ADULT CARE & HEALTH COMMITTEE	Agenda Item 51 Brighton & Hove City Council

Subject:		**Community Short Term Services – an update**		
Date of Meeting:		**20 January 2014**		
Report of:		**Chief Operating Officer, Brighton & Hove Clinical Commissioning Group and Executive Director Adult Services**		
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Ward(s) affected:		**All**		

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

1.1 The Community Short Term Services (CSTS) provides a range of health and social care services that provide rapid assessment and time limited support to:

a. Prevent avoidable hospital attendances and/ or admissions;
b. Support people to recover from a spell of illness/injury following a stay in acute hospital; and
c. Maximise a person's independence through rehabilitation and reablement.

1.2 **There are two purposes to the report:**

a. To propose changes to Independence at Home (the Council's directly provided home care service) as a result of developments in the home care element of CSTS; and
b. Provide a general update on CSTS including those areas highlighted in the June 2013 report.

2. RECOMMENDATIONS

2.1 Adult Care & Health Committee are asked to agree the proposals for Independence at Home to concentrate on providing short-term reablement services and to withdraw from providing services at New Larchwood.

2.2 Adult Care & Health Committee is asked to note this general update on Community Short Term Services.

3. CONTEXT/ BACKGROUND INFORMATION

3.1 CSTS is provided by:

a. Brighton and Hove City Council (Knoll House and Craven Vale);
b. Sussex Community NHS Trust (home based services and in-reach to Knoll House and Craven Vale for nursing and therapies, and in-reach to Highgrove for therapy);
c. Age UK Brighton and Hove (Crisis and day sitting);
d. Integrated Care 24 Ltd (roving GP and out of hours district nursing);

e. Victoria Nursing Homes Group (Highgrove); and
f. Brighton and Sussex University Hospitals NHS Trust (Care of the Elderly Consultants).

4. HOME CARE SERVICE

4.1 A multi-agency group was established to look at the arrangements for commissioning home care within CSTS. The purpose of this group was to:

a. Ensure that all home care provision for service users with short term needs was used optimally; and
b. Explore the inter-relationships between services, and make suggestions for improvements.

4.2 It was established that the home care team in CSTS were struggling to cope with the demand for their service and as a result additional temporary support was being provided by an independent agency (Mi-Home care), in order to meet demand.

4.3 The Independence at Home team (home care directly provided by the Council) are specifically trained to provide a reablement service and these skills were well matched to the needs of the CSTS team. The majority of their work is short term and generated from hospital discharge but not all the cases they receive have a reablement need. They also provide:

a. Support to community assessment teams;
b. End of life care;
c. The care element of Extra Care housing at New Larchwood including a 24 hour on-site staff team;
d. A Community night service operating from 19.30 to 07.30; and
e. Care to a small number of long-term service users with very complex needs.

4.4 Independence at Home has a high success rate for achieving good outcomes through reablement and the team has been concentrating on short term work for several years in order to optimise the skills of staff and the make the best use of resources.

4.5 To offer service users a more streamlined service, and to make the best use of existing resources, the CSTS Project Board agreed that Independence at Home and the CSTS home based care team should become one team, integral within the CSTS model.

4.6 **There are 4 main implications for the decision:**

a. **Independence at Home:** the team will focus on the provision of short term reablement services
b. **New Larchwood**: As Independence at Home focus on CSTS work it will be necessary to withdraw from providing care at New Larchwood. To enable this to move forward, the care element at New Larchwood would need to be provided by an independent provider. **(See section 5 below).**
c. **Home care staff in CSTS:** A consultation will take place with staff from the home based care team in CSTS about their transfer into the Independence at Home team. Protocols for clear and robust

communication will need to be agreed to ensure that the homecare service remains integrated with the other elements of CSTS.

d. **Charging**: Currently people are subjected to a financial assessment and may contribute to the cost of Independence at Home, but people who receive CSTS homecare do so free of charge which is inequitable. This model will require the Independence at Home service to be free of charge for service users of CSTS for up to 6 weeks. This issue is also covered within the separate report on charging to Adult Care & Heath Committee.

