

Report to Rutland Health and Wellbeing Board

Subject:	Rutland's Integrated Crisis Response Service (ICRS)
Meeting Date:	30.9.14
Report Author:	Julia Eames ,Lindsay Widdowson, Debbie Blaze, Debbie Ridley
Presented by:	Lynda Bowen
Paper for:	Note / Comment

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

Description

The ICRS is a key element of Rutland's Better Care Fund (BCF) plan to reduce avoidable admissions to hospital and residential care.

The service went live on 1.9.14 and provides a crisis response service 7 days per week and is available 24 hours per day for patients with a LLR GP, for a maximum of 72 hours.

The service consists of a number of disciplines:-

- the ICRS Night Nursing Service, Leicestershire Partnership NHS Trust which is a pilot service to provide a roving night team to provide home assessments and overnight support incorporating nursing assessments and interventions and management of low level social care needs to ensure the person is safe at home over night;
- Unscheduled Care Nursing and Therapy Services, Leicestershire Partnership NHS Trust, a multidisciplinary team which provides a range of responsive nursing and therapy interventions;
- REACH, Rutland County Council, registered domiciliary care service, providing reablement and social care assessments and interventions.

Integrated working between health and social care services is expected to improve the patient experience by reducing their need to repeat information to different services.

A better understanding and closer working between the different agencies and professionals will help to reduce overlaps and duplication and ensure the right person for the task and aims to improve job satisfaction for staff participating in the service.

It is expected these improved working relationships will extend beyond the scope of the ICRS and form a platform for further integrated working in line with the national and local agenda.

The ICRS will link closely to the Better Care Together (BCT) workbooks particularly in relation to the Falls Pathway work. There are concerns that a significant number of calls to East Midlands Ambulance Service (EMAS) are from Care Homes in Rutland and relate to falls. This raises the question as to whether training and a revised

pathway for management of falls in care homes needs to be implemented, and how the ICRS can assist and support care homes on this pathway.

Work to date

- LPT Overnight Nursing and Assessment service launched 1st September 2014
- Jointly owned Standard Operating Procedures, including Information Sharing agreement and clear procedures for handover between services and agencies developed.
- Joint meetings established between the service areas to share information and develop working relationships.
- Communications about the ICRS to local GP's, Peterborough Hospital Admission Avoidance Team, Adult Social Care Team
- Acceptance of referrals that have avoided admission to hospital and residential care.

As of 17.9.14 the Reach element have received 3 referrals from the Admissions Avoidance Team at Peterborough Hospital for people who were identified as needing short term social care support at home rather than needing a hospital admission as no medical intervention was required but they were not at their usual level of function. All had fallen, one had sustained a fracture. One of the Ladies was a carer for her elderly husband and if she had been admitted into hospital he would have required respite care as he was unable to be left by himself.

Evaluation

The ICRS will be evaluated by Public Health and will assess the impact of the schemes on both quality of service and value for money.

The evaluation period is from 1st October to 31st March 2015. A key aim of the evaluation is to evaluate and develop a timely and cost effective 24/7 alternative pathway provision (i.e. between 10pm and 8am) and the ability of the night nursing pilot to fulfil this gap.

Issues for the service

- Current inequalities between patients living in Rutland who have an LLR GP, and so have access to this service and patients living in Rutland with a non LLR GP who do not. Discussions to explore options with Lincolnshire are being arranged.
- Pressures on availability of care packages with the independent sector for those with on-going social care needs identified at the end of ICRS.
- Potential need for therapy and equipment provision 24/7 needs to be developed.

Financial implications:

The pilot will take place using existing resources within Rutland County Council in 2014/5

The evaluation of the scheme will inform the future service model. Through the work of the BCF resubmission the current indicative allocations to support the delivery of the Rutland ICRS for 2015/16 are;

- Health component £225k
- Social Care component £225k

Service funding beyond 2016 will need to be identified- this will need careful consideration during the period of evaluation.

Recommendations:

That H&WBB:

1. Note the progress made in developing and launching the new ICRS service
2. Note that an evaluation on the service is to be undertaken early in 2015, to inform planning for April 2016 onwards.

Comments from H&WBB:

Strategic Lead: Lynda Bowen

Does the report need to go to anywhere else? Y/N

Risk assessment:

Time	High	Timescales for evaluation are tight and although commitment has been made from Public Health still awaiting implementation plan.
Viability	Medium	Demand on service as yet unknown but early indicators indicating capacity within the REACH Team may be an issue. Some additional funding has already been identified to increase capacity through the BCF. The service is consistent with nationally recommended models of delivery (e.g. Kings fund).
Finance	High	Better Care Funding is available for 2014/15/16
Profile	High	Health and social care integration is high on the government agenda and significant funding is allocated to this project as part of the BCF plan so Cabinet and members of the public will be interested in this service.
Equality & Diversity	Low	An equality impact assessment has been

		completed by LPT and RCC and no group is identified as being disadvantaged.
Timeline (including specific references to forward plan dates):		
Task	Target Date	Responsibility