

Meeting: Strategic Commissioning Board

Meeting Date	06 January 2020	Action	Receive
Item No	08b	Confidential / Freedom of Information Status	No
Title	Intermediate Tier Review Update		
Presented By	Julie Gonda, Interim Executive Director for Communities & Wellbeing		
Author	Julie Gonda, Interim Executive Director for Communities & Wellbeing		
Clinical Lead	Howard Hughes, Clinical Director		
Council Lead	Adrian Crook, Assistant director Adult Social Care		

Executive Summary

A savings proposal and financial update report was submitted to the CCG Governing Body meeting on the 28th August 2019.

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.

In October Strategic Commissioning Board accepted a scoping paper outlining the actions required to undertake a review of Bury's Intermediate Care Services.

This paper detailed the

- Review objectives;
- Services in scope;
- Proposed project teams;
- Project sub structure;
- Required outputs;
- Key local reviews to be considered;
- Governance;
 - Key Inter-relationships
 - Risks
- Engagement.

The October paper gave approval to proceed to produce a business case for future consideration and this paper and accompanying presentation updates Strategic Commissioning on progress against this aim.

As part of this review the following elements have been completed and are illustrated in the presentation that accompanies this item.

- Objectives of Review set
- Bury's existing Intermediate Care strategy revisited
- Services in Scope identified
- Episode Data Collected and Analysed
- Cost Comparisons Collected and Analysed
- Areas for Improvement Identified
- Principles for Redesign Set
- New capacity and activity model calculated
- First Risk Review completed and ongoing
- Engagement started

Recommendations

It is recommended that the Strategic Commissioning Board:

- Note this report and accompanying presentation

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						

Governance and Reporting		
Meeting	Date	Outcome

Meeting	Date	Outcome



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Bury

Clinical Commissioning Group

Bury System Intermediate Care Review and Rebalance

January 2020 update for Strategic Commissioning Board



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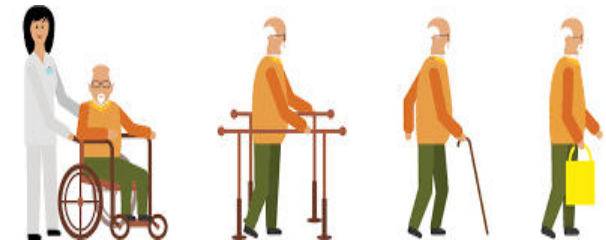


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Improving

- 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

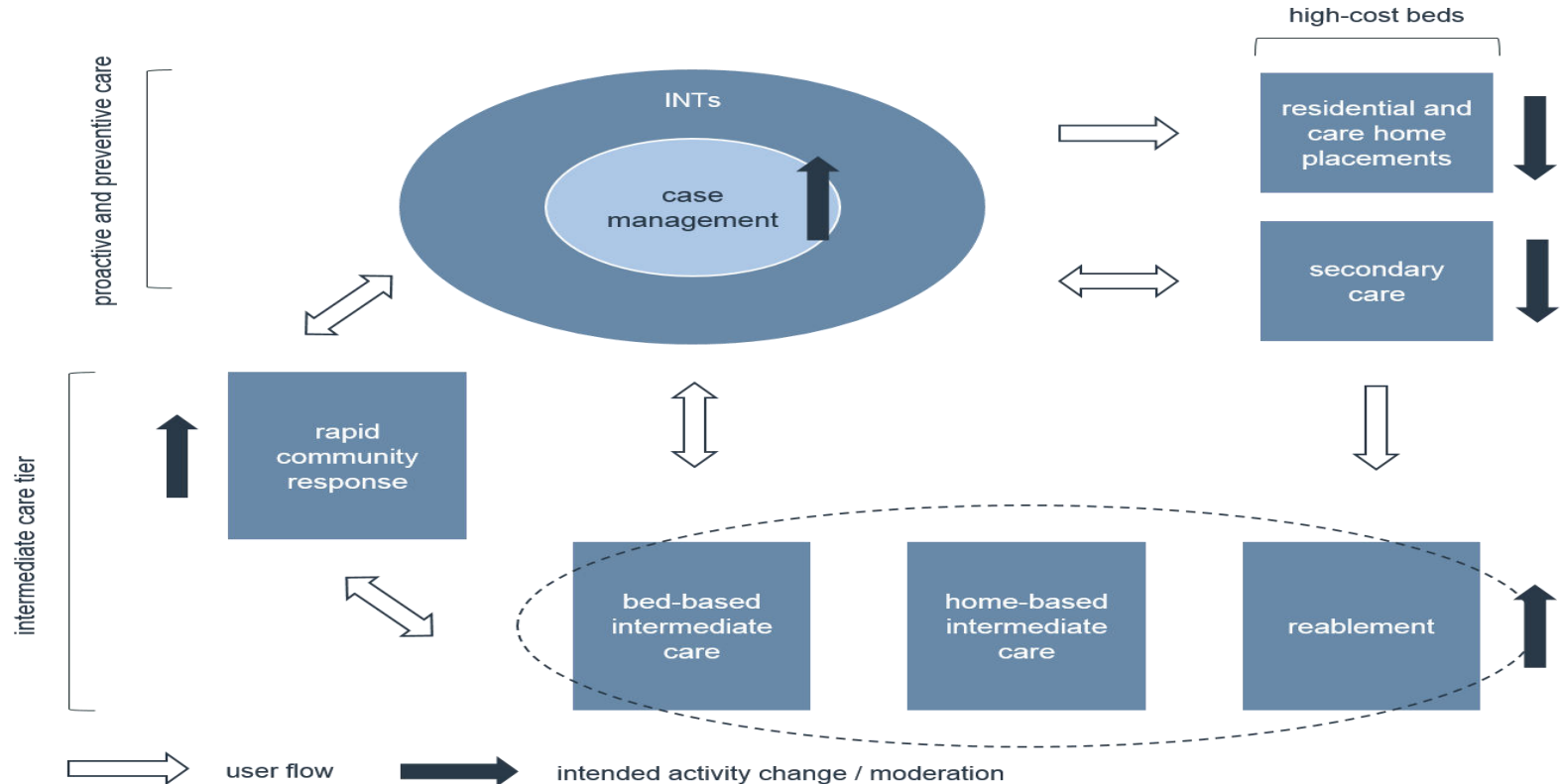
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Burys neighbourhood approach working with Intermediate Care



