

South Worcestershire Integrated Recovery Programme

Agenda item 7

Date	15 July 2015																
Board Sponsor	Dr Richard Harling, Director of Adult Service and Health, WCC Dr Carl Ellson, Chief Clinical officer, NHS SWCCG																
Author	Nisha Sankey, Head of Transformation, NHS SWCCG																
Relevance of paper	<p>Priorities</p> <table border="0"> <tr> <td>Older people & long term conditions</td> <td>Yes</td> </tr> <tr> <td>Mental health & well-being</td> <td>No</td> </tr> <tr> <td>Obesity</td> <td>No</td> </tr> <tr> <td>Alcohol</td> <td>No</td> </tr> <tr> <td>Other (specify below)</td> <td>No</td> </tr> </table> <p>Groups of particular interest</p> <table border="0"> <tr> <td>Children & young people</td> <td>No</td> </tr> <tr> <td>Communities & groups with poor health outcomes</td> <td>Yes</td> </tr> <tr> <td>People with learning disabilities</td> <td>No</td> </tr> </table> <p>Has an equality impact analysis been carried out? Yes</p> <p>If yes, please summarise findings: Main concern is the increase in the over 65 population expected in the next 3 years- modeling has been completed to ensure that the capacity of the service will be able to cope with increase in demand and ensure that access to the service is not compromised.</p> <p>Needs of carers also highlighted in the EIA.</p>	Older people & long term conditions	Yes	Mental health & well-being	No	Obesity	No	Alcohol	No	Other (specify below)	No	Children & young people	No	Communities & groups with poor health outcomes	Yes	People with learning disabilities	No
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Item for	Decision																
Recommendation	<p>1. That the Health and Well-being Board:</p> <p>a) Note and endorse progress with development of integrated health & adult social care recovery services in South Worcestershire and the plan to</p>																

progress integration further as part of the South Worcestershire trailblazer bid;

- b) Approve the procurement of a single integrated community based inpatient nursing and rehabilitation unit, provided at the existing Timberdine site, noting the associated Better Care Fund implications and procurement timeline; and**
- c) Note the delegated authority awarded by Worcestershire County Council Cabinet in July 2014 to the Cabinet Member for Health & Well-being, in consultation with the Director of Adult Services and Health, to agree with NHS South Worcestershire Clinical Commissioning Group the details of the specifications for integrated health and adult social care re-ablement and rehabilitation services, including Timberdine, the costs that can be met from the Better Care Fund, and how providers should be procured.**

Background

- 2. NHS South Worcestershire Clinical Commissioning Group's (SWCCG) and Worcestershire County Council's South Worcestershire Integrated Recovery Programme is a series of interlined large scale change projects that together will achieve greater integration of health and social care for older people who need support to regain their independence following a crisis at home or admission to hospital.
- 3. Over the last 18 months work has been underway to determine how services could be redesigned and improved. This has been undertaken in tandem with work by the South Worcestershire Alliance Board to develop its vision of a new model of care, which will be the key component of the developing South Worcestershire Trailblazer proposal. This work is now at a point where agreement is required from the Health & Well-Being Board to commit BCF resources to support the procurement process.

Current system

- 4. Recovery services currently commissioned by SWCCG and the Council and in scope of this project are:
 - Recovery at home services
 - Night services
 - Inpatient nursing and rehabilitation services
 - Howbury House Resource Centre
- 5. These services typically offer re-ablement, rehabilitation and support for a period of 6 weeks to older people with acute health and/or social problems in order to avoid acute hospital admission or facilitate discharge, and as far as possible to return people to their previous level of

Future demand

independence in order to avoid or reduce the need for long term care.

6. Full details of funding and current providers are listed in Appendix 1. Collectively the services have a commissioning budget in excess of £12m, much of which comes from the Better Care Fund (BCF). This affords an opportunity for SWCCG and the Council to work together to achieve better outcomes for this rapidly growing client group.
7. SWCCG includes 32 general practices with a total list size of 298,389 (April 2015). It accounts for approximately half of the registered population in Worcestershire and has a slightly higher proportion of people aged 75 and over [n=29,038] compared to the rest of the county. Population projections indicate that the rate of growth in this age group will be 4.1% per annum, suggesting there are likely to be 35,000 people aged 75 and over by 2020.
8. The predicted impact of this demographic pressure on some of the current recovery services has been modeled using the existing demand as a baseline – see Table 1 and 2. This indicates that demand for services is likely to increase. Maintaining current service to an increased number of people will not be possible without further investment, significant efficiencies, or both.

