AN EVALUATIVE REVIEW OF THE COMMUNITY RECOVERY SERVICE

AND

INTEGRATED COMMUNITY RESPONSE SERVICE IN HOUNSLOW

By

Healthwatch Hounslow, 2016

CONTENTS

EXECUTIVE SUMMARY

Healthwatch Hounslow (HWH) has presented an evaluative review of both the Community Recovery Service (CRS) and the Integrated Community Response Service (ICRS), in Hounslow so as to review current services in line with the King's Fund recommendations and to examine service provision available and accessed by the community in Hounslow. The review will look at service uptake by people from both disadvantaged ethnic minorities and emerging communities in order to help to reduce health inequalities, remove barriers to health, cater for diversity and to help prevent the condition of people from deteriorating further due to isolation and neglect.

The King's Fund identified the following key aims to achieve meaningful changes to provision:

- To reduce complexity of services;
- To integrate services around primary care;
- To build multidisciplinary teams (MDTs) for people with complex needs, including social care, mental health and other services;
- To support these teams with specialist medical input and redesigned approaches to consultant services – particularly for older people and those with chronic conditions;
- To create services that offer an alternative to hospital stay;
- To build an infrastructure to support the model based on these components, including better ways to measure and pay for services; and
- To develop the capability to harness the power of the wider community.

Throughout this review Healthwatch have obtained feedback from both staff and users of the services so as to ascertain any gaps in service delivery; accessibility and awareness; the extent that the service supports the transition from secondary care, what the issues with this are and what staff and patients feel could be done to improve this; and identified rates of preventable admission and planned discharge.

The Community Recovery Service:

The CRS is an integrated health and social care service specifically for adults who are identified to require uni-disciplinary and multi-disciplinary recovery needs. Staff members were asked what they liked about CRS. The majority of respondents revealed their awareness of, and pride in, various positive aspects of CRS' service provision. The majority of CRS staff respondents were of the view that they were fulfilling either all, or almost all, of the aims for out of hospital community services, as

set by the King's Fund. Suggestions for changes were listed so as to help to improve the services. These ranged from more specific and detailed referral pathways, better communication, the merging of CRS and ICRS into one service and the review of single point access services. When asked whether they were satisfied with referral pathways, the majority held that they were satisfied and felt that the services are catering for ethnic and linguistic groups. There is, however, a need to target language barriers. Staff also went on to say that they would recommend the services to their family and friends.

Integrated Community Response Service:

ICRS is part of Acute Services in Hounslow. It aims to carry out the King's Fund recommendations regarding care of patients in the community by preventing patients from being admitted to hospital unnecessarily. It also tries to ensure that if patients do need to have a stay in hospital, they are discharged as soon as possible to continue their care at home. It is for adults who are registered with a Hounslow GP and work 7 days a week throughout the year.

When the staff, users and GPs were asked for their opinions on services the feedback was similar to that received by CRS staff: adherence to the aims of the King's Fund; satisfaction towards the referral pathway; diversity is being catered for; and it is providing a prompt service.

Recommendations

There were a number of suggested recommendations throughout the research above. For example, services need to be tailored further so that they are more in line with the King's Fund's recommendations, as well as the need for increased information about the relevant services available. Also, leaflets currently circulated about the availability of services are only available in the English language.

CRS and ICRS have succeeded in incorporating the main steps advocated by the King's Fund to construct their model of Out of Hospital Community Care in Hounslow. By striving to move further towards embracing these steps, CRS and ICRS will be able to build further on their inherent strengths and to produce even better financial and health outcomes than they are presently achieving.

A foreword by our Chief Executive Officer

Healthwatch Hounslow (HWH) is pleased to present an evaluative review of both the community recovery service and the integrated community response service, in Hounslow.

It remains a standing ambition to move acute services into the community in order to shift more healthcare away from hospitals and to settings closer to people's homes; from reactive care to preventive and proactive models based on early intervention. Generally, there has been some progress, with significant reductions in lengths of hospital stay, although these have begun to plateau whilst emergency admission rates have continued to rise. A report by the King's Fund found that significant numbers of patients occupying hospital beds could be cared for in alternative settings but only if suitable services are available and these services can be accessed easily. The Fund identified the following key aims to achieve meaningful changes to provisions:

- To reduce complexity of services;
- To wrap services around primary care;
- To build multidisciplinary teams for people with complex needs, including social care, mental health and other services;
- To support these teams with specialist medical input and redesigned approaches to consultant services – particularly for older people and those with chronic conditions;
- To create services that offer an alternative to hospital stay;
- To build an infrastructure to support the model based on these components, including better ways to measure and pay for services; and
- To develop the capability to harness the power of the wider community.

Two particular examples of such services within Hounslow are the Community Recovery Service and the Integrated Community Response Service. The aim of these services is to limit the number of patients admitted to hospital, and to ensure that if patients do need to have a stay in hospital, that they are discharged as soon as possible to continue their care at home.

The purpose of this evaluation is to review current services in line with the King's Fund's recommendations, and to examine service provision available and accessed by the community in Hounslow. The review will look at service uptake by people from both disadvantaged ethnic minorities and emerging communities in order to help to reduce health inequalities, remove barriers to health, and cater for diversity and to

help prevent the condition of people from deteriorating further due to isolation and neglect.

Throughout this review Healthwatch have:

- Obtained from staff their feedback on service provisions, encompassing what is working well and what could be improved upon;
- Identified gaps in service delivery, and in doing so have determined what could be done more effectively to improve community care;
- Sought feedback from 500 people in the community on issues such as access, awareness, understanding and delivery;
- Identified to what extent the service supports the transition from secondary care, what the issues with this are and what staff and patients feel could be done to improve this; and
- Identified rates of preventable admission and planned discharge.

Healthwatch are the consumer champions for health and social care. Undertaking this review enables the organisation to better understand access issues, by representing a particularly diverse community, to both enable and support better access provisions and to reduce inequalities in health and social care.

Tim Spilsbury

Tim Spilsbury

Chief Executive Officer

Healthwatch Hounslow

ACKNOWLEDGEMENTS

On behalf of Healthwatch Hounslow (HWH) I would like to thank staff members of CRS and ICRS in Hounslow. We owe special thanks to Clinical Services Manager, Jacki Hunt; Remi Aderibigbe from CRS and Indpal Nawaz from ICRS, for enabling HWH to obtain feedback from members of their teams on the services they provide to patients, as well as constructive critiques of service provision. They also helped us to access service users. For example, Remi allowed us to attend one of the CRS' group sessions for their users in the Heart of Hounslow and Jacki Hunt further assisted by providing us with a list of users, carers/family members of users for us to contact and obtain feedback on services. Jacki and Remi also answered all of our questions and gave us various reports so as to provide details of the way they have been functioning and how their reports are planned.

