

**CAMBRIDGESHIRE AND PETERBOROUGH REVIEW OF BED BASED INTERMEDIATE HEALTH CARE**

*To:* **HEALTH COMMITTEE**

*Meeting Date:* **12<sup>th</sup> May 2016**

*From:* **Jessica Bawden, Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)**

*Electoral division(s):* **All**

*Forward Plan ref:* **Not applicable**

*Purpose:* **To receive a report on the review of intermediate care beds currently being undertaken through the Urgent and Emergency Care Vanguard programme.**

*Recommendation:* **To provide support and commitment to the principles of the bed review.**

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## **1. BACKGROUND**

- 1.1 The purpose of this paper is to make members of the Committee aware at an early stage of an important review on Intermediate Care beds, which the CCG and its partners are undertaking as part of the Urgent and Emergency Care Vanguard programme.
- 1.2 'Intermediate care' is the term used to describe healthcare which is designed to support a patient's transition from hospital to home or another long term residence; a care home for example. This intermediate care is usually provided in the community, and often takes the form of supporting the patient at home with nursing, therapy, or care. Where patients' health needs are more complex, they may be admitted to a community bed, commissioned to provide rehabilitative care.
- 1.3 At present, intermediate care beds are provided by Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), with some additional provision by the independent sector in nursing homes. There is currently no centralised strategy for the commissioning of these services across the Cambridgeshire and Peterborough system, which has previously led to differing care models being offered across the patch (see Main issues, 2.1).

However, the current Urgent and Emergency Care Vanguard programme holds the service redesign of the provision of Intermediate Care as one of its key principles. The aim is to provide care to people 'closer to home' in new and innovative ways:

'Investment in community hospitals should not be at the expense of domiciliary community health and social care services, which should be the preferred pattern of service provision. An appropriate balance should be struck, with beds being provided for the minority of cases that cannot be reabled in their normal place of residence'.

*From 'Transforming Urgent and Emergency care Services in England: a guide for local health and social care communities'*

Therefore, this review aims to ensure our local intermediate care services are designed around the needs of our patients, taking account of the national evidence cited above. It is anticipated that the review will result in a shift from bed based services to home based models of care, with bed based intermediate care provision remaining available for those patients with the most complex needs.

- 1.4 This review is being carried out alongside work within the Vanguard programme, to develop a resilient intermediate care tier that will provide home based services and intensive rehabilitation services in patients' own homes.

There is joint commitment from the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) along with Cambridgeshire County Council and Peterborough City Council, and all of our health providers, to redesign local services with the aim of enabling people to remain in their own homes for as long as possible; and ensuring that admissions to hospital are appropriate and as short as possible.

## **2. MAIN ISSUES**

- 2.1 There are several key reasons why our intermediate care bed provision needs to be reviewed:

- There is a wealth of national evidence that demonstrates better patient outcomes for patients discharged from a hospital setting to their own home to receive intermediate care and therapy to complete their process of healing and rehabilitation.
- Bed based services should only be used for those patients whose clinical complexity makes it unsafe to be cared for in their own home, and who require specialised or intensive support that is can only be provided from a hospital setting.
- The current way of commissioning intermediate care beds is not always done holistically across the CCG's total area, and therefore there is a risk that the care provided is not equitable across the full CCG geography.
- At present several intermediate care beds are funded in an unsustainable way, by money that is provided on a 'one-off' basis rather than by money that is provided year-on-year.
- There are ongoing challenges regarding the recruitment and retention of staff such as nurses, carers and therapy staff. As a system, we need to develop new and clever ways to value, develop and support our existing staff capacity. This may mean shifting to innovative care models that are better for patients, but also facilitate more flexible and attractive use of resources including our health workforce.

### **3. SCOPE OF INTERMEDIATE CARE BED REVIEW**

#### **3.1 Inclusions**

The review includes all bed-based community provision:

- Brookfields Hospital in Cambridge
- Princess of Wales Hospital in Ely
- Doddington Hospital
- North Cambridgeshire Hospital in Wisbech
- A number of beds commissioned in the independent sector (nursing and residential homes) across Cambridgeshire and Peterborough (some commissioned by health and some commissioned by the Local Authority)

#### **3.2 Exclusions**

The review does include continuing healthcare complex cases or mental health beds.

#### **3.3. Process**

The review is taking place in phases from April 2016 until March 2017. The main stages are:

- Identify and map the full stock of health bed based provision across Cambridgeshire and Peterborough
- Agree the medium and long term strategy and commitments across the system for the provision of bed based services matching available services to the needs of patients.

- Development of recommendations and a clear plan for transformation including a transition plan from the current model to the agreed model for intermediate care beds.
- Commencement of any changed services from March 2017.

## **4. SIGNIFICANT IMPLICATIONS**

### **4.1 Resource Implications**

**Beds:** Possible outcomes of the bed review may result in some community hospital beds no longer being used for intermediate care provision. Depending on the development of other community based service models, the local system with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) may decide to deliver other clinical services such as day cases in the community beds.

**Staff:** In order to support the development of new models of care, staff interventions will need to follow patients into patients' own homes. This may mean staff working in a more agile way, working across both community hospital and home settings.

### **4.2 Equality and Diversity Implications**

The review feeds into / takes account of other key pieces of work in particular:

<b>Programme / Project</b>	<b>Lead Organisation</b>
Older People's Accommodate Programme	Cambridgeshire County Council
In Hospital Work Strand Urgent Care Vanguard	Cambridgeshire and Peterborough CCG
Sustainability and Transformation Programme (STP)	Via CAG and Health Executive

At this stage of the review, there are no specific recommendations.

As the project moves forward, the joint steering group with representatives from primary care, both local authorities, each of the local CCGs, Addenbrooke's Hospital, Hinchingbrooke Hospital, Peterborough City Hospital and CPFT will develop a series of recommendations on a new model of care for bedded and home based intermediate care provision.

### **4.3 Engagement and Consultation Implications**

The CCG have ensured engagement with the following organisations has been considered, or will be undertaken (dates TBC where not stated):

- CCG patient reference group on 5<sup>th</sup> May
- CCG governing body on 7<sup>th</sup> June and on 5<sup>th</sup> July
- Cambridgeshire Healthwatch
- Peterborough Healthwatch
- Cambridge Health Committee
- Peterborough Scrutiny Commission for Health Issues

Cambridge and Peterborough Local Authorities will have ensured appropriate internal consultation and with relevant stakeholders as determined by each LA.

Cambridgeshire and Peterborough Clinical Commissioning group will produce a full engagement and communication strategy to support any proposals for change that come out of this review.

Source Documents	Location
Cambridgeshire and Peterborough Urgent and Emergency Care Vanguard Value Proposition mark 2 – February 2016	Ian Weller, C&P CCG
Transforming urgent and emergency care services in England. Safer, faster, better: good practice in delivering urgent and emergency care. A guide for local health and social care communities. August 2015	<a href="https://www.england.nhs.uk/wp-content/uploads/2015/06/trans-uec.pdf">https://www.england.nhs.uk/wp-content/uploads/2015/06/trans-uec.pdf</a>