Rutland Health and Wellbeing Board

Subject:	Progress update on Crisis Response Pilot
Meeting Date:	3rd July 2014
Report Author:	Anna Grainger
Presented by:	Anna Grainger
Paper for:	Note/ Comment

Context, including links to strategic objectives and/or strategic plans:

Background:

The Better Care Fund plans and Better Care Together form the basis of commitment to integrated and more efficient health and social care services. This will include a commitment to 7 day working and enhanced Reablement services to deliver prevention and early intervention.

The Scoping exercise for a crisis resolution (attached at appendix one) which was funded through S256 funding has concluded :

a) There are identifiable peaks in the number of day care admissions, with 39% admissions being between the ages of 61 and 80.
b) There is an equivalent noticeable pattern in emergency admissions, with 26% being between the ages of 81 and 90, with a steep climb beginning from the age of 61. In fact, 60% of all emergency admissions for Rutland patients are aged between 61 and 90 years old.
c) There is a peak in day care admissions of 20% between the ages of 61-70, however this is closely followed with 19% between the ages of 71-80, meaning that in total 39% of day care admissions are for the ages between 61 and 80, the fastest growing population group.
d) The greatest number of emergency admissions appears to be between 4pm and midnight, with 49% of all admissions falling within these times.
e) The longest hospital stay appears to be for admissions to medical oncology and medicine for older people.
f) There is no noticeable difference in length of stay for those patients admitted outside of normal working hours, other than a slight lengthening (average of 6.5hours) that can be explained by having to wait until tests are concluded.

The Unscheduled Care Subgroup met for the first time on 25th June, this is a group made up of local authority, CCG and LPT colleague. The Crisis Response report was discussed alongside current activity taking place across organisations that links to Crisis Response. This is attached at appendix two alongside the plan on a page for Unscheduled Care specifically in Rutland.

The following outcomes needed for Crisis Response in Rutland: 7 day integrated community services working across health and social care.

Stage one:
Lead identified: Julia Eames (Reablement Manager)

1. Develop a Crisis pilot based on an enhanced Reablement service linked to the LPT night nursing pilot commencing September 2014
2. Evaluate, performance monitor and fully cost this (September 2014-February 2015)
3. Full service implementation by April 2015.

As part of stage one we will look at implementing the following services as recommended in the consultants Crisis Response Report:

1. Care Education Scheme: South Lincolnshire CCG has shown dramatic reductions in avoidable admissions through their Care Home Education Programme. It is the recommendation of the report that all carers, whether in residential, care or domiciliary professions, be educated in the early recognition and treatment of conditions such as UTI and tendency to fall, in order to actively manage in the community portion of the model, rather than through admission. Anna Grainger will be liaising with Susan Luce (CCG) regarding the care home quality project to plan how we can undertake a similar piece of work in Rutland.

2. Extended Services: According to the data 60% of admissions during the hours of 6pm and midnight could have been avoided with appropriate care in the home or community. It is therefore recommended that night nursing pathways are complimented with additional community care services and domiciliary care in order to facilitate the support of patients in their own home. This recommendation will be followed up through the launch of the pilot as part of stage one.

The report highlights the following further two recommendations which still need to be considered and planned for:

3. Discharge to Home: Currently the default position for discharging from acute settings is discharge to residential or care home. This is both cost-prohibitive and reablement limiting, as has been demonstrated time and time again through research that people become reliant on that level of care, particularly when left shaken and vulnerable after an incident. As a result the care required increases, rather than decreases with time. It is therefore recommended that patients are discharged to home utilising the reblement services to ensure care needs are met, and withdrawal of care is managed, rather than facilitating a total reliance on care.

4. Telehealth Advances – Patient self-monitoring and reporting needs to be fully investigated, including additional training (e.g. peak flow readings etc) for carers to maximise the effectiveness of these developments. A Telecare proposal has been submitted to the Integration Executive, however this is different to Telehealth and therefore discussions still need to take place regarding Telehealth.

<u>Stage two:</u>
Develop a fully integrated health and social care service – work to be co-ordinated with Better Care Together workstreams and People First review conclusions.

Project plans are attached – to report back progress on developing the pilot at the next Integration Executive

Financial implications:		
The pilot will take place using existing resources. There will be financial implications from 2015/16 however these will not be known until the pilot has commenced.		
Recommendations:		
It is recommended that the Integration Executive: (a) Comments on the proposed plan (b) Approves that this goes to the Health and Wellbeing Board on 15th July		
Strategic Lead:	Anna Grainger	
Time	Medium	The pilot is due to commence in September alongside the night nursing pilot.
Viability	Medium	Awaiting back fill for the Reablement Manager to enable secondment to commence
Finance	High	It is unclear what the costs associated with any future service will be until a scoping exercise has been undertaken as part of the pilot.
Profile	Medium	Health and Social Care Integration is high on the government agenda with significant funding allocated to local plans. The Board is accountable to the public on these plans.
Equality & Diversity	Medium	Equality impact assessment to be completed before the pilot commences.