

Subject:	Short Term Services Review – implementation update		
Date of Meeting:	28 January 2013		
Report of:	Chief Operating Officer, Brighton and Hove Clinical Commissioning Group		
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Key Decision:	No		
Ward(s) affected:	All		

FOR GENERAL RELEASE.

1. SUMMARY AND POLICY CONTEXT:

1.1 In November 2011, the JCB endorsed the new service model for community short term services. The new service model included:

- a more equitable system where people with both social care and health needs can have easier access to multi disciplinary short term services
- making the system less fragmented by reducing the number of venues from which bed based short term care is provided
- bringing the provision of all short term care back within the city boundaries
- reduced bed based provision of short term care in favour of more home based provision
- more closely integrated rapid response services including the Roving GP service, Community Rapid Response Service, Out of Hours District Nursing Service and Age UK Crisis service
- reducing overall spend on short term care by £2m

1.2 This report provides a further update on progress.

2. RECOMMENDATIONS:

2.1 The JCB is asked to note this general update on the Community Short Term Service.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 *Service update and performance*

Bed based community short term services

The reprovision of the final 16 beds at Newhaven Rehabilitation Centre was completed as planned on the 15th July 2012. The total Short Term Service bed stock reduced to 65 and community short term services increased by 25 units. All short term care is now provided within the city boundaries and the 65 beds are delivered from 3 sites. The distinction between transitional and intermediate care services no longer exists and the service now uses a single set of criteria for the beds encompassing the needs of patients that would previously have accessed transitional care

The final stages of the reprovision went very smoothly and in the period immediately afterwards, the new integrated service was able to cope very well with demand and delayed transfers of care across the city were at record lows.

Since October, there have been significant pressures across the whole health economy which were compounded by the closure of 6 beds at Knoll House bed (see below). Commissioners have responded to this by spot purchasing an additional 13 beds for the winter period and increasing in reach and medical cover. After the winter period is over, we will undertake a further review to ensure the number of beds in the system is appropriate. The 2012 National Audit of Intermediate Care concluded that the average number of community beds per weighted population of 100,000 was 22.5 which would equate to 63 beds in Brighton. We currently have 65 beds and therefore have slightly more than the above average number of beds according to the audit. However working with fewer beds in the city has reduced flexibility and there is a greater impact on the system as a whole when beds are closed to admission. It is therefore likely that we will need to maintain the ability to spot purchase additional beds as and when the need arises on an ongoing basis.

The needs assessment of patients in short term beds undertaken in January 2011, indicated that 50% of patients could be more appropriately cared for at home with community support and that their actual medical needs were relatively low. With the reduction in bed numbers, only those requiring bed based care are now admitted to bed based services. As a consequence the overall dependency level of patients has increased and additional resources have been put into all three sites including 2 WTE overnight roving nurses and additional care staff. Dependency levels will be kept under review and a further needs assessment audit will be undertaken in the new year.

Since the changes have been implemented there has also been an increasing number of patients with dementia requiring one to one care. Appropriate arrangements are put in place for individuals as required in order to facilitate discharge from acute hospital care. Further work is required to understand whether this is a change in casemix for short term services, whether these patients needs were met differently before the changes and how appropriate they are for a short term rehabilitation service.

Despite these challenges the service has responded well to what have been significant changes and there has been good partnership working across Sussex Community Trust, the Victorias Nursing Homes , South East Health and BHCC.

At the end of October for the year there was

- an average of 60 referrals per month to a bed
- an average length of stay in a bed of 24 days
- an average of 137 referrals to a community place
- an average length of stay in a community place of 16 days

3.2 Knoll House

During summer 2012 it was noted that there had been an increase in the number of Safeguarding Adults Alerts at Knoll House. Adult Social Care management began the process of investigating and following up on a number of safeguarding cases under the Pan-Sussex Multi Agency Procedures. BHCC worked closely with Sussex Community NHS Trust (SCT) who were then managing the service to ensure plans were in place to address concerns and a protection plan was put in place. Key issues being addressed were:

- the quality of care being provided at the service including record keeping and care planning
- medication errors and ability of the non clinical staff to carry out their functions in relation to management of medication
- management and leadership within the service and continuing issues with absence management and high use of agency staff

The Care Quality Commission subsequently inspected Knoll House on the 5th September 2012 and deemed that the service was non compliant in Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential. Following on from this it was mutually agreed between BHCC and SCT that responsibility for managing the service would be transferred from SCT to BHCC on 8th October. An action plan to improve the service was developed and submitted to the CQC on 9th October. A key benefit of the transfer is that the Council already operates three other residential care homes including Craven Vale which is also within the range of Community Short Term Services in the city. This significantly increases the level of support and resilience for Knoll House as a service.

