

## **HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE**

**17 DECEMBER 2015**

### **SUPPORTING PEOPLE AT HOME – INTERMEDIATE CARE AND REABLEMENT STRATEGY**

Report from: Barbara Peacock, Director of Children and Adult Services

Alison Burchell, Chief Operating Officer Medway Clinical Commissioning Group (CCG)

Author: Lance Douglas, Interim Transformation Lead Adults

#### **Summary**

This report provides an update on progress on the implementation of the joint Intermediate Care and Reablement Strategy between the Council and NHS Medway Clinical Commissioning Group (Medway CCG) and provides information on future implications. It was previously agreed further reports will be made to this Committee. This report provides further information in respect of the development of these services.

#### **1. Budget and Policy Framework**

1.1 The Intermediate Care and Reablement Strategy is within the Council's policy and budget framework and has been progressed as part of the partnership work under the Better Care Fund and the Section 75 Partnership agreement setting up the pooled budget for the Better Care Fund.

1.2 We know that we can improve our health and care services for local people and improve outcomes. Locally we have developed many good services but these do not always work well as a whole. People tell us that the system is complex, fragmented and does not always meet their needs in a timely fashion. Professionals tell us that there is duplication of services and that co-ordination of services around a service user/carer/patients needs could be better. At a time of increasing need and reducing finances we need to ensure that our services are meeting needs in the best way possible.

## **Collective ambition**

We want to:

- Improve outcomes and quality of life
- Support more people to live independently at home for longer
- Prevent people getting ill and when they do help them to recover more quickly

## **What we will do**

We will:

- Give people greater choice and control, maximising their social support systems through building resilient communities
- Put GPs at the centre of organising and co-ordinating people's care, specifically those over 75 and/or with complex needs
- Ensure that people have access to the right services, 7 days a week (including out of hours) where it is needed
- Develop resilient individuals and communities to reduce reliance on institutional settings

## **2. Background**

2.1 The Intermediate Care and Reablement Strategy was considered by the Health and Adult Social Care Overview and Scrutiny Committee (11 August 2015), approved by Cabinet (25 August 2015) and CCG Governing Body (26 August 2015) and considered by Health and Wellbeing Board (15 September 2015). The Intermediate Care and Reablement Strategy is a joint health and social care strategy which details how Medway intends to commission and redesign Intermediate Care and Reablement Services to meet the needs of Medway residents. It outlines the principles that will guide development and implementation of the strategic direction and also sets out aims and objectives, and plans for delivery. Commissioners from Health and Adult Social Care have worked with the key partners involved in the patient/user journey to analyse the current picture of service provision, review current and future needs, and learn from best practice elsewhere, in order to identify the changes necessary to improve the quality, effectiveness and efficiency of future service provision throughout Medway.

2.2 Our vision for the future of intermediate care in Medway is:

***We will develop a locality focused collaborative model, which maximises independence and quality of life for people of all ages, whilst ensuring***

***cost effective use of resources. We will ensure the individual and their carers/family are at the heart of their care and support, ensuring they have access to information, advice and support to promote real choice and control, increase self care and self management, that enables individuals and their carers to remain as independent as possible, for as long as possible.***

2.3 A set of high level aims have been developed that describe what the Intermediate Care Model will deliver for Medway. These aims align closely with the Department of Health guidance 'Intermediate Care - Half Way Home'.

2.4 Our aims are to:

- Support people at home where safe to do so
- Maximise independent living
- Promote faster recovery from illness
- Minimise admissions to Long Term Residential Care
- Facilitate a timely discharge from hospital
- Provide effective alternatives to hospital admissions
- Ensure a skilled intermediate care workforce

2.5 From our engagement with Medway people and patients, carers and staff who provide services, we have developed a set of objectives and supporting activities, which we believe will help us to achieve the above aims for the people of Medway. People tell us they want to be supported at home so we want to shift the balance of care away from institutional settings towards supporting more people at home. We will place the care around the individual in the setting they choose which will usually be their home – Adult Social Care continues to support people at home with care packages and the emphasis is on moving people back home.

2.6 It is intended to procure both Intermediate Care beds and Community Services to replace existing services and whilst these will be in Medway the exact nature and location of these will be determined through the procurement process. It has been assessed that this is not a substantial variation to health services. Officers will review this position through the tender.

### **3. Implementation progress to Date**

3.1 As part of the implementation of the strategy, work has continued in the following areas:

#### **Home to Assess**

A trial Home to Assess scheme has started in Medway. This scheme discharges people from hospital as soon as they no longer need acute care and allows them to be assessed for therapy and care at home. Not only does this permit assessment in more appropriate surroundings (home is where most people want to be), it reduces their length of stay in hospital. So far the trial has concentrated upon a modest group of patients. All patients involved have benefitted from input which has helped them to leave hospital sooner and become more independent again. Below is a case study.

Mrs J is blind and partially deaf. She lives on her own and is fiercely independent – she fell over and broke her wrist. Through Home to Assess

she was discharged faster and allowed to return home sooner. She is doing well and has benefitted from additional assessment and reablement.

A plan is currently being developed to scale up the trial as part of the work with the ECIP (Emergency Care Improvement Programme-Medway is one of 28 areas currently benefitting from this national NHS support).

### **Community Equipment**

Developing a responsive Integrated Community Equipment Service – officers are currently evaluating tenders received for a joint service to be in place by April 2016.

### **Telecare Services**

Developing Telecare services – A commissioning plan is currently being considered to make more use of Telecare services.

### **Procurement and market engagement**

Work with the market to develop new services has commenced and a market event was held on 26 November. A summary of the outcomes of the market engagement event is provided below.

