| ADULT CARE & HEALTH COMMITTEE MEETING JOINTLY COMMISSIONED (SECTION 75) BUSINESS | **Agenda Item 8**<br><br>Brighton & Hove City Council |
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| **Subject:** | | **Community Short term services – an update** | | |
| **Date of Meeting:** | | **17 June** | | |
| **Report of:** | | **Geraldine Hoban – Chief Operating Officer** | | |
| **Contact Officer:** | **Name:** | **Anna McDevitt** | **Tel:** | **01273 574841** |
| | **Email:** | **annamcdevitt@nhs.net** | | |
| **Key Decision:** | **No** | | | |
| **Ward(s) affected:** | | **All** | | |

**FOR GENERAL RELEASE**

## 1. SUMMARY AND POLICY CONTEXT:

1.1 The Community Short Term Services (CSTS) are a collection of services that work closely together to provide rehabilitation and crisis care to people that enable them to either remain at home rather than going to hospital or enable them to be discharged from hospital following an episode of care. Providers of services include Brighton & Hove City Council, Sussex Community Trust, South East Health, Highgrove nursing home and Age UK.

1.2 This report

- provides a general update on Community Short Term Services
- provides an update on the areas highlighted for next steps in the January report
- and draws attention to ongoing issues that need resolution where decisions will need to be made over coming months.

1.3 In the update provided to the JCB in January 2013 the following areas were highlighted as priorities for next steps for Community Short Term Services:

- ensuring the robustness of the current bed and community based models
- ensuring the right balance between bed and community based services
- ensuring the right skill mix to meet levels of need and identifying options for supporting people with dementia
- developing a formal framework for clinical responsibility for people using the service
- implementing a more robust process for quality assurance
- integrating 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
- working up options for the most effective way of providing the home care element of Community Short Term Services
- evaluating both the service and the delivery mechanism and making recommendations to Committee about next steps

## 2. RECOMMENDATIONS:

2.1 The Adult Care and Health Committee is asked to note this general update on the Community Short Term Service.

## 3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 *General update*

3.1.1 Since last October the bed and community side of CSTS have been under enormous pressure and have been the focus of much attention in the local health economy wide discussions about system pressures. There have been a number of external factors that have contributed to the pressure in CSTS:

- the long and bad winter has increased demand for beds
- the increase in the number of people admitted to hospital has put pressure on the health system
- the acuity and dependency levels of patients being discharged to beds has increased and put extra demands on the staff
- the absence of ward based therapy for patients whilst in RSCH has exacerbated patients needs for therapy when they finally get into a community bed – again this has placed additional pressure on the service

3.1.2 In addition Knoll House has not been operating at its 20 bed capacity since 1st March. It has only had 12 beds open for admissions since 8 April. Consequently the CCG has spot purchased an additional 15 beds from the Victoria Nursing Home Group as well as additional therapy and nursing input to make up for the reduced number of beds at Knoll House and the general extra demand for beds.

3.2 *Knoll House*

Knoll House provides 20 beds to support people with short term rehabilitation needs when they leave hospital, or to prevent hospital admission. Last year the model of service was changed from a clinically led service managed by Sussex Community Trust, and the management responsibility returned to Brighton & Hove City Council. BHCC has taken forward a major improvement programme which includes dealing with previous safeguarding concerns, addressing the Care Quality Commission (CQC) improvement plan, implementing a new more robust management structure, improved partnership documentation and communications, and recruiting and inducting a permanent staff group- 14 new staff have been recruited. Knoll House is operating at a reduced capacity of 12 beds whilst these actions are being taken forward. It is anticipated that the service will return to full capacity within the next 2-3 months once the CQC improvement plan has been fully actioned, and the new cohort of permanent staff have been inducted.

3.3 *Service model and skill mix*

3.3.1 Sussex Community Trust has conducted a review of the nursing needs of the patients in the CSTS beds. In addition we have commissioned one of our public health consultants to carry out a needs assessment for the bed based part of the service which will also inform the appropriate skill mix needed.