In the ICRS team, I would like to seize this opportunity to convey my sincere thanks to Dr Farah Noorani. Dr Noorani not only completed our staff questionnaire in record time, but also showed her pride and faith in the ICRS by explaining, at length, about how the service functions. She was also kind enough to offer to help if we had any future queries.

Within the HWH team, I would like to thank my colleagues Mystica Burridge, Volunteer Coordinator and Stefan Vlajkovic, Support Officer. Despite their busy schedule, they both helped by persisting in their efforts to contact ICRS users or their carers/family members to get their views about their experience of ICRS services.

Finally, I am most grateful to HWH's Chief Officer, Tim Spilsbury. He not only wrote the foreword and edited the report, but also provided me with constant guidance and support. By stepping in at crucial times, he helped me to obtain vital data from service providers, without which it would have been very difficult to complete this report.

Kusum Pant Joshi

Information & Policy Officer
Healthwatch Hounslow

PROJECT BACKGROUND

In the present climate of austerity and financial cuts, health service providers have been attempting to make savings by moving away from reactive to preventative care, together with proactive early interventions. They have also been aiming to shift service provision, including some acute services, away from hospitals and into the community.

In this report we will examine two Out of Hospital Services introduced in Hounslow and based in the Heart of Hounslow (HoH). These are the Community Recovery Service

Heart of Hounslow where CRS and ICRS are located

(CRS) that started in April 2015 and the Integrated Community Response Service (ICRS) formed in 2012.

PROJECT OBJECTIVES

The objectives behind the project are to review these services in light of the King's Fund's recommendations[1], focused on reducing complexity and on multi-disciplinary intervention, prevention and engagement within the community.

The main outcomes, identified by the community group convened by the Fund to review acute provision, are to:

[1] "Community Services How they can transform care", Nigel Edwards, King's Fund, February 2014.

- Reduce complexity of services;
- Wrap services around primary care;
- Build MDTs for people with complex needs, including social care, mental health and other services;
- Support these teams with specialist medical input and redesigned approaches to consultant services – particularly for older people and those with chronic conditions;
- Create services that offer an alternative to hospital stay;
- Build an infrastructure to support the model based on these components, including much better ways to measure and to pay for services; and
- Develop the capability to harness the power of the wider community.

Healthwatch Hounslow (HWH) additionally have undertaken:

- to examine service provision available to, and accessed by, the people in Hounslow with a view to finding out their appropriateness/effectiveness/ adequacy/inadequacy, with the aim of identifying pathways, service gaps and any areas for improvement and progress; and
- to look at service uptake by people from some disadvantaged ethnic minorities and emerging communities in order to help to reduce health inequalities, remove barriers to health, cater for diversity and to help to prevent people's health from deteriorating further due to isolation and neglect.

PROJECT SCOPE

To achieve our objectives, we engaged with people in the borough that have been accessing these services. This helped improve our understanding of provision uptake and to gain first-hand information of peoples' experiences of specialist service provision, the awareness that they have of such services, possible access issues and to find out what is working and what isn't.

We liaised with service providers in both CRS and ICRS to identify examples of good practice and those in line with the King's Fund recommendations. As well as receiving feedback from staff, we sought to identify what has worked well and what could be improved upon so as to help to make recommendations for future service delivery options and improvements/changes to current services.

THE COMMUNITY RECOVERY SERVICE (CRS)

The CRS is an integrated health and social care service specifically for adults who are identified to require uni- and multi-disciplinary recovery needs – including acquired and long-term neurological conditions. The service supports patients' independence by providing them rehabilitation after an acute illness, injury or change in life circumstances. The service is available 7 days a week from 08h00 to 20h00, throughout the year.

Referrals to CRS can be made by GPs, the Urgent Care Centre (UCC) in the West Middlesex University Hospital (WMUH), Acute NHS Trusts, rehabilitation facilities, social services, the voluntary sector and other community services using the standard referral form.

CRS also accepts self-referrals from local residents and patients registered with a local GP. After receiving a referral, CRS is expected to contact the patient and/or their referrer within 48 hours.

CRS aims to restore, maximise or prevent deterioration in physical, psychological and social functioning through episodes of rehabilitation.

The service aims to specifically provide a 'timely response' service to facilitate discharge from hospital and to prevent admission for those people following a new event linked to their neurological condition. Intensive rehabilitation is offered for up to 4 weeks to maximise people's functional independence.

The CRS has an integrated operational policy with shared policies, procedures and protocols. Its main working principles are summarised below:

- Emphasis on prevention
- Emphasis on recovery
- Emphasis on choice and control
- Multidisciplinary meetings
- Shared assessment framework across health and social care
- Care coordination
- Personalised care planning and shared decision making
- Timely and effective communication
- Positive risk taking
- Keeping people safe (Safeguarding adults)

- Information sharing
- One IT system
- Workforce development – multidisciplinary skilled holistic practitioners
- Specialist and generic skills for the workforce
- Supporting carers
- Self-management
- Effective use of assistive technology and
- Value small changes in people's lives.

CRS workforce reflects the wide range of services it aims to provide. In keeping with steps proposed by the working group convened by the King's Fund, it is made up of a Multi-Disciplinary team of physiotherapists, occupational therapists, social workers, specialist Parkinson's disease and Multiple Sclerosis nurses, assessors, rehabilitation assistants, a handyperson and a neuropsychologist. It is supported by an administrative team with access to 5 neurological and general rehabilitation inpatient beds at Clayponds Hospital.

The health and social care professionals within the CRS have a set of core skills. This enables all staff in the team to deliver something regardless of their profession. In accordance with the King's Fund recommendations, they are able to support the single assessment process, maximise use of resources and minimise duplication. In addition, team members retain specialist skills and knowledge which are utilised as required. Specialists also supervise the work of other team members to ensure relevant goals are achieved.

In line with the King's Fund recommendations, the CRS aims to liaise, communicate and work in partnership with Primary Care teams in the five Localities into which Hounslow is divided. Likewise, to implement the King's Fund recommendations, it also attempts to work in a similar way with health and social care community services commissioned by Hounslow's Clinical Commissioning Group (CCG) and the London Borough of Hounslow, Voluntary Sector organisations and Domiciliary Care Providers.

CRS staff record individual health and social care assessments, personalised care plans and discharge summaries. As recommended by the King's Fund, CRS provides episodic and time-limited support in a patient's normal residence, or in a community setting, so as to reduce or avoid inappropriate and expensive hospitalisation.