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WHAT BURY'S CARE PROFESSIONALS AND MANAGERS HAVE SAID ABOUT LOCAL INTERMEDIATE CARE AND RAPID RESPONSE SERVICES



Our current capacity is too focused on step-down provision rather than preventing admissions through step-up care

Our intermediate care model is too focussed on care delivered in beds and must be shifted dramatically towards more home care

Eligibility criteria too often hamper flow through the system and the use of capacity to best effect

We need to increase the complexity of care and level of clinical risk that we can hold within the intermediate care tier

We still work in silos without a common culture and the sharing of skills and information that would deliver better care we need to become a single service

We can't meet the demand coming through the doors

Because the rapid response service cannot meet demand, many care professionals have stopped referring to it and instead default to 999 or A&E

There isn't enough discrete medical cover and therapy provision

Greater acute in reach to intermediate care could improve flow and share skills



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Bealey Intermediate Care Unit
Killelea Intermediate Care Unit
Discharge to Assess Beds
Reablement
Intermediate Care at Home
Rapid Response Service

Our System

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





Episodes and Occupancy 2018/19

Data from April 2018	Killelea	Bealey	D2a 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
Occupancy	71%			78%		

Target - Maintain or improve

126 admissions per month

1513 episodes of care per year



Benchmarking

	Benchmark	Episode Cost
Bealey	£5,780.00	£7,461.50
Killelea	£5,408.00	£3,460.00
Reablement	£1,560.00	£2,787.00*
D2a	£750 (not benchmarked)	£1000

*Potential to reduce to £2,213 by efficiency alone.
21 day length of stay delivers unit cost of £1,660





Our Symptoms

- **Over** reliance on beds
- **Wasted** capacity – average 29% of beds not used
- **Inefficiency** – 22% improvement possible in Reablement
- Some building assets of **poor quality**
- Some services **expensive** when compared to others
- Provision of services **not aligned** to Best Practice
- **No** Intermediate Care at Home Service and 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 all waste**
- Deliver **Value for Money**
- Protect **high quality** estate
- **Improve** experience
- **Increase** the activity delivered
- **Extend** the reach of our services



Intermediate Care Episodes Target

Data from April 2018	Killelea	Bealey	D2a 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

Target – Must Maintain or Improve

126 admissions per month

1513 episodes of care per year



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Future Delivery Model

	Bed Based	Reablement	Total
Admissions per month	54	82	136
No of Episodes	653	983	1636
Number of Beds/Places	49	70	119

	Intermediate Care at Home	Total
Admissions per month	100	236
No of Episodes	1200	2836
Number of Beds/Places	85	204

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Future Projection

	National Benchmark		New model	Difference from Benchmark	% Difference
Rapid Response	882		2500	1618	183%
Bed Based	436		653	217	50%
Intermediate Care at Home	811		1200	389	48%
Reablement	829		983	154	19%

This demonstrates that our new model will deliver more activity than the UK average



Changes required

Reduce beds from 74 to 49 whilst delivering 658 admissions per year and a average length of stay of 26 days

Increase capacity of reablement to 70 and delivering 983 admissions per year whilst delivering an average length of stay of 26 days



- A **reduction of 25** beds means that some beds will close and locations may move.
- A **reduction of 25** beds may be perceived as a large reduction in service provision despite the new model delivering **123 more** episodes of care per year.
- **Just under 3** people per week will have to be supported in home based services rather than bed based services, however our new Intermediate Care at Home service will support an additional **1200 people** per year
- To achieve an **average length of stay of 26 days** may be considered to be **ambitious** despite the service currently achieving 28 days and the national average being 26 days



More Engagement - to inform the future delivery model that will be proposed

- Stakeholder Workshop
- Public Survey
- Workforce and Stakeholder Survey
- Briefings across the Borough with Older Adults who are users or may be users in the future

