



City of Westminster

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All

Community Independence Service (CIS)

November 2017



Foreword

Care which enables people to regain and maintain their independence in their own homes and to avoid preventable hospital admission is important for Westminster's residents. Ideally, integrating health and social care should also be seamless.

The Community Independence Service (CIS) was originally designed to provide such integrated community and social care through one multidisciplinary team in the boroughs of Westminster, Kensington & Chelsea and Hammersmith & Fulham. The service operates seven days a week, enabling people to receive care, regain their independence and remain in their own homes following illness and/or injury. The service also provides a patient-centric experience.

The service aims to avoid hospital admissions where clinically appropriate care can be provided in the community by:

- Facilitating early supported discharge from hospital;
- Maximising independence; and
- Reducing dependency on longer term services.

Services are delivered by a multidisciplinary team of community nurses, social workers, occupational therapists, GPs, geriatricians, mental health workers, reablement officers and others providing a range of functions.

The CIS team, as currently provided by the Central and North West London NHS Foundation Trust (CNWL), similarly includes nurses, physiotherapists, occupational therapists, social workers, mental health workers, rehabilitation assistants, assessors, healthcare assistants, carers, doctors, pharmacists and an administrative team.

The model reflects what one would expect as best practice. The following report documents a series of meetings I have had with the Provider and the Commissioners, and hopefully reflects a balanced view of what the current service provides.

Cllr Patricia McAllister
Member of the Adults, Health and Public Protection Committee

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Introduction

According to The King's Fund, the greatest opportunity to reduce hospital admissions lies in the proactive management of people with long-term conditions, especially those with multiple, chronic conditions. Integrated working between health and social care can result in lower than expected emergency admissions and reduced use of beds.¹

It is argued that care-at-home programmes tend to lead to greater patient satisfaction and reduced hospital visits in the short-term. However, it is unclear whether patient outcomes are improved in the longer-term. The benefits of avoiding hospital admissions still have to be fully evaluated. It is difficult to measure success and patients will need to be monitored periodically over a number of months or years to check clinical progress and any hospital admissions.

Context

Across the three Boroughs which provide the Adult Social Care (ASC) service, a case for change was put forward and agreed in 2014. Plans were developed using a phased approach to integrate health and social care. The first stage was to develop lead health and social care providers to shape the service during a transition year whilst a fully integrated model was designed and procured.

Following a restricted tender process, Imperial College Healthcare Trust was appointed as Lead Health Provider (LHP) from April 2015 to October 2016 and worked with ASC (led by Hammersmith & Fulham) to deliver the service. In February 2016, the CCG Governing Bodies approved the joint re-procurement of the CIS with Adult Social Care and the CNWL was successful in the procurement process. The CNWL service was launched in November 2016.

Continuity of the Better Care Fund (BCF) Programme into 2017/18 was confirmed earlier this year and the BCF will need to align with the Westminster Health and Wellbeing Strategy in addition to the wider Sustainability and Transformation Plan (STP) and to continue with the drive to reduce hospital admissions.

The focus of the CIS is to deliver care to patients via two pathways:

- **Rapid response:** for urgent help to support acute illness in the community when it is safe and appropriate to do so (response within two hours with input for up to five days).
- **Rehabilitation and reablement (offered for up to six weeks):** Rehabilitation provides physical and occupational therapies for housebound individuals to enable them to achieve functional goals and improve their independence. Reablement services are provided in the home to help a person gain confidence and re-learn the skills necessary for daily activities and practical tasks. The service may be extended beyond the initial six weeks if necessary.

The CIS also provides liaison with specific teams working within A&E departments, hospital wards and pre-admission units to determine if people can be better supported at home or by other non-emergency services, rather than through hospital admission.

1. The King's Fund (2010), [Avoiding Hospital Admissions](#), p.3.

Analysis and Evaluation of the Community Independence Service (CIS)

The analysis and evaluation here is based on quality and performance reports² on the Tri-borough CIS service and attendance of the following meetings:

- Meeting with the Provider, CNWL (12 June 2017);
- Meeting with the Commissioner, NHS Central London CCG (25 July 2017); and
- Visit to the Virtual Ward in Hammersmith & Fulham (14 September 2017).

