Item no. on agenda

Brighton & Hove City Council

For general release

Meeting: Adult Social Care and Health sub-committee
Joint Commissioning Board

Date: 15th December 2003
20 January 2004

Report of: Juliet Mellish – Joint Commissioner for Older People
Rita Garner – Manager of integrated services
Ian Long – Director of Housing and City Support

Subject: Strategic direction for the Resource Centres

Ward(s) affected: All

1. Purpose of the report

1.1 The purpose of this report is to advise the Joint Commissioning Board of the decisions taken by the Adult Social Care and Health Sub Committee at its meeting held on 15 December 2003 in relation to the proposed strategic direction of the resource centres for older people. The main body of the report is set out at paragraph 3 onwards and the resolutions, which were approved, are included in paragraph 2.

2. Recommendations

2.1 That the Joint Commissioning Board indicates its support for the decisions taken by the Adult Social Care and Health Sub-Committee held on 15 December 2003, which were:-

(i) That the principle and strategic direction for the Resource Centres to focus on the provision of short term care be supported;

(ii) That a full review of short term care (planned and unplanned) be commissioned across the resource centres to inform the development of a resource centre strategy.

(iii) That a timeframe for the completion of this full review and development of a strategic direction be agreed.

(iv) That the current and continued re-focusing of short term care provision within the resource centres, be supported, particularly in relation to hospital discharges for people for further assessment of need, who would otherwise have been admitted to long term residential care provision. However, that it be noted that the combination of planned and unplanned care within the resource centres currently will hamper the resources centres ability to manage this as effectively as they might and therefore may affect occupancy rates.

(vi) That subject to the availability of resources, the introduction of Carefirst be considered within the resource centres to assist with the provision of data and information to inform the effective capacity and vacancy management of all the beds by the central placement bureau.

3. Information /background

3.1 The independent sector is the main provider of care homes in Brighton and Hove. 91% of residential care home places are provided by the independent sector.

3.2 Local Authority residential provision for older people represents 7% of the residential care provision for older people in the city.

3.3 In 2003, there were 50 residential homes for older people totalling 1003 beds.

Independent sector

- 47 homes
- 935 beds

LA residential homes (resource centres – older people: please note this excludes the 2 resource centres forolder people with mental health needs)

- 3 homes
- 68 beds

3.4 Since the last older peoples strategy was developed in 1997, the Resource Centres for older people have been changing their focus to offer short term as opposed to long term care provision.

3.5 The 3 resource centres offer short term care for older people following hospital discharge and/or to provide support to older people in the

community who require respite or short term care. In addition, each resource centre offers day services for older people in the local community. A fourth resource centre, Knoll House, is currently being redeveloped into a city wide intermediate care (IC) facility due to open in the summer of 2004.

3.6 Although there are a small percentage of places in resource centres still occupied by long term residents, the centres no longer accept new long term referrals. The majority of the provision within the resource centres is for short term care and includes:

- support for hospital discharges
- prevention of admission
- respite provision
- intermediate care

(see table 1)

Table 1 Residential Services provided at Local Authority Resource Centres for Older People – May 2003

Resource Centre	Long term beds	Short term beds	Total beds
Larchwood	5	2 respite 17 hospital discharge/ community referrals	24
Craven Vale	6	3 respite 13 intermediate care 2 hospital discharge/ community referrals	24
Vernon Gardens	2	2 respite 16 hospital discharge/ community referrals	20
Knoll House		Redevelopment phase: to be completed July 2004	

3.7 Currently the independent sector does not routinely offer short term care provision for older people. Only 1 residential home offers respite care (2 beds) under a block contract arrangement as part of the redevelopment process for Knoll House.

3.8 The refocus and use of the resource centres to offer short term care therefore provides a service for the community currently not available elsewhere.