4.7 An element of Independence at Home would continue to provide a service to enable Adult Social Care to fulfil its statutory duties.

4.8 **Advantages of the proposed changes to home care services in CSTS:**

a. Having one integrated home care team within CSTS will enable a more streamlined approach to reabling home care;
b. This will reduce inequality for service users;
c. There will be increasing levels of co-operation and joint working between the health & social care organisations working within the CSTS team; and
d. Pathways between the different disciplines and organisations will be clear and direct, and duplication of effort should be reduced.

4.9 A project plan has been created to scope the next steps to take this work forward in the coming months with a target date of April 2014 for amalgamation of the home care team.

5. NEW LARCHWOOD

5.1 Background information

5.1.1 There are 39 flats at New Larchwood extra care housing facility. The building is owned by Hanover Housing Association.

5.1.2 The 'Extra Care' element of New Larchwood is currently provided by a combination of Independence at Home (I@H) Brighton and Hove City Council (BHCC) in house domiciliary care team and private providers

5.1.3 The care provided to service users living in NLW is generally longer term as opposed to short term reablement.

5.2 New Larchwood Service User Information

5.2.1 Tenants at New Larchwood range between 63 and 100 years of age. The average age is approximately 75 years. Profile of needs include people with a physical disability, learning disability, alcohol dependency, mental health requirements and age-related frailty.

5.2.2 I@H currently provides care to 22 of the 36 tenants (269 hours per week.) In total 8 tenants receive support from Independent Providers.

5.2.3 The average care package for tenants is 12.2hrs per week, with the lowest care package at 0.25hrs and the highest being 45.50hrs.

5.2.4 There are three care packages that are split and have support from both Independent providers and BHCC I@H service. I@H provides the night calls.

5.2.5 Due to increased dependency of tenants and demands for increased hours of care, some tenants were reviewed and now have their care packages provided by an independent care provider.

5.2.6 The mix of different providers that has developed over time has created some confusion for service users and other professionals working at New Larchwood.

5.3 New Larchwood Staffing

5.3.1 Staff from I@H are available at New Larchwood to provide care over a 24 hour period. Service users have an allocated care package, but may require some assistance in between calls.

5.3.2 A total of 22 staff currently work at NLW. This is broken down into 7 night staff and 15 day staff. In addition there are currently 3 vacancies on days.

5.3.3 Management and administration time is also allocated to NLW however this is managed via the main homecare service.

5.4 Proposals for a new model of care at New Larchwood

5.4.1 Section 4 of this report outlines the reason for considering a new model of care at New Larchwood. Members are asked to agree the proposals for Independence at Home to concentrate on providing short-term reablement services and to withdraw from providing long term services at New Larchwood.

5.4.2 This will mean that an alternative new care service at New Larchwood will have to be commissioned for service users using the Council's tendering process. The current home care contractual arrangements for the city allow for the framework providers to take on extra care work if it is within the district locality where they are the main district provider. This allows for a hub and spoke model to develop in the locality of New Larchwood (Coldean area).

5.5 Implications for service users and staff at New Larchwood if the service is tendered to a private provider

a. Service users will be assured that they will continue to have their needs met, although the care will be provided by another provider.
b. The transfer of the extra care work to another framework provider is likely to be a TUPE event for the purposes of the Transfer of Undertakings (Protection of Employment Regulations. A TUPE event occurs where a 'distinct undertaking' (e.g. work location, work unit, team) changes contractor or ownership.
c. This would mean that, based on current staffing, 22 contracted council employees (14.4 FTE) would potentially be entitled to transfer to the new provider on their current terms and conditions. This may make the contract less attractive to independent providers as organisations cannot opt out of TUPE if it applies.

d. Staff covered by TUPE but who do not want to transfer to another provider could potentially have the opportunity to apply for vacant posts across the council (which may include vacancies in the I@H service). Consideration would need to be given to supporting staff in a recruitment and selection process. If a transferring employee commenced in an alternative council post outside of New Larchwood prior to the point of transfer they would not transfer to the new provider.

