Meeting: **Social Care, Health and Housing Overview and Scrutiny Committee**

Date: **18 June 2012**

Subject: **Urgent Care – developments around Poplars and Greenacre**

Report of: **Cllr Carole Hegley, Executive Member and Portfolio Holder for Adult Social Care, Health and Housing.**

Summary: The report describes two pilots in new approaches to delivering services across health and social care in Central Bedfordshire. These are: the Short Stay Medical Unit: Houghton Regis (previously known as the Poplars), a new clinically led facility in Houghton Regis, and the Greenacre Step up, Step down Reablement service in Dunstable.

Bringing health and social care closer and integrating services for the benefit of patients is supported nationally and is specifically recommended within the NHS Futures Forum report published in January 2012. Locally, health and social care commissioners have commissioned two separate but linked projects to better serve people living in the south of Central Bedfordshire.

Collectively, these services represent a new model of care that provides an alternative setting for sub-acute care, reducing pressure on the Luton and Dunstable Hospital acute beds. It enables early transfer of patients admitted to medical and elderly care wards (Step down) and admission by primary care and community care clinicians for sub-acute care (Step up). The new model provides for short term rehabilitation (7-10 days) with clinical support and longer stay (up to 6 weeks) reablement in a care home environment.

The Greenacre Step up Step down pilot service opened in November 2011 and has so far taken 38 customer admissions. Of the 30 people discharged to date 23 (77%) have returned home with short term or no care packages.

Health commissioners have funded a 1-year Integrated Care pilot with South Essex Partnership Trust (SEPT) who is the provider of community health services across Central Bedfordshire Key elements of this Sub-Acute model include the Short Stay Medical Unit: Houghton Regis - a 16 bed unit providing Consultant-led, nursing and therapy services. The ward is part of a wider system including 'hospital at home' services, rehabilitation and enablement services and a clinical navigation team. Together, the system has been commissioned to relieve pressure at the Luton & Dunstable NHS Foundation Trust and aims to reduce emergency admissions and reduce the length of hospital stays among older people where a focus on rehabilitation is important. The system became fully operational in April 2012.

Greenacre is an 8 bed unit that provides nursing and physiotherapy support to people with a view to helping them gain sufficient independence to return home.

Advising Officer:	Julie Ogley, Dr Diane Gray
Contact Officer:	Nisha Patel (Sub-Acute Programme), Mark Fensome (Greenacre)
Public/Exempt:	Public
Wards Affected:	Dunstable, Houghton Regis and Leighton-Linslade wards
Function of:	Council

CORPORATE IMPLICATIONS

Council Priorities:

1. The new services support the Council Priority 'Promote health and well being and protect the vulnerable' through the provision of intensive rehabilitation and reablement. The aim of these services is to enable people to recover swiftly from a health episode and gain sufficient capability to return home and live independently.

Financial:

2. The Greenacre Step up, Step Down reablement service has been funded using both Local Authority and Health monies. The expected total annual revenue cost is £668,000. This provides for 24/7 nursing care for residents together with fulltime on-site occupational therapist support, part time physiotherapist support and care. An alternative model that provides enhanced care and therapist support is currently under consideration and is estimated to require an annual revenue fund of £325,000. This is being considered for introducing as a pilot later in 2012/13.

3. The Sub-Acute pilot wholly funded by the health sector and has been given pump-prime funding in 2012/13 as a means of testing the model and understanding the benefits to patients. The total cost of this one year pilot is £2.8m and the funding supports nursing, therapies, medical and pharmaceutical aspects of care. It is anticipated that through investment in this dynamic integrated care model, there will be a less need for hospital admissions and as a result, it will be possible to begin to shift the balance of expenditure toward community based services.

Legal:

4. Not Applicable.

Risk Management:

5. The Greenacre Step up Step Down pilot service was delivered using project management methods and is overseen by a project board which considered and managed risk in developing and implementing the pilot.

   The Sub-Acute programme was implemented using project management methods and has been overseen by a Steering Group who managed decisions, progress and risks associated with the pilot. A dedicated project manager was employed by SEPT to implement the services.