Focus

The CIS in Westminster and in Kensington & Chelsea is centred on rapid response teams which mainly consist of nurses, but also include other healthcare staff as required.³ The aims of the CIS in the three boroughs are similar but they vary in approach. In Hammersmith & Fulham, the virtual ward setting is more medical and a geriatrician consultant is involved. Kensington & Chelsea works more with GP practices and hubs while the CIS in Westminster is more diffused in the community. The CIS teams in the three boroughs meet daily for handover/multi-disciplinary team meetings.

The key aims are to:

- Prevent avoidable hospital admissions.
- Assist patients during the period after hospital discharge.
- Enable people to live at home with the highest level of independence possible.

The main cohort of patients is older people. The Rapid Response Team is involved initially dealing with treatment, medication and hydration etc. for up to five days. The occupational therapist/physiotherapist and other relevant services then assist patients who have issues with mobility and self-care for the 6 week period. Aids and adaptations support is provided as part of the aim to get patients back to the best level of strength, balance and mobility so that they can be independent.

Senel Arkut, Strategic Lead for the Tri-borough CIS, emphasises the focus on patients: "Our service is about enabling patients/users to become as independent as possible. Their involvement and cooperation with the planned clinical intervention is essential, therefore at each stage of our intervention, from referral to discharging from the service, users' views, wishes and aspirations are taken into account".

The CIS was described by the CCG as a good flexible service which is needed in the community.⁴

Referrals

Most referrals to the CIS are from GPs, Care Navigators, Care Manager (CLCH) and hospitals. There is a Single Point of Referral (SPOR) via telephone and email for the Triborough CIS.

There is an engagement programme with GPs. There are also CIS liaison staff based in A&E departments and hospital wards.

However it has been mentioned that referrals have not been as high as expected. Stakeholders are sent a newsletter which includes information on performance, pathways, feedback from new surveys and developments in the service.

On the benefits of CIS in Hammersmith & Fulham, Lucy Allen, Integrated Borough Lead in the Hammersmith & Fulham CIS advises:

"Staff enjoy the model of working and see a great benefit of six week close involvement with patients to support their needs in a more holistic approach".

2. CNWL Performance Management Reports from November 2016-July 2017 and CCG Quality Reports 2016-17

3. CNWL <http://www.cnwl.nhs.uk/service/cis-community-independence-service/>

4. Meeting with the CCG on 25 July 2017

Communication

There is a three-way relationship between the CIS, hospital and ASC in the respective Local Authority. The Provider, CNWL, has regular meetings with the Commissioner. These include contracts meetings and review meetings. The CNWL also has a monthly Partnership Steering Group meeting with all partners.

Feedback on the service is recorded in the Datex system and via the Friends and Family Test (FFT). There is also a quarterly survey among GPs and acute services. The Provider takes comments on board and then advises GPs what they have done based on the feedback.

Home Environment

Housing issues were mentioned by the Provider, particularly in relation to mobility issues including stairs/toilets/bathing. The home environment needs to be assessed quickly and effectively. The Provider also mentioned that, although the initial assessment is quick, adaptations take time. Small adjustments can mean people can move back into their homes rather than staying in hospital or alternative accommodation. Any adaptation is a vital component in supporting older people and their independence, health and wellbeing and must be at the heart of integrated health and care strategies.

There are budgetary implications and a shortage of suitable properties. People are in residential and nursing homes for extended periods often waiting for suitable properties to become available.

GPs

The CNWL advised that GP engagement is more successful with NHS West London (Queen's Park and Paddington) where rapid response referrals from GPs are on target. In Central London (Westminster), more work is needed to encourage GPs to refer. The CCG has advised that the work convincing GPs to refer to the CIS continues with increased engagement with GPs and their staff.

Staff

Rapid Response nurses based in Lisson Grove are dedicated to the Westminster CIS. The Provider advised that there is a high staff turnover. There are still vacancies in occupational therapy due to the low pay scales and also general difficulties in attracting occupational therapists, particularly from abroad. The Occupational Therapist profession is not

included in the Home Office Shortage Occupation List. As previously stated housing and adaptations are vital for the frail and elderly to remain independent - pressure should be put on the Home Office to include Occupational Therapists on the Shortage Occupation List.

