
RESPONSIVE INTEGRATED ASSESSMENT CARE TEAM (RIACT) REVIEW

Purpose of the report

1. To provide an update of the progress in respect of the RIACT review, work completed to date, plans for the forthcoming winter period and key actions that will need to be undertaken in the future.

Summary

2. The CCG and Local Authority have committed to undertaking an in-depth review of the joint RIACT service and Intermediate Care provision in Darlington, funded through the Better Care Fund. This will help to ensure its operation meets future needs in a changing health and social care landscape.

Recommendation

3. It is recommended that:-
 - (a) Scrutiny Committee note the plan to undertake a review of RIACT and Intermediate Care provision in Darlington and request the findings to be brought to a future meeting of this committee.
 - (b) Scrutiny Committee note the steps being undertaken to alleviate winter pressures
 - (c) Members ask any questions and request further information.

**Suzanne Joyner
Director of Children and Adults**

Background Papers

No background papers were used in the preparation of this report

Pat Simpson
Ext 6082

S17 Crime and Disorder	n/a
Health and Well Being	The Better Care Fund is owned by the HWBB
Carbon Impact	None
Diversity	If significant changes are proposed an EIA will be undertaken
Wards Affected	All
Groups Affected	Frail Elderly at risk of admission/re-admission to hospital
Budget and Policy Framework	Budgets pooled through a s75 agreement between DBC and Darlington CCG
Key Decision	No
Urgent Decision	No
One Darlington: Perfectly Placed	Aligned
Efficiency	New ways of delivering care have the capacity to generate efficiency

MAIN REPORT

RIACT Review

4. Both the CCG and Local Authority have committed to undertaking a joint review of the RIACT service under Better Care Fund, with a view to ensuring the service can help people regain optimum independence in a cost effective way and reduce demand for other services. RIACT is central to helping people stay out of hospital and residential care, and as the wider health and social care landscape changes in Darlington in the coming years the service needs to retain its ability to keep people independent. External Consultancy and support has been sourced to undertake this review and the scope is being finalised with the preferred provider.
5. The review will consider all elements of the RIACT service and associated provision including the reablement provider service, intermediate care beds, reablement beds and community beds, therapy and sensory impairment reablement. We are keen to ensure that the service going forward will meet future demands; it will help delay and prevent growth in support needs for individuals, while maximising their skills wherever possible. The review will look at what we need to do to ensure we have maximum capacity with the provider element of the service, that the service is outcome-focused, and that performance metrics within the service are being achieved as expected.
6. The review will have five stages, which we plan to have under way by the end of October, recognising that we must be sure we are able to provide the extensive range of information required by the consultant to make the analysis meaningful and useful to us. In summary, the five stages are:
 - **Pre-visit preparation:** gathering all the required documents, data, information and material to allow a full understanding of all parts of RIACT and intermediate care
 - **Visit from the consultant over two days:** Building on the pre-visit work, meetings would be held over the course of two consecutive days with relevant people to inform on the current services and any proposed changes. These meetings would also be used to explore issues that have arisen from the pre-visit preparation.
 - **Post-visit follow-up:** to clarify anything from the visit
 - **Report:**
 - **Follow-up:** The final report would then be followed by a meeting to explore the content of the report and recommendations made, along with future actions.
7. The Review will take around 20 days in total, spread over around two months from pre-visit to follow-up, so we would expect recommendations for the future by the end of the calendar year. A first iteration of the proposal is currently (October 2016) being finalised in discussion between the Consultant, our Social Care, and the CCG.

RIACT review in context

8. The review of RIACT and intermediate care service is a key deliverable within the Better Care Fund 2016/17, and is part of the “Hospital to Home” workstream.

Intermediate care contributes to keeping people out of hospital, returning to hospital and to their transfer of care from hospital, providing therapy, nursing care, or domiciliary support in the community to help a person regain optimum independence. As more and more multi-disciplinary teams come together at different stages in the patient pathway, driven by different partner priorities, we need to have a service that delivers and can evidence effective support, has clear connections with referrers and discharge destinations, and that can flex and accommodate a perpetually shifting landscape.

9. The BCF programme this year is focused on integration with transformational change work being designed and delivered under the New Models of Care workstream of the Better Health Programme being implemented across the County Durham and Darlington Foundation Trust footprint. A key programme currently in development will build on the multi-disciplinary discharge management team approach, to introduce a Discharge to Assess model in Q3. This has the capacity to impact on RIACT and intermediate care.
10. A key new BCF initiative this year is a model for social prescribing in Darlington. This project is concerned with providing a sufficient range of social engagement opportunities, informal physical activities, and LTC support groups in Darlington to constitute universally available service for people wanting to improve their own health and wellbeing, and to ensure those opportunities are clearly and consistently signposted.
11. In addition, it will identify and implement non-clinical options for individuals to support their health and wellbeing; these options to be structured, time limited, and their impact measurable and measured.

Managing Winter Pressures

12. The last progress report in respect of RIACT noted a series of actions in respect of managing winter pressures; this included the development of a rapid response domiciliary service, the provision of a community ward/facilities within Darlington and management of the current intermediate care/reablement provision.
13. The evaluation of the winter pressures monies from the CCG to Social Care noted that the rapid response service did provide some support to individuals during the winter period although it was limited due to a number of factors. This included the ability to the provider to mobilise a service of this nature within a short timescale. Confirmation of funding was later in the year which meant it was difficult in terms of ensuring the lead in time to the start of the service was sufficient. Availability of carers and the need to guarantee hours to the provider was evident in terms of any future service development.
14. There have been a series of multi-agency meetings as part of the Not in Hospital Work which have been looking at ways of supporting safe and timely discharges from hospital, preventing and delaying needs for individuals and ensuring we maximise independence wherever possible. This group is looking at the feasibility of implementing the model of Discharge to Assess. This would see an individual returning to their home environment and assessments being completed there. No

decisions about permanent care would be made within the acute setting and assessments of need should be more informative and accurate as the person is within their own surroundings.

15. Whilst the model in principle has significant benefits, it has to be noted that there are some potential risks in terms of systems pressures being shifted across from one organisation to another. Therefore the group has been working with the local A&E Local Delivery Board (formerly the Systems Resilience Group) to look at identifying what gaps there are currently in resources and ensuring they are within the right place. A significant gap is the availability of a permanent rapid response domiciliary service. A bid has been submitted to what is now the Accident and Emergency Improvement boards requesting funding to develop this service within the Darlington.