## **3.2 Procurement and market engagement**

A MOI (Memorandum of Information) was provided in the lead up to the market engagement event on 26 November. This is available on the Medway procurement portal and it describes the services included within the procurement, proposes a new model for commissioning Intermediate Care and Reablement Services through a lead provider and provider consortium arrangement and outlines the timetable and process to be adopted. It is proposed to use a competitive dialogue process which allows shortlisted providers an opportunity to influence the final tender arrangements and helps to ensure these will lead to a sustainable future business model. 17 provider representatives attended the market engagement event. Feedback received from the event included the following:

- Providers commended the Council and CCG upon their collaborative approach and confirmed competitive dialogue was the right approach
- Providers have a real contribution to make to help finalise the final commissioning model
- All providers felt that more efficient use of existing resources could be made through better co-ordination of services and a lead provider and consortium model, therefore, had some merit
- It was recognised that the current system of providing services has led to a perverse incentive to keep people in beds and more can be done to ensure people are more independent with support in their own homes
- Providers discussed possible options for using existing services in a more flexible cost effective manner with an emphasis upon improving outcomes
- Providers felt the timetable needed to be amended to make this more achievable and this has now been amended with no change to the date new services will start

Short listed providers will be selected to take part in a competitive dialogue process by February 2016. This procurement process is a step in changing our Commissioning model from what it is now to where we want to get to in time in order to provide better services in line with our strategy. It is envisaged we will work with a lead provider and a consortium of providers to achieve this strategic change. The Commissioning model is contained at Appendix 1 for information.

#### **4. Sustainability and Diversity Impact Assessment**

- 4.1 Proposals within the strategy contribute to achieving a sustainable Health and Social Care system. A Diversity Impact Assessment has been completed as part of the development phase of the work and has previously been provided to Overview and Scrutiny. (This is attached as Appendix 3) This shows the strategy to be a positive proposal for change for Medway communities.

#### **5. Risk management**

- 5.1 The associated risks continue to be managed as part of the risk management arrangements of the Better Care Fund and a full risk log has been developed as part of the implementation arrangements.

#### **6. Consultation**

- 6.1 Stakeholders have been consulted in producing the strategy and will continue to be involved as aspects of the strategy are implemented. Further detail on the consultation is contained within the DIA (diversity impact assessment) and separate reports are available. The consultation included a “simulation” event held at Priestfields stadium in July 2014. The event was well attended and open to representatives across primary care, community services, acute sector, Medway Council and voluntary organisations. Representatives included social care workers, occupational therapists, care managers, housing, public health, older people, adult therapies, GPs, practice managers, commissioners, Age UK and Alzheimer Society. Provider organisations included Kent and Medway NHS & Social Care Partnership Trust, Medway Community Healthcare, Care Homes and Nursing Homes
- 6.2 The Strategy has been circulated for consultation to officers in Health and Social Care. Two stakeholder workshops with Health and Social care providers and commissioners took place in October and November 2014 in order to develop the Strategy.
- 6.3 The Strategy was considered by the Health and Adult Social Care Overview and Scrutiny Committee (11 August 2015), submitted to Cabinet for Approval on (25 August 2015), approved by CCG Governing Body (26 August 2015) and considered by Health and Wellbeing Board (15 September 2015).
- 6.4 Medway Council has a legal obligation under section 149 Equality Act 2010 to have due regard to the need to eliminate discrimination, advance equality, and foster good relations between those with a protected characteristic (pregnancy and maternity, age discrimination, disability, gender reassignment, marriage and civil partnerships, race, religion or belief, sex and sexual orientation) and those who do not share it. These matters must form an

integral part of the decision-making processes in relation to the Intermediate care strategy. The Council and CCG will consider engagement with service users and representative groups, and use the information and views gathered to assess the equality impact of any proposals made in relation to service provision.

- 6.5 To assist the Council and CCG in fulfilling the legal obligations set out above, officers have completed a Diversity Impact Assessment (DIA) for the strategy.

## **7. Financial implications**

- 7.1 The financial implications are recognised within the financial planning for the implementation of the Better Care Fund. Part of this planning includes an intention to invest less in institutional services and more in community based services to support people to live independently at home. Recommendations will need to be financed from existing resources contained within the £17.6m pooled budget for the Better Care Fund.

## **8. Legal implications**

- 8.1 The Intermediate Care Strategy has been developed to follow a range of National Health and Social Care policies and strategies listed within the strategy.
- 8.2 The Care Act 2014 brings care and support legislation into a single statute. It is designed to create a new principle where the overall wellbeing of the individual is at the forefront of their care and support. The Care Act 2014 requires the promotion of integration of care and support with local authorities, health and housing services and other service providers to ensure the best outcomes are achieved for the individual.
- 8.3 The Intermediate Care Strategy is consistent with relevant statutory legal powers and duties including the Care Act 2014, Health and Social Care Act (2015), Department of Health Guidance, national good practice and is in line with the overall objectives contained within the Better Care Fund for Medway.
- 8.4 There is a duty on relevant NHS bodies and health service providers to formally consult the Health and Adult Social Care Overview and Scrutiny Committee on substantial reconfiguration proposals. Specifically Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 requires relevant NHS bodies and health service providers to consult a local authority about any proposal which they have “under consideration” for a substantial development of or variation in the provision of health services in the local authority’s area. The consultation duty applies to any “responsible person” under the legislation, i.e. relevant NHS bodies and health service commissioners which now come under the scope of the widened legislative provisions relating to health scrutiny. The local authority has a right of referral to the Secretary of State on specified grounds in respect of any contested service reconfigurations.
- 8.5 The changes envisaged under the Intermediate Care Strategy are joint NHS-local authority proposals. It is considered that the proposed Intermediate Care Strategy in itself would not constitute a substantial development of, or

variation, in the health service in Medway. The basis for this assessment was presented to the Health and Adult Social Care Committee on 11 August using the established questionnaire to demonstrate that the requirement to meet any duty arising under Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 has been addressed. As implementation of the Strategy proceeds any consequential health service changes or variations such as decommissioning of intermediate care beds will be assessed and reported to the Health and Social Care Overview and Scrutiny Committee in line with Medway's established procedures under Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. When any new service model has been finalised this will be reported to Overview and Scrutiny if this may lead to a substantial variation to health services.