CRS intention to focus on providing joined up MDT care and support as

recommended by the King's Fund, is evident from the other characteristics, as are listed below and taken from one of its documents[2]:

- The patient is assessed using a shared assessment framework across health and social care (FACE Overview Assessment v6.1);
- Specialist assessments are also provided;
- Assessments are uni-disciplinary or multidisciplinary, dependent on need;
- Personalised care, support planning and shared decision making are with the patient and/or their carer, if the necessary consent is given;
- The care and support plan is reviewed and evaluated with the patient (and/or carer/family with the patient's consent) at each contact throughout the episode of care;
- Care coordination provides a single access point for service users and so as to ensure that a comprehensive overview of the assessment is retained, and thereafter , review and discharge planning for each patient;
- Care Coordination ensures that relevant specialist workers provide their input at the right time;
- Communication, joint care planning and intervention are coordinated with other community health, social care and voluntary sector services. This again illustrated how patient-centred, cross-sector and joined up interventions recommended by the King's Fund, are being kept in view by CRS; and
- Formal health and social care handover is made at each transition of care:

  - Ensuring sufficient and relevant information is exchanged to protect a person's safety including concerns and / or risks; and

  - Supporting understanding of future care and support planning and care needs by incoming clinicians and / or services or teams.

MAIN FINDINGS FROM CRS STAFF

HWH visited CRS' offices in the HoH to speak to CRS staff and obtained feedback on their services from **17** members of their multi-disciplinary team (MDT).

CRS staff members were asked **5 Questions** about the following:

1. To identify what they like about the CRS;
2. To list which aims set out by the King's Fund report on Community Services the CRS fulfils;

[2] Community Recovery Service Description, April 2015

3. To make any suggestions for improvement;
4. To comment on the referral pathway to CRS; and
5. To comment on whether or not CRS was catering for Hounslow's ethnic/linguistic diversity.

CRS Staff Response to Q1: What they like about the CRS

A number of staff members (4) did not respond to this question positively. The majority of respondents (13) however, revealed their awareness of, and pride in, various positive aspects of CRS' service provision. These are given below:

- CRS' Professional approach;
- Dedication;
- Approachability of staff members;
- Responsiveness and speed or quickness of service provision to clients/family;
- Excellent joined up working;
- Provision of Integrated Health and Social Care services;
- Ability to provide treatment /care in people's own homes;
- Holistic approach;
- Meeting individual or Patient-based goals; and
- Meeting needs of both Patients and Carers.

CRS Staff Response to Q2: Aims of the King's Fund report on Community Services that CRS fulfils

The majority of CRS staff respondents were of the view that they were fulfilling either all, or almost all, of the aims of out of hospital community services, as set by the King's Fund and listed below:

1. To reduce the complexity of services;
2. To wrap services around Primary Care;
3. To build Multi-Disciplinary Teams (MDTs) for people with complex needs, including social care, mental health and other services;
4. To support these teams with specialist medical input and redesigned approaches to consultant services – particularly for older people and those with chronic conditions;
5. To create services that offer an alternative to hospital stay;

6. To build an infrastructure to support the model, based on these components, including much better ways to measure and pay for services; and
7. Develop the capability to harness the power of the wider community.

However, a significant proportion (41%) of CRS staff, felt that they were presently only fulfilling some of the aims listed above. One member of staff felt it was still too early as CRS was presently a fairly new service. Indicating areas where action was still needed, regarding building MDTs for people with complex needs, this respondent said: *"Not enough has been done yet".* Also, the existing pathway to support MDTs with specialist medical input and redesigned approaches to consultant services (i.e. the situation regarding point number 4 above) "*is poor*."

CRS Staff Response to Q3: Suggestions for improvement

CRS Staff made several suggestions to improve services. Many of these, as listed below, are worth considering as they could help to move CRS closer to the model proposed by the King's Fund:

- To develop a clear pathway for self-referral within the community so as to reduce the number of hospital stays of older people. This is in consonance with the King's Fund recommendations and will make patients/their carers/families feel empowered and therefore strengthen the community at large;
- Referral pathways could be more specific, clear and detailed. This will enable various providers of services and referrers to understand each other better and work together more efficiently as a team, as envisaged by the King's Fund;
- CRS and ICRS could be merged into one service;
- Improving communication between CRS and ICRS, together with joint working;
- Training and clear instructions when referring to other services;
- The need to step back and look at services and procedures;
- To work with MS service providers to localise disease management clinics, rather than clients having to attend Charing Cross Hospital for blood tests and reviews would also need expansion of services partnership;
- To further develop the idea of functioning in integrated ways through MDTs, as mentioned in the King's Fund report. The need for a MDT model in Primary Care in the form of a community virtual world;

- In-house psychological support for clients and family in keeping with the King's Fund recommendation to provide out of hospital help and support, including mental health support and care;
- Review Single Point Access (SPA) services to make it fit for purpose;
- Improve administrative support for CRS; and
- The restructure of resident-led assessment/social services referral/further education in order to improve the efficiency of services and reduce the treatment programme length.

CRS Staff Response to Q4: Satisfied with Referral Pathways?

The majority of our respondents (65%) were happy with the referral pathway to CRS whilst 6% were unsure. From some of the responses of the 18% of staff members who weren't satisfied with the referral pathway, it was evident that they felt that the pathway needed improvement through the setting and clarifying of criteria for referrers such as GPs, as well more clarification about self-referral for patients.

CRS Staff Response to Q5: Catering for Hounslow's ethnic/linguistic diversity

An overwhelming majority (88%) of CRS staff said that CRS was catering for Hounslow's diverse ethnic and linguistic groups. Two respondents, however, had different views. While one said they hadn't seen the data and so were unable to comment, another respondent said that CRS wasn't fully catering for Hounslow's ethnic and linguistic groups. This respondent also suggested that in order to improve their track record in the area, *"ore information in different languages and formats should be provided, for example for people affected by auditory problems or visual impairment/blindness, together with links with translators/interpreters."*

Our findings show that CRS information is only available in the English language. To *"harness the power of the wider community*", it is of primary importance for CRS to inform the community and thereby empower groups and individuals within it. Providing easily accessible information in diverse formats to patients and their carers (especially to disabled and disadvantaged sections within the local community) can enable people to help themselves, access CRS and fulfil the aims of out of hospital care.

MAIN FINDINGS FROM CRS USERS

With help from the CRS, we obtained responses to our questionnaire for **CRS Users from respondents.** We met these respondents at the end of one of the group meetings organised for users in the HoH. They were asked to comment on (1) the

CRS Referral pathway; (2) CRS' compliance with the King's Fund aims; (3) CRS' Cultural and Linguistic appropriateness; and (4) make suggestions for improvement.