3.3.2 At Committee in March 2013, members approved plans to develop an additional 20 beds at Craven Vale for short term services. Careful consideration needs to be given to an appropriate staffing model at Craven Vale to ensure people are adequately supported by the CSTS.It is clear that there will need to be some beds with 24 hour nursing in the system going forward and as it stands neither Cravenvale or Knoll House is in a position to offer this. Discussions between senior officers (both commissioners and providers) are taking place about this.

3.3.3 We are confident that the number of beds and community provision are appropriate. The System Improvement Plan that now exists to support the required improvements in A&E, includes changes to therapy input and the way patients are managed when they first attend A&E, and will have an impact ultimately on CSTS. Other areas that have implemented changes to frailty pathways in hospital have seen a significant reduction in the demand for bed based rehabilitation with the majority of patients going home with support. And as highlighted in the January report our bed numbers are consistent with the recommended number for a city like ours.[1]

3.3.4 In addition it has become more apparent that there are an increasing number of people with dementia who require community short term services. Many of these people need 24 hour nursing as well as requiring some rehabilitation. As a result, commissioners are considering how such provision can be developed.

3.3.5 The needs of service users being transferred from hospital are increasingly complex. Considerable work has been done to ascertain the staffing requirements to support people safely to ensure their needs are met. This includes work to ensure we have the right skill mix in place, the right balance between community and bed based services and agree on how best to use the community bed services.

3.4 *Clinical responsibility*

It was agreed with GPs in the CCG that clinical responsibility for patients whilst they are supported in their own homes are the responsibility of the patients own GP. When patients are in either Knoll House, Craven Vale, or Highgrove the roving GP service is clinically responsible for the patient and will liaise as necessary with the patients own GP. And if a patient being supported by the Community Rapid Response Service (this service is provided for the first 72 hours within the CSTS) needs clinical input this will first be sought from the patients' own GP and failing this the roving GP will be contacted. The RGP is expected to liaise with the patients' own GP.

[1] National Audit for Intermediate Care 2012

3.5 *Quality assurance*

Discussions have begun across the CCG/BHCC to develop a robust quality assurance process for all community short term services to ensure that people are well supported in their journey through all the different elements of the services. There is an intention to undertake this work jointly, with the appropriate health & social care professionals involved in monitoring the quality of services. Reports on quality will be presented to the Short Term Services Board on a regular basis. The expectation is that going forward there will be clinical involvement in this meeting also.

3.6 *Service integration and single point of contact*

Since the beginning of April it has been possible for referrers to the CSTS to only make one referral and for patients to only be assessed once if multiple services are required. This was one of the recommendations of the Short Term Services Review. Referrals are made via the NHS Professional Support Line. There is still further work to do to ensure a more streamlined process for patients accessing beds with CSTS.

3.7 *Home care*

A multi agency piece of work is underway to look at the arrangements for commissioning home care. Specifically the task and finish group will:

- clarify the pathways for services users/ professionals, in both accessing and moving on from the service
- clarify the commissioning arrangements for home care to ensure that resources are used optimally and flexibly
- clarify the roles and responsibilities of the different elements of home care services operating in (and relating to) Community Short Term Services

This group will report into the Short Term Services project board in June.

3.8 *Service Developments*

3.8.1 Over recent months providers are reporting that people are being discharged with increasingly high levels of need. This change in needs has been dealt with in a reactive way by the providers, for example by increasing the levels of staffing and changing the skill mix within parts of the CSTS. It is important to understand whether these increased demands are temporary and can be managed as they currently are, or whether there needs to be a change in way the services are delivered, and in the model of staffing. This has had an impact on people who use the service whose discharge from hospital may have been delayed, and on relationships between providers where responsibilities have been unclear.

