

Subject:	Enhanced Intermediate Care and Rehabilitation Services
Purpose:	This paper provides update to the Integration Joint board on the progress made in North Ayrshire, in Implementing the enhanced model for Intermediate Care and Rehabilitation. It seeks support for continued funding and development of the model, in support of North Ayrshire Health and Social Care Partnership's strategic ambitions.
Recommendation:	<p>The Integration Joint Board is asked to :</p> <ul style="list-style-type: none"> * Note the progress made in implementing the enhanced model for Intermediate Care and Rehabilitation in North Ayrshire; * Note the financial implications of funding the service for the remainder of 2019-2020; and * Consider the funding required to sustain the model on a longer term basis as part of the budget planning for next year.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
ICT	Intermediate Care Team
SPOG	Strategic Planning Operations Group

1.	EXECUTIVE SUMMARY
1.1	The Enhanced Intermediate Care and Rehabilitation Services went live on 19 November 2018 following approval of a business case by NHS Ayrshire and Arran and the three Ayrshire IJBs. The impact of the service has been monitored regularly through the Strategic Planning Operations Group (SPOG) to ensure it delivers in line with the business case. The outputs of the Pan-Ayrshire Enhanced Intermediate Care and Rehabilitation model demonstrates the impact the service is making in terms of avoiding hospital admission, and providing a positive experience for the people of North Ayrshire.
1.2	The investment was not fully funded with part-year funding of £316k allocated during 2018-19, the additional cost to continue investment for the full year during 2019-20 is £260k, this would require to be incorporated into the IJB financial position for this year. The funding required to sustain the model on a longer-term basis from 2020-21 will be included as part of the budget planning for next year.

2.	BACKGROUND
2.1	PAN AYRSHIRE ENHANCED INTERMEDIATE CARE AND REHABILITATION
2.1.1	A paper was brought to the Integration Joint Board (IJB) in North Ayrshire in September 2018, to provide an overview of the work being undertaken to meet the Pan –Ayrshire Enhanced model for intermediate care and rehabilitation as part of the New models of care for older people and people with complex care needs.
2.1.2	The Pan-Ayrshire Enhanced Intermediate Care and Rehabilitation model was developed around Enhanced Intermediate Care and Rehabilitation Hubs which provide a single point of access, with screening and clinical triage, ensuring the person is seen by the right service, first time and includes 7 day working. The model supports people at different stages of their recovery journey and links up and builds on existing intermediate care and rehabilitation services reducing duplication and fragmentation of services across Ayrshire and Arran and offering better outcomes for people.
2.1.3	The Enhanced Intermediate Care and Rehabilitation Services went live on 19 November 2018 after approval of the business case by NHS Ayrshire and Arran and the three Ayrshire IJBs. This has been monitored regularly through the Strategic Planning Operations Group (SPOG) to ensure it delivers in line with the business case.
2.1.4	<p>The impacts described within the original business case reflected the cumulative impact of all aspects of the model working together to ensure the reduction in occupied bed days, drawing on sound local and national evidence. The business case proposed a 30% increase to 2335 referrals (1295 from Partnership plus 1040 from ACE Practitioners) to Enhanced Intermediate Care and Rehabilitation, which would result in cost avoidance of £4,052,014 for a required investment of £2,516,175 to employ an additional 51.4 WTE staff across Ayrshire and Arran.</p> <p>This equates to 24,860 Bed days avoided, which is the equivalent of the closure of 28 beds in University Hospital Ayr and 39 beds in University Hospital Crosshouse. In order to avoid any double counting, only the Enhanced Intermediate Care Teams (EICT) referrals were used in the business case.</p>
2.2	FINANCE
2.2.1	The business case was predicated on acute hospital savings offsetting the investment and during 2018-19 the investment was funded by the Health Board on a part-year basis. However, with the approach taken in the 2019-20 budget to pass through the funding uplift to the partnership there is an expectation that the IJBs will fund the full year impact of the investment. The 2019-20 approved IJB budget did not include provision to fund the full year impact of the service and it was noted as an unfunded pressure. The intention was to review the impact of the investment during 2019-20 to determine future funding alongside the work to progress the formal commissioning of acute services.
2.2.2	Part year funding of £982,370 was provided by NHS Ayrshire and Arran in 2018-19 to fund the model, this has now been incorporated into the overall financial allocation to the IJBs. If all posts identified through the business case are filled, this leaves a Pan Ayrshire shortfall of £1,533,805 to sustain the model.