## **9. Recommendations**

- 9.1 Members are asked to note the progress on the implementation of the Intermediate Care and Reablement Strategy and in particular the positive market response so far.

### **Lead officer contact**

[lance.douglas@medway.Gov.uk](mailto:lance.douglas@medway.Gov.uk)

### **Appendices**

1. Intermediate Care and Reablement Commissioning Model
2. Questionnaire
3. Diversity Impact Assessment

### **Background papers**

Report to Overview and Scrutiny August 2015





## **Appendix 1 Intermediate Care and Reablement Services Commissioning Model**

### **Service Change**

The importance of good intermediate care services in terms of the prevention agenda is well documented and it is clear that it can provide a vital gateway to regaining independence, dignity and wellbeing for many people living in the community.

In Medway we need a service which is more flexible to allow us to shift the care from residential services to people's own homes.

The flexibility of the service will enable people to live either independently or with the aid of reablement workers and /or community services, NHS and Social Care services.

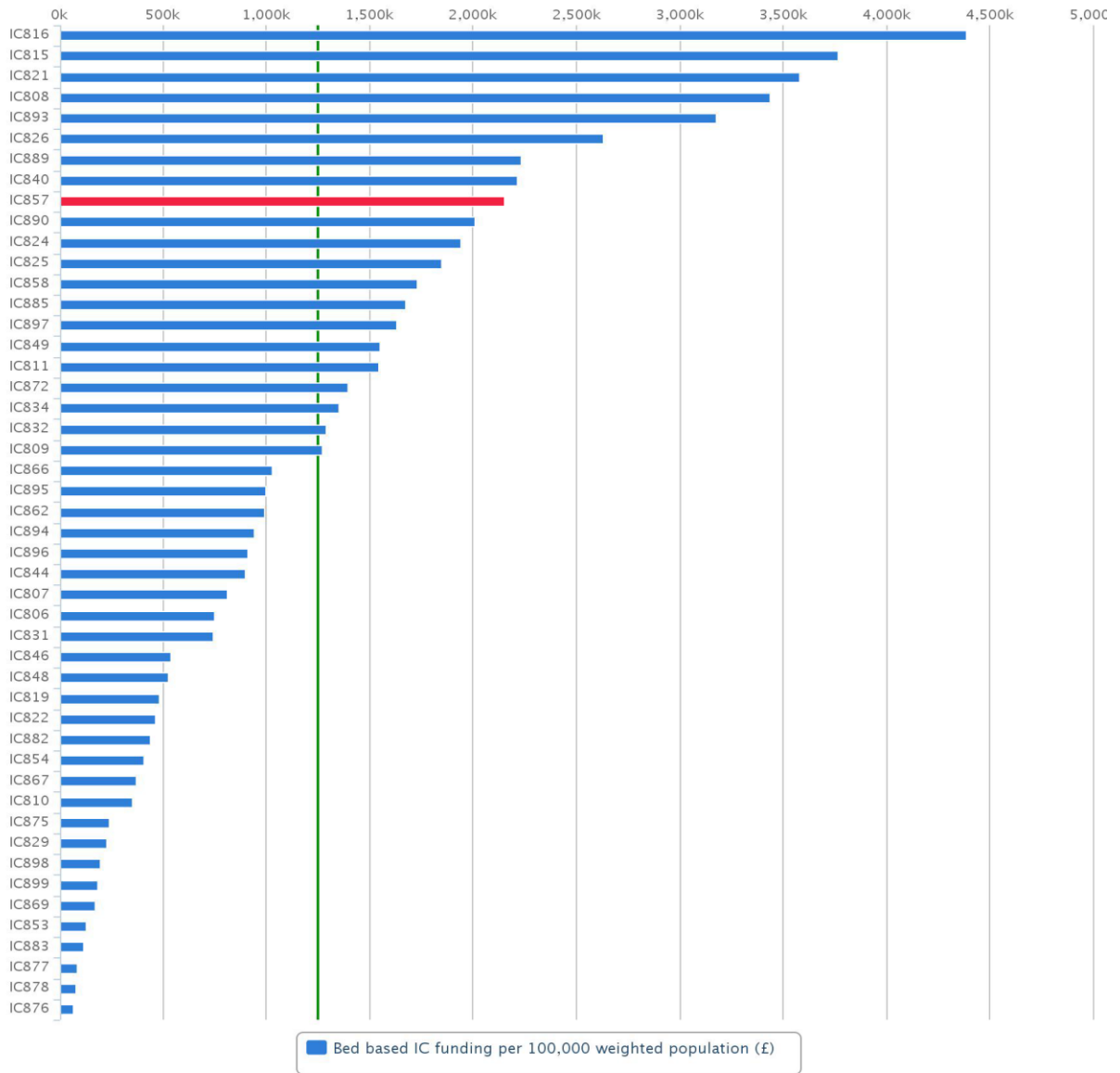
The following service and care principles shall apply to the provision of this Service. It shall:

- Promote the independence, choice, personalisation, dignity, privacy, respect and participation of people and their Carers
- Acknowledge and respect a person's gender, sexual orientation, age, physical or mental health ability, race, religion, culture, social background and lifestyle
- Promote Individual choice, and seek to maximise the autonomy of the Individual to have the optimum control over their own lives and the Service provided
- Recognise the rights and responsibilities of Individuals
- Plan and provide the Service in partnership with: service users, their Carers, families, friends or advocates, support workers, and other independent and statutory agencies, to ensure that the Service responds sensitively and flexibly to individual needs. Whilst at the same time reducing the number and/or intensity of interventions for clients
- Work in a collaborative and coordinated way with other Providers (statutory, voluntary and independent), of health and welfare services