5.6 Benefits for service users & staff:

a. This is a tried and tested model and has been adopted successfully by many other Local Authorities across the UK and a private provider is contracted to provide care at Patching Lodge.
b. Service users can be involved in the service specification and selection process for the new provider.
c. This option offers the least risk, since it would be tied into a clear specification with a dedicated service provider bound by a contract that BHCC can enforce.

5.7 Budget savings and New Larchwood

5.7.1 The proposals for savings in Adult Social Care budget for 14/15 includes proposed savings of £150k in 2014/15 from New Larchwood.

6. COMMUNITY SHORT TERM SERVICES UPDATE

6.1 Knoll House

6.1.1 Knoll House has 20 intermediate care beds provided for CSTS. From March 2013 until November 2013 Knoll House was only open to 12 beds due to safeguarding concerns and work needed to address the Care Quality Commission (CQC) improvement plan. A recent CQC visit (September 2013) stated that Knoll House was fully compliant with all eight standards and the establishment is now working at full capacity.

6.2 Needs Assessment Audit

6.2.1 The commissioners regularly monitor the CSTS to ensure it continues to fulfil the needs of the service users and that there is the right balance between beds and home based services and appropriate skill mix. A needs assessment audit was carried out in January 2012 focussing on bed based services and a re-audit was undertaken in August 2013 on all aspects of the CSTS.

6.2.2 Although it is recognised that the demographic population of Brighton and Hove does not reflect the regional older population growth, the city has a relatively larger group of people living in isolation who are more vulnerable and dependent on public services[1] including CSTS. The audit did show that most service users were female and over 75 years old.

[1] Brighton and Hove Information Service 2012 Joint Strategic Needs Assessment Chapter 7.3 http://www.bhlis.org/jsna2012

6.2.3 Most users of CSTS were referred for rehabilitation post-operatively or following a fall. The outcomes were favourable with the majority of patients maximising independent living and returning to or remaining in their usual place of residence.

6.2.4 For both nursing and therapy support in CSTS, the most intensity required was 2-3 visits/ reviews per day with the majority just requiring 1 visit/ review each day for nursing and 1-2 visits/ reviews per week for therapy.

6.2.5 One of the main findings was that the social and personal care element of a service user's needs was extremely important to them achieving their goals and being discharged from CSTS. In the audit, 80% of the patients benefitted from this level of care.

6.2.6 The findings from this audit will be used to improve the CSTS model further. This will include further resource in home based services, social care and reablement to provide proactive prevention and ultimately reducing unavoidable hospital attendances and provide a step-down to CSTS bed based services, as well as supporting early discharge from the acute sector.

6.2.7 The recommendations following the audit are:

a. To review the pathways from the acute to CSTS;
b. To review the admission and discharge processes within CSTS;
c. To continue to improve the model to reflect user needs that ensures patients can remain in their own home as much as possible, wrapped around the patient, the right care at the right time in the right place;
d. To ensure that the resources and workforce are available to achieve the optimum model; and
e. To ensure learning from the needs assessment informs the future frailty model within Brighton and Hove.

6.2.8 Consideration was given to developing additional beds at Craven Vale Resource Centre. This is not being taken forward as the focus is on growing community services rather that developing more bed based services. Currently other options are being considered for Craven Vale.

6.3 Clinical governance

6.3.1 The committee are asked to note there is agreement with regards clinical governance arrangements, and roles and responsibilities within CSTS.

6.3.2 The service specification has been re-drafted to ensure there is clarity about roles, responsibilities and accountability, in particular for the medical accountability and roles and responsibilities for in-reach services to the beds.

6.4 Service improvements

6.4.1 In December 2012 Age UK (Brighton and Hove) commenced a dementia day sitting service pilot as part of the CSTS. The success of this pilot resulted in the CCG formally commissioning this service from June 2013 and extending it to include all day sitting needs not just those people with dementia.