Staffing (including Trades Unions):

6. Not Applicable.

Equalities/Human Rights:

7. Public authorities have a statutory duty to promote equality of opportunity, eliminate unlawful discrimination, harassment and victimisation and foster good relations in respect of nine protected characteristics; age disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation

   An equality impact assessment relevance test concluded that The proposal is likely to have a positive impact in terms of improving outcomes for older people by:

   - increasing the diversity of support options
   - promoting self care, daily living skills and ongoing independence

   A longer term strategy will be developed which will consider the need for similar services across Central Bedfordshire. The strategy development process will be informed by the pilot approach adopted at Greenacre and as part of this process consideration will be given to the need to develop an Equality Impact Assessment.

Public Health

8. These services improve health and well being for older people by enabling appropriately timed discharge from hospital and proactive support that improves confidence and maximises independence following admission to acute care.

Community Safety:

9. Not Applicable.

Sustainability:

10. Not Applicable.

Procurement:

11. Since the Greenacre service is a pilot service at present a variation to the existing care home contract was agreed with the provider. Similar future services will be procured through competitive tender and the specification for such a service will be informed by the Greenacre pilot.

RECOMMENDATION(S):

The Social Care, Health and Housing Overview and Scrutiny Committee is asked to support the pilot service and evaluation of outcomes.

Rationale for the new services

12. Research carried out by the Chiltern Vale Practice Based Commissioning Group demonstrated that the availability of short term rehabilitation and Step up, Step Down reablement would potentially both alleviate pressure on acute hospital beds and provide improved outcomes for individuals recovering from a health episode. Such rehabilitation and reablement services were not previously available in the south of Central Bedfordshire.

13. The reablement approach aims to improve levels of independence and reduce inappropriate residential care placements, supports short term, intensive reablement support to help individuals recover mobility and capability following a health episode.

14 An existing Council owned care home, Greenacre, currently managed under contract by BUPA, was considered suitable for providing a pilot Step up, Step down Reablement service with limited adaptation and disruption and managed through contract variation.

15. An opportunity arose in 2011 to implement an Integrated Care model based in an unused health building in Houghton Regis. SEPT Community Health Services were approached to provide the Sub-Acute model for a fixed term period of one year.

Model of Service

16. The Greenacre Step up, Step down Reablement service opened in November 2011 and has 8 beds in a self contained unit that provides a kitchen, lounge, physiotherapy room and nurse station.

17. It provides up to six weeks reablement support in a residential setting where the focus is on enabling customers regain confidence and capability to allow them to return home.

18. The provision of 24/7 nursing on site aimed to enable earlier discharge from hospital and reduce pressure on District and Community nursing services. The effectiveness of this element of the service is part of the review of the pilot.

19. The Sub-Acute service at Houghton Regis became fully operational in April 2012. The bedded unit has capacity for 16 patients. The model of care places greater emphasis on rehabilitation and returning to independence. The ward itself encourages self-medicating of patients, communal mealtimes, in-house physiotherapy, occupational therapy, in addition, to medical and nursing input. The ward is one component of the model of care of investment in rehabilitation and enablement and hospital at home services. The pilot includes investment in clinical navigation, a team of health professionals working with the Accident and Emergency team at Luton and Dunstable NHS Foundation Trust to identify patients who would benefit from being cared for in the community setting rather than be admitted to a hospital bed. There is also a multidisciplinary team including nurses, therapists and social workers who function as the nerve centre for co-ordinating out of hospital care for people in this area. Bringing together health and social care teams to share information and co-ordinate the care offered to individuals is seen to be a real strength of this service.

20. SEPT, as the provider will manage the pathways between the community setting and Luton and Dunstable NHS Foundation Trust. The Pilot is expected to function seamlessly with the existing community health services. SEPT will work closely with practices to ensure the service meets the needs of clinical commissioners at a local level. SEPT will work with other local authority bedded units e.g. Greenacres, to deliver efficient and effective pathways. The pilot is aimed at older adults (i.e. those aged over 75-years) as this is where the greatest pressure is.

21. As part of this initiative, SEPT is also seeking to better support local residential home residents through understand their medical, nursing and therapy needs and implement care plans in order to further prevent avoidable ill health and hospital admission.