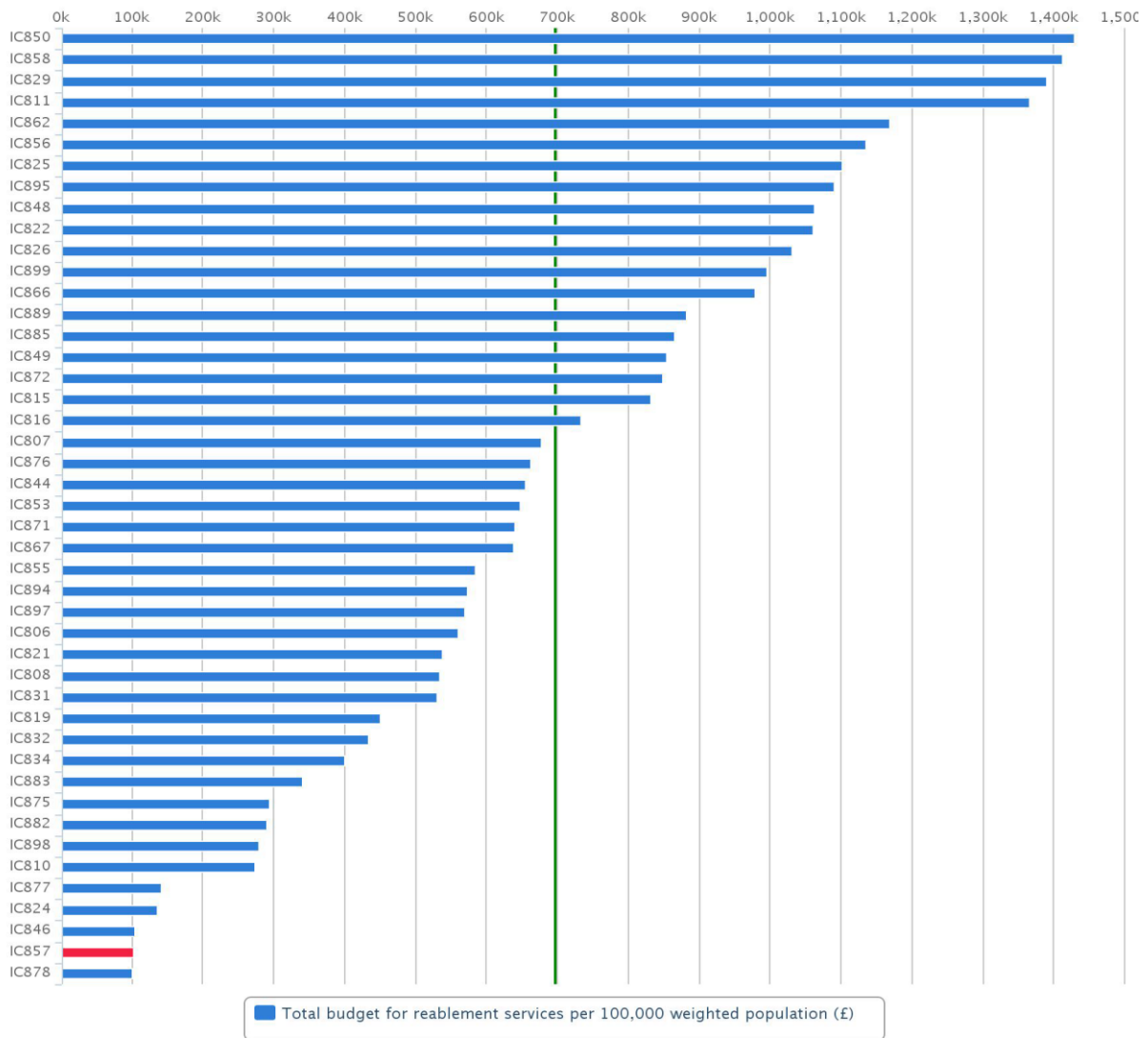
### **Current Services**

Medway's services can be characterised by an over dependency upon bed based services and a low investment in reablement services. See the two charts below to see how Medway compares to 45 other areas in the country who took part in the National Audit of Intermediate Care. (Medway is IC 857 and shown as the red bar on the two charts). One of our strategic aims is to redress this imbalance and manage over time a shift to more reablement and less bed-based service in line with some of the good practice areas.

### Bed based IC funding per 100,000 weighted population (£)



Total budget for reablement services per 100,000 weighted population (£)