	<p>The North element of this is:</p> <ul style="list-style-type: none"> • Full Year Budget £807,534 • Part Year Funding £316,000 • Recurring Shortfall (assuming all posts are appointed to) £491,534 <p>Note the projected shortfall in 2019-20 is only £260,000 due to vacant posts.</p>
2.2.3	<p>The ongoing pan-Ayrshire work to progress Directions and the acute set aside has not progressed to the stage of having confidence that an approach to accessing acute resources to fund the investment will be possible in the short to medium term. The service has been established with a permanent staff group in place, the unfunded element of the cost of the service for 2019-20 is £260k. The IJB are asked to note that the continuation of the service will add an unfunded pressure of £260k to the overall projected outturn for the IJB.</p> <p>The funding required to sustain the model on a longer term basis from 2020-21 will be included as part of the budget planning for next year. This includes the ongoing Pan Ayrshire work on the set aside budget and directions.</p>
2.3	ENHANCED INTERMEDIATE CARE AND REHABILITATION IN NORTH AYRSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP
2.3.1	<p>The investment of £807k in North Ayrshire was to provide an additional 16 WTE staff across a range of disciplines including:</p> <ul style="list-style-type: none"> • Allied Health Professions • Pharmacy • Nursing • Business support • General Practitioner sessions <p>All posts, with the exception of the GP sessions were recruited to as part of a wide ranging successful recruitment campaign.</p> <p>Further, the investment provided funding required to deliver service across 7 days per week.</p>
2.3.2	<p>As described in the original business case, and earlier paper brought to the Integration Joint Board, investment into intermediate care and rehabilitation in North Ayrshire was across three main components:</p> <ul style="list-style-type: none"> • Hub – To support right service, right time approach by increasing business support capacity, to allow effective referral management, and reduce the duplication experienced associated with multiple referrals • Enhanced intermediate care and rehabilitation – to increase the capacity within the team, to progress the skill mix of the team, and to allow appropriate level of workforce availability so as to provide service across seven days per week • Community rehabilitation – to increase capacity within the less urgent, more goal orientated community rehabilitation options, which protect enhanced intermediate care and rehabilitation for the fast response, admission avoidance work.
3.	IMPACT
3.1	Referrals for the full range of intermediate care and rehabilitation options in North

	Ayrshire now all stream through the Intermediate Care and Rehabilitation hub taking around 1,000 referrals per month.
3.2	<p>Intermediate Care and Rehabilitation Service is now provided seven days per week, with a focus on activity which provides alternatives to acute hospital admission. Relationships with key referral stakeholders continue to develop, with regular referrals, to avoid admissions, received from:</p> <ul style="list-style-type: none"> • Primary care • Ayrshire Unscheduled Care Service • Scottish Ambulance Service • Emergency department at University Hospital Crosshouse
3.3	At any one time, the enhanced Intermediate Care Team (ICT) are supporting around 130 individuals at home in North Ayrshire, as an alternative to acute hospital care.
3.4	<p><u>Referrals</u></p> <p>In order to ascertain if progress is being made against the outputs of the business case, the target for North Ayrshire investment of £807,534, for an extra 16 staff was for an additional 407 referrals, giving an annual target of 1672 referrals</p>
3.4.1	North Ayrshire Enhanced ICT saw a decrease of referrals to 1,207 in 2018-19 when compared to the previous year. This represents a 20% decrease on 2017-18 referrals. However, the 2018-19 figure still represents an 8% increase on the baseline year used in the business case. For North the performance from the 12-month business case target is 1,762. Based on current performance the trajectory would be 1,609. This is a projected shortfall of 153 .
3.4.2	The reduction in referrals to the enhanced intermediate care team in North Ayrshire is likely due to the more mature triaging being undertaken in the North Ayrshire Hub ensuring right person to the right place, first time - with less urgent referrals now being streamed to community rehabilitation options, for example the Health and Therapy Team, or domiciliary physiotherapy teams.
3.5	<p><u>Hospital Bed Days Saved</u></p> <p>The business case attributed 10 bed days to an avoided admission, in addition, it attributed 3 days for supported discharge by EICT staff.</p>
3.6	<p>Using the above metrics, for the 9-month period from 19 November 2018 to July 2019 (254 days), the North Ayrshire Enhanced Intermediate Care and Rehabilitation Teams avoided the following bed days:</p> <ul style="list-style-type: none"> • North - 7,116 <p>This equates to an additional 28 people, not requiring acute hospital care every day.</p>
3.7	<p><u>Benefits for Service Users</u></p> <p>The independent evaluation of impacts for service users by the Scottish Health Council produced some helpful feedback as well as areas for further improvement. In order to give an indication of how well/able individuals were before and after receiving support from the services, to give a sense of distance travelled, the following scores out of ten were given.</p> <ul style="list-style-type: none"> • North - 3.7 and 6.7.

