

TRAFFORD COUNCIL

Report to: Health & Wellbeing Board
Date: 19th January 2024
Report for: Information
Report of: Thomas Maloney, Programme Director Health and Care,
Trafford Council & NHS GM (Trafford)

Report Title

Better Care Fund: Changeology Support Proposal

Purpose

In July 2023, Trafford resubmitted its Better Care Fund Plan for 2023/24, and supporting narrative to NHS England, following a required set of revisions from an earlier submission in June 2023. This was shared and retrospectively approved by Trafford's Health and Wellbeing Board on 14th August, 2023 and Trafford received formal approval letter from NHSE. Trafford's Q2 submission was accepted by the national BCF team and retrospectively signed off by the Health and Wellbeing Board in October 2023.

As part of this process, an offer of support from BCF Changeology Team was made, in the form of a deep dive into a challenging service or system issue, which is funded via the Better Care Fund. This is a time limited offer, with a maximum of 5 sessions (full days).

As the funding of Ascot House represents a significant proportion of Better Care Programme, and in light of the ongoing financial, contracting and delivery challenges it is proposed that this offer of support forms part of our ongoing Intermediate Care Review.

This paper outlines the aims of this proposal which includes a review of our demand and capacity bed requirements following the introduction of IMC at Home (Pathway 1 D2A team within Trafford Community Response Service), and our current contracting and delivery model. This will provide external expertise to inform future decision making, in a politically and financially challenging service area.

Recommendations

The Board are asked to:

1. Note the content of the report.
2. Provide system support and approval for this proposal.
3. Provide commitment by each partner organisation to engage with the project.

Contact person for access to background papers and further information:

Name: Thomas Maloney
Telephone: 07971556872

Community bedded provision review: Ascot House Case Study

BCF Changeology request for support

1.0 Trafford Ask

- 1.1 Like many other health and social care systems we need to make a concerted shift away from bed-based care to support at home. We require support to understand what this means for the system as a whole and how we can model this in Trafford – particularly for our short-term community bed provision where costs are exceeding available budgets.

We would like Changeology to use Ascot House as a case study to draw out the principles and a potential model that we could use to start to redesign our community bed-based provision (intermediate care and D2A) to be fit for the future – an indeed budgets.

2.0 Current Landscape

- 2.1 Ascot House is 45 bedded unit within the Sale area of Trafford which comprises of 36 therapy – led intermediate care beds across 4 units and 1 unit of 9 Pathway 3 Discharge to Assess (DtA) beds, over two floors.
- 2.2 Ascot House has a multi- organisation contracting and delivery model:
- Ascot House is an asset of Trafford Council, with core AHP and nursing staff employed by the MFT with full funding for IMC provided by NHS GM ICB. Support staff are Council employees, managed by MFT, and recharged to MFT via pass-through cost arrangements. The total commissioning budget is £3.4m, via the Better Care Fund.
 - Additional funding for 9 bedded DtA unit is £478,262 is provided by Trafford Council.
 - Ascot House has a current cost of circa £200,000 p.a. to cover Amey servicing and utilities, which currently paid by Trafford Council, outside of current service delivery budgets.
 - Trafford Council is responsible for maintaining CQC registration as a residential care home.
 - Physiotherapy, Occupational therapy and nursing input is provided by Trafford Local Care Organisation (TLCO) through an in-reach model. Therapy is Monday – Friday, 8.00am – 4.00pm. Pharmacy support is temporarily being provided by Manchester Local Care Organisation.
 - Personal care is provided 24hrs, employed by Trafford Council, with pass through costs sent via MFT to deliver IMC in the community.
 - Medical support is provided by enhanced medical support service comprising a Geriatrician (one day a week) and Clinical Fellow (9:00am to 5:00pm Monday to Friday), provided by Manchester University NHS Foundation Trust (MFT) – Wythenshawe Hospital’s Complex Care Directorate, funded via main acute contract.
 - Primary Care EMIS access and temporary registration of patients is provided by Firsway Medical Practice.
- 2.3 Prior to November 2023 and the introduction of the Pathway 1 Discharge to Assess Team (IMC at Home) within Trafford’s Community Response Service, Ascot House provided the

only Intermediate Care offer for Trafford residents. Ascot House remains the only bed-based IMC offer and therefore our only Pathway 2 provision in line with The Department of Health and Social Care's Hospital Discharge and Community Guidance (2020) and subsequent operating model.

- 2.4 Additional nursing and residential Pathway 3 Discharge to Assess Beds are commissioned from the independent care home sector. The outputs of this review will provide insight and inform future commissioning of all community beds and Home First initiatives, however a deep dive into the specific independent sector P3 provision is out of scope of this review.

3.0 Current Challenges

- 3.1 An extensive financial review of Ascot House has been undertaken during 2021-2023 due to the significant and increasing cost pressures of service delivery, which exceeds available budgets. Actions have been taken, such as temporarily pausing one unit of IMC (9 beds), however this has not resulted in significant savings for the current model of care to be sustainable in the long term, and a review and redesign of bedded provision is required. To inform this review and redesign the following key thematic challenges require greater exploration.

3.2 Structure

- Ascot House's contractual infrastructure is complicated, resulting in challenges in funding flow, budget ownership and management, and clinical and operational responsibilities between Trafford Council and MFT in terms of service delivery. Subsequently, service delivery heavily relies on organisational and operational staff relationships and without one clear governance and reporting structure to support seamless service delivery.
- The multiple contracting arrangements has created a lack of clarity in some areas of governance such the review and adoption of clinical policies and supporting professional training and development and assessment.

3.3 Environment

- Due to elements of the service being provided by different organisations, different behaviours and cultures exist which can prevent one overall culture. If so, is this hindering performance of the service and/or a barrier to timely and seamless patient care and optimising patient flow into and through the service.
- Whether we have the right professional skill mix, including support workers to support people who require intermediate care.
- For those (professionals and non-professionals) within current service provision, are they trained to the required level to support those receiving support in Ascot House and are roles and responsibilities sufficiently defined.

3.4 Performance and modelling

- Ascot House has managed demand during the pause of one IMC unit (9 beds) and while utilisation figures have improved for IMC and D2A underoccupancy remains. A deep dive

into capacity and demand required to establish the appropriate balance between ensuring system resilience, affordability and long- term sustainability.

- This includes understanding the projected impact of IMC at Home (Trafford Community Response Service – Pathway 1 D2A Team) on the future need for bed based intermediate care.
- How do current ways of working impact on patient outcomes and flow through the service.
- Benchmarking around IC beds numbers and costs

4.0 Request for Support

4.1 The BCF Changeology offer is restricted to a maximum 5 sessions which need to be completed by the end of March 2024, which is not sufficient to support the complete review or provide a new model of Intermediate Care or Discharge to Assess provision in Trafford.

4.2 However, BCF Changeology provides an opportunity for the Trafford system to provide an objective view on some of the more potentially politically contentious elements of the current service. The key outputs requested from this support are:

- A view of contracting, governance and financial arrangements and the impact on service delivery and recommendation for a more constructive arrangement.
- A view of the effectiveness and efficiency of the current model of care at Ascot House. Does this service perform well and what are key improvements or changes that have been identified?
- Objective review of capacity and demand modelling and a view of future requirements.