In order to further facilitate the improvement plan at Knoll House, 6 of the 20 beds were closed from 31st October, to allow the home the time, space and capacity to take action to manage the risks and the change management issues. The closure of beds allowed for some of the essential development work and support to be delivered during this transition and for safeguards to be put in place. The service reopened the beds on 12th December and are now in the process of managing admissions back up to full capacity with the intention of this being complete by Christmas. BHCC continues to liaise with the CQC to ensure the improvement action plan is delivered and the Safeguarding process is scheduled for a review in mid January 2013.

The CCG and BHCC responded to these issues by spot purchasing additional beds and putting in additional nurse capacity to support medicines management. Discharge planning has also been tightly managed across the short term services with additional conference calls and multi disciplinary meetings being held in order to expedite earlier discharges from residential services into the community as long as this has been safe to undertake.

The Council will continue to support service improvements within Knoll House and progress the action plan in place to meet CQC compliance standards. While improvements have been made to date, there is ongoing work needed to create a sustainable environment in which the service can excel. The key focus of this work is in supporting and developing the core Council staff team within Knoll House and improving the culture and practice of staff within the service. In order to support staff in this endeavour the review of a significant number of management systems currently in place is required. This will involve aligning Knoll House with the Council's other Community Short Term Service at Craven Vale in terms of some of the processes, procedures and governance required to operate effectively within a local authority context.

3.3 *Integration of the rapid response services*

The Provider Management Board is working towards integrating the CRRS, Age UK Crisis service, OOH district nursing service and the roving GP service by April 2013. This virtual rapid response service will then be responsible for delivery of the rapid element of the Community Short Term Service. A detailed plan describing the route map for implementation was presented to commissioners on 19 December.

In addition, extra capacity has been commissioned in these services over the winter period including:

- day sitting capacity provided by Age UK to support patients in CRRS with dementia
- additional night sitting capacity provided by South East Health.

3.4 *Ongoing clinical governance and quality assurance for community short term service*

Commissioners are working together with Quality Governance in the CCG and the Adult Social Care Contracts Unit to put in place more robust arrangements for providing assurance of the quality of all aspects of the community short term service. The aim is to produce a single report quarterly that brings together the information in one place. We are seeking to extend the role of the Quality Review Nurse for nursing homes to include all aspects of community short term services. The quality assurance system would identify any issues at an earlier stage and help support providers to improve practice where required. The function of the Short Term Services Project Board will also change with half of the meeting operating as a Performance and Quality Board with the commissioners looking at all aspects of quality and performance in the services and holding all providers to account.

3.5 Arrangements for home care

We will be considering the options for the home care element within the Community Short Term Services. Currently staff from Brighton & Hove City Council are seconded to SCT to provide the home care elements of the short term service. In addition SCT provides rehabilitation assistants who provide a very similar function. The JCB will be consulted once the options have been worked up.

3.6 Update from the Provider Management Board

In April 2012 the Provider Management Board was formed by the Community Short Term Services partners; South East Health, Brighton & Hove City Council, Sussex Community Trust, Age UK Brighton & Hove, and Victoria Nursing Homes. The Board has worked very well together with the intention of improving and streamlining the way that they deliver short term services.

The PMB have:

- agreed the parameters of their work and how they will work together (producing a Partnership Agreement and common performance and quality measures),
- developed proposals, including an implementation plan, to create a single referral and assessment team by April 2013
- developed plans to provide a joined-up multi disciplinary approach which makes best use of all the services and resources available within the partnership and which will improve the cross-working and information sharing across the partnership.

