

Meeting: Strategic Commissioning Board			
Meeting Date	04 November 2019	Action	Consider
Item No	9c	Confidential / Freedom of Information Status	No
Title	Commissioning review - Intermediate Care		
Presented By	Julie Gonda, Interim Executive Director of Communities and Wellbeing		
Author	Julie Gonda, Interim Executive Director of Communities and Wellbeing		
Clinical Lead	Howard Hughes, Clinical Director		
Council Lead	-		

Executive Summary
<p>A savings proposal and financial update report was submitted to the CCG Governing Body meeting on the 28th August 2019.</p> <p>The report proposed a number of schemes and service reviews for prioritisation and development in 2020-21 which was based on the work undertaken to date and discussions at the Clinical Cabinet and Professional Congress. It can be noted that savings targets have been attributed to these reviews in line with service redesign and delivery of value for money principles.</p> <p>Attached is a copy of a scoping paper that has been developed in order to take forward the Bury system Intermediate Care review and rebalance.</p> <p>The paper includes further details in relation to:</p> <ul style="list-style-type: none"> • Review objectives; • Services in scope; • Proposed project teams; • Project sub structure; • Required outputs; • Key local reviews to be considered; • Governance; <ul style="list-style-type: none"> • Key Inter-relationships; • Risks; and • Engagement.
Recommendations
<p>It is recommended that the Strategic Commissioning Board:</p> <ul style="list-style-type: none"> • Note this report; • Support progression of the proposal to business case for future consideration by Strategic Commissioning Board.

Links to Strategic Objectives/Corporate Plan	Yes
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	No
<i>Add details here.</i>	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any legal implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
How do proposals align with Health & Wellbeing Strategy?	See attached brief					
How do proposals align with Locality Plan?	See attached brief					
How do proposals align with the Commissioning Strategy?	See attached brief					
Are there any Public, Patient and Service User Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
How do the proposals help to reduce health inequalities?	See attached brief					
Is there any scrutiny interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
What are the Information Governance/ Access to Information implications?	N/A					
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Additional details	The equality Impact Assessment will be developed as part of the project – this will be an iterative document					

Governance and Reporting		
Meeting	Date	Outcome

Bury System Intermediate Care Review and Rebalance - Brief

1. Review Objectives

1.1 Rebalance Intermediate Care Services to -

- Align our services to Best Practice and Evidence;
- Deliver services efficiently and remove waste;
- Deliver Value for Money;
- Protect high quality estate;
- Improve experience;
- Increase the activity delivered;
- Extend the reach of our services;
- Deliver £2.6m savings from current spend by April 2020;
- Redesign to simplify service offer and pathways;
- Extend service areas/provision of Rapid Response service;
- Improve effectiveness and user experience.

2. Services in-scope of review:

- Bealey Community Hospital;
- Killelea Intermediate Care Unit;
- Reablement Home Support Service;
- Discharge to Assess beds;
- Short Stay residential care beds at Elmhurst and Spurr House;
- Integrated Discharge Services – Fairfield General Hospital (FGH), North Manchester General Hospital (NMGH) and Out of Borough.

3. Roles and Responsibilities

a) Senior Responsible Officer

- J. Gonda Executive Director Communities and Wellbeing

b) Project Team

- A. Crook Assistant Director Adult Social Care Operations
- L. Darley Director of Service Transformation
- D. Hawley Intermediate Tier Lead
- K. Sowden Managing Director Persona
- H Hughes Clinical Lead

c) Extended Support Team:

- Analytics – Sandy Firth
- Workforce – Caroline Beirne
- Finance – Mui Wan, Velma Livesey, Sue Hargreaves
- Commissioning – David Latham, Kirstin Lee
- Estates – to be identified
- Programme support – to be identified from LCO
- IT – to be identified

4. Outputs

4.1 A high-level outline service description and timeline for delivery and implementation will be delivered for the next Strategic Commissioning Board in December for implementation from April 2020 onwards.

- Benchmarking clearly illustrates that Bury is too reliant on bed-based services delivering too much of its activity in Bealeys, Killelea and its Discharge to Assess Beds. In addition, activity that would best be provided in an intermediate care setting is going to other short stay beds not set up for this purpose. This rebalance will see the location of where intermediate care is delivered focused more on people's own homes rather than beds and where beds are used they will be delivered in locations that are the most cost effective whilst delivering the best outcomes and experience;
- This rebalance will see clear activity expectations for our newly enhanced Intermediate Care at Home and Rapid Response services set and with it an increase in support to our urgent care system;
- In addition, a robust model for Integrated Discharge will be delivered to cover FGH, NMGH and our residents in out of Borough hospitals;
- Aspirational capacity levels required to deliver system balance will also be identified to compliment the Greater Manchester Adult Social Care Transformation programme of the same name.