6.4.2 The medium term (next two years) commissioning intentions include an integrated model of care for frail people in Brighton and Hove. This will mean the development of an overall system of care centred round keeping frail and/ or vulnerable people well in the community. Significant work has already been done to improve the frailty pathway in Brighton and Hove (for example, development of Integrated Primary Care Teams, to provide a more holistic model of care and Care of the Elderly Consultants supporting community patients). However the approach that has been taken has been relatively piecemeal and whilst there have been improvements to the range of services and collaboration between providers; the system of care does not always provide seamless holistic care and there continues to be demand on acute services. This proposed development will include people cared for within CSTS.

6.4.3 In December 2013 the Independence at Home team commenced joint working with CSTS by assisting with in-coming work where referrals started to exceed capacity. This is enabling pathways and communication to be "tested" and refined as well as increasing capacity within CSTS homecare ahead of the team becoming one.

6.5 Service Developments

6.5.1 The services have been working on a number of service improvements involving patient flow through the system.

6.5.2 One example of this is the development of both a bed based and home based CSTS escalation flow diagram. This outlines the trigger points in the system when a number of patients waiting for CSTS services reach a certain level there are clear actions and responsibilities that are followed.

6.5.3 Another example is the formation of a discharge planning task and finish group and subsequent action plan. This has enabled the bed based services to pilot new ways of working, such as daily board rounds, multi-disciplinary meetings with patients and carers/ family, as well as the establishment of a dependency tool.

6.6 Quality monitoring

6.6.1 There is a monthly CSTS Board meeting with representation from the joint commissioners in BHCC as well as all providers and a representative from Healthwatch.

6.6.2 The Board recognised the importance of including quality assurance in the monitoring of the service to ensure that service users are well supported in their journey through all elements of the service. Both the CCG and Adult Social Care jointly work together to monitor care governance and quality.

6.6.3 A quality part of the agenda has been established and the membership of the Board now includes the Lead Nurse, Director of Clinical Quality & primary Care, a Care of the Elderly Consultant and a Lead Nurse for community services. The key performance indicators associated with quality are currently being agreed.

6.7 Winter/ surge planning

6.7.1 The CSTS recognises its importance in supporting secondary care, Brighton and Sussex University Hospitals NHS Trust and other community and social care services during the winter surge which often results in increased demand.

6.7.2 CSTS has increased resources and capacity. The CSTS winter projects include:

a. Additional resource in Community Rapid Response Service (CRRS);
b. Additional social worker resource in CRRS;
c. Additional resource in Age UK Brighton and Hove crisis service;
d. Extended roving GP hours;
e. Additional night sitting service;
f. Dedicated transport for CSTS patients to support discharge;
g. Additional homecare capacity; and
h. 4 additional short term service beds.

6.7.3 All the projects will be monitored and measured to ensure they relieve the pressure within the system.

6.8 Summary of any on-going work

6.8.1 The Committee are asked to note that the commissioners have mechanisms in place to assure that the service delivers quality care and continues to have sufficient capacity to meet demand. The on-going work includes:

a. Sign off of the service specification by CSTS Board;
b. Monitoring and evaluation of the surge/ winter projects;
c. Homecare consultation and implementation; and
d. Aligning any service improvements to the integration agenda.

7 ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

7.1 Considerable work had been undertaken by health & social care professionals to redesign services to make them more accessible to individuals, and to reduce handoffs and duplication.

8 COMMUNITY ENGAGEMENT & CONSULTATION

8.1 The Brighton and Hove CCG and Adult Social Care engage with the residents of the city on a regular basis. The CCG meet with Healthwatch on a quarterly basis discussing key commissioning themes and intentions that include community services. A summary document on all draft commissioning intentions will be sent to Patient Participation Groups across the city over the coming months.

9. CONCLUSION

9.1 The committee is asked to agree the proposals concerning Independence at Home to ensure it makes the best use of resources, promotes increased joint working, and results in the more streamlined service to the individual.