4. Context

4.1 Older peoples commissioning strategy

4.2 The older peoples commissioning strategy is based on the following principles of care and service provision. To:

- Give priority to older people who are most vulnerable and have the greatest care needs
- Commission services that do not unfairly discriminate against older people as a result of their age
- Commission a range of services which aim to improve the quality of life and independence of older people so that they can live at home for as long as possible
- Work in partnership with users, carers and the private and voluntary sectors to provide joint services
- Embrace the single assessment process to ensure that assessment and service provision are person centred
- Develop services that meet a range of diverse needs
- Support the needs of the carers of older people

4.3 In addition, the strategy also sets out a vision that is underpinned by 7 key strategic objectives. The role and utilisation of the resource centres in providing short term care is key in enabling the local health economy deliver this vision, particularly in supporting the principles that:

- No older person enters long-term residential care until every opportunity for recovery and a full assessment is made available within an appropriate environment.
- No older person is routinely admitted for long-term residential care for the first time following a hospital admission.
- Older people do not have their discharge from hospital delayed due to a lack of commissioned capacity within community services.

And the objectives of:

- Increasing the numbers of older people who are supported to remain in their own home, in particular the number of older people intensively supported at home
- Reducing the numbers of older people entering and remaining in long term residential care (care homes and care homes with nursing)
- Reducing the numbers of older people who have their transfer in hospital delayed as a result of awaiting a care home placement, extra care placement or home care package
- Improving partnership working and communication between the independent sector and local health economy (NHS and LA) to ensure seamless care provision
- Ensuring that services are modern, of a high quality and standard and that provide value for money
- Ensuring that the LHE achieve financial balance through effective strategic planning and performance monitoring

4.4 Delayed transfers of care

4.5 Furthermore, although the numbers of people who have their hospital transfer delayed is reducing, the Brighton and Hove local economy have on average 30 – 40 people every week within the acute hospital trust who are delayed within hospital beds (please note, **this does not** include those other older people who are delayed within the non-acute beds within Brighton and Sussex and University Hospital Trust (BSUH), nor within the non acute hospitals within South Downs Health Trust e.g. Nevill Hospital.

4.6 Of these acute delays, approximately 60% are attributable to social care and therefore will incur a £100 per day 'fine' from 5th January 2004 under the new reimbursement legislation.

4.7 Of these delays, most are attributed to an older person awaiting a nursing or residential home placement, with the average number of people delayed per month for these reasons being 12 and 6 respectively. For a six-month period from November 2002, the total cost of these delays to the LA would have been £297,000.

4.8 Delayed transfers of care are not only an issue for the LA due to the financial pressures the reimbursement process will incur and as local performance on delayed transfers directly impacts upon the LA star rating outcome, but also due to the fact that as a result of the numbers of delayed transfers within the acute hospital, local people:

- are at risk of further loss of independence and of NOT returning home the longer they remain in an acute bed unnecessarily (due to the risk of catching hospital inquired infections)
- are at risk of entering long term care prematurely, and therefore leaving their home and families
- who need an acute bed as an emergency may have to wait on a trolley or in the medical assessment unit for a bed on the wards to be made available
- who require an operation e.g. hip replacement may have to wait longer for their appointment
- may have to have their operation within a private hospital due to the fact that there is no capacity at BSUH

4.9The resource centres could have a significant impact on reducing the levels of delayed transfers of care and therefore reducing the number of people admitted to long term care.

4.10 Long term care placements and performance

4.11 Brighton and Hove LA places significant numbers of people in long term care. In 2001 – 2, Brighton and Hove had the highest number of admissions to residential and nursing beds in the comparator authorities. In 2002-3, 93% of the admissions to residential and nursing home placements were for long term care.

4.12Over 40% of admissions to long term care are made from hospital.

4.13 Current performance in placing people within long term care needs to significantly improve if the local economy is to deliver the key aims of the strategy and achieve national and local performance targets.

