define the future state model, identifying the key Business Change to processes and roles, determine enablers, and business benefits with a high-level implementation plan. This informed the business case, the basis for the Trust to partner with ICS to implement the required changes, including:

- ICS staff currently line managed by the Trust to be transferred to ICS line management
- Participation in the ICS working and governance groups to support implementation and monitor progress
- Develop the governance framework necessary to ensure that the enablers that that span both organisations are agreed and made available to the ICS Programme.

4.3 There were significant delays of the sign-off the ICS business case with approval in September 2017. This delay, has 'carried' through all key

programme activities including the staff transfer to ICS line management in October 2017, and agreeing and implementing the necessary governance mechanisms.

4.4 The development of the governance mechanisms is still in its infancy, with development of the Section 75 a key responsibility of the ICS Partnership Board still to be commenced. It is anticipated this will now be progressed with the new CEO and with engagement with the relevant operational Trust leads.

Phase 2: Prepare

4.5 The Prepare phase was to develop readiness prior to embarking on the Business Change so that the operational teams were ready to engage, implement and sustain new ways of working to realise the desired business benefits. The key themes were:

- Clear understanding of why the programme is being undertaken, the benefits to patients, staff and their organisation
- Acceptance by the leads, including clinical, of the proposed new ways of working who will act as operational Leads for their respective business area
- Assessment against current working practices to define and agree changes to working practices
- Mechanisms to capture, monitor and report performance of the improved ways of working.

4.6 For ICS, the Prepare programme activities were performed whilst staff were line managed by the Healthcare Trust – staff commitment to the programme vision and benefits was noted.

4.7 However, for the Healthcare Trust the Prepare phase continues to experience significant delays, with many of the programme activities not yet started, in particular the engagement with clinical leads. On a positive note, there has been engagement from the therapy lead and operational leads with agreed actions to make the necessary stakeholders available to the programme post winter pressures.

Phase 3: Transition

4.8 The ICS implementation plan has been delegated to a number of Groups, these encompass operational services that will provide end-to-end integrated care delivery as well as functions that are required to optimise and manage performance. ICS, Social Services and Trust (particularly Therapy) staff actively participate in the groups, these are:

- Operations Group
- Performance & IT Enablement Group
- Communications & Engagement Group
- Finance Group
- HR Group
- Commissioning Group

4.9 The success of the ICS Programme is partly dependent on alignment of

Hospital in-patient care practices to discharge planning on admission practices e.g. timely information flows to ICS such as referrals (detailing patient needs), expected discharge date and consistent advice to patients, family and carers etc. The ICS Leadership Team must work in partnership with hospital staff to ensure that there is:

- Delineation of roles and responsibilities across ward staff and ICS staff based on their respective skill set and defined scope for each respective organisation
- Sufficient maturity of critical processes, with accompanying information flows, that streamlines patient 'flow' through in-patient to intermediate care services in a coordinated manner
- Best practice and behaviours that encourage independence e.g. facilitating patients to be more independent on the ward such as dress, toilet, timely to be encouraged and reinforced.

4.10 The single ICS team have been critical to implementing the ICS Programme, in particular changes to business processes, roles, information flows and the location of work to:

- Implement a model where discharge home to assess and home based admission avoidance is the default approach which is focussed on setting patient-centred goals
- Non-acute activities are performed in a community setting facilitating earlier discharge
- Adopt best practices re integrated care service delivery with a Multi-disciplinary Team (MDT) approach of checking progress against agreed outcomes.

4.11 The ICS Programme at its outset had agreement across the System to adopt new behaviours that would facilitate partnership to agree and implement changes to working practices where 'care delivery requires effective collaboration across partners'. This report highlights the progress and challenges of the ICS programme, key messages are:

- There was significant delay to the sign-off the ICS business case which have been carried through the rest of the ICS Implementation
- There is a need to develop a partnership framework, such as Section 75, that sets out the responsibilities with accompanying 'penalties' for non-compliance that compromises System performance
- There is a high level of commitment and effort from the ICS leadership and management team that have led progress against the ICS implementation plan and improvement projects
- There has been a positive contribution from Council departments, including Performance, Commissioning and Communications have made available their skills and expertise to ICS management
- Phases 0-3 will be completed by February 2018, with the focus until then to stabilise following the Christmas period, which saw high levels of demand and escalation and to translate the changes to working practices to bottom line performance.

4.12 Summary of progress of the work streams/projects within each Group are

highlighted below.

Operations Group

4.13 The Operations group has a number of workstreams / projects that are led by ICS managers, including implementation of new pathways for example:

- Discharge Home to Assess (DH2A), to provide discharge to safe home environment with an appropriate transitional care package until Social Worker assessment and long term arrangements are in place.
- Discharge Home to Assess (as DH2A) with additional therapy needs for those patients who need therapy to maintain function.
- Discharge to Asses (as DH2A but discharged to nursing home) with therapy needs for those patients who need therapy to maintain function.