9.2 The committee is asked to note and consider the update on CSTS.

10. FINANCIAL & OTHER IMPLICATIONS:

10.1 It is anticipated that the recommendation for Independence at Home to concentrate on providing short-term reablement services and to withdraw from providing services at New Larchwood will deliver improved value for money and contribute to the Home Care savings proposals included in the BHCC budget strategy which is subject to approval by Budget Council in February 2014.

10.2 The total cost for the winter/ surge projects for CSTS is £694,000 and additional funding has been identified and allocated as follows in table one:

Winter/Surge Funding	£k	Allocated to
Winter Contingency - funding held by CCG		
Additional resource in Community Rapid Response Service (CRRS)	105	SCT*
Additional social worker resource in CRRS	100	BHCC
Additional resource in Age UK Brighton and Hove crisis service	20	AUK**
Additional homecare capacity	75	BHCC
	300	
Reablement Fund - funding held by CCG		
Additional short term service beds	190	
Winter/ surge central money - joint bid funding		
Extended roving GP hours	42	IC24***
Additional night sitting service	47	IC24
Dedicated transport for CSTS patients to support discharge	40	SMS****
Additional resource in CRRS to supplement above	75	SCT
	204	
Total Funding	694	

Table One: summary of winter/ surge projects costs

*SCT – Sussex Community NHS Trust
**AUK – Age UK (Brighton and Hove)
***IC24 – Integrated Care 24 Ltd
****SMS – Sussex Medical Services

Finance Officer Consulted: Michelle Herrington *Date: 06/01/2014*
Finance Officer Consulted: Debra Crisp *Date: 06/01/2014*

Legal Implications:

10.3 CSTS is a jointly commissioned service so that approval of the recommendations in this report is required from both the Council and CCG.

10.4 The re-commissioning of the extra care services at New Larchwood has both contractual and employment implications.

10.5 From a contractual perspective, the services are classed as 'Part B' by the EU Procurement Rules. This means that the process of awarding the work to a new

provider or new providers must be fair and transparent. The Council's Contract Standing Orders (CSO's) require that all contracts for social care services are able to demonstrate value for money. The use of the existing Framework Agreement to appoint a new provider or providers will ensure that these requirements are satisfied.

10.6 The legal position in relation to the current BHCC employees is set out in the body of the report at paragraphs 5.5 a-d. In summary, it is likely that TUPE will apply, giving staff an entitlement to transfer to any new provider or providers.

Lawyer Consulted: Sandra O'Brien *Date: 07/01/2014*

Equalities Implications:

10.7 The commissioning of CSTS is a key element of the Mental Health and Community Services Commissioning Plan for the CCG which has been subject to a full equalities impact assessment. The model for CSTS strives to improve equity, creating a new more streamlined, efficient, tailored and effective service to improve patient outcome and experience.

Sustainability Implications:

10.8 The commissioning of CSTS ensures a sustainable model of care which will make a positive on-going contribution to preventing inappropriate admissions and facilitating effective discharge. Any future development of existing estate within the city will take due account of sustainability implications in line with the LA sustainability principles and duties. The proposal for New Larchwood makes the best use of resources and enables Independence at Home to concentrate on reablement and rehabilitation services.

Any Other Significant Implications:

10.9 No other significant implications to note.

Crime & Disorder Implications:

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

Risk and Opportunity Management Implications:

10.11 Commissioning level risks are recorded via CCG risk management systems and monitored by the internal Project Management Office at the CCG as well as at the CSTS board.

Public Health Implications:

10.12 The CSTS is focused on prevention and aims to avoid and reduce the severity of patient illness, improving both patient outcomes in addition to being more efficient. The inclusion of the integrated CRRS and Independence at Home ensures service users who do require intervention receive this in a timely and more effective way improving outcomes and reducing the need for long term care.

Corporate / Citywide Implications:

10.13 The CSTS continues to have a positive impact on all wards of the city, reducing inequalities and improving patient outcomes and experience.

SUPPORTING DOCUMENTATION

None