This work has been informed by the views of current service users gathered via a short piece of research by Age UK, stakeholders through a workshop event attended by 50 health and social care representatives

3.7 Next steps for Short Term Services

Priority areas for now onwards include:

- ensuring the robustness of the current bed and community based models including the balance between bed and community based services, ensuring the right skill mix to meet levels of need and identifying options for supporting patients with dementia
- developing a formal framework for clinical responsibility for patients in the service
- implementing a more robust process for assuring commissioners of clinical governance and quality in the services
- the integration of the community rapid response elements of the service with a view to creating a single service by April 2013
- implementing the single point of access to the service to enable the delivery of 'one referral one assessment'
- working up options for the most effective way of providing the home care element of Community Short Term Services
- and evaluating both the service and the delivery mechanism and making recommendations to the JCB about next steps

4. **COMMUNITY ENGAGEMENT AND CONSULTATION**

Extensive patient, public and wider stakeholder feedback informed the final recommendations of the review. A well attended stakeholder event was held by the Provider Management Board in October. And Age UK is in the process of doing further work with users to inform the development of the rapid response element of the Community Short Term Service.

5. **FINANCIAL & OTHER IMPLICATIONS:**

5.1 Financial Implications:

The original service model sought to deliver savings of £2m which was based on 15% of the estimated cost of the service i.e approximately £13m. It is expected that a total of £1.3m savings will have been achieved by the end of 2013/14 with a further £259k in 2014/15 reflecting the fact that some of the changes only occurred part way through this year.

However there a number of risks to this including:

- The need to fund additional staffing to manage increased dependency levels
- The cost of spot purchased beds over the winter period
- Ad hoc arrangements to provide one to one care for patients with dementia and high level needs
- Additional homecare capacity for Community Short Term Services

All of these additional costs have been funded this year via joint health and social care non recurrent reablement allocations.

Finance Officer Consulted: Michelle Herrington 17/01/2013

5.2 Legal Implications:

This Report is for noting only so that no specific legal or Human Rights Act 1998 implications arise. However both Health and Social Care partners need to ensure that their relative statutory health and community care duties are continued to me with regard for individuals Human Rights through the commissioning and delivery of this service.

Lawyer Consulted: Sandra O'Brien Date: 09/01/13

5.2 Equalities Implications:

The reconfiguration of short term services is a key element of the Urgent Care Commissioning Plan which has been subject to a full equalities impact assessment. The new model for short term services will improve equity, creating a new more streamlined, efficient, tailored and effective service which improves patient outcome and experience.

5.3 Sustainability Implications:

The reconfiguration of short term services will develop a new sustainable model of care which will make a positive ongoing contribution to preventing inappropriate admissions and facilitating effective discharge. The development of existing estate

within the city will take due account of sustainability implications in line with the LA sustainability principles and duties.

5.4 Crime & Disorder Implications:

There are no crime and disorder implications arising from this work.

5.5 Risk and Opportunity Management Implications:

A high level risk register is maintained by the CCG as part of its secretariat function for the Short Term Services Project Board. Risks and mitigating actions are reviewed at the STS Project Board meetings].

5.6 Public Health Implications:

The new service will have an increased focus on prevention and therefore will aim to avoid and reduce the severity of patient illness, improving both patient outcomes in addition to being more efficient. The inclusion of the development of a new integrated rapid response service ensures that patients who do require a more urgent intervention receive this in a timely and more effective way, improving outcomes and reducing the need for long term care

5.7 Corporate / Citywide Implications:

The reconfiguration of short term services will have a positive impact on all wards of the city, reducing inequalities and improving patient outcomes and experience.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 During the Short Term Services Review a range of options were considered, including maintaining the current split between means tested adult social care and free NHS services and in taking different approaches to the tendering of one element of the future service. However it was felt that these approaches would have maintained inequities in the system and failed to resolve the complexity for staff and patients.

6.2 And in terms of delivery the JCB considered and discounted the option of tendering for the whole of the short term service model at the November 2011 meeting. In part this decision was informed by market testing that had been undertaken which suggested that there was not a suitable provider for the service.

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 No recommendations are being made as part of this report

