



Although a formal committee of the city council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Health Watch. Papers come from a variety of sources. The format for Health & Wellbeing Board papers is consequently different from papers submitted to the city council for exclusive city council business.

1. Formal details of the paper

Exploring options for the future of Community Short Term Services
Rehabilitation Beds

1.2 This paper can be seen by the general public.

1.3 24th March 2015

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2. Decisions, recommendations and any options

2.1 The Health and Wellbeing Board is recommended to approve the Clinical Commissioning Group and the City Council undertaking preliminary engagement with potential providers of care to explore a new model of care in partnership.

3. Relevant information

3.1 The current CSTS comprises a range of bed based and home based services that provide rehabilitation and reablement support for people to help them retain or maintain their independence. The service supports both the prevention of admission to, and discharge from, hospital.

3.2 The service is jointly commissioned by Brighton and Hove City Council (BHCC) and Brighton and Hove Clinical Commissioning Group (BHCCG), and is jointly delivered by a partnership of providers comprising BHCC, Sussex Community NHS Trust (SCT), Victoria Nursing Homes (VNH), Integrated Care 24 (IC24) Ltd, Brighton and Sussex University Hospital Trust (BSUH) and Age UK.

- 3.3 Dependent on the needs of people the service supports people either in their own home or in one of three dedicated bed units, two of which are owned by BHCC and one by an independent provider, VNH. These units provide a total of 65 beds.
- Craven Vale – BHCC – 24 beds
 - Knoll House – BHCC – 20 beds
 - Highgrove Nursing Home – Victoria Nursing Home – 21 beds
- 3.4 Craven Vale and Knoll House are registered as residential care homes. The social care and support of people at Craven Vale and Knoll House is provided by BHCC while nursing and therapy is provided by SCT, and medical support by IC24 Ltd and BSUH on an in-reach basis.
- 3.5 Highgrove is a Nursing Home and VNH provide social care, support and nursing, while therapy is provided by SCT and medical cover by IC24 Ltd and BSUH.
- 3.6 The national and local strategic approach is for care to be provided in people's own homes wherever possible reducing avoidable admissions to the hospital or care homes. Since 2012 a higher proportion of people are being discharged from hospital straight to their own home with support from community short term services.
- 3.7 Whilst it is positive that more people are able to return to their own homes the impact of this is that the comparatively smaller proportion of people that do require care in one of the bedded units are the most dependent and have the most complex needs.
- 3.8 The number of people supported at home has increased over the past two years while the number supported in bed units has varied slightly.

Table 1

	CSTS Beds	CSTS Home	Total
2012/13	805 (32%)	1702 (68%)	2507
2013/14	683 (27%)	1855 (73%)	2,538
2014/15 (Forecast Outturn)	691 (26%)	1956 (74%)	2.647

- 3.9 The length of stay (LoS) in CSTS beds has also increased over the past two years, ostensibly as a result of the increasing complexity of needs and dependency of clients.

Table 2

Year	Quarter	LoS No. of days	
2013-14	Qtr1	29	*part data only
	Qtr2	29	
	Qtr3	30	
	Qtr4	29	
2014-15	Qtr1	33	
	Qtr2	29	
	Qtr3	33	
	Qtr4*	34	

Note: LoS is average no of days of stay of people discharged within the quarter

- 3.10 The current service specification for CSTS beds has been in place since 2012, following a review. As described in paragraph 3.6, more people are now discharged from hospital to their own home, the result being that the people requiring support in a bedded unit are those with high levels of dependency and complexity, and with a greater need for more intensive health input.
- 3.11 The social care led model at Craven Vale and Knoll House (with health support provided on an in-reach basis) increasingly does not align to fully meeting the needs of many of the people who require an admission into a CSTS beds. The impact of this is that admissions to CSTS beds cannot always

be accepted, people may remain for unnecessarily long periods in hospital, and if admitted to a bed unit people may then stay longer than necessary.

Proposal for New Model of Care

- 3.12 A new model is required for CSTS beds to meet the needs of people with high levels of complexity and dependency that require CSTS beds.
- 3.13 As the services are jointly commissioned by the CCG & the City Council both parties are committed to working together to commission a new model for CSTS beds. The new model will have an outcomes based specification with clear lines of accountability
- 3.14 To inform the commissioning process, the CCG and the Council want to explore new models for the delivery of the CSTS beds. The proposal is to invite potential providers to put forward ideas/proposals of what the new model could look like. It would include how a potential provider could work with the CCG & the Council to deliver the service, and what role the interested party may see for themselves in the new model.
- 3.15 The CCG & the Council are seeking agreement from the Health & Wellbeing Board to undertake a preliminary engagement with potential providers in the city to explore a new model of care for CSTS.
- 3.16 At this stage this engagement is to determine if there are organisations that would be interested in entering into a process to explore these opportunities in more detail. This does not commit the CCG or Council to undertake any such process.
- 3.17 The CCG and the Council will report back to the Health and Wellbeing Board on the outcome of this preliminary engagement and whether there is agreement between the CCG and the Council to commission a new model of care for CSTS beds.

4. Important considerations and implications

4.1 Legal

It is a function of the Health and WellBeing Board to make decisions concerning the provision of jointly funded and commissioned health and social care in the City. If approved the preliminary process proposed in this paper will inform future decision making by the Board.

Any procurement legal implications will be addressed when proposals for the new model are drawn up following the preliminary process being recommended.



Sandra O'brien Senior Solicitor

4.2.1 Finance

4.2.1 Any new model of care for CSTS beds would need to be funded within the agreed joint budget envelope for 2015/16.

4.2.2 The following summarises the breakdown of investment by the CCG and the City Council in CSTS bed units for the year 2014/15.

The commissioning funding for 2014/15 is

	BHCC £000	BH CCG £000	Total
Craven Vale (24)	£695	£1,171	£1,866
Knoll House (20)	£990	£615	£1,605
Highgrove (21)	None	£1,144	£1,144
Total	£1,685	£2,930	£4,615

Anne Silley Head of Finance

4.3 Equalities

4.3.1 Any new model for CSTS beds will be based on need but the service will primarily benefit older people given the prevalence and incidence of rehabilitation needs amongst this group.

4.3.2 An Equality Impact Assessment has been developed and will be active for the duration of the project.

4.4 Sustainability

4.4.1 The council's One Planet Council approach to sustainability based on the ten One Planet principles was used as a checklist and will be reviewed as the project develops.



4.5 Health, Social Care, Children's services and Public Health

4.5.1 Known Health, Social Care, Children's services and Public Health implications are covered in the report.

5 Supporting documents and information

5.1 There are no supporting documents.