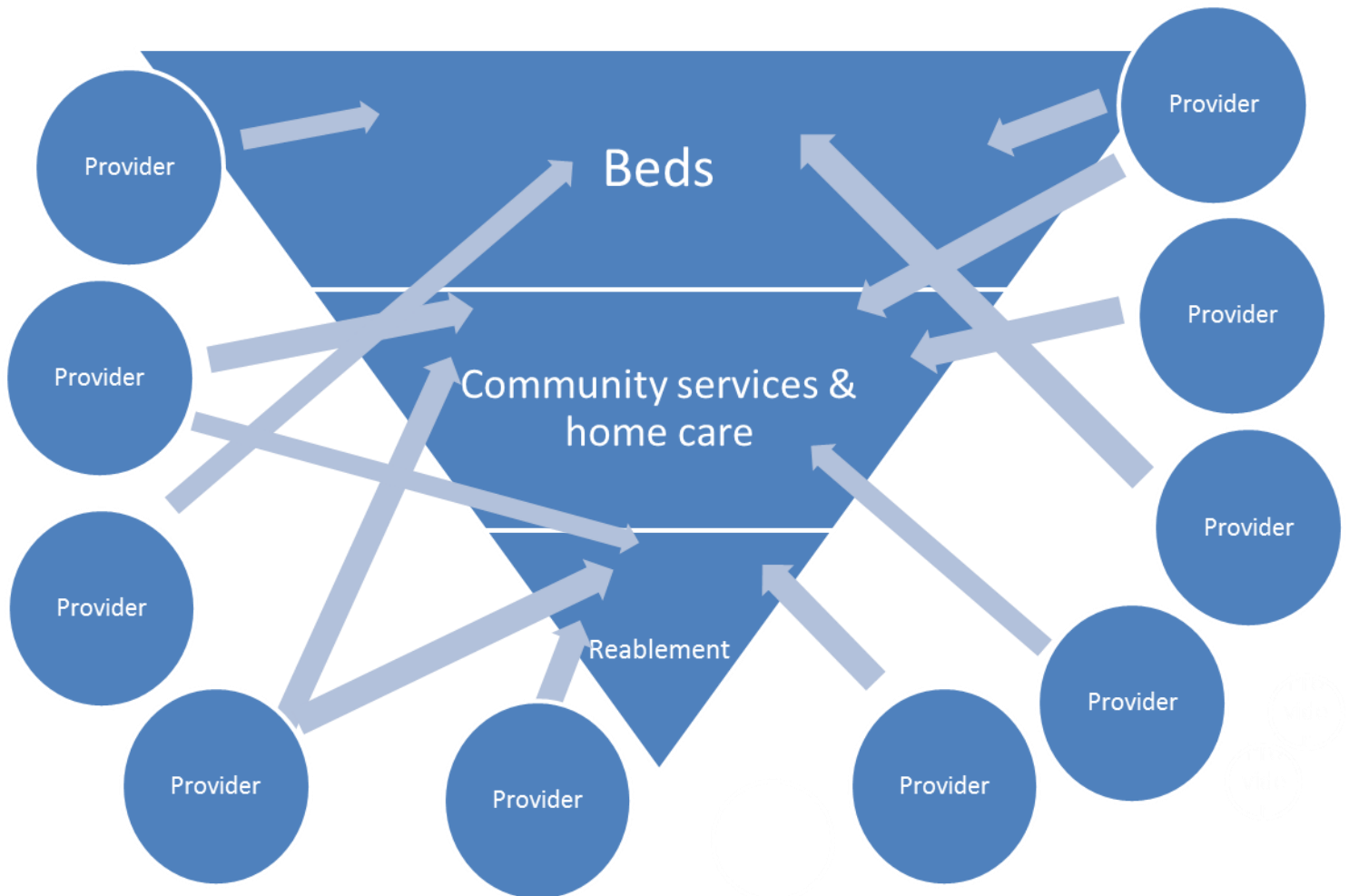
**Where we are now**

- Over reliance on beds (61 at least without escalation beds)
- Poor use of reablement services
- Separately commissioned equipment services
- Low use of Telecare services
- Low number of people supported at home

**Where we want to be**

- Reduced number of Beds, over time using a more flexible commissioning model
- Increased use of reablement services
- Joint community equipment service
- High use of Telecare services
- High number of people supported at home

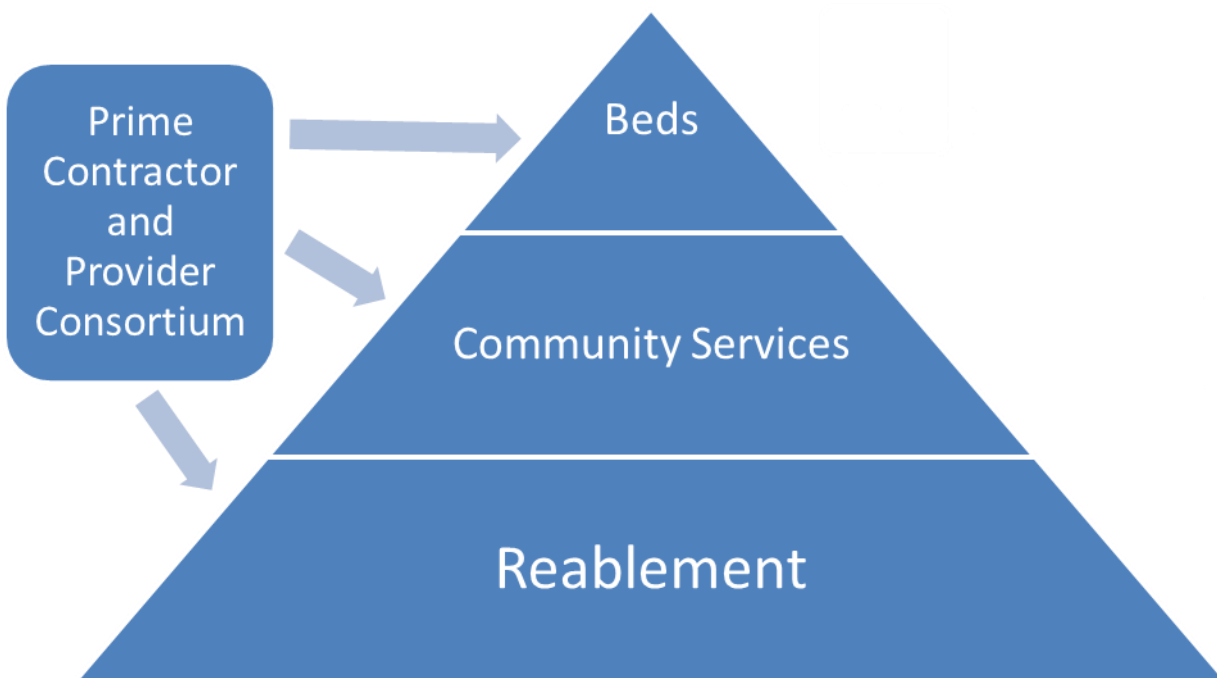
## Now



## Issues

- Not coordinated
- Perverse incentives for provision of beds
- Perverse incentives for provision of homecare
- No incentive for supporting people at home without care

**WE WANT TO GET TO**



We want to have a system that works together to support more people at home.