Table 1: South Worcestershire integrated community team enhanced care pathway - projected demand

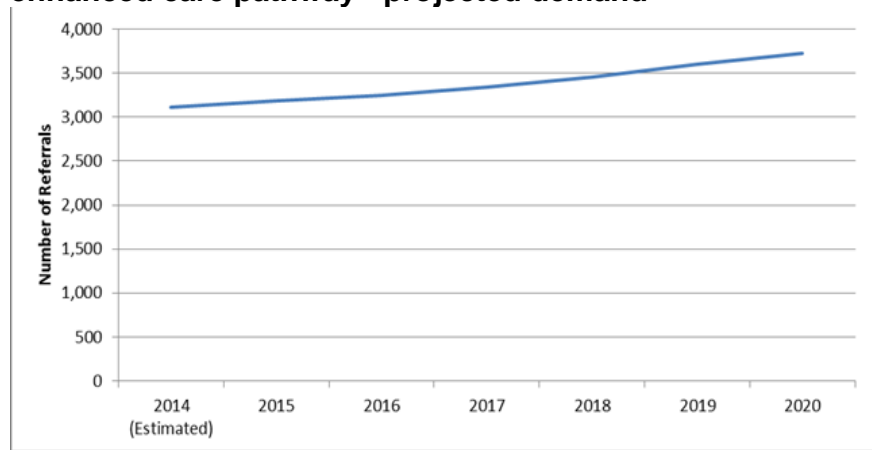
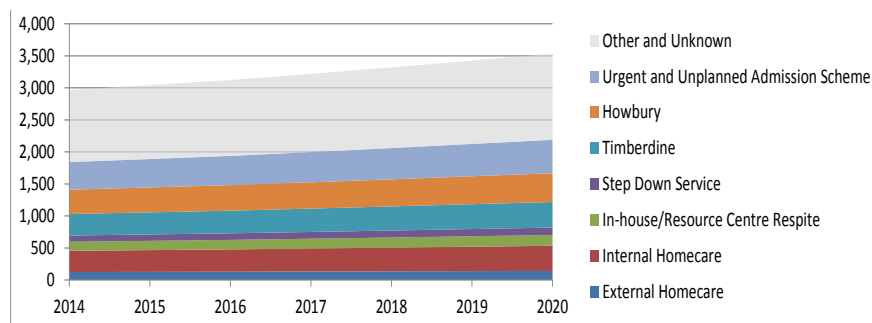


Table 2: Council provided recovery services – projected demand



Recovery at home services and night services

9. Recovery services are currently provided by a range of providers, with Worcestershire Health and Care NHS Trust and the Council the largest providers. They have separate leadership and management structures, as well as different criteria for access, documentation, training and associated processes. As a result, whilst care delivered by the individual services is good, feedback from service users and their families suggests this approach leads to multiple referrals and assessments and many different professionals potentially visiting people in an uncoordinated and potentially inefficient manner. This does not reflect the person-centred approach to service delivery we want to commission in the future.
10. The sections below set out progress with development of integrated health & adult social care recovery services.

Current position

11. Recovery at home services include the Urgent Promoting Independence (UPI) team provided by WCC and the SW integrated community team enhanced care pathway provided by Worcestershire Health and Care Trust, both of which have associated night services which have the capacity to provide urgent night sits to people who need support overnight. Together they provide services which enable people to remain in their own home following a crisis or deterioration in health and help them regain their independence.
12. The number of referrals to the services has dramatically increased in the last 12 months. There has been additional investment from NHS System Resilience monies and the Department of Health Delayed Transfers of Care Grant. The teams play a pivotal role in supporting Worcestershire's urgent care system, specifically 'Pathway 1' which facilitates discharge from the acute hospital to home. SWCCG have also invested an additional £1.3m extra in community services providing rapid response enhanced care over the last 18 months.

What is planned?

13. The plan is to fully integrate the teams into a single service, managed by one provider.
14. A staged approach to integration is being taken. Initially, the teams will 'virtually integrate': working together adopting the same referral criteria, processes and training but with separate employers and line management arrangements. Night services will work in this way from July 2015, followed

by the Recovery at home services from September 2015.

15. This stage of integration will be fully evaluated from February 2016 onwards to determine the benefits and risks and inform the final specification for a fully integrated service and a decision about procurement from a single provider. If approved it is anticipated that this could proceed early in 2016/17.

