

**HEALTH AND WELL-BEING BOARD  
3 NOVEMBER 2015****INTEGRATED RECOVERY SERVICES IN SOUTH  
WORCESTERSHIRE: COMMISSIONING OF RECOVERY  
BEDS**

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**Board Sponsor**

Dr Richard Harling, Director, Adult Services and Health, Worcestershire County Council  
Dr Carl Ellson, Chief Clinical Officer, South Worcestershire Clinical Commissioning  
Group

**Author**

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**Relevance of Paper - Priorities****Older people and long-term conditions**

Mental health and well-being

Obesity

Alcohol

Other

**Relevance - Groups of Particular Interest**

Children and young people

Communities and groups with poor health outcomes

People with learning disabilities

**Item for: Decision****Recommendation:**

1. **The Health and Well-being Board is asked to:**
  - a) **Note progress with the development of the integrated health & adult social care recovery services in South Worcestershire and the plan to progress integration further;**
  - b) **Note current availability, usage and future requirements of recovery beds in South Worcestershire;**
  - c) **Endorse the process and timeline for commissioning recovery beds, and ask that the Cabinet Member for Health and Well-being and the NHS South Worcestershire Clinical Commissioning Group Chief Clinical Officer finalise the specifications, agree the costs that can be met from the Better Care Fund, and determine how providers should be procured, noting the delegated authority awarded by Worcestershire County**

## **Council Cabinet in July 2014 to the Cabinet Member for Health & Wellbeing.**

- d) Agree to extend the Better Care Fund funding for Howbury House Resource Centre until 30 September 2016, to allow sufficient time to complete the review of recovery beds and implement the resulting commissioning process;**

### **Background**

2. NHS South Worcestershire Clinical Commissioning Group's (SWCCG) and Worcestershire County Council's South Worcestershire Integrated Recovery Programme is a series of commissioning 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. The vision for the Programme is to achieve:
  - A service in which people and their families will feel safe, supported, and be at the centre of planning for recovery in their own homes.
  - A seamless, person centred health and social care recovery pathway for the frail elderly in South Worcestershire, delivered by providers who work across organisational boundaries.
  - A service that has a single point of access, which makes it easier for people and their carers, as well as professionals to navigate.
4. This is in line with the requirements of the Care Act 2014 to prevent, reduce or delay the need for adult social care, as well as Worcestershire's Urgent Care Strategy and its aims for:
  - Admission prevention and avoidance - enhance out of hospital urgent care services so we can avoid an emergency admission where possible;
  - Right care, right time, right place - treat with the best care in the best place in the fastest time; and
  - Effective patient flows - promote rapid discharge to the most appropriate place for recovery in a co-ordinated, timely and planned manner.
5. Howbury House Resource Centre (and the Grange Resource Centre in Kidderminster) is a County Council provided re-ablement facility that was originally funded by the County Council. Howbury House is currently funded to provide 32 recovery beds, although 5 are currently occupied by permanent residents. In 2013/14, the County Council indicated an intention to move towards more community or home based provision of re-ablement services as part of the Future Lives programme. At the time the CCGs in Worcestershire expressed concern about the potential impact of this on the local health and social care system and agreed to provide financial support through the Better Care Fund to retain the Resource Centres in the short term. This was with a view to enabling the new community models to be fully implemented and for some detailed bed modelling work to be undertaken to ascertain likely need and demand for bedded facilities in the future. The financial support to these services was extended in 2014/15 and 2015/16, when the Resource Centres became fully funded by the Better Care Fund, as the detailed review was undertaken.

6. In July 2015, the Health and Well-being Board received an update on progress with integrating South Worcestershire's health & adult social care home based recovery services and approved the procurement of a single integrated community based inpatient nursing and rehabilitation unit – to be provided at the existing Timberdine site. The tender has subsequently been issued and the evaluation panel is in place. Contract award is on track for early December 2015 with the service due to start in April 2016.

### **Current availability and usage of recovery beds**

7. The next phase of the programme is to review the requirement for any additional recovery beds currently commissioned by either health or social care, over and above those provided within the community hospitals or the Timberdine Unit. Recovery beds are used to avoid acute hospital admission and to facilitate hospital discharge. Further details of current availability and usage are set out in **Appendix 1**.
8. Recovery beds are currently used as:
  - 'Step up' beds, which aim to avoid the need for acute hospital admission by offering 24 hour care and support. Along with appropriate investigation and therapy, they provide rehabilitation and reablement to help people to regain their independence. These are predominantly provided at Timberdine Nursing and Rehabilitation Unit and the four community hospitals across South Worcestershire. At times of increased demand, additional urgent unplanned placement beds are commissioned from local nursing and care homes.
  - Hospital discharge - Pathway 2 for people who are medically stable and able to leave the acute hospital, but who need 24 hour care, further assessment, rehabilitation and reablement to help them regain their independence. It includes general and specialist stroke nursing beds and is currently provided at Worcester Intermediate Care Unit (WICU), Timberdine Nursing & rehabilitation Unit and the community hospitals. Residential care only, i.e. not requiring 24 hour nursing, is provided at Howbury House Resource Centre.
  - Hospital discharge - Pathway 3 for people who are medically stable and able to leave the acute hospital, but who need a period of assessment and recovery in order that their long-term care needs can be agreed. These are commissioned from local nursing and care homes, with the expectation of a maximum six week stay to allow for completion of the assessment and any subsequent long term care arrangements to be agreed and put in place.
  - Plaster of paris beds for people who have sustained a fracture and have a plaster cast making it difficult for them to undertake activities of daily living. As a result they are unable to return directly home from the acute hospital and require 24 hour care until they are able to regain their independence. These are currently predominantly provided by local residential homes, but admissions to nursing homes will also take place if needed.