IT

Apart from telephone delays, there have also been IT issues with systems not talking to each other. Hammersmith & Fulham are piloting a more integrated patient record. At the time of meeting with the Provider, systems were being upgraded; but funding is an issue in terms of providing an overall new system.

Future and Contracts/Funding

The CIS is funded through the BCF and ASC. The Provider advised that the CCG will decide how to model and improve the service going forward - the vision is likely to be an Accountable Care Partnership (ACP) organisation. They also advised that the CCG is considering extending the current contract, as a move to an ACP might take longer.

It was mentioned in the meeting with the CNWL that, in terms of funding, due to austerity measures, ASC has lost 26% of its budget. This has meant that £1.6m cuts were needed across the CIS project on a Tri-borough level.

The current contract is from November 2016 to July 2018 for the Tri-borough. There is no information yet on consequences in relation to the transition from a tri-borough to a bi-borough model.

The CIS is taking part in the National Intermediate Care Audit and there will be information on this in mid-autumn 2017.

Performance Monitoring

The key aims of the CIS are measured through Key Performance Indicators (KPIs). There was an indication in the meeting with the Provider that there are too many KPIs which were not clear enough or not fully appropriate to their targets.

According to Dr Aneesh Desai, Contracts Manager, Central London CCG, there are 26 KPIs which are monitored at various stages. The KPIs have been amended as the programme has progressed and as data quality issues have been identified.

The performance reports have evolved over the programme and provide useful statistics. When this CIS programme started in November 2016 across the three boroughs, statistics show that:

- There were 139 avoided hospital admissions in November 2016.
- 83% of rapid response patients and 72% of rehabilitation patients discharged had achieved the goals that were set for them at assessment stage.

Overall performance against KPIs was strong but performance against waiting time targets was lower than expected.

By July 2017, performance had improved with regards to the rehabilitation response times which increased to 66.4% overall for the 2-48 hour Rapid Response. Admission avoidance had increased slightly overall. Kensington & Chelsea and Hammersmith & Fulham are meeting their rapid response referral targets but Westminster is still below target. Approximately 80% of rapid response referrals resulted in avoided admission across the three boroughs.

However, admission avoidance had been low in the Rehabilitation service. The reasons given for this are caseload and it is often more about rehabilitation goals rather than pure admission avoidance. Across the Tri-borough, 84% of rehabilitation patients achieved their goals. In Westminster, this figure was higher at 94%. The amount of patients discharged to their usual place of residence remained high in Westminster at 76.8% for Rapid Response and 89% for Rehabilitation and response times are improving.

The quality reports provided indicate that Incident Reporting appears to be diligent and comprehensive. Common issues include referral delays, inadequate paperwork on discharge and discharge delays/failures, communication failures, and IT issues. There was one unexpected death in April 2017.

The CCG advised that they are working to improve reporting. Both the Provider and the Commissioner acknowledge that IT systems can cause problems to the delivery of the CIS. There was a discussion about measuring success and the possibility of data checks on those that avoided hospital admission. During this discussion, comparison with a control group was also raised but there is no national gold standard.

Conclusion

The principal benefits appear to be:

- A high number of patients achieving targets set at assessment stage.
- A high number of patients discharged to their usual place of residence.
- A reduction in permanent admissions to residential and nursing homes.
- Hospital admission avoidance.
- Patient satisfaction.

The CIS service enables patients to receive care at home and avoid hospital admission.

The principal challenges relate to the below issues:

- Target setting and identification of outcomes.
- Communication.
- Referrals.
- Staffing and
- IT.

There was a perception on the Provider's part of a lack of clarity around the targets of the CIS which needs to be examined. Communication issues appear to be initial interface and teething issues between staff and GPs. It appears that there have been IT issues but they were partly addressed with upgrades.

Any new system and process is difficult and there has been a high staff turnover. Nevertheless in November 2016, the CNWL inherited a 75% vacancy rate in the service and this is now down to 38%.

There was a perception that boundary issues also have an impact on the service. This seems to relate to the Queen's Park and Paddington areas within the Westminster City Council boundary not being within the boundaries of the Central London CCG. This issue needs to be fully understood to try to mitigate any challenges this may present.

