

Report of: Maggie Kufeldt – Joint Commissioning Lead – Older People
Report to: Stockport Council Health Scrutiny Committee
Report Subject: Developing and Improving Non-Acute Services for Older People in Stockport
Report Date: November 18th 2008

1. Introduction

The purpose of this report is to provide an update to the Health Scrutiny Committee on progress in improving and developing Older People's Non-Acute Services. The report will focus on progress made in developing the new non-acute service model and plans to decommission the Older People's in-patient services currently provided at Cherry Tree Hospital. The report will also provide the committee with an update with regard to Fully Funded NHS Continuing Health Care.

2. Progress to Date

The Partnership Development Lead (PDL), a collaborative of provider services from Stockport PCT, Stockport FT and Stockport Council have been working together to develop a new service model for Intermediate Care since their appointment last year. Progress has been slower than anticipated, however, the service planning and development phase is now reaching a conclusion and the PDL are moving into the service implementation phase.

In part, the delay has arisen as commissioners have reviewed the capacity of the new model. The review undertaken is in light of growing demand for Continuing Health Care Services and a likely, lower demand for Intermediate Care type services. (Continuing Care activity is outlined in the next section).

The original plan was to provide a consolidated 52 bed based service (in local care homes) and 90 places in people's own homes. The revised service will still offer 52 beds, but reduce the number of At Home places to 65 in the first instance, with the option to develop the service further, at a later stage.

With regard to the progress made by the PDL, a temporary Head of Service has been appointed – John Hannaway. John is current Head of Intermediate Care and Hospital Services in the Council. John's first task will be to consolidate and reconfigure the existing staffing resources required for the new model. In addition, he will build capacity, consolidate the bed-based service and develop the home based services.

The service criteria have been agreed and will be generic Intermediate Care criteria aimed at -

- Preventing people being admitted to hospital;
- Assisting a timely hospital discharge, when admission is necessary;
- Encouraging the promotion of good health, enabling people to make informed choices to remain as independent as possible, within their own homes

The care wills person centred, focused on rehabilitation and delivered by a combination of professionals. Those who receive the service must be medically

stable and able to benefit from receiving the service. The new model will seek to be more inclusive, especially of those with Mental Health issues

In terms of practical arrangements, it is planned that there will be three integrated assessment teams based at Stepping Hill Hospital, The Heatons Centre and Regent House; the Out of Hours service will also be based at Regent House. These teams will consist of social workers, nurses and therapists. As part of the service a 'tracker' team will be developed, based with the hospital social work team, to identify service users in hospital, or about to be admitted to hospital that could benefit from intermediate care. There will also be significant medical support from GP's and Consultants into the model. Adverts will soon be placed for Lead Nurses, Therapists and Senior Social Workers to support the service management.

Referrals to these teams will be made to the Adult Social Care Contact Centre or the Hospital Referral and Information workers and response times will be within 2 hours for any service user in a community setting/urgent referrals (including A&E) and within 48 hours of a planned discharge date for people in hospital.

With regard to care provision, the initial intention is to build up to 52 bed places, on up to 2 sites and 65 At Home places. There are currently 48 block purchased beds at Plane Tree Court, Belmont Court and Meadway and Marbury. We will continue to spot purchase beds in care homes until we have a consolidated 52 beds. In addition, there will be the capacity to purchase up to 65 beds (an extra 13) until March 31st 2009 when we will be able to review the impact of the At Home element of the service.

The At Home service has already increased from 40 places to 48 places and this will grow incrementally during the next couple of months. We anticipate that all of the elements of the new service will be in place by the end of the calendar year.

All of the service provision procured has been inspected and rated as CSCI 'good' and we will continually review the service provision to ensure that it remains of good quality, is the right type of service and that the capacity keeps pace with demand and the growing numbers of older people in Stockport.

With regard to Cherry Tree Hospital Ward 2 has already closed and the impact of this ward closure has been absorbed by the additional At Home element of the new service and by Continuing Health Care Services. It is planned that Wards 3 and 4 will close before the end of the financial year and that this will give us three months to double run and test out the new systems and services.

The final model and costs are in the process of being agreed, the cost of the service will be in the region of £5.6million. Commissioners will report the service cost to the committee when negotiations with the service providers conclude.

3. Continuing Health Care

As described in the previous section there has been an increased demand for Continuing Health Care Services. A new National Service Framework for NHS Funded Nursing Care and NHS Fully Funded Continuing Health Care was introduced in October 2007. The intentions of the framework was to remove the 'postcode lottery' and provide more equity across PCTs and Health Authorities with regard to Continuing Health Care assessment and provision. In effect, the framework lowered eligibility for NHS Continuing Care.

In Stockport, there has been a massive increase in demand for assessment, especially from Older People, and a rapid and large growth in the numbers of people receiving Continuing Care supported both in care homes and at home. There has been a financial impact of implementing the new framework of circa £6million. It is planned that further resources will be committed next year.

The increase in numbers is illustrated in table 1 and the numbers of Older People in receiving continuing health care in table 2.

Table 1 - Numbers in receipt of services

	October 2007	October 2008
Funded Nursing Care	323	287
Continuing Health Care Total	62	277
Placement Type		
Nursing Homes	48	174
Home Care Packages	12	67
The Meadows	2	16
Awaiting a Service	0	20

Table 2 Continuing Health Care by age

	Over 65	Under 65
Continuing Health Care Total	188	89
Nursing Homes	124	50
Home Care Packages	30	37
The Meadows	20	0
Awaiting a care package/placement	14	2

There has been an increase in Continuing Care supported placements and packages by over 200 people. There has been a small reduction (36) in numbers receiving funded nursing care. There has been an overall increase in numbers of people supported in nursing care placements, who need long term care.

On average 70% of people referred for Continuing Care are in hospital, most of them are at the Cherry Tree site, and in addition, the highest numbers of service users meeting the criteria for Continuing Care are referred from Cherry Tree Hospital. In light of this, we anticipate that demand for the new intermediate care service, particularly the At Home service may not be as high as originally planned. Recent figures from management at Stepping Hill Foundation Trust found that of 50 patients at the Cherry Tree site, six were suitable for Intermediate Care.

The highest number, 22, had either met the criteria for continuing care, were being assessed for continuing care or awaiting referral for continuing health care consideration. It is likely that Continuing Health Care has absorbed some of the anticipated demand for intermediate/non acute care services.

4. Recommendations

1. Members are asked to note the progress that has been made in developing the new service model and also note the increase activity in Continuing Health Care
2. Members are invited to comment on the proposals for the development of the new non-acute service.
3. Members are also asked to note that these proposals have yet to be finalised and agreed via the PCT board and other PCT and Council Governance structures.

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