4.14 The development and implementation of a care pathway so that all older people are offered a full assessment within a resource centre prior to admission to long term residential care from hospital or the community will significantly reduce the numbers of inappropriate or premature

admissions to long term residential care. It will also provide older people and their carers the time and space for this life changing decision to be made, within a more suitable environment.

4.15 Definition of respite care

4.16 There appears to be a lack of clarity and interchangeable use regarding respite/short term care definitions.

4.17 In addition, there does not appear to be a service specification as to what constitutes planned and unplanned care and therefore who is would be suitable for these services – this appears particularly true for planned respite care.

4.18 It is therefore difficult to assess the need and future demand particularly for planned respite care (e.g. carers relief) and what and how much of these services needs to be commissioned in the future.

4.19 Locally, we know that the numbers of people aged over 85 years is higher than the national average and therefore the demand on preventative services including respite care should be greater. Yet, if we do not have a service specification as to what this service is, service provision will only be commissioned based on historic data, rather than prediction and planning of need.

4.20 Furthermore, it referrers are unclear as to what constitutes respite care, they will not refer. This not only has the impact of poor occupancy rates within the beds (this appears true of the 2 respite beds within the independent sector) resulting in reduced value for money due to the 'voids', but also a lack of access to a service provision for those older people and their carers who would benefit from this additional support.

Local community or city wide access

4.21 There is currently an inconsistent (and therefore inequitable) approach in access to the resource centres. For example, currently the intermediate care beds within Craven Vale are accessed city wide thereby reducing access for local people to the remaining number of beds.

4.22 In addition, with Knoll House becoming a city wide IC service from next summer, the local people of Hove and Portslade, although have local access to respite beds via the 2 block contract arrangements within the independent sector, will not have local access to short term

care beds or day care services other than that under the intermediate care definition.

4.23 This inequity and inconsistency to access needs to be addressed and a strategic approach taken across all the resource centres, both for the planned respite care provision and the unplanned short term care provision to ensure a consistent, equitable and transparent approach to care provision. This will also enable effective communication with staff and referrers, the general public and older people and carer stakeholder groups.

4.24 Given there appears a direct correlation between planned respite care and access to day care services (e.g. many people receiving planned care also access the local day care provision) it is recommended that the review and strategic approach to short term care be done in tandem with a review and strategic approach to day care service provision.

4.25 Occupancy rates

4.26 The combination of planned respite and unplanned admissions to prevent hospital admissions and support hospital discharges can adversely affect the occupancy rate in the resource centres, often resulting in vacancies.

4.27 From April 2002 – February 2003, the average occupancy rate for the short term beds in resource centres was 72% (best practice within acute wards propose an average occupancy rate of 85%). However, this rate has improved recently.

4.28 Re-providing the planned short term care (respite care) within the independent sector will assist in the improvement and management of vacancies across all the resource centres and therefore improve occupancy rates further.

4.29 Staffing requirements

4.30 The staffing levels, staffing skills and service provided within the resource centres required to support the needs of people requiring respite care **differs** from that required to support people discharged from hospital or prevented from an admission.

4.31 This is due to the fact that 'respite care' is planned, pre-booked and therefore a service users' needs tend to be stable.

4.32 However, the care for service users referred from hospital or the community (prevention of admission):

- is 'unplanned' (the person is usually experiencing a crisis or unforeseen life changing event – e.g. recovery from a major operation or illness)
- the service user needs are usually complex, of a higher level and unstable
- requires active care management and frequently, therapeutic or rehabilitation input (this input may be provided by skilled care staff rather than qualified therapy staff) to improve or retain optimum levels of independence

5. Proposal

5.1 To develop a strategic direction for the provision of short term care. To include supporting older people:

- who when in hospital are assessed as requiring long term residential care (to enable further opportunity for assessment of need)
- who are discharged from hospital requiring further opportunity for recovery and rehab
- to prevent admission to hospital or long term care from the community following a crisis
- to provide carer respite relief

5.2 To utilise the resource centres for older people as effectively as possible to deliver this strategic direction and therefore to consider the re-provision of some current aspects of the care provided within the resource centres to be re-provided within the independent sector.