**MEDWAY COUNCIL**

Gun Wharf  
Dock Road  
Chatham ME4 4TR



**Health Overview and Scrutiny  
Supporting People at Home Medway Joint Intermediate  
Care and Reablement Strategy  
Assessment of whether or not a proposal for the  
development of the health service or a variation in the  
provision of the health service in Medway is substantial –  
updated 1 December 2015 in line with implementation**

**A brief outline of the proposal with reasons for the change**

**Commissioning Body and contact details:**

Medway Council and Medway Clinical Commissioning Group (MCCG)

**Current/prospective Provider(s):**

Medway NHS Foundation Trust (MFT)  
Medway Community Health Care (MCH)  
Akari Care Ltd Frindsbury Hall Nursing Home  
Strode Park Platters Farm Residential Care Home  
Family Mosaic  
KCC Community Equipment Service  
18 Home Care Providers on the Medway Home Care Providers Framework  
Medway Council Control Centre (Telecare services)

**Outline of proposal with reasons:**

The Intermediate Care and Reablement Strategy is a joint health and social care strategy which details the principles that will guide the development and implementation of the strategic direction for intermediate care. Commissioners from Health and Adult Social Care have worked with the key partners involved in the patient/user journey to analyse the current picture of service provision, review current and future needs, and learn from best practice elsewhere, in order to identify the changes necessary to improve the quality, effectiveness and efficiency of future service provision throughout Medway.

2.2 Our vision for the future of intermediate care in Medway is:

***We will develop a locality focused collaborative model, which maximises independence and quality of life for people of all ages, whilst ensuring cost effective use of resources. We will ensure the individual and their carers/family are at the heart of their care and***

***support, ensuring they have access to information, advice and support to promote real choice and control, increase self care and self management, that enables individuals and their carers to remain as independent as possible, for as long as possible.***

2.3 A set of high level aims have been developed that describe what the Intermediate Care Model will deliver for Medway. These aims align closely with the Department of Health guidance 'Intermediate Care - Half Way Home'.

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- Maximise independent living
- Promote faster recovery from illness
- Minimise admissions to Long Term Residential Care
- Facilitate a timely discharge from hospital
- Provide effective alternatives to hospital admissions
- Ensure a skilled intermediate care workforce

2.5 From our engagement with patients, carers and staff who provide services, we have developed a set of objectives and supporting activities, which we believe will help us to achieve the above aims for the people of Medway.

#### **Implementation work to date**

2.6 As part of the implementation of this strategy work has been taking place as part of the Better Care Fund. In summary, work is underway to:

- Make more use of reablement services and develop better reablement services – piloting a more responsive service to support the discharge home to assess scheme.
- Develop a responsive Integrated Community Equipment Service – officers are working to develop a specification for a joint service to be in place by March 2016
- Develop Telecare services –Telecare development is part of the work of the Partnership Commissioning Team and Better Care Fund proposals are being considered to make more use of Telecare services
- Work with the Voluntary Sector to maximise the contribution the Voluntary Sector can make to supporting more people at home and to self help and community resilience –this is one of our main work streams within the Better Care Fund
- Develop a Home to Assess scheme to keep people away from hospital and get them back home sooner –this scheme is currently being trialled and plans are being developed to implement it more widely
- Procure a range of new services by October 2016 including beds and community services using a competitive dialogue process
- Place the care around the individual in the setting they choose which will usually be their home – Adult Social Care continues to



- support people at home with care packages and the Frailty Pathway emphasis is on moving people back home
- Shift the balance of care away from institutional settings towards supporting more people at home.

2.7 The focus of much of this work has been through the Medway and Swale Frailty Pathway. This is whole systems partnership working led by the Partnership Commissioning Team and includes joint working between the Council, Medway CCG, Swale CCG, Medway Maritime NHS Acute Trust, Medway Community Health Care, Kent Community Health Trust, Medway and Swale GPs.

**Intended decision date and deadline for comments** (The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require the local authority to be notified of the date when it is intended to make a decision as to whether to proceed with any proposal for a substantial service development or variation and the deadline for Overview and Scrutiny comments to be submitted. These dates should be published.

It is not envisaged that the strategy itself constitutes a substantial variation. This is a procurement exercise for both intermediate care services in the community and intermediate care beds. As the Intermediate Care and Reablement Strategy is implemented further reference to Overview and Scrutiny will be made in respect of changes to services which may be regarded as substantial. A Home to Assess scheme trial has started in Medway with a few patients (up to 20) which has led to supporting more people at home, there are plans to extend this way of working to many more patients in Medway. We are discussing with the market possible new service models and finalising these models in order to go out to procurement by June 2016. Beds and services will be commissioned and will be Medway-based. As there will not be a reduction in the number of beds and any reduction will be over time as demand decreases there is not a substantial change. Officers will review this through the tender process.

**Alignment with the Medway Joint Health and Wellbeing Strategy (JHWBS).**

Please explain below how the proposal will contribute to delivery of the priority themes and actions set out in Medway's JHWBS and:

- how the proposed reconfiguration will reduce health inequalities and
- promote new or enhanced integrated working between health and social care and/or other health related services

The Intermediate Care and Reablement Strategy is a joint Health and Social Care Strategy and is a priority theme for partnership working within the Medway Better Care Fund. It promotes and furthers integrated working between health and Social Care. Proposals contained within the Intermediate Care Strategy will reduce health inequalities by providing patients and service users more opportunity to be supported and cared for at home.

**Please provide evidence that the proposal meets the Government's four tests for reconfigurations (introduced in the NHS Operating Framework 2010-2011):**

**Test 1 - Strong public and patient engagement**

- (i) Have patients and the public been involved in planning and developing the proposal?
- (ii) List the groups and stakeholders that have been consulted
- (iii) Has there been engagement with Medway Healthwatch?
- (iv) What has been the outcome of the consultation?
- (v) Weight given to patient, public and stakeholder views

(i) Patients and Public have been involved in planning and developing the proposal.