3.8.2 The priorities of the Provider Management Board ( PMB) for 2013/14 include

- Improving the experience and outcomes for people using the CSTS
- Understanding the change in demands for CSTS and providing a co-ordinated and planned response to ensure that hospital discharges are managed more effectively
- Provide better clarity about roles and responsibilities to ensure effective partnership working.
- developing a common understanding of the role of the service and improving relationships between partner organisations
- addressing operational issues, including the assessment process
- Ensuring that Knoll House returns back to full capacity
- Improving data collection and reporting about the whole system

Commissioners will continue to work closely with the PMB to monitor the work plan.

3.8.3 There is a willingness amongst providers to make the service work and to support patients as best that providers can. Despite difficulties over the winter, the service has supported an enormous amount of patients and has delivered a high quality service. Significant improvements have been made at Knoll House and this should not be underestimated.

3.8.4 One of the key challenges for the providers will be developing a common understanding of the role of the service. Given the complexity of some of the patients entering short term beds, it is increasingly important to ensure that their needs can be safely met in a care home environment. Commissioners are in agreement that the service is intended to support patients with rehabilitation needs, and admission to a bed is dependent on the patients' potential to improve their capacity to manage.

3.8.5 This scope of the service is clearly defined in the service specification which will be cleared by the STS project board and will be the mandate for the CSTS.

3.8.6 The PMB approach for managing CSTS was the best fit at the time – we are reviewing other options and it is possible that in the short term a simple change such as bringing in an independent and dedicated manager to oversee the whole of the CSTS might make it easier for the required service improvements to be made.

3.9 *Summary of the ongoing issues and decisions that will need to be made*

Key decisions and issues to resolve for commissioning bodies over the coming months include

- confirming the numbers of beds and community places needed
- deciding how many of these beds need to have 24 hour nursing
- confirming the arrangements for patients who have dementia and rehabilitation needs
- agreeing where these nursing beds should be provided
- reviewing the PMB arrangements and considering other options for proving leadership and oversight of the CSTS both in the short and medium term
- agreeing how the CSTS works more closely with Independence at Home

These matters are all being considered by officers and a further paper will be shared with this committee when decisions are required.

## 4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 Age UK (Brighton and Hove) were tasked with carrying out user engagement with people in receipt of CSTS. A copy of the report is attached at annex A.

4.2 The majority of people surveyed were pleased with the care they received from the services, however there are a number of areas which were identified as requiring further work and these include:

- lack of clarity around the arrangements for home care provision
- poor communication between services and with patients
- patients having multiple assessments
- confusion over the arrangements for managing patient medication and a need for more systematic review of a patients medication
- large amounts of documentation for each patient and multiple care plan

The PMB has already put in place a number of changes to the way that they work as a result of this feedback and have developed an action plan that they will oversee to address other issues within their control. Some issues also fall outside the remit of the PMB and will need to be addressed with other organisations.

## 5. FINANCIAL & OTHER IMPLICATIONS:

5.1 Financial Implications:

There are a number of outstanding issues, as discussed in the body of this report, the financial implications of which are currently being worked through and will be reported in due course.

*Finance Officer Consulted: Michelle Herrington/Debra Crisp Date: 03/06/13*

5.2 Legal Implications

This Report is for noting only so 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 be met with regard for individuals Human Rights through the commissioning and delivery of this service.

*Lawyer Consulted: Sandra O'Brien Date: 24 May 2013*

5.3 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.

5.4 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.

5.5 Crime & Disorder Implications:

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

5.6 Risk and Opportunity Management Implications:

Commissioning level risks are recorded via CCG systems and monitored by the internal PMO at the CCG as well as at the Short Term Services project board.

5.7 Public Health Implications:

The new service will have an increased focused 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

5.8 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 When a further paper is submitted relating to the key areas for decisions as set out in paragraph 4.2, options for solutions will be evaluated.

## 7. REASONS FOR REPORT RECOMMENDATIONS

7.1 No recommendations are being made as part of this report

## SUPPORTING DOCUMENTATION

**Appendix 1:** Older people's experiences of short term health and social care in Brighton and Hove February 2013 by Age UK Brighton and Hove