1. **CRS User responses to referral pathway:**
   The majority of users who responded to our questionnaire said that they were happy with the CRS' referral pathway and that they had felt it had been easy to access (77%). 23% of our sample respondents said that the CRS referral pathway hadn't been easy formed. Within this small sample, only 1 respondent clearly specified that the problem had been language barriers because English was not his first language.

2. **CRS User responses to CRS Compliance with King's Fund aims:**
   The majority of users said that they felt CRS was providing services in accordance with the main aims set by the Kings Fund Report. For example, all of our respondents (100%) said that CRS was offering an alternative to hospital stay; whereas 72% said that CRS was successful in reducing the complexity of services provided to patients; 54% said that CRS was able to wrap services around primary care; and 72% said CRs were able to build Multidisciplinary Teams (MDTs) for people with complex needs, including social care, mental health and other services.

3. **CRS and Cultural and Linguistic appropriateness of services:**
   All users said that the CRS provided services that were ethnically and linguistically appropriate.

4. **Would they recommend CRS to their family and friends:**
   A significant majority (92%) within our sample of respondents said that they would recommend CRS to their family and friends.

5. **Suggestions for improvement:**
   No suggestions for improvement were given. From a Healthwatch perspective this is concerning as it indicates that the much sought after aim of "patient engagement " and "empowerment of patients" – a potentially invaluable resource for the NHS and other service providers – requires greater facilitation and enablement. Users and patients can become a valuable resource, but unless feedback becomes important and starts to make positive, transparent change, we will continue to receive little feedback, ideas or suggestions from them.

CRS PERFORMANCE BASED ON THEIR OWN DATA

From the Community Recovery Service, Monthly Report, dated January 2016, it is evident that between April 2015, when the service began, and January 2016, CRS has had 3,568 referrals. The monthly average for this period works out to 357, with

winter months showing the highest totals, as is to be expected of older people who are the main users of CRS.

CRS REFERRAL SOURCES

From this report, it is also evident that the chief referral sources to CRS for the same period are GPs (1,225 referrals) and hospital in-patient service (1,000 referrals). Other important referral sources include diverse service providers that include: ICRS (351), Social Services (294), MS Nurse (53) and Integrated Neurological Services (INS) Care Navigation/Outreach Service (51). The majority of referrals are for the assessment of patients.

Between April 2015 and January 2016, the total number of referrals from various GP practices in Hounslow ranged from 0 to 61. However, there were only 2 GP practices that had 0 referrals and 15 that had low totals of 10 or less. Referral totals from the remaining GP Practices in Hounslow were all above 10.

This makes it clear that, with rare exceptions, almost all of the GP practices in all of the 5 localities into which Hounslow is divided, have referred patients to CRS.

AGE RANGE OF CRS PATIENTS

The CRS Report also illustrates that between April 2015 and January 2016, CRS has catered primarily for older people with the age of the majority of patients referred to CRS ranging from between 70 –79 (1,013) and 80 –89 years (1,087). During the same period, the age range of CRS patients of those below 50, numbered a mere 305.

ETHNICITY OF PATIENTS

The majority of CRS patients for the same period were White British (1,500). The ethnicities of other patients referred to CRS included Indian (551), Pakistani (90), those of other Asian background (211), Caribbean (55) and African (53). Though CRS has been catering for diverse ethnic groups, there might be a need to reach out to more people through better publicity **and also to increase self-referrals which only totals 35 for the same period referred to above.** Once again, we would like to stress that self- referral is key to service delivery as it empowers both potential users and their carers and can hasten and simplify access to services thereby reducing hospital admissions among patients in Hounslow.

CRS RESPONSE TIME

It is to the credit of the CRS, that their response time has steadily improved since the service started. For example, having begun with responding to just 11% of referrals

within 48 hours in April 2015, CRS shows such responses to have hit a high of 65% in January 2016. However, as pointed out in their report, "*further analysis and validation of the above data is required and further development of the referral management process on SystmOne is needed…"*[3]

CRS OUTCOME GOALS

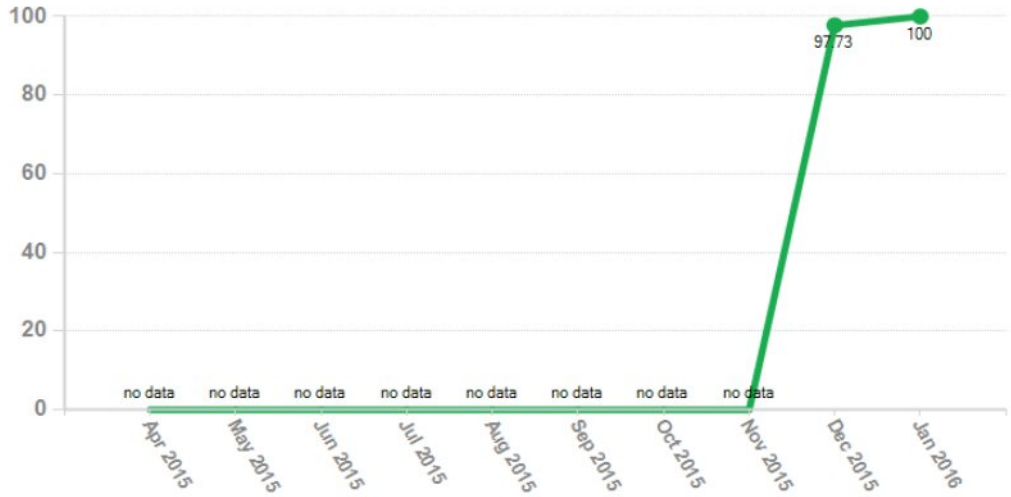
From available statistics, the proportion of older people (65+) who were still at home 91 days after discharge from hospital into rehabilitation services looks impressive. According to the CRS Report:

"In the month of January 2016, out of the 481 discharges who completed 91 days after discharge from Hospital into CRS, 76 were not known to the Adult Social Care (ASC). 197 clients had no location recorded against them. The clients at home are assumed to be those with CRS, DP, Personal Care, Telecare or Care home. Therefore, the number of clients at home in the month of January 2016 is assumed to be 208"[4]

CRS FAMILY & FRIENDS TEST

Initially, CRS did not obtain feedback from service users and only used the Family and Friends Test (FFT) questionnaire survey from the end of last year. Since then, they are reported to have received very positive feedback from users. According to the CRS Report for January 2016, based on FFTs, their *"overall satisfaction rating is 100%."*

The chart below shows the trend of feedback results from April 2015 - January 2016.



