Integrated Intermediate Care and Reablement Strategy Group

DRAFT Terms of Reference (for discussion and agreement at the first meeting. Seen by Executive Teams)

GP Chair
Lead Adult Social Care
LLR Programme Director (health commissioning)
Leicester City Community Health Services
Adult Social Care (provider)
UHL
LPT
Public Health/Analytics
UHL Clinical Lead
Capacity Planning
Patient/Public representative
Therapies and Discharge
Care homes lead
Quality lead
Finance lead
Engagement lead

Objectives

- Develop an integrated health and social care strategy for intermediate care and reablement, building on existing work and modelling undertaken e.g. KPMG, and as part of the wider work on social care improvements
- Oversee the commissioning of the strategy, holding to account those responsible for delivery
- Develop an appropriate performance management framework – during and post-implementation
- Develop and agree the financial model, including allocation of funds from additional resources identified within the operational framework, new monies and existing budgets across health and social care; also ensure that funds are not used simply to 'plug' existing financial gaps within the health and social care system
- Support UHL, LPT and commissioners in developing plans for assuming the responsibility of the 30-day reablement period post-acute discharge
- Ensure the appropriate engagement and consultation with key stakeholders, in particular GPs and other clinicians, patients and members of the public
- Ensure links with other sister programmes including (but not limited to) the Dementia and Frail Older People's Pathway, QIPP and Adult Social Care Transformation

- Ensure appropriate actions to respond to potential risks and issues, including the management of a risk register

Success Criteria

- Improve the overall quality of care and clinical outcomes for patients/service users
- Improvements to the quality of hospital discharge
- Reduce the number of admissions by at least 10% (in number) in 2011/12, by focusing on those categories of patients that represent the greatest number and/or the costliest readmission type
- Reduce the cost of readmissions in 2011/12 with benefits outweighing costs by up to 50%
- Contribute towards the reduction in bed capacity and infrastructure cost in LLR in line with reductions in admissions and readmissions, by the provision of enhanced and integrated community services, spanning health and social care as part of a wider programme of work to support frail older people.

Key milestones and timescales (indicative)

Development of Strategy for integrated intermediate care and reablement services, which has universal support from all stakeholders. This is dependent on completion of process mapping as part of the Frail Older Person's Pathway Programme which is to be completed by 31st March 2011	30th April 2011
Agreement by stakeholders on allocation of DH reablement monies for 2010/11	31st March 2011
Delivery of early wins	Est. June to September 2011
Full implementation of plans completed	Est. January 2012

Resources

- Full-time project manager (implementation) to operate across health and social care

- Consultancy support to co-ordinate with partners and to draft the strategy (12 days over 6 weeks) – REIP (Angela Saganowska)
- Administrative support – to be sourced from existing arrangements

Key Relationships

- Boards/cabinets of each health and local authority partner
- GP Consortia
- LINks/Healthwatch

Supporting Officers/Other Support

Project Manager, PCTs

Head of Prevention and Early Intervention Commissioning

Public Health Analyst

PCT Informatics

Care Services Efficiency Department (CSED): Tom McDonald and David McKnee

Regional Improvement Efficiency Programme (RIEP): Margaret McGlade

Governance

- The Strategy group will report into both the Senior Operational Group (part of the Emergency Care Network) and the Transitional Health & Well-Being Board
- Regular reporting as appropriate to respective organisation's Executive Teams/Boards/cabinets and the Joint SMT as well as GP Consortia/existing Commissioning Executive