Overall, the CIS system of care provides a good service to residents. The service achieves results in terms of avoiding hospital admissions in the short term. Importantly, the service also seems to be popular with patients. However, in view of the importance of this service, further monitoring of the CIS is required and a further review should be undertaken in 12-18 months. The next section provides some recommendations based on performance and quality reports and also meetings with the Provider and the CCG.

Recommendations

This report recommends that the below suggestions should be considered:

GPs and Referrals

More engagement needs to be carried out to increase GPs' knowledge, cooperation and referral rates. Referral rates need to improve overall but particularly in Westminster. It will be useful to continue to engage with GPs and consider how to modify the procedures so that more GPs are encouraged to refer patients.

Of the 35 GP Practices in Central London CCG there are currently 28 GPs who refer to the CIS. Referrals from GPs do seem low when examined on the basis of per 1000 registered patients at a GP practice basis. For example, in June 2017, the best GP surgery figure for Westminster was approximately 4 per 1,000 patients. It is crucial to have agreement on targets before the CIS is rolled out for another contract.

Focus and Monitoring

The overall aims of the service are clear but targets/KPIs have caused problems and need to be re-examined.

It is recommended that, prior to future contracts, the Commissioner and Provider come together to discuss and agree the KPIs and the outcomes.

It is also recommended that the methods for setting targets for patients should be agreed between the Commissioner and the Provider as the percentage of patients who met their targets is a key indicator of success for the CIS.

The Provider and Commissioner should discuss the challenges experienced during this programme and agree on ways to address them particularly if the current Provider takes the CIS forward beyond July 2018. It would be helpful to compile a "Lessons Learned" document to inform future CIS programmes in London and beyond. This could be invaluable for new CIS-like programmes to forecast issues.

The CIS programme results in a large majority of patients avoiding hospital admission. It would be beneficial to understand whether this is a success in the short or longer-term.

Does the CIS prevent or merely delay hospital admission? There needs to be monitoring to establish if and when patients are admitted to hospital after their care/treatment within the CIS programme has ended.

It may also be helpful to carry out an extensive staff survey to identify issues for staff and try to avoid a high turnover in the future.

There is a problem with loneliness and isolation with the frail and elderly population. The Befriending scheme should be revisited in collaboration with the CIS Team.

The Scrutiny Committee needs to continue to monitor the CIS, perhaps in a further review after 12-18 months.

IT issues

The IT systems need to work together. Although new systems are expensive, it is possible that investment in this regard would offset lost time and staff frustration (which could influence high staff turnover). It is recommended that the IT situation is reviewed to check needs prior to a future contract.

Virtual Ward and Model Variations

This report recommends that the benefits and challenges of the three different models in Westminster, Kensington & Chelsea and Hammersmith & Fulham are analysed with a view to understanding what would work best for each borough going forward.

It would also be beneficial to understand what has and has not worked well, and what the CIS teams in each borough could learn from each other. For example, the boroughs with greater GP referrals and engagement could provide lessons. Would the virtual ward system (or a variation) work well in Westminster and/or Kensington & Chelsea?

Governance

It is recommended that the CCG should have detailed discussions with the Provider prior to the next CIS contract to ensure that there is clarity and agreement on the aims and targets of the Community Independence Service. More regular meetings to review the targets if necessary would facilitate this. Measuring the service against a set of outcomes rather than focusing on individual targets and KPIs could be considered.

It is also recommended that the financial data is examined to understand how much the CIS is costing per patient and how the costs compare to regular non-CIS treatment/care. The CIS costs £14.70 per Central London CCG GP registered patient in respect of healthcare funding only.

Future

The CCG needs to understand what the consequences of a transition from a tri-borough to a bi-borough model will be for the CIS. It also needs to understand what impact the Government's possible national requirement for assessment of care needs on hospital discharge may have on the CIS.



Appendix I

Acronyms

ASC: Adult Social Care

ACP: Accountable Care Partnership

BCF: Better Care Fund

CCG: Clinical Commissioning Group

CIS: Community Independence Service

CLCH: Central London Community Healthcare NHS Trust

CNWL: Central and North West London NHS Foundation Trust

FFT: Friends and Family Test

KPI: Key Performance Indicator

LHP: Lead Health Provider

QPP: Queen's Park and Paddington

SPOR: Single Point of Referral