[3] Community Recovery Service, Monthly Report – January 2016, p.12
[4] *Ibid.,* p.13

Some of the comments received by CRS from the FFT questionnaire survey are quoted below:

- ***"Nithya came to see me and was extremely helpful and professional. I was very impressed with the speed of the equipment installed. Thank you so much"* – J.P.**

- ***"Excellent Service"***

- ***"Linda is very effective, likeable, helpful and empathic. She works very hard"***

- ***"Thanks for your assistance Abdi"***

The feedback from CRS FFTs gives additional support to the positive feedback we received from users about CRS.

INTEGRATED COMMUNITY RESPONSE SERVICE (ICRS)

ICRS is part of Acute Services in Hounslow. It aims to carry out the King's Fund recommendations regarding care of patients in the community by preventing patients from being admitted to hospital unnecessarily. It also tries to ensure that if patients do need to have a stay in hospital, they are discharged as soon as possible to continue their care at home. It is for adults who are registered with a Hounslow GP and work 7 days a week throughout the year.

ICRS is constituted in accordance with the King's Fund recommendation to work through Multi-Disciplinary Teams. Hounslow's ICRS team is made up of a GP, nurses, occupational therapists, physiotherapists, support staff, social workers, a primary care mental health nurse and a handyman.

Some members of ICRS' MDT

Staff within the team work for different organisations, such as the NHS and the London Borough of Hounslow, but work together to ensure that patients receive the right care from the right people at the right time.

Although the service works with patients of all ages, the majority of patients who use the service tend to be elderly as this particular patient group is more likely to have multiple health concerns, reduced mobility, or to have frequent falls and to require rehabilitation. Many ICRS patients also have a cognitive diagnosis such as dementia.

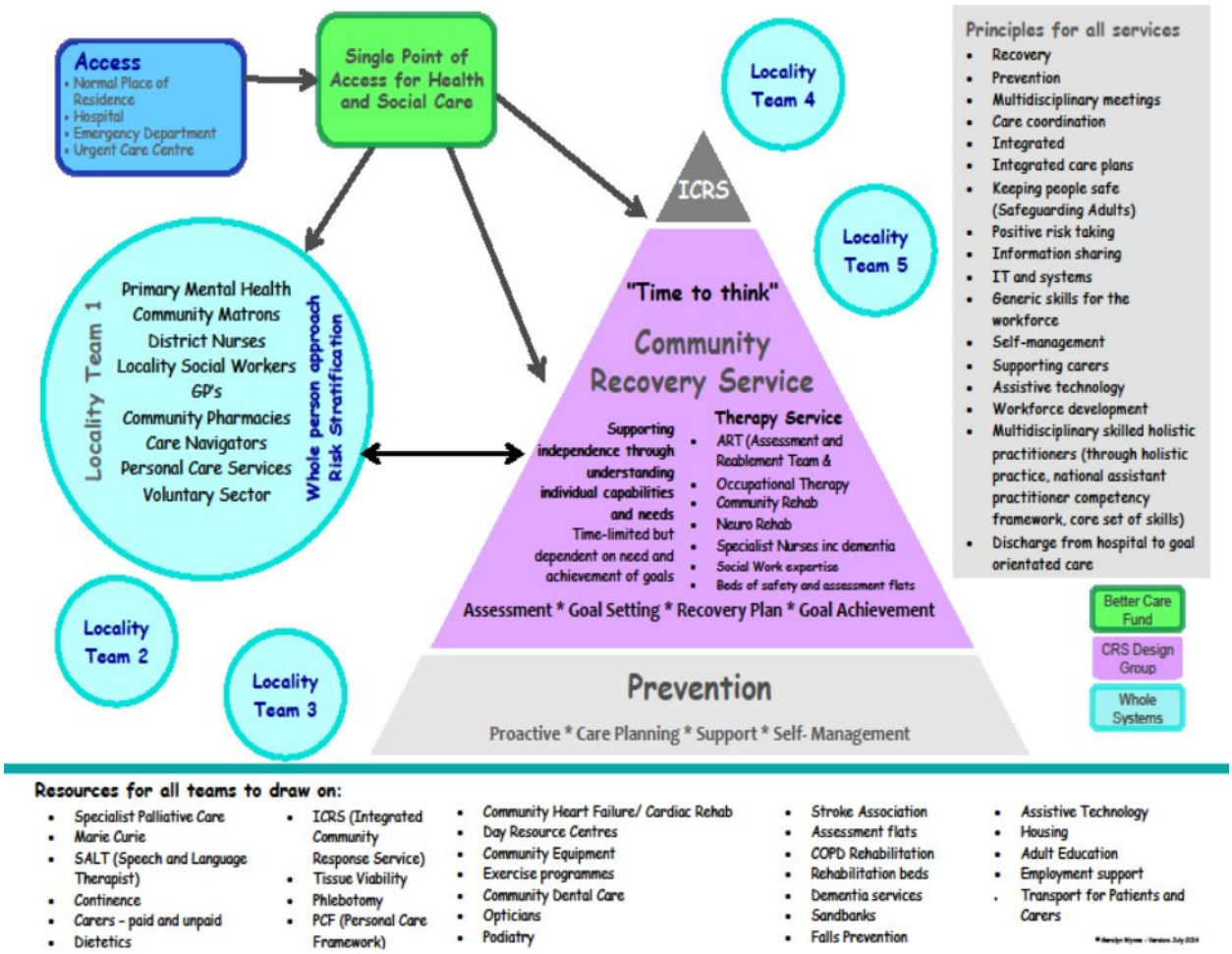
The ICRS provides rapid response in the community (for those at high risk of hospital admission), early supported discharge and assesses patients in Accident and Emergency to determine whether they can be treated and appropriately managed/supported at home rather than by being admitted to hospital.

With the breadth of healthcare professionals within the team, patients benefit from receiving a comprehensive assessment and package of intervention which looks at all parts of their ability to stay at home, such as their health, social needs and mental health needs.

The ICRS team can be involved with a patient on a daily basis for up to 7 days. During this period, they can provide patients with services, including rehabilitation. If a patient requires ongoing care, plans are made with them to ensure that their ongoing needs are supported by working with, and referring to, relevant service providers such as community/district nurses, GPs, social services, and therapies such as physiotherapy, memory clinic or even palliative care.

Many ICRS referrals come directly from GPs who may be concerned that their patient requires urgent assessment and acute medical intervention in order to avoid hospital admission. Once an individual has been referred to the ICRS, they can then self-refer themselves back if they were to need further input in the future.