Progress

16. There has been good progress thus far, with integrated models of care being co-produced between health and social care partners and service users. Current providers have demonstrated a great willingness to collaborate with a real 'can do' attitude being applied to overcome the barriers to integration.
17. The South Worcestershire Alliance continues to develop its vision of a new model of care, reflecting the Five Year Forward View. This includes its potential role in providing a range of community services, including integrated recovery services. This is expected to form part of the South Worcestershire Trailblazer proposal currently being developed.

Next Steps

18. These are:
 - Virtual integration pilots – July 2015 onwards
 - Initial benefit and risk analysis, development of a service specification and consideration of procurement and contracting options - end of July 2015.
 - Evaluation of pilots – February 2016
 - Final benefit and risk analysis, confirmation of a service specification and decision about procurement from a single provider - February 2015.

Inpatient nursing and rehabilitation services

Current position

19. These are:
 - **Worcestershire Intermediate Care Unit (WICU)**, with 20 beds provided by the Shaw Trust. The current contract is due to expire at the end of March 2016.
 - **Timberdine Nursing & Rehabilitation Unit**, with 28 'general' inpatient nursing and rehabilitation beds and 8 specialist stroke rehabilitation beds provided by the Council under a 5 year contract due to end in July 2016.
20. Whilst being located and predominantly serving populations

in Worcester City & Droitwich, the two facilities are available to and used by patients from all parts of the county. They are part of a network of services across Worcestershire, which offer mutual support as different parts of the county come under pressure. The specialist stroke beds, in particular, form part of the countywide stroke specialist rehabilitation service and are regularly accessed by patients from across South Worcestershire, as well as Redditch & Bromsgrove and Wyre Forest. Both facilities offer admission from home to avoid acute hospital admission as well as admission following an acute hospital stay to facilitate discharge. The rehabilitation element of the service helps to return people to independence and avoid or reduce the need for long term care.

21. Note that in addition the four community hospitals in South Worcestershire offer nursing and rehabilitation, but are out of scope of the project. Detailed demand and capacity modelling has recently been undertaken to support delivery of the system wide Urgent Care Strategy. This suggests that South Worcestershire has around 40 more inpatient nursing and rehabilitation beds than required if the system were working optimally. This information has been taken into account when planning future inpatient capacity requirements, and as a result the recommendation is to commission 46 beds compared to the current 56 across WICU and Timberdine.

What is planned?

22. In order to continue to secure high quality and best value services, SWCCG routinely tests the market when contracts of this nature are reaching the end of their term. As a strategic commissioning authority, the Council has indicated that it will in future only directly provide services where there is no viable alternative, and is actively looking for an alternative provider for Timberdine.
23. The plan therefore is to secure a single provider of services, optimising opportunities for integration and efficiency and reducing the bureaucratic burden associated with two separate contracts. Given the existing contractual arrangements, the procurement process is required to start as soon as possible to ensure that a contract is in place to allow the new service to commence from 01 April 2016, including a minimum three month period between contract award and service commencement to allow a smooth transition of services.
24. Timberdine has consistently received excellent feedback. The plan is to stipulate the continued use of the Timberdine site as part of the service specification. The Council has

previously agreed a plan for capital developments, which will facilitate the provision of an additional 10 beds, with work planned to complete no later than 31 March 2016. This will mean that sufficient capacity will be available at the Timberdine site and a separate facility will no longer be required.

Progress

25. A procurement plan has been developed, with a view to a contract award being made by 1 December 2015, followed by an implementation period through to March 2016, and the new service to commence from 01 April 2016.
26. A service specification has been drafted and shared with stakeholders. The final service specification will need to be agreed between the SWCCG Accountable Officer and the Cabinet Member for Health & Well-being, in consultation with the Director of Adult Services and Health. Relevant staffing details have been requested from existing providers in line with current procurement and TUPE regulations.

Next Steps

27. These are (see also Appendix 2):
 - Agree use of BCF funding and start procurement process – July 2015.
 - Finalise service specification, including KPIs and quality standards – July 2015.
 - Conclude procurement and award contract – July to December 2015.
 - New service in place – April 2016.

Howbury House
Resource Centre

Current Situation

28. Howbury House, based in Malvern, is a 32 bedded unit and is currently funded by the BCF. Due to uncertainty about the future service requirements, recruitment at Howbury House has been an issue and 10 beds are currently closed. The unit currently provides 16 rehabilitation beds and 6 long term care beds.
29. It has played a significant role in the urgent care system and is a highly valued and well used asset. An analysis of activity between April 2014 and January 2015 showed:
 - 211 individuals had 239 intermediate care admissions.
 - 7,117 bed nights were available; actual occupancy was 6,251 (88%).
 - 27% of admissions came from home, 65% came from either acute or community hospital, 7% from nursing or residential homes and 2% from other sources.
 - 67% of people discharged returned home, 17% were

admitted to hospital, 11% of people moved into a residential or nursing care home, 2% were rehoused or died and 2% were classified as "other".