3.8	<p>In addition, individuals were asked to score the overall services out of five, with the following results observed:</p> <ul style="list-style-type: none"> • North - 4.9. <p>Whilst individuals provided some key areas for improvement around the quality/speed of assessments and the resource available, feedback received was overwhelmingly complimentary and evidenced real benefits for individuals.</p>		
4.	PROPOSALS		
4.1	The Enhanced Intermediate Care and Rehabilitation model in North Ayrshire is demonstrating positive early outcomes, supporting a significant number of people to remain at home and independent, and providing a seven day alternative to hospital admission.		
4.2	As the model develops further, and the workforce matures, there will be opportunity to consider how the various components of intermediate care and rehabilitation in North Ayrshire – Intermediate Care team, Health and Therapy Team, Community rehabilitation Allied Health professional Services – align further with the developing model around locality based multi disciplinary teams.		
4.3	<p>The current financial arrangements create an uncertainty around the future of the enhanced model, with a number of associated risks.</p> <p>It is proposed that funding is factored into the IJB financial position for 2019-20, and consideration be given around funding on a longer term basis from 2020-21 as part of the budget planning for next year.</p> <p>This will create a welcomed stability for the model which will in turn support ongoing development and strategic alignment with the other partnership priorities.</p>		
4.4	<u>Anticipated Outcomes</u>		
	The model ensured a reconfiguration of existing services to improve service user experience, increase the capacity of intermediate care and rehabilitation, and improve interface with acute care in Ayrshire. The model supports the strategic ambitions around promoting independence, self management, and supporting people to live at home or in a homely setting.		
4.5	<u>Measuring Impact</u>		
	The impact of the enhanced intermediate care and rehabilitation model continues to be monitored as described, with regular updates provided to the Strategic Planning Operations Group (SPOG) and NHS Ayrshire and Arran Corporate Management Team.		
5.	IMPLICATIONS		
<table border="1"> <tr> <td>Financial:</td><td> <p>Part of the funding (£982,370) has been provided by NHS Ayrshire and Arran on a Pan Ayrshire basis.</p> <p>This recurring shortfall for North is £491,534 for North Ayrshire on a full year basis.</p> </td></tr> </table>		Financial:	<p>Part of the funding (£982,370) has been provided by NHS Ayrshire and Arran on a Pan Ayrshire basis.</p> <p>This recurring shortfall for North is £491,534 for North Ayrshire on a full year basis.</p>
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	The 2019-20 impact is a shortfall of £260,000 as not all posts were appointed, and some have subsequently become vacant.
Human Resources:	The new Model required an additional 51.4WTE staff across Ayrshire, 16 in North Ayrshire, on permanent contracts. This strengthened existing ICT and Community Rehab services. In addition, Organisational Development work was undertaken across Ayrshire to move from 5-7 day working for ICT teams.
Legal:	No issues
Equality:	No issues
Children and Young People	No issues
Environmental & Sustainability:	No Issues
Key Priorities:	The model ensured a reconfiguration of existing services and structures to increase access to Intermediate Care and Rehabilitation services, reduce system wide inefficiency, develop the interface with Acute Hospital Services, improve service user experience which helps to meet the increased demand for health and social care in Ayrshire and Arran. This is in line with our priorities for Prevention and Early Intervention and Bringing Services Together.
Risk Implications:	There are a number of risks associated with lack of clarity around the financial sustainability of this model : Reputational Service planning Ability to further develop/ progress future improvements Workforce stability
Community Benefits:	This model aspires to keep people independent, safe, and at home or in a homely setting and provide alternative to acute hospital admission

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	x
	4. North Ayrshire Council and NHS Ayrshire & Arran	

6.	CONSULTATION
6.1	<p>There has been on-going consultation through the Models of Care work, and the Intermediate Care and Rehabilitation Network, as well as updates to Strategic Planning and Operations Group, Transformational Leadership Group, and NHS Ayrshire and Arran's Corporate Management Team.</p> <p>This paper has been developed in consultation with the Senior Leadership team in Community Health and Care, the AHP Leadership team, and the North Ayrshire HSCP Finance Leads</p>

7.	CONCLUSION
7.1	<p>While still in early stages, the model is showing good evidence that it is making a difference for the people of North Ayrshire in terms of avoiding unnecessary acute hospital admission and is largely on target to meet the outputs outlined in the business case.</p> <p>However, uncertainty around future funding is causing understandable insecurity within the staff teams and making ongoing planning and alignment with wider partnership programmes of work challenging.</p> <p>It is recommended that the funding required to sustain the model is considered on a longer term basis from 2020-21 as part of the budget planning for next year.</p>

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DIRECTION

From North Ayrshire Integration Joint Board

1.	Reference Number	24102019-Agenda No.	
2.	Date Direction Issued by IJB	24102019	
3.	Date Direction takes effect	24102019	
4.	Direction to	North Ayrshire Council	
		NHS Ayrshire & Arran	X
		Both	
5.	Does this direction supercede, amend or cancel a previous direction – if yes, include the reference numbers(s)	Yes	
		No	X
6.	Functions covered by the direction	Enhanced Intermediate Care and Rehabilitation Services	
7.	Full text of direction	NHS Ayrshire and Arran are to continue to deliver the investment in the Enhanced Intermediate Care and Rehabilitation Model for the remainder of 2019-20. The continued service delivery is based on the current recruited workforce.	
8.	Budget allocated by Integration Joint Board to carry out direction	The estimated cost of the service for 2019-20 is £576k, of which £316k is funded as part of the IJB baseline budget and the remaining £260k will be met from within the overall HSCP budget. The sustainability of the investment in the service will be included as part of the budget planning for 2020-21.	
9.	Performance Monitoring Arrangements	The impact of the service is monitored through SPOG (Strategic Planning Operations Group).	
10.	Date of Review of Direction (if applicable)	March 2020	