Financial Costs

22. The capital cost of the Greenacre Step up, Step down Reablement service was £70,000 of which £55,000 related to premises adaptations. The adaptations involved the provision of a physiotherapist room, changes to residents lounge and upgrades to ensure more rigorous infection control arrangements. £6,500 has also been used to provide equipment for the service, including a range of specialist physiotherapy equipment.

23. The revenue cost for the Greenacre Step up, Step down Reablement service is approximately £668,000 per year with the bulk of this cost providing the 24/7 nursing support. Alternative, care-based models that do not provide on-site nursing are being considered that are estimated to cost £325,000 pa which engage community and district nursing provision where necessary but provide for enhanced care and therapist on site.

24. £500,000 of capital costs were incurred within the Health system to convert a previous mental health unit into a short stay medical unit. The adaptations allowed provision of suitable rooms, physiotherapy room and medical assessment and treatment rooms.

25. The Sub-Acute programme has a revenue cost of £2.8m in 2012/13 with the bulk of costs attributable to the medical unit. Significant investment has also been made in hospital at home services, rehabilitation and enablement, clinical navigation and the multidisciplinary team hub. As part of this pilot phase, commissioners will be closely monitoring value for money and the outcomes delivered as a result of this service provision.

Customer Outcomes

26. Since opening on 24th November 2011 the Greenacre Step up, Step down reablement service has admitted 38 customers, of which only one has been admitted directly from the community. Of the 30 customers discharged, 23 (77%) returned home, three with no care package and 12 with a short term care package that is expected to reduce over time. Only one client went on to take a place in a residential care home and that was through personal choice and under self funding arrangements. The average length of stay is 4.2 weeks. Since opening in April 3 customers have been admitted to the Greenacre Step up, Step Down service from the SMU.

27. It is anticipated that the Sub-Acute programme will deliver reductions in people attending A&E and the number of hospital admissions and readmissions at Luton and Dunstable NHS Foundation Trust. In addition to monitoring these key outcomes, commissioners will be tracking patient and carer satisfaction and clinical quality. For patients and carers, this service is aimed at improving quality of life and independence. It is expected that this new model of care will result in the delivery of the following patient experience;

- **clear, consistent, reliable communication**—about all aspects of the healthcare process, including what will happen next at a transition point and a named contact for issues relating to their care;

- **access to information and exchange of information**—continuity of information amongst providers and across organizations and sectors, and patient access to tools for self-management;

- **coordinated and connected care**—to appropriate providers, services and supports, with collaboration and with caring "hand-offs" between family physicians, specialists and other providers;

- **comprehensive care**—opportunities for patients to discuss their multiple needs and have their concerns addressed, with their living conditions and social supports considered and incorporated into care plans;

- **engagement in decisions about care**—a sense of shared responsibility while recognizing varying capacity, with patients welcomed as active participants in decision-making, and informal caregivers treated as partners and their involvement supported;

- **respectful, empathetic and considerate interactions**—patients treated with fairness and dignity and as equals and partners, and given the time they need to ask questions and express their concerns, fears and hopes;

- **timely and convenient care**—without long waits that prolong pain or emotional turmoil, or contribute to unnecessary deterioration of a patient's health, and with minimization, whenever possible, of the need to go to different locations for services.

Bedfordshire Clinical Commissioning Group will be monitoring the clinical and patient outcomes and value for money throughout the pilot phase.

Conclusion and Next Steps

28. An evaluation of customer outcomes will be undertaken from June to September 2012 involving a review of all clients progress since leaving the Greenacre Step up Step down reablement service. Work is also underway to develop a more detailed business case and service specification to support long term provision across Central Bedfordshire.

29. The experiences from the Greenacre Step up Step down reablement pilot will be used in the procurement of longer term services in other areas of Central Bedfordshire.

30. The Sub-Acute programme will be closely monitored in 2012/13 to evaluate the clinical and patient outcomes through monthly performance meetings.

31 Good communication between health and social care commissioners in 2012/13 will allow the joint evaluation of the Sub-Acute and Greenacre models. It is the intention of health and social care commissioners to jointly plan the development of services and to jointly commission these in the future