HOUNSLOW WHOLE SYSTEMS MODEL AND WHERE ICRS SITS WITHIN IT



MAIN FINDINGS FROM ICRS STAFF

We received responses from **9 ICRS staff members**. As we had done with CRS staff, we asked them to complete the following:

1. To mention what they like about the ICRS;
2. To list which aims set forth by the King's Fund report on Community Services the CRS fulfils;
3. To make any suggestions for improvement;
4. To comment on the referral pathway to ICRS; and
5. To say whether ICRS caters for Hounslow's ethnic/linguistic diversity.

ICRS STAFF Response to Q1: What they like about the ICRS

Staff members were forthcoming in listing various positive points about ICRS which they described as follows:

- ***"Prompt responses by a highly experienced team"***
- ***"A rapid response service that encompasses a full MDT team that includes GPs, nurses, and social workers"***
- ***"A great service because patients are contacted immediately and treated when needed. It also helps me to keep myself updated"***
- ***"We're doing a great job in stopping hospitalisation on a regular basis. We respond quickly and support people when all else fails by giving support online and by our being there"***
- ***"Very nice service that helps patients to stay out of hospital"***
- ***"Fast action. Can do attitude. Wide skill base"***
- ***"Providing emergency rapid response and hospital prevention"***
- ***"I like the rapid nature of our service though which we improve the quality of life of patients with our 'within 24 hours' response."***

ICRS Response to Q2: Conformity with main aims of the King's Fund report on Community Services:

ICRS staff were almost in complete agreement that the services that they provided were in conformity with the aims of the King's Fund Report. This is presented in the table below:

% of ICRS Staff responses to main aims of Kings' Fund Report on Community Services

List of King's Fund aims	ICRS Staff who said these aims were being fulfilled	Other comments
1. Reduce the complexity of services	100%	

2. Wrap services around Primary Care	100%	
3. Build Multi- Disciplinary Teams (MDTs)	100%	
4. Supporting these MDTs	89%	Only 1 staff member was not sure
5. Create services that offer an alternative to hospital stay	100%	
6. Build an infrastructure to support the model was based	78%	2 members of staff were not sure
7. Develop the capability to harness the power of the wider community	89%	Only 1 staff member was not sure

Besides agreeing that ICRS provides services that are in accordance with the King's Fund Report, the following statement made by a member of the team is a true reflection of the general staff view of services: ***"ICRS is providing the best care to all patients and they are well known for their work in the community."***

ICRS Response to Q 3: Suggestions on how to improve ICRS:

Some members of staff said that they felt that the ICRS should simply keep doing what they have been doing. This was evident from the following sentiments expressed by the staff members:

- Continued attention to detailed handover and communication with other teams and
- Continued hard work to keep patients OOH.

There were, however, a few who made the following suggestions:

- Complete audits to ensure that the workload is equal throughout teams or minimal quotas of new and repeat patients;
- Further commitment to hard work, providing quality care to patient needs;
- MH nurse post restored and provide more permanent staff, more continuation of care and better knowledge of processes to further improve efficacy and quality of care.

ICRS Staff Response to Q.4: Satisfied with Referral Pathway?

All ICRS respondents said that they were satisfied with the referral pathway. Only one staff member, whilst expressing satisfaction, qualified their statement with the following comment: ***"Yes, but having more information is important and it is also important for GPs to call us."***

ICRS Staff Response to Q.5: Catering for Hounslow's ethnic/linguistic diversity

All ICRS respondents said that they were catering for diversity. Some additional comments made were:

- ***"Have lots of BMEs"*** **[i.e. people from Black and Minority Ethnic groups]**
- ***"Our services are open to all adults who have a household GP and I think the only people who don't access the service are children"***
- ***"Yes but having someone with all languages would be helpful but would also be difficult."***

A GP RESPONSE FROM WITHIN ICRS

A GP who provides a part time service for the ICRS on a regular basis, had unstinting praise for the ICRS.

Describing the ICRS, the GP listed the following salient features:

1. ***"ICRS bridges the gap between hospital and the community;"***
2. ***"ICRS patients are often elderly with multiple needs;"***
3. ***"ICRS is based on a new concept of facilitating or reintegrating patients back into the community;"***
4. ***"Our MDTs can go and assess the home situation of patients to give appropriate care and support;"***
5. ***"ICRS prevents hospital admissions and can facilitate hospital discharge;"***

6. ***"ICRS' Rapid Response Team can respond the same day; sometimes within 2 hours, 24 hours or else between 2-4 days;"***

7. ***"It is very effective in responding to diverse needs because of its multi-disciplinary nature;"***

8. ***"When GPs can't visit a patient, ICRS can respond and act to prevent hospitalisation;"***

9. ***"We have permanent staff with requisite training; training is also given to trainees to acquire necessary skills"***

10. ***"Every day, ICRS staff members prepare detailed handover notes on each patient that they then submit and make available to the others. Thus, continuity of care and linked up services are ensured."***

Expressing immense satisfaction and pride in ICRS, this GP wished there was a service such as the ICRS within their own practice that the community could benefit from.

COMMUNITY GPs RESPONSES TO ICRS

To find out how much GPs in the community know about Hounslow's ICRS and to know what they think about the service, we contacted some GP practices in various parts of the borough. Based on their experience of ICRS, we asked them to comment on the following:

1. What they like about ICRS;

2. Whether they felt ICRS conformed to the aims specified in the King's Fund Report;

3. Whether they had any suggestions on how ICRS could be improved;

4. ICRS' referral pathway; and

5. Whether they felt that ICRS catered for Hounslow's linguistic and ethnic diversity.

Only 6 GP Practices responded to us. From their responses, it was evident that only 50% of the GPs who responded had any experience of using ICRS for their patients. Their responses to our 5 questions (mentioned above) are as summarised below:

1. GP Response to Q1: What they like about the ICRS

All those who had used ICRS, had positive comments about the service. They

expressed their appreciation by describing ICRS as accessible and fast. Their actual remarks are listed below:

- ***"Easy access, good stuff"***
- ***"Immediate response to referrals"***
- ***"Easy referral and review of patients."***

2. GP Response to Q2: Conformity with main aims of the King's Fund report on Community Services:

All GPs who had used ICRS, said it was fulfilling these aims.

3. GP Response to Q 3: Suggestions on how to improve ICRS:

All GPs who had used ICRS, said that ICRS was an excellent service provider and they were happy with the service received. They had only two suggestions:

- That ICRS must reach out to GPs and also make itself better known in the wider community.

- In instances where patients aged 75+ receive unplanned care, a virtual clinic could be implemented to see if ICRS could improve their care pathway. [5]

4. GP Response to Q.4: ICRS' Referral Pathway

GPs who had used ICRS, said that they were happy with the referral pathway. A local GP, who otherwise had a good opinion about ICRS, recalled a negative experience and said that a referral had not been received the same day by ICRS and had therefore been lost.