(ii) Consultation with Stakeholders included a simulation event in July 2014 at Priestfield Stadium and the following were invited:

For MFT

- ED consultants
- MFT Management
- Consultant Geriatrician / Care of elderly consultant
- Specialist for Cardiology and Diabetes
- AMU – ward staff – nursing input

Integrated Discharge Team reps, GPs, Medway Council's Intake Team – Social Work Team representatives, Quality and Safety Team representatives, Medway Council OTs – MCH – Community nurses, OTs, Physios, Single Point of Access – Kent and Medway Partnership Trust, Public Health – Dr Saloni Zaveri, Colin Thompson, Residential and Nursing Care Home representatives, Domiciliary Care Agency representatives – Age UK – Stroke Association, Alzheimers Society, Carers First, PALS, South East Coast Ambulance Trust, Visiting Medical Officers (VMOS), Health watch, Carer representatives, Patient / Service User representatives – Partnership Boards, CCG representatives, Partnership Commissioning and Adult Social Care representatives.

(iii) Healthwatch were involved in the consultation and attended the simulation event.

(iv) The event was well attended with some extensive feedback. A summary report is available. The feedback supports the general direction of the Intermediate Care Strategy with overall support for customer choice and an emphasis upon supporting people in their own homes where they can be.

The Intermediate Care Strategy has since been circulated to officers within Health and Social Care and been updated in line with the partnership work which has taken place as part of the Better Care

Fund.

The strategy includes information on Medway's demography and the national policy and good practice for these services. Good practice has been examined and evidence collected from other places. This supports the view that Medway has an over reliance upon institutional services including beds and there is capacity to support more people at home and in community settings. Providers and Commissioners attended 2 workshops in October and December 2014 to progress the strategy.

- (v) All new services need to be built around the patient and service user with a view to improving outcomes for them and their quality of life. All the work is being progressed within this context. The trial of the Discharge to Assess scheme in Medway will be centred around the individual in order to produce a person centred model of care. Patients involved in the trial will be consulted. Significant weight has been given to Stakeholder views with further consultation with the market planned.

### **Test 2 - Consistency with current and prospective need for patient choice**

The proposals contained within the Strategy will lead to more patients and service users having the opportunity and choice to be cared for in their own homes instead of being denied that choice by remaining in beds when their care needs could be met at home.

### **Test 3 - A clear clinical evidence base**

- i. Is there evidence to show the change will deliver the same or better clinical outcomes for patients?
- ii. Will any groups be less well off?
- iii. Will the proposal contribute to achievement of national and local priorities/targets?

(i) There is evidence that the proposals may deliver better outcomes for patients as more will be cared for at home. There is evidence to suggest frail people deteriorate more the longer they are in hospital. The sooner these people can obtain care and support at home the better.

(ii) No groups will be less well off at this stage, although providers may need to change their provision as there may be less demand for institutional services,

(iii) The Strategy is in line with National Policy and good practice.

### **Test 4 - Evidence of support for proposals from clinical commissioners – please include commentary specifically on patient safety**

- The Strategy has been agreed by the CCG Governing Body. Patients will continue to be cared for in safe environments.

**Effect on access to services**

- (a) The number of patients likely to be affected
- (b) Will a service be withdrawn from any patients?
- (c) Will new services be available to patients?
- (d) Will patients and carers experience a change in the way they access services (ie changes to travel or times of the day)?

A relatively small number of patients are likely to be affected positively and may receive new services within their own homes in the form of more care and support.

**Demographic assumptions**

- (a) What demographic projections have been taken into account in formulating the proposals?
- (b) What are the implications for future patient flows and catchment areas for the service?

Demographic assumptions from the Health and Wellbeing Strategy and Joint Strategic Needs Analysis as outlined in the strategy.

**Diversity Impact**

Please set out details of your diversity impact assessment for the proposal and any action proposed to mitigate negative impact on any specific groups of people in Medway?

There is a separate DIA available

**Financial Sustainability**

- (a) Will the change generate a significant increase or decrease in demand for a service?
- (b) To what extent is this proposal driven by financial implications? (For example the need to make efficiency savings)
- (c) What would be the impact of 'no change'?

The change may generate more demand for a range of community services to support people at home and less demand for some institutional services. There are significant financial pressures upon Health and Social Care Services and the health and social care system within Medway may not be sustainable without these changes.

**Wider Infrastructure**

- (a) What infrastructure will be available to support the redesigned or reconfigured service?
- (b) Please comment on transport implications in the context of sustainability and access

Only existing infrastructure realigned. Transport while an important factor is not an overriding consideration.

**Is there any other information you feel the Committee should consider?**

Not that is not contained within the Strategy

**Please state whether or not you consider this proposal to be substantial, thereby generating a statutory requirement to consult with Overview and Scrutiny**

The Strategy is not a substantial variation in itself. This is a tendering process for community based services and beds in Medway. If the procurement process and proposed new service models identifies substantial variations officers will report back to Health and Social Care Overview and Scrutiny Committee with the findings and another assessment of whether or not the change is a substantial variation in a Health Service.