5.3 To further understand the details underpinning this strategic direction that a full review and analysis be undertaken. To include:

- Further information gathering regarding current activity (planned and unplanned care) and demand across all the 3 resource centres and day care facilities

- Further information gathering to inform issues of equity of access across all 3 resource centres e.g. where are people accessing the centres from; how much of the capacity is being accessed by local people or from people across the city; what is the process and user pathway for accessing planned and unplanned short term care and day care

- Analysis regarding predicted need and demand for planned and unplanned short term care (to include respite care provision)

- Review and development of service for planned and unplanned care and day care provision e.g. what do we mean by respite care and short term care?

- User and carer stakeholder involvement in the process of the review

- Independent sector involvement in the process of the review – what is the local market interest in providing short term or respite care?

- Staffing establishment and skills required

5.4 Following this analysis that a strategy for the provision of short term care (including respite care) be developed. That this strategy is integrated within an n overarching preventative strategy for the city. To include:

- Plans for unplanned short term care within the resource centres across the city

- Plans for planned short term care within the resource centres, to include the feasibility and sustainability of the re-provision of planned care into the independent sector across the city

- Proposals as to how these services can be accessed equitably (e.g. city wide or locally and how) - to include the development of service specifications e.g. what do we mean by 'respite care'

- Plans for the staffing establishment and skills required

- Development of performance targets for each service area and resource centre for monitoring effectiveness and quality

(to include the monitoring of the balance between unplanned hospital and community admissions)

- IM&T requirements to support the continued modernisation of the resource centres (to include cost)

6. Financial implications

6.1 Long term placements within nursing and residential homes accounts for 81% of the Community care budget for older people and older people with mental health needs.

6.2 The unit cost (price of a bed) of the resource centres is more expensive to that of the independent sector. Commissioning respite or short term care from the independent could therefore be more cost effective, but that this decision to reprovide be made only following the outcome of the full review.

6.3 Refocusing the resource centres to provide short term care may result in the need to increase staffing levels at the resource centres resulting in additional costs. However, this can only be further understood following the review.

Appendix 1

Meeting/Date	Adult social care and health sub committee
Report of	Juliet Mellish – Joint Commissioner for older people Ian Long – Director of Housing and City Support
Subject	Older Peoples Vision discussion document
Wards affected	All

Financial implications

This report has no direct financial implications. However, the review of the Resource Centres will need to ensure that the financial implications of various options are carefully considered as described in the body of the report.

Finance Officer consulted: Catherine Vaughan

Legal implications

The report indicates that it is appropriate for the Council to consider using primarily for short term care the resource centres which are local authority owned and run. The independent sector would continue to be principally for those who needed longer term care and could not be supported to remain at home. There do not appear to be any insuperable legal difficulties with this. The Council has discretion as to which services it wishes to provide directly, which through contractual arrangements or which by a combination of both. In considering how to exercise its discretion, it needs to bear in mind issues such as (a) the need to deliver services which it has a statutory duty to provide, (b) any relevant consultation requirements & procedures which might need to be followed in changing the way particular services are delivered, whether those services are discretionary or mandatory (c) any relevant human rights issues, (d) the best value duty of economy, efficiency, effectiveness and (e) its general fiduciary duty towards council tax payers to act with financial prudence.

Lawyer consulted: John Heys *Date* 16.10.03

Corporate/Citywide implications	**Risk assessment**
The vision document fundamentally	The risks of the implementation of

strives to improve services for older people across the City. This will require major service redesign and modernisation.	the vision document will not be clear until completion of the informal consultation process and an agreed way forward for the City.
Sustainability implications None	**Equalities implications** The vision paper for older people strives to offer improved access to services for older people.
Implications for the prevention of crime and disorder None	

Background papers Older Peoples Vision document Older Peoples consultation document
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