5. ICRS Response to Q.5: Catering for Hounslow's ethnic/linguistic diversity

GPs who had used ICRS said that they were catering for diversity whilst 1 GP said that they were not sure if they were or weren't doing so.

[5] A virtual clinic is a planned contact by the Healthcare Professional Responsible for Care with a patient for the purposes of clinical consultation, advice and treatment planning.

ICRS USER RESPONSES

To ascertain what ICRS patients had to say about the services that they had received, we received a list of 20 service users in Hounslow.

Each user, their family member and/or carer was asked 6 questions. Our questions and their responses are provided below:

QUESTIONS WE ASKED ICRS USERS /THEIR FAMILY MEMBERS/ CARERS	RESPONSES RECEIVED	ADDITIONAL COMMENTS
1. Was the ICRS Referral Pathway easy or difficult to access?	All except 1 respondent said that ICRS was easily accessible.	1 only respondent who felt access hadn't been easy said she couldn't understand what ICRS was even after it was explained to her.
2. What was their experience of the services provided by ICRS?	All except 1 respondent said that they were happy with the services received.	Some User comments were: *"Yes they are friendly"; "Yes, they are very nice"; "Yes, they do a brilliant service."*
3. Were they happy to have received Out of Hospital Services at home, and not in Hospital?	All except 1 user said that they were happy to receive services at home instead of in Hospital.	1 respondent who differed said she would have preferred her husband to be in hospital as she had found it stressful as she had no Respite Care.
4. Were ICRS services culturally and linguistically appropriate?	All those from Ethnic minorities said that they had received appropriate services.	We had only 4 ICRS respondents who were from ethnic minorities. Others were not asked this question as it wasn't considered relevant for them.

5. Do they have any suggestions for improvement?	None of the respondents had any suggestions.	Is this indicative of patients/users feeling disempowered? HWH thinks this is linked to their lack of information about services/service standards. The question is: How can someone make suggestions for improvement if they do not know what to expect from providers and/or are unaware of what they can expect to receive.
6. Would they recommend ICRS to their family/friends?	All except 1 respondent said that they would recommend ICRS to their family/ friends.	1 respondent did not give any answer to this question.

From the above it can be said that according to the majority of ICRS users, their family members or carers:

- ICRS' referral pathway is easy to access;
- They are happy with the services they have received from ICRS;
- The services that they received were linguistically/culturally appropriate for them;
- They have no suggestions to further improve ICRS services; and
- They would recommend ICRS to their family and friends.

It is apparent that even the few that differed from the majority of ICRS users/their family/members/carers and appeared to be striking a discordant note, did not have any serious problems with ICRS. This is because, had they had any problems or issues, they would surely have refrained from saying that they would recommend ICRS to their family and friends. It can, therefore, be safely assumed that service users/their family/carers have a positive view of ICRS and its services.

ICRS PERFORMANCE

In September 2015, Hounslow's ICRS won in "*the overall category for Community Health Service Redesign and was also highly commended in a second category for the Value and Improvement in Specialist Services at the Health Service Journal's Value in Healthcare Awards."* Justly proud and delighted at having won recognition on a national level, Dr Nicola Burbidge, chair of Hounslow CCG, is reported to have remarked:

"It is brilliant to see that this work has been recognised by the Health Service Journal awards. The Integrated Community Response Service is a concrete example of how bringing together health and social care can work. It goes to show that taking a bold approach to service design can pay off and achieve improvements in care for patients."

ICRS' Monthly Report, dated January 2016, provides a summary of the Key Performance Indicators for the period 1st April 2015 – 31st March 2016, and illustrates that the service has been performing well and has been successful in achieving its overall aim of reducing expensive hospital admissions among local patients. This is apparent from various features of ICRS some of which we are presenting below.

REFERRALS & PATHWAYS

The ICRS Monthly Report, January 2016, presents tables and statistics of referrals and referral pathways, adding that: *"there has been an increase across all the pathways in January 2016."*

Trend chart now shows data for 2015/16 with last year's data displayed in the table below.

	Ref Month 2014/15													
Pathway	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Grand Total
UCC/ED Discharge	46	44	67	35	43	42	30	24	14	4	24	6	10	389
Supported Discharge	72	76	61	60	67	48	58	74	68	68	88	64	91	895
Prevention of Admission	61	77	79	80	91	82	85	83	92	98	126	92	119	1165
Grand Total	179	197	207	175	201	172	173	181	174	170	238	162	220	2449

The following table shows November referrals by pathway and source of referral.

	Ref Month 2015/16													
Pathway	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Grand Total
UCC/ED Discharge	10	11	11	10	19	20	11	18	16	7	12			145
Supported Discharge	91	67	53	54	70	70	65	69	74	67	82			762
Prevention of Admission	119	92	86	86	109	93	62	100	94	86	89			1016
Grand Total	220	170	150	150	198	183	138	187	184	160	183			1923

From the Report it is also evident that in January this year, ICRS received 183 referrals. This number is comparable with its past track record where the total referrals ranged between 170 and220 in 2014/15, and between 138 and 220 in 2015/16. (See tables below for the relevant years 2014-15 and 2015-16)

The Report also reveals that as in 2014/15, ICRS continued to receive referrals from diverse sources. Also, its key referral sources in 2015/16 (as in the previous year) were: GPs, followed by London Ambulance, Social Services and WMUH - AMU. (See table below that shows referral trends received by ICRS from key sources for 2014/15 and 2015/16):

The following table shows the trend in the number of referrals received from key sources:

	Referral Month 2014/15												Grand
Referal Source	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
WMUH - AMU	8	3	2	3	2	4	2	1	2	3	3	8	41
GP	46	45	50	44	35	31	34	41	49	64	58	70	567
Social Services	4	10	6	7	6	6	8	7	11	4	1	6	76
London Ambulance	0	0	2	16	16	20	9	15	14	25	16	21	154
Grand Total	58	58	60	70	59	61	53	64	76	96	78	105	838

	Referral Month 2015/16												Grand
Referal Source	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
WMUH - AMU	6	4	4	4	3	0	4	2	3	6			36
GP	44	42	44	49	43	25	60	39	48	42			436
Social Services	8	4	9	10	6	8	1	12	4	8			70
London Ambulance	16	18	14	19	10	9	10	6	11	12			125
Grand Total	58	50	71	82	62	42	75	59	66	68	0	0	633

The London Ambulance Service pathway went live on 16th June 2014 and the service received 12 referrals in January 2016.