# Diversity impact assessment

<b>TITLE</b> <i>Name/description of the issue being assessed</i>	Intermediate Care and Reablement Strategy
<b>DATE</b> <i>Date the DIA is completed</i>	July 2015
<b>LEAD OFFICER</b> <i>Name and title of person responsible for carrying out the DIA.</i>	Lance Douglas, Interim Transformation Lead Adults

**1 Summary description of the proposed change**

- *What is the change to policy/service/new project that is being proposed?*
- *How does it compare with the current situation?*

Broadly the Intermediate Care and Reablement Strategy proposes maintaining more people at home instead of within hospital or institutional settings when they do not need acute care. Currently there is an over reliance upon beds with more people being maintained in hospital and short term residential care and nursing care beds than is necessary. The Intermediate Care and Reablement Strategy proposes the following way forward:

Develop more community based services to support people at home including the following actions

- Make more use of and develop better reablement services
- Develop a responsive Integrated Community Equipment Service
- Develop Telecare services
- Work with the Voluntary Sector to maximise the contribution the Voluntary Sector can make to supporting more people at home and to self help and community resilience
- Develop a Home to Assess scheme to keep people away from hospital and get them back home sooner
- Place the care around the individual in the setting they choose which will usually be their home
- Shift the balance of care away from institutional settings towards supporting more people at home.

# Diversity impact assessment

## 2 Summary of evidence used to support this assessment

- *Eg: Feedback from consultation, performance information, service user records etc.*
- *Eg: Comparison of service user profile with Medway Community Profile*

Consultation with Stakeholders including a simulation event in July 2014 at Priestfield Stadium and the following were invited

For MFT

- ED consultants
- MFT Management
- Consultant Geriatrician / Care of elderly consultant
- Specialist for Cardiology and Diabetes
- AMU – ward staff – nursing input

Integrated Discharge Team reps, GPs, Medway Council's Intake Team – Social Work Team representatives and Quality and Safety Team representatives, Medway Council OTs – MCH – Community nurses OTs, Physios, Single Point of Access – Kent and Medway Partnership Trust, Public Health – Dr Saloni Zaveri, Colin Thompson, Residential and Nursing care home representatives, Domiciliary Care Agency representatives – Age UK – Stroke Association, Alzheimers Society, Carers First, PALS, South East Coast Ambulance Trust, Visiting Medical Officers (VMOS), Health watch, Carer representatives, Patient / Service User representatives – Partnership Boards CCG representatives, Partnership Commissioning and Adult Social Care representatives.

The event was well attended with some extensive feedback. A summary report is available. The feedback supports the general direction of the Intermediate Care Strategy with overall support for customer choice and an emphasis upon supporting people in their own homes where they can be.

The Intermediate Care Strategy has since been circulated to officers within Health and Social Care and been updated in line with the partnership work which has taken place as part of the Better Care Fund.

The strategy includes information on Medway's demography and the national policy and good practice for these services. Good practice has been examined and evidence collected from other places. This supports the view Medway has an over reliance upon institutional services including beds and there is capacity to support more people at home and in community settings.



# Diversity impact assessment

### 3 What is the likely impact of the proposed change?

Is it likely to :

- Adversely impact on one or more of the protected characteristic groups?
- Advance equality of opportunity for one or more of the protected characteristic groups?
- Foster good relations between people who share a protected characteristic and those who don't?

(insert ✓ in one or more boxes)

Protected characteristic groups	Adverse impact	Advance equality	Foster good relations
Age		X	
Disability		X	
Gender reassignment		X	
Marriage/civil partnership		X	
Pregnancy/maternity		X	
Race		X	
Religion/belief		X	
Sex		X	
Sexual orientation		X	
Other (eg low income groups)		X	

### 4 Summary of the likely impacts

- Who will be affected?
- How will they be affected?

Patients and service users who require care and support will be more likely to receive care and support at home.

# Diversity impact assessment

## 5 What actions can be taken to mitigate likely adverse impacts, improve equality of opportunity or foster good relations?

- Are there alternative providers?
- What alternative ways can the Council provide the service?
- Can demand for services be managed differently?

The new approach in the proposed Home to Assess scheme to support people at home who are being discharged from hospital will be trialled first with a small group of patients in order to minimise risks and learn from each patient what changes we need to make within the system to make this work. The alternative way of providing the service is to provide more beds. This will not support more people at home and is not the choice most patients/service users would make and will cost more. There is no more funding to support additional beds. In order to produce a sustainable health and Social care system more people need to be supported at home as this makes more efficient use of resources.

## 6 Action plan

- Actions to mitigate adverse impact, improve equality of opportunity or foster good relations and/or obtain new evidence

Action	Lead	Deadline or review date
Trial new arrangements to support more people at home through the Home to Assess scheme.	LD	Oct 2015
Put in place implementation and commissioning plan and work in partnership with health through the Better Care Fund	LD	Dec 2015

## 7 Recommendation

The recommendation by the lead officer should be stated below. This may be:

- to proceed with the change, implementing action plan if appropriate
- consider alternatives
- gather further evidence

If the recommendation is to proceed with the change and there are no actions that can be taken to mitigate likely adverse impact, it is important to state why.

To proceed with the change as outlined in the Intermediate Care and Reablement Strategy. A full DIA will be undertaken if there are any substantial variations to services.

# Diversity impact assessment

## 8 Authorisation

*The authorising officer is consenting that:*

- *the recommendation can be implemented*
- *sufficient evidence has been obtained and appropriate mitigation is planned*
- *the Action Plan will be incorporated into service plan and monitored*

**Assistant Director**

**Helen Jones**

**Date**

**22<sup>nd</sup> July 2015**

Contact your Performance and Intelligence hub for advice on completing this assessment

RCC: phone 2443 email: [annamarie.lawrence@medway.gov.uk](mailto:annamarie.lawrence@medway.gov.uk)

C&A: (Children's Social Care) contact your normal P&I contact

C&A (all other areas): phone 1481 email: [paddy.cahill@medway.gov.uk](mailto:paddy.cahill@medway.gov.uk)

BSD: phone 2472/1490 email: [corppi@medway.gov.uk](mailto:corppi@medway.gov.uk)

PH: phone 2636 email: [david.whiting@medway.gov.uk](mailto:david.whiting@medway.gov.uk)

Send completed assessment to the Corporate Performance & Intelligence Hub (CPI) for web publication  
([corppi@medway.gov.uk](mailto:corppi@medway.gov.uk))