NHS Walsall Clinical Commissioning Group | Walsall Council | Walsall Healthcare NHS Trust | NHS Dudley and Walsall Mental Health Partnership NHS Trust



Intermediate Care Service: Refreshed Model

14th September 2017
Walsall Provider Forum

Proposed Intermediate Care Service (ICS): Refreshed vision

1. A locality based health and social care single service with responsibility for complex patients who require support to facilitate discharge from an in-patient bed.
2. Provide a rapid response to care delivery in the right place at the right time to maximise patient's independence, deploying the optimum skill mix to ensure that the response provided is appropriate and proportionate to the assessed needs with the default position being for the patient to return home.
3. Integration through a new shared culture, mind-set, values, objectives, working processes and practice.'

Proposed Intermediate Care Service (ICS): Key Components

1. Streamlined processes with referral via a single point of access
2. Defined health and social care activities performed out of the hospital setting post discharge including assessments, therapy provision etc.
3. Information captured once and made available through patient journey
4. Allocation of the ICS care-coordinator to develop, monitor and navigate the patient via a patient centric intermediate care plan through the ICS ‘journey’
5. An enabling culture to facilitate patients, with carers, to regain confidence and/or function so that patients enjoy supported Self Care to realise their goals
6. MDT collaboration to assess and provide holistic care to effectively resolve issues across health and social care domains
7. The service will operate seven days per week

Intermediate Care Service and Pathways will support Discharge from Hospital & Step up from Community Services

ICS Model Principles, Assumptions & Constraints

Principles

1. For medically fit patients, transfer clinical and social care activities, e.g. assessments, therapy etc, to least restrictive safe environment to reduce LOS & level of decompensation
2. Assign care co-ordinator to efficiently 'navigate' patient through the ICS pathways and care provision (across multiple roles and providers) and monitor progress against plan
3. Facilitate supported Self-Care to maximise independence and enable patients / carers to achieve their goals and reduce financial costs
4. Governance that takes a 'system' approach to resolve 'bottlenecks' that would otherwise constrain performance / outcomes across the whole 'system'

Assumption

1. Sufficient Community Health Service capacity, including therapy, to meet the on-going health needs post discharge

Constraints

1. Current IT systems are not sufficiently mature to enable collaboration, streamlined communication and workflow across teams and partners

Trust Business Benefits

The benefits model is predicated on the Trust 'liberating' beds through facilitating earlier discharge or avoiding admissions for patients that require health and/or social care support. The actual beds liberation is dependent on the maturity of transformation, that is ability to induce staff to change behaviours / working practices, across ward processes and Community Services. The proposed scenarios and accompanying beds reduction benefits are:

1. Liberate **28 (21 phase 1) beds p.a**. IF the Trust has high transformation capability
2. Liberate **23 (16 phase 1) beds p.a**. IF the Trust has moderate transformation capability
3. Liberate **18 (11 phase 1) beds p.a**. IF the Trust has low transformation capability
4. Improved utilisation of therapy staff by significantly reducing 'Assess to Discharge' with staff reallocated to other therapy activities

Improving for Patients:

1. Reduce dis-benefits of unnecessary hospital in-patient stay (beyond MFFD) e.g. decompensation etc
2. Improved and more responsive post-discharge care, via a MDT approach, and assigned co-ordinator to meet the patient needs in the most appropriate setting.

Improving for Colleagues:

1. Defined requirements across partners setting out the respective roles and responsibilities
2. Enhanced multi-disciplinary collaboration and optimised use of skills of staff

Assumption:

1. The implementation of the ICS will have access to adequate transformation support

Benefits model takes a conservative approach to translate 'mathematical' bed days liberated to actual bed days (20%)

Social Services Business Benefits

The benefits model is predicated on Social Services receiving patients that are less decompensated, and therefore with less health needs, that with less resources and with MDT working realise benefits across outcomes, patient and staff experience and financials.

Patient benefits

1. Increased independence
2. Reduced impairment
3. Improved personalisation
4. Reduced delays
5. Improved continuity of care

Staff benefits

1. Improved alignment to need – providing more comprehensive care
2. Improved information sharing – better (more informed) decision making
3. Clearer accountability
4. Improved continuity of care
5. Stronger sense of team

System benefits

Enables and supports overall system changes to deliver more effective care closer to home:

1. Improved continuity of care
2. Reduced dependency
3. Reduced rate of crisis
4. Reduced acuity
5. Reduced inequality
6. Reduced total costs

Cost benefits

1. Reduced ongoing care (TBD)
2. Rebalanced bedded care
3. Improved value-for-money from bed-based services