

Report to Scrutiny Health Committee

6th June 2006

Introduction

This summary report provides an update on the review of the Respite Service currently provided at Cherry Tree Hospital. This is being undertaken in line with the overall plan to modernise services for Older People.

The main referral route into the service is from a GP. A referral is made directly to the Consultant in Older People's Medicine and, following a home visit by a nurse and a period of assessment, service users are offered a cycle of respite care. No charge is levied for respite care accessed through this route. There are a significant number of service users who access respite care through the Local Authority route and unless they are assessed as meeting the NHS Continuing Health Care Eligibility Criteria, through the multi-disciplinary assessment process, then the Local Authority charging policy is applied. It has been identified during the review of the service users currently accessing respite care at Cherry Tree hospital that some are also receiving respite care provided through the Local Authority route.

The PCT and the Local Authority feel a single point of access with an agreed assessment process by relevant professional groups will ensure that resources are distributed equitably and enable the LA and PCT to work collaboratively on single unified packages for service users and carers. The new model of respite care will ensure that the PCT's responsibility for the funding of respite will focus on ongoing assessment for service users who meet the NHS Funded Continuing Health Care Eligibility Criteria, providing a more equitable service across the borough.

Current Service Provision

NHS commissioned respite care for older people with long term physical health needs is currently provided from Ward 5, Cherry Tree Hospital.

The ward has 20 beds, and currently a cohort of 34 patients receive respite care with the majority of service users admitted for 2 weeks in an 8 week period, with 6 weeks spent at home.

It is a high cost service with low utilisation and inequitable access.

Reprovision of Current Service

There are two stages to this re-provision process – both stages will run in parallel and neither stage is dependant upon the total completion of the other.

Stage One – To re-provide Respite Care for the current 34 patients who use the Cherry Tree Service. It is intended to provide a like for like service within the Independent Sector. Work is being undertaken to scope out the capacity and intentions of the care home owners. We are currently looking at the utilisation of the current service and the assessments of current service users and their carers is being undertaken in order to identify the future provision. All service users are being assessed utilising the MDT assessment process and the main carer is being involved in the process. To date, 32 out of the 34 service users and carers have been contacted individually to discuss their ongoing needs.

It is intended that the service will be reprovided by 31st August 2006.

In order to make the service sustainable in the community it will require a Community Matron – Respite Care to provide a care co-ordinator/case manager function to ensure that all service users and the needs of their carers are reviewed and that their care is co-ordinated.

Stage Two – To develop an equitable service for all adults who meet the NHS Continuity Care Eligibility criteria.

This service will be available to all adults who meet the NHS Continuing Health Care Criteria who are registered with a Stockport General Practitioner. All new referrals for Respite from 1st February 2006 will be assessed through this process.

Service Aims

To provide a more equitable service that is accessed according to health needs identified by multi disciplinary assessment processes which is actively case managed in line with NHS Continuing Health Care National Policy.

By ensuring a whole systems approach to service user assessment and care provision, of which respite care is one option, crises should be prevented and hospital admissions reduced.

This service re-design will offer better value for money and, for those currently receiving care on ward 5 Cherry Tree Hospital, improved accommodation ensuring improved privacy and dignity, supporting those with the highest need, and for most, an appropriate community setting, thus meeting challenges from the White Paper – Our Health, Our Care, Our Say: a New Direction for Community Services [2006].

By reviewing the provision for health care respite it recognises the need for carers to have this support in order to maintain their health and well being when providing care for someone with such high level needs.

The service will demonstrate improved partnership working and service provision from local independent care providers and will build in robust re-assessment processes as a part of the respite care provision.

Opportunities to develop Respite At Home services will be explored in order to offer more flexibility and choice. There is also the option to provide Respite at Home for those meeting the NHS Continuing Care Eligibility Criteria – where home is the most appropriate place to provide respite to meet users and carers needs. The service will also aim to work closely with voluntary sector organisations to provide flexible alternatives to support respite at home.

Service Requirements

Detailed service specifications and quality framework are in the process of being developed.

The successful service providers will be required to consistently meet the current national minimum standards set down in CSCI Regulations. They will ensure sufficient and sustainable staffing levels are in place and key staff are permanent employees of their business. All care professionals will be trained and have the necessary skills and knowledge to meet the requirements of this service user group.

All accommodation will be in single rooms with en suite facilities, whenever possible.

The service provider will nominate a registered nurse to interface with the PCT Community Matron ensuring robust communication, assessment and person centred care provision at all times. This registered nurse in the care home will be supported by a dedicated team of ancillary staff in order to offer continuity of care provision. Social Therapists will also be employed to provide a range of recreational and social activities.

Service Standards

All service users will be re-assessed by the nominated registered nurse at the point of admission and the Single Assessment Process commenced/ continued including the review and management of a comprehensive care plan.

Risk identified must be assessed, documented and managed by all professionals involved in care delivery.

Any incidents or untoward occurrences impacting on the service user[s] must be reported to the designated link at the PCT.

The service provider will report any complaints regarding service provision to the designated link at the PCT and document action taken and outcome.

The service provider must report any disruption to normal service provision at the earliest opportunity providing a likely timescale before normal service can be resumed e.g. staffing shortages.

Quality Monitoring

- Evaluating and monitoring individual care packages and provision will be an integral part of the Care Co-coordinator/Case Manager role.
- Inspection Reports generated by CSCI will provide commitment and compliance to National minimum standards.
- Quality Assurance Framework to be developed to reflect Better Standards for Health in line with the national agenda for transfer of CSCI to Health Care Commission.
- Service user/carer satisfaction surveys with a commitment to amend service provision when necessary.

Gill Frame
Director of Clinical Services
Stockport PCT