ICRS statistics show that it has succeeded in helping to increase out of hospital care and prevent hospitalisation by delivering services in a combined way, as is recommended by the King's Fund report on Community Services. It is evident that ICRS has helped to support discharge of patients from WMUH and has also prevented hospitalisation by accepting referrals from GPs. It is to their credit that

since August 14 Hounslow ICRS has also regularly responded to local patient needs by accepting referrals from the LAS.

RESPONSE TIMES

ICRS' January 2016 report also shows that ICRS has improved its response time. In January 2016, for instance, ICRS received 101 UCC/ED Discharge and Prevention of Admission referrals. These need to be responded to within 2 hours of receipt and ICRS successfully managed to do so in over 66% of instances. This is a marked improvement to their earlier record of 42% in 2014/2015.

TRAINING/SKILLS

The report shows that ICRS management recognises the importance of staff training and enhanced clinical skills for team members to enable ICRS to meet its aims and to provide patient-centred care in the community. Their proactive approach, yet another point recommended by the King's Fund report, is also evident from the way that they have trained one of their specialist physiotherapists to work as an independent prescriber so as to contribute towards improving patient care and management.

USER COMPLAINTS/ COMPLIMENTS RECEIVED BY ICRS

Although it is not evident whether ICRS has been using FFT survey questionnaires for obtaining user feedback, the report shows that between April 2015 and January 2016, there were only 2 complaints (Report, page 22). The report also contains a glowing email sent to ICRS in January 2016 by a patient and their daughter that commends ICRS staff and services. It runs as follows:

"Dear Nicole and Crew, I would like to thank you all for the wonderful attention you all gave me when I had my accident. All your help allowed my recovery to proceed with the utmost speed. My daughter would also like to thank your carers (ICRS Health and Social Care Assistants) for being so sweet and giving me the care that she was unable to give me. She is also disabled and your attention helped to complete the jobs that she was unable to do. When my husband arrived from abroad he was able to take over form the carers. Once again, please accept our heartfelt thanks for your wonderful care."

RECOMMENDATIONS

We believe that to become more effective in achieving the aim of safely reducing or preventing hospitalisation, and to successfully offer out of hospital help/treatment/ support in the community and in people's homes, ICRS in Hounslow will need to tailor services even more closely to the steps recommended by the King's Fund than they have done so far. In the light of these recommendations and our own findings, HWH would like to make the following recommendations:

To fulfil the King's Fund aim to *"harness the power of the wider community"* (King's Fund report p.1 and pp.12-13)[6], there is a need to increase knowledge about the existence of CRS and ICRS in Hounslow. This is a pressing need in light of the fact that at present, the majority of people in Hounslow knows or has even heard of CRS and ICRS services. This conclusion is based on the responses we had received from a random survey of 500 members of the public who we asked about their knowledge of CRS and ICRS in Hounslow. To harness the power of the community, developing understanding of CRS and ICRS in the local public is essential. Only then will ICRS succeed in reaching out to the community and community groups as recommended in the King's Fund report.

At present, people have access to information about CRS and ICRS services mainly through the Hounslow and Richmond Community Healthcare (HRCH) NHS Trust website. The HRCH website also has Google Translate with the power to instantly translate their information, into the language of the reader's choice by the mere click of a button. However, (as mentioned in our earlier report on *GP Access in Hounslow*), we do not consider Google Translate to be an appropriate, effective or safe method for communicating vital health information to the public. Moreover, since many CRS and ICRS users would be vulnerable adults who are often both frail and considerably advanced in age, this method of communication may prove quite futile. In our experience, people within this category are often not computer savvy, tend not to have access to a computer and they also prefer reading from hard copies of printed information rather than using the internet.

In addition to HRCH's website information, there is a leaflet about CRS which is available only in the English language. As for ICRS, we did not come across any other information resource in any language whatsoever.

To forge links with local communities, there is the need for information to be produced in at least some of the major minority ethnic languages used in Hounslow so that disadvantaged, as well as newly emerging communities, such as Nepalese Gurkhas (whom have arrived in Hounslow as pensioners), are not neglected and do not miss out on vital services. To successfully reach out to some local BME groups

[6] "Community services How they can transform care", Nigel Edwards, King's Fund, February 2014.

and emerging communities, it might be helpful to access them through their community organisations and religious centres.

The non-response, or silence of users, when they were asked to make suggestions for improvements to services, is concerning and also points to a lack of information among patients. It is only through patient education that CRS and ICRS will be able to reach out to the community, harness its power and convert "patient engagement" and "patient empowerment" from a nebulous NHS ideal, into a reality!

To work more effectively with providers across the board and to wrap services around primary care, (King's Fund report, pp. 2, 3)[7], there is the need to provide clearer information to GPs across Hounslow about CRS and ICRS services. In particular, details of their referral pathway needs to be made absolutely clear to GPs. This emerges as a clear need from feedback given on ICRS by some GPs who responded to our survey (See page 25 of this report).

During a meeting with a senior member of ICRS staff, Clinical Services Manager, Jacki Hunt indicated awareness of the need to increase understanding of services and said that they were already working with local GPs to achieve this end. Doing so, will help familiarise GPs with the way these services work, and also to help reduce "inappropriate referrals" which totalled 45 according to ICRS' January 2016 Report.

There are a number of suggestions for further improving services that were mentioned by CRS staff. These are listed on page 12 of our report. While some suggest the need for more clarity regarding referral pathways, others spoke of providing more integrated, linked up care through well connected MDT teams of professionals from various sectors of health and social services.

Though ICRS has been recognised and awarded for its services, it should (like CRS) use the NHS' FFT survey questionnaire to gain regular feedback from users, carers or their family, if ICRS is not doing so already.

To further reduce hospital admissions, ICRS could (as suggested by a local GP), consider having a surveillance of all of their 75+ users and also ask GPs to review their condition. This would be in keeping with the King's Fund recommendation "to build an infrastructure to support the model based on the components" of out of hospital community services (pp. 2 and 3 of King's Fund Report.)[8]

[7] *Ibid.*
[8] *Ibid*.

Increasing self-referrals is another area that needs to be examined. Improving understanding of CRS and ICRS in the wider community, and among local GPs (as already mentioned above), and reaching out to some BME groups through their community/religious centres, might contribute towards increasing referrals and also help to assist some disadvantaged/emerging communities.

CRS and ICRS have succeeded in incorporating the main steps advocated by the King's Fund to construct their model of Out of Hospital Community Care in Hounslow. By striving to move further towards embracing these steps, CRS and ICRS will be able to build further on their inherent strengths and to produce even better financial and health outcomes than they are presently achieving.