5. Key Local Reviews to be considered:

- North of England Commissioning Support Unit System Balance Review – September 2019.

6. Governance

- The outcome of this review to report to the Strategic Commissioning Board.

7. Key Interdependency - Relationships

- Intermediate Tier Transformation Programme;
- Urgent Care Review;
- Review of Operating Model for Integrated Neighbourhood Teams.

8. Risks

8.1 There are several common risks with the delivery of schemes including: -

- Ensuring that all decisions including gateway decisions are made robustly based on clear and accurate information/ evidence;
- Ensure that changes to services are managed safely;

- The requirement to maintain pace to ensure that outcomes are delivered as soon as safely possible;
- The time over which organisational culture and public behaviour change takes to embed is not in line with the time required to become financially sustainable;
- There could be qualitative and quantitative unintended consequences;
- Some commissioning decisions required in the short term may not be in line with long term aims;
- Reconfiguration of services is likely to generate stranded costs that the system will need to bear in the short to medium term.

9. Stakeholder Engagement

- 9.1 It is critical that we work effectively with all stakeholders to ensure that service developments and changes are delivered safely, 'right first time' and at pace. This is achieved by having all stakeholders involved and contributing to the delivery of schemes through multi-disciplinary and multi-organisation scheme delivery teams.
- 9.2 Due to the complex nature of services, the risk of unintended consequences and the large web of interdependencies, an agile approach to delivering change will be adopted with clear gateways where:
- progress can be assessed;
 - decisions to continue can be made;
 - necessary changes to the approach can be made;
 - communication about progress can be shared with stakeholders;
 - impact assessments can be revisited as required.
- 9.3 A process will be agreed, and the progress will be monitored through the Health and Care Recovery Board (which reports to the Joint Executive Team) with regular updates to Strategic Commissioning Board, Clinical Cabinet and Professional Congress.
- 9.4 All relevant policies have and will be adhered to in this process e.g. decommissioning and engagement policies.

10 Timeline

- 10.1 The timeline is set out at Appendix A.

11 Actions Required

- 11.1 The Strategic Commissioning Board is asked to:
- Note this report;
 - Support progression of the proposal to business case for future consideration by Strategic Commissioning Board.

Julie Gonda

Interim Executive Director of Communities and Wellbeing
October 2019

Bury Intermediate Care Review

Issues with current Intermediate Care provision	Service Review Aims	Methodology
<p>Intermediate care in Bury requires clearer objectives and overall focus.</p> <p>A disproportionately high level of bed-based care that is financially unsustainable.</p> <p>Current intermediate care services are fragmented and provided inconsistently resulting in inefficiency.</p> <p>Some of our buildings are of lower quality.</p> <p>Some of our services are expensive when compared to others Services are not aligned to Best Practice.</p> <p>No Intermediate Care at Home Service.</p> <p>Rapid community response service is struggling to meet the level of demand and does not have the ability to manage complex health cases.</p>	<p>Building on the approved Intermediate Care Strategy further review the current commissioned service across health and social care to ensure that it meets the needs of service users in terms of capacity, performance and quality.</p> <p>Identify areas for development and improvements to benefit service users and enhance their experiences, and inform future commissioning</p> <p>Identify commissioning options to achieve a more sustainable Intermediate Care system.</p> <p>Develop plans for moving from 'as is' to 'new service model'</p>	<p>Refresh capacity and demand analysis</p> <p>Review finance contract and performance of existing services</p> <p>Process mapping the respite services pathways across health and social care.</p> <p>Stakeholder Analysis & Engagement</p> <p>Focus Group/Service User Engagement</p>

DISCOVER	Milestone	Task	By whom	Date By	
	Project Governance	1.1 Define and agree project scope		JG/AC	Oct
		1.2 Establish Project Team		JG/AC	Oct
		1.3 Define and agree governance arrangements		JG/AC	Oct
		1.4 Develop and agree project architecture (inc risk register)		Project Team (PT)	Oct
		1.5 Decision to proceed from SCB		SCB	04-Nov
	Intermediate Care provision	2.1. Identify how services are commissioned currently		PT	Oct/Nov
		2.2. Understand the current contractual process		PT	Oct/Nov
		2.3. Identify current value of commissioned activity/contracts. How is this managed?		PT	Oct/Nov
		2.4. Understand current assessment and acceptance criteria for IMC		PT	Oct/Nov
2.5 Carry out estates review on existing provision			SEG	Oct/Nov	
2.6. Refresh capacity and demand analysis			PT	Oct/Nov	
2.7 Review finance contract and performance of existing services			PT	Oct/Nov	
Respite provision	3.1. Identify how services are commissioned currently		PT	Oct/Nov	
	3.2. Understand the current contractual process		PT	Oct/Nov	
	3.3. Identify current value of commissioned activity/contracts. How is this managed		PT	Oct/Nov	
	3.4. Understand current assessment and acceptance criteria for Respite		PT	Oct/Nov	