## Future requirements for recovery beds

9. A review of current and required recovery bed capacity was undertaken during 2014 on behalf of the Worcestershire Systems Resilience Group (SRG) and the findings were presented to SRG in June 2015.
10. Details of the conclusions about the future requirements for recovery beds are set out in **Appendix 2**. In summary these were:
  - There are too many beds currently – the estimated excess is 85 beds
  - The analysis shows that current beds are not always located in areas of highest demand, but reflect historical decisions around location of community hospitals and other inpatient facilities.
  - Currently, the length of stay in some facilities is longer than it needs to be for some people.
  - If length of stay is reduced for Step up beds and Pathway 2 **nursing** beds, the modelling suggests there will be sufficient capacity between the new single integrated community-based inpatient nursing and rehabilitation unit and the community hospitals.
  - The analysis shows a requirement for a small number of (approximately 6) Pathway 2 **residential** beds, as well as a continued need for Plaster of Paris beds.
  - The modelling demonstrated a continued requirement for Pathway 3 discharge to assess beds.
11. In terms of configuration, there are two potential options for the beds required over and above those provided in the Community Hospitals and the Timberdine Nursing & Rehabilitation Unit. These include the potential to commission from a single facility or to spot purchase beds as required from multiple facilities. Initial advantages and disadvantages are outlined below in **Table 1** and will be further developed, together with associated costs, in order to support final decision making. Further consideration will also be given to the role the beds play as part of the county network of resources and any plans and implications will be discussed with colleagues from Redditch & Bromsgrove & Wyre Forest CCGs.

**Table 1: Options for configuration for Pathway 2 residential beds, Plaster of Paris beds and discharge to assess beds**

<b>Option 1: commission from a single facility</b>	<b>Option 2: 'spot purchase' beds as required from multiple facilities</b>
<p><b>Potential advantages:</b></p> <ul style="list-style-type: none"> <li>• A dedicated facility might offer a higher quality service, particularly with respect to rehabilitation and reablement.</li> <li>• Might be easier to co-ordinate the hospital discharge process.</li> </ul>	<p><b>Potential advantages:</b></p> <ul style="list-style-type: none"> <li>• This would offer people a choice of location and be more likely to be geographically convenient for more people.</li> <li>• Avoids underutilisation of beds.</li> </ul>
<p><b>Potential disadvantages:</b></p> <ul style="list-style-type: none"> <li>• Would need to determine the optimal location. Unlikely to be geographically convenient for everyone.</li> </ul>	<p><b>Potential disadvantages:</b></p> <ul style="list-style-type: none"> <li>• Might be harder to guarantee service quality, particularly with respect to rehabilitation and reablement.</li> <li>• Might also be harder to co-ordinate</li> </ul>

	the hospital discharge process.
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12. Note that Howbury House currently has five long term residents, as well as the 26 recovery beds, and the final decision would need to take into account any consequences for these individuals.

### **Commissioning process and timeline**

13. Further work to finalise future requirements and agree a preferred option for the configuration of the beds required over and above those provided in community hospitals and the Timberdine Unit will be led by the Project Group. This includes officers from Worcestershire County Council and SWCCG, who will work in partnership with users and carers, providers and wider stakeholders, and in accordance with the principle of co-production.
14. The outline process and timeline for future commissioning of any additional beds is:
- Finalise future requirements: November 2015
  - Market engagement with potential providers: November-December 2015
  - Development of specification(s): November-December 2015
  - Options appraisal for configuration: November-December 2015
  - Decision on preferred configuration: January 2016
  - Notification to current providers: January 2016
  - If required, tender issued: February 2016
  - If required, contract(s) awarded: August 2016
  - Revised service to start: October 2016.

### **Legal, Financial and HR Implications**

15. Legal Implications: To be defined during the evaluation stage.
16. Financial Implications: Continued funding for Howbury House to be approved from the Better Care Fund until October 2016. Services procured after that date will be within the existing financial envelope – see **Appendix 1**. Assuming it is possible to deliver best practice in terms of length of stay, initial assessment suggests that the number of recovery beds required could be reduced, allowing savings against the BCF in 2016/17. The Health and Well-being Board would have the opportunity to agree how these might be used.
17. Human Resources Implications: To be defined during the evaluation stage.
18. Privacy Impact Assessment: As appropriate.
19. Equality and Diversity Implications: An Equality Relevance Screening has been carried out recommendations. It identified that further equality impact analysis will be required in respect of: the issue of choice in relation to the location of services, and any impact of changes to services on Howbury House's five long term residents.

## **Contact Points**

### County Council Contact Points

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### Specific Contact Points for this report

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## **Supporting Information**

- Appendix 1 - Current bed availability & funding arrangements
- Appendix 2 - Future bed requirements

## **Background Papers**

In the opinion of the proper officer (in this case the Director of Adult Services and Health and the Chief Clinical Officer, South Worcestershire Clinical Commissioning Group) the following are the background papers relating to the subject matter of this report:

- Integrated Recovery South Worcestershire. Health and Well-being Board. 15 July 2015.
- Urgent Care Strategy for Worcestershire. May 2014.