4.14 These additional ICS pathways have been acknowledged to have contributed to closure of a Trust in-patient ward. The other key workstreams are:

4.15 Training and education workstream

Purpose: Develop training and educational material to communicate 'why, what, how and when' to Patients and Trust staff re Care Act obligations, ICS Pathways etc. The materials will aid decision-making re post-discharge services, responsibilities of patients / carers and advice to patients.

Progress: Leaflets and training material are near completion, with training to ICS staff planned through January and February 2018, and materials used in January. Training will be offered to Trust ward staff post winter pressures. weeks.

4.16 Transfer Social Worker assessments to community setting

Purpose: Patients discharged via DH2A and D2A pathways to have a timely social care assessment to assess and discharge to long-term arrangements, if required. The workstream is to improve responsiveness of Social Workers to improve throughput and maximise use of ICS community infrastructure.

Progress: Mechanisms to schedule Social Care assessments in community setting implemented, and staff Social Worker staff recruited (outstanding vacancies) to resolve backlog across any of the ICS pathways.

4.17 Perform DSTs in community setting

Purpose: Patients discharged via DH2A and D2A pathways transfer to have DST performed in a community setting. The workstream is to change the location of work for CHC nurses from hospital to community setting, with the appropriate policies (e.g. lone worker, mileage etc) and tools.

Progress: The proposed change in location of work is progressing through Trust Management of Change - time taken by Trust HR / SS to approve change of work location for CHC nurses has taken significantly longer than anticipated.

4.18 Transfer therapy into community setting and reduce therapy 'assess to

discharge' workload
Purpose: Enhance ICS pathways with Therapy staff so that patients that are medically fit but require therapy can be discharged to ICS community pathways.

Progress: Therapy staff incorporated into ICS pathways, and wards supported to identify and discharge patients with therapy needs.

4.19 Adopt Self Care principles into ICS delivery model in reablement pathway
Purpose: To enable patients to better support themselves, with access to a range of voluntary sector services, to achieve their life goals and in the parallel improve their confidence and ability to perform activities of daily living.

Progress: Relevant external resources have been reviewed and agreement on the vision for Self-Care. Implementation of the new way of working to commence with introduction of new care plans (refer to Implement integrated best practice in reablement service)

4.20 Align information management between Trust and ICS
Purpose: Streamline information capture and flow from ward staff to ICS staff to generate referral to ICS and remove the need for ICS staff to re-assess patient on the ward.

Progress: The required change has not been implemented due to lack of engagement by the Trust clinical leads.

4.21 Implement integrated care best practice in reablement service
Purpose: Implement 'team' around the patient with defined roles and responsibilities with formalised care planning processes, including MDT review against agreed outcomes.

Progress: A weekly MDT review has been implemented to monitor progress against care plan for all patients. The design for the integrated care approach and care plan has been agreed with Reablement Managers and will be communicated and implemented through January and February 2018.

4.22 <u>Performance & IT Enablement</u>
Purpose: To consolidate and rationalise the disparate data capture and reporting systems, particularly MS Excel databases, and facilitate adoption of the MOSAIC system.

Progress: This workstream is supported by Council Performance Team working with operational managers. The number of MS Excel reports and associated manual effort to capture and generate reports has been reduced. Tactics to improve adoption of MOSAIC and generate reports through the Council performance team are being put in place. Formalised role within ICS, with training provided, to 'own' information management to comply with agreed standards and practices.

4.23 <u>Commissioning</u>
Purpose: To assess the viability of the options for Holly Bank House in

terms of cost, benefits, risks to care provision within the Walsall System. This will ensure the optimal way forward is determined with sufficient lead time to develop alternative care arrangements if Holly Bank House capacity is changed or reduced.

Progress: The options appraisal has been suspended awaiting WCCG commissioning intentions.

4.24 Finance

Purpose: To allocate budgets to the appropriate service as per agreed ICS model.

Progress: Budgets have been transferred to the appropriate organisations as per agreed ICS model. In addition, Trust IDT coordinators have also been transferred into ICS and the budget for this staff group will be transferred to ICS.

5 Equality Implications

5.1 This report is not subject to an Equality Impact Assessment. An EQIA will be undertaken prior to any Management of Change.

6 Consultation:

6.1 Wide consultation was undertaken in the development of the ICS Model.

6.2 All ICS staff have had face-to-face communication as well as communication using other channels to keep them abreast of the changes to ICS and their role.

Appendix	Title	Attachment
1	ICS Business Case	Intermediate Care Model - Oct 17.pptx
2	ICS Project Plan	ICS Project Plan 1.4 06012018.xlsx
3	ICS Risks and Issues Log	ICS Risk Issues Log 0610118 0.3.xlsx

Contact Officer:

Kerrie Allward
Head of Integrated Commissioning
☏ 01922 654701
✉ Kerrie.Allward@Walsall.gov.uk

Authors:
Kerrie Allward – Head of Integrated Commissioning