	3.5 Carry out estates review on existing provision	SEG	Oct/Nov
	3.6. Refresh capacity and demand analysis	PT	Oct/Nov
	3.7 Review finance contract and performance of existing services	PT	Oct/Nov
Integrated Discharge Service	4.1. Identify how services are commissioned currently	PT	Oct/Nov
	4.2. Understand the current contractual process	PT	Oct/Nov
	4.3. Identify current value of commissioned activity/contracts. How is this managed	PT	Oct/Nov
	4.4. Understand current assessment and acceptance criteria for IDS	PT	Oct/Nov
	4.5 Carry out estates review on existing provision	SEG	Oct/Nov
	4.6. Refresh capacity and demand analysis	PT	Oct/Nov
Communication	5.1 Complete stakeholder analysis	PT	Oct/Nov
	5.2 Identify existing service user groups	PT	Oct/Nov
	5.3 Develop engagement plan	PT	Oct/Nov
Identify the Current Health Need of Service Users in Bury	6.1 Compare current commissioned service provision against statutory requirements and best practice and make recommendations on the findings.	PT	Oct/Nov
	6.2 Identify any gaps in service provision and make recommendations against these	PT	Oct/Nov
	6.3. Identify duplication across commissioned services and identify unmet need.	PT	Oct/Nov
Work with the Local Authority and other partner organisations to scope future requirements	7.1. Identify redesign principles	PT	Dec
	7.2. Complete high-level model in line with redesign principles	PT	Dec
Agreeing New Model	8.1 Share through governance arrangements and decision making, for new model services both within the Council and the CCG	PT	Dec
	8.2 Paper to SCB	PT	Dec
	8.3 Carry out public consultation	OCO	Jan
	8.4 Work with Providers to progress work	PT	Jan/Feb
Develop an implementation plan	9.1 Commissioners to coproduce commissioning/decommissioning action plan as appropriate	PT	Feb
Contract variation/New	10.1 Work with Providers to progress work	PT	Feb/Mar

	Contracts - OCO implications				
	Mobilisation	11.1 Mobilise plan with timeline	PT	Mar	
	Go Live				1.4.20



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Bury System Intermediate Care Review and Rebalance

October 2019



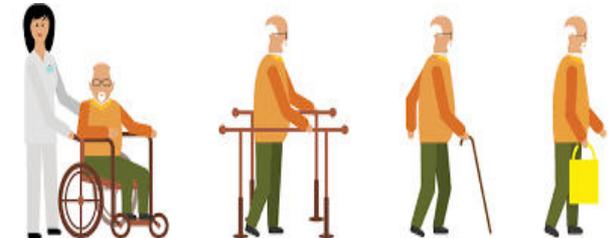


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Improving

- Outcomes
- Activity
- Experience
- Effectiveness and Efficiency





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Intermediate care services provide support for a short time to help recover and increase independence

Teams work with individuals to achieve the support they want help with:

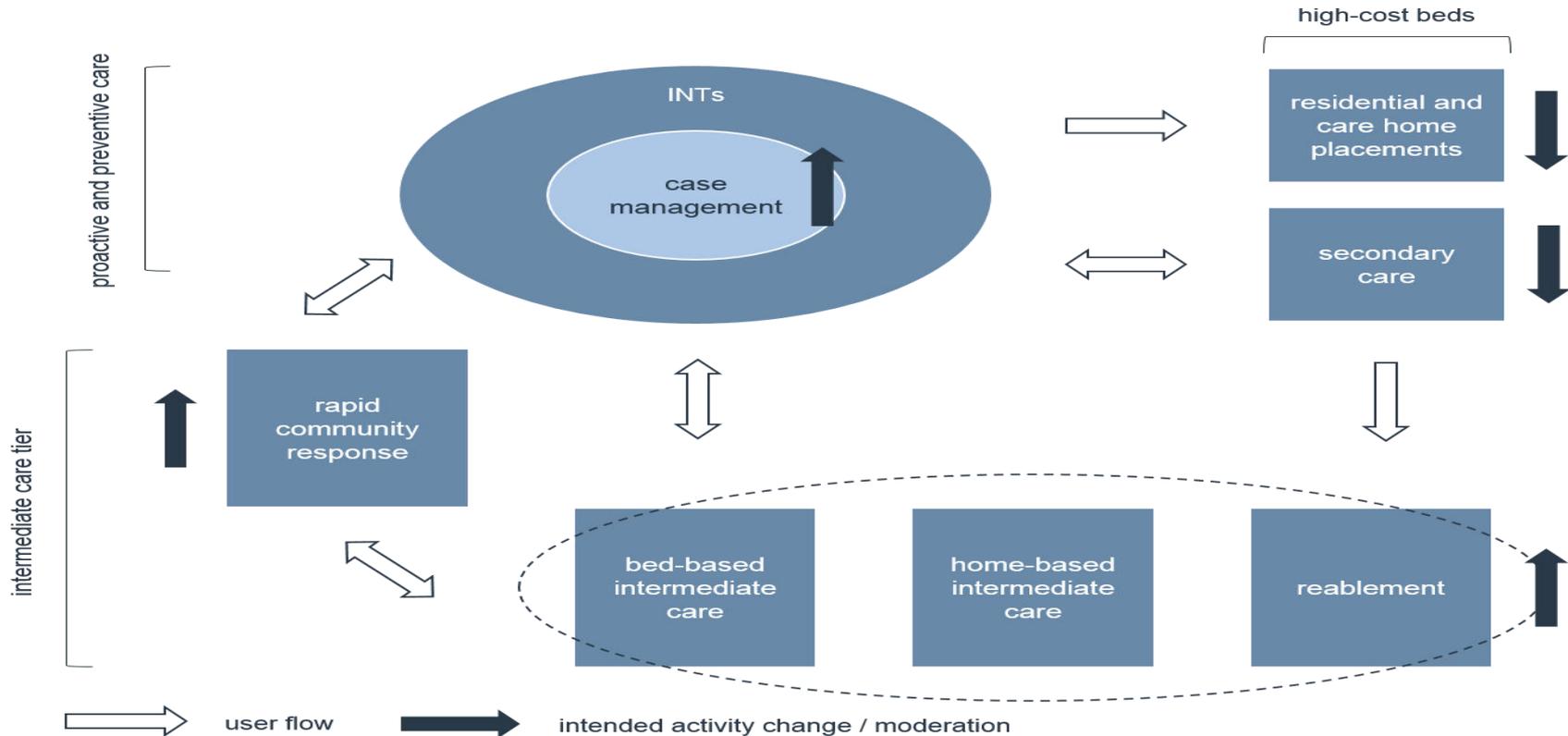
- **Remaining** at home when things become difficult,
- **Recovering** after a fall, an acute illness or an operation
- **Avoiding** going into hospital unnecessarily
- **Returning** home more quickly after a hospital stay



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Burys neighbourhood approach working with Intermediate Care





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Bealey Community Hospital
Killelea Intermediate Care Unit
Discharge to Assess Beds
Reablement
Intermediate Care at Home
Rapid Response Service
Other Short Stay and Respite Beds

Our System

19 beds
36 beds
19 beds
60 places at home
0 places
45 people per month
62 beds





Our Symptoms

- **Over** reliance on beds
- **Wasted** capacity
- Evidence of **inefficiency**
- Some building assets of **poor quality**
- Some **expensive** services when compared to others
- Services **not aligned** to Best Practice
- **No** Intermediate Care at Home Service
- Very **small** Rapid Response Service



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Our Principles for Redesign

We will

- **Align** our services to Best Practice and Evidence
- Deliver services **efficiently** and **remove waste**
- Deliver **Value for Money**
- Protect **high quality** estate
- **Improve** experience
- **Increase** the activity delivered
- **Extend** the reach of our services





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Scope

- Bealeys Community Hospital
- Killelea and Reablement
- Discharge to Assess beds
- Other Short Stay beds

Context

Bury is very over reliant on beds when compared with others, we have 74 compared to an average of 49 for our population size
Some of our estate is of lower quality; Bealeys, Spurr House
Some of our services are expensive when compared with others

*In order that the transformation funding can provide additional deflections, all transformation funded activity and expenditure is excluded from this work.
This avoids the risk of double counting deflection savings and these efficiency savings.*



Bed Based Services in Scope

Service	Capacity in Beds	Episode Cost	Benchmark
Intermediate Care Beds			
Bealey Community Hospital	19	£10,563	£5,780
Killelea Intermediate Care Unit	36	£5,254	£5,460
Discharge to Assess @ the Fed	19		
Short Stay and Respite Beds			
Elmhurst	26	£90.52 pn	£69.72 pn
Spurr House	36	£90.52 pn	£69.72 pn





Intermediate Care Episodes 2018/19

Data from April 2018	Killelea	Bealey	D2 a Beds	Reablement		Total IMC
Average No of Admissions each month	38	14.5	13	60		126
Total No of admissions each year	456	174	158	725		1513
Average length of stay in days	15	33	40	25		28
No of beds currently	36	19	19	50		116
Nights	6840	5728.8	6256.8	18120		42358

Target - Maintain or improve
126 admissions per month

1513 episodes of care per year