30. Note, there are 6 permanent residents, funded by the Council, who were moved to Howbury House following the closure of a local care home in 2014. The needs of these people will be considered alongside any decision about the longer term future of Howbury House.

What is planned?

31. There are a number of factors being considered as part of the determination of the future of Howbury House:
- Is it possible to carry out the rehabilitation activity in people's own homes by expanding the capacity of integrated recovery at home services?
 - If no longer required for rehabilitation, could Howbury House provide capacity for urgent care 'discharge to assess pathway 3'? - these are step down beds that allow timely discharge from the acute hospital and allow time for assessment of the individual's long term care needs.
 - If not required for rehabilitation or 'Pathway 3', what other options are available for Howbury House in the longer term?
32. A stakeholder event is planned for July 2015 to explore these in more detail and generate options and recommendations. These will need to be agreed between the SWCCG Accountable Officer and the Cabinet Member for Health & Well-being, in consultation with the Director of Adult Services and Health.

Next Steps

33. These are:
- Stakeholder engagement - July 2015
 - Finalise recommendations - July to September 2015
 - Decision - September 2015

Appendix 1: Current recovery services - funding and providers

<i>Integrated Recovery programme Service</i>	<i>Scheme Name</i>	<i>Current Commissioner</i>	<i>Current Provider</i>	<i>BCF</i>	<i>WCC</i>	<i>CCGs</i>	<i>SW Integrated Recovery Programme Funding</i>
Night Services	Intermediate Care night sitters	SWCCG	WHCT	110,000	0	0	110,000
	Night sitters and Discharge After Dark Service	WCC	WCC	67,500	0	0	67,500
	Urgent response night service/urgent homecare	WCC	WCC	61,500	7,750	0	69,250
	RACE (rapid access to carers at end of life)	SWCCG	Various VCS	0	0	tbc	tbc
	Sub total			239,000	7,750	0	246,750
Recovery at Home Services	Urgent Homecare	WCC	WCC	187,500	0	0	187,500
	Urgent Promoting Independence Service	WCC	WCC	790,500	34,050	0	824,550
	Discharge to Assess Pathway 1 - additional funding for Social Care element	WCC	WCC	8,500	100,000	530,000	638,500
	Discharge to Assess Pathway 1 - additional funding for Health element	SWCCG	WHCT	0	0	140,000	140,000
	Rapid Response social work team (now working as part of Integrated Community Team)	WCC	WCC	332,500	0	0	332,500
	RMN's in intermediate care (now working as part of Integrated Community Team)	SWCCG	WHCT	155,000	0	0	155,000
	Rapid Response Nurses (now working as part of Integrated Community Team)	SWCCG	WHCT	117,700	0	0	117,700
	SW Integrated Community Team - Enhanced care pathway	SWCCG	WHCT	3,866,000	0	0	3,866,000
	Reablement at home - enhanced interim packages of care	WCC	WCC	46,000	0	0	46,000
	Hospital at Home - 24 hour care	SWCCG	Allied Healthcare	0	0	tbc	tbc
Sub total			5,503,700	134,050	670,000	6,307,750	
Inpatient Nursing & Rehabilitation Service	Timberdine nursing and rehabilitation unit - core contract	SWCCG	WCC	1,805,000	0	1,015,703	2,820,703
	Timberdine nursing and rehabilitation unit - 2014 contract variation to include UUPs	SWCCG	WCC	217,602	0	0	217,602
	WICU (including medical cover and therapy input)	SWCCG	Shaw Homes	0	0	tbc	tbc
	Sub total			2,022,602	0	1,015,703	3,038,305
Howbury House Resource Centre	Core service funding	WCC	WCC	1,362,000	0	0	1,362,000
	Therapy support	SWCCG	WHCT	0	0	43,000	43,000
	Medical cover	SWCCG	Malvern Health Centre	0	0	31,600	31,600
	sub total			1,362,000	0	74,600	1,436,600
Total			9,127,302	141,800	1,760,303	11,029,405	

Appendix 2: South Worcestershire Integrated Recovery Programme - Major Milestones & Timeline

