Review of hospital based non acute services for older people

Report to scrutiny health committee
June 6th 2006

This summary report covers a review of demand and capacity issues and proposals for a new service model, by the PCT for Stockport's non-acute Older People's Services . The review was commissioned in March 2006 to move forward the work around specifying a new model of service.

The work builds on a range of previous progress across Stockport to redesign Older People's services and can be traced back to the original proposals to close St Thomas's and develop an interim service pending potential closure of Cherry Tree Hospital (2003).

In order to take this work forward a project team was established in February 2006. The project team membership consisted executive/senior management representatives from the three statutory organisations in Stockport, the Local Authority, PCT and Foundation Trust.. The members of the project team are accountable to their respective organisations and the project team to the Health and Wellbeing Modernisation group which in turn reports to the All Our Tomorrow's Partnership Board. This partnership Board has Chief Officer representation from the relevant statutory and voluntary organisations within Stockport.

The initial work of the project team was to review the current service provision in relation to non acute services for Older People and develop a new service model to influence the future commissioning of these services.

The work of the project team was targeted at delivery within short timescales and engaged with an external management consultant to undertake the scoping of the current provision/demand.

Existing Service Investment

The purpose of this strategy does not aim to reduce the overall amount of commissioning resource spent on care of older people, but it aims to ensure that all resources are used effectively and efficiently with any savings achieved being reinvested to support a preventive, supportive and community based model of care. This will mean that whilst the resources spent are protected, they will be redirected across the health and social care system.

The current service costs around £12m to provide, £10.2m investment from Stockport PCT and £1.8m from SMBC

Analysis of Non-Acute Older Peoples Services in Stockport

FUNCTIONAL AREA	POPULATION COVERAGE	ACTIVITY	SERVICE MODEL
POPULATION PROFILE	48,087 Age 65+ 2005 (17.1%) Projected 50,780 by 2011 (18.3%)		Strong investment in bed based model. Circa 300 beds/places available
RESPITE CARE	CTH 5 20 beds	33 patient cohort March 2006	Respite breaks provided ranging from 1/6 weeks duration to 2/4 weeks. MDT in place from SNHSFT including Consultant presence.
REHABILITATION – BED BASED	SHH A10, A11 56 beds CTH Wards 2 & 4 (34 beds) Day Hospital ()		Step-down rehab provided on CTH site Wards 2 & 4. Evidence of delayed discharges on CTH Wards. No activity data currently available for day hospital.
REHABILITATION AT HOME	Rehab at Home 28 places(SNHSFT) Rehab at Home places 12(Local Authority) Rapid rehab at home service Intensive homecare 6-9 places	198 patients 04/05	Collaborative approach with SMBC and SNHSFT. High intensity rehabilitation at home, lower unit costs than bed based service. 6 week max LOS in model. Step up based rehab service to avoid hospital admission Step up and step down nursing beds.
INTERMEDIATE CARE / BED PLACES	Sheltered Flats – 13 Meadway & Marbury – 12 beds Vernon House – 23 Rapid Response IC beds Vernon House – 5 interim care beds IC Placement Team Tracker Nurse	unable to obtain bed occupancy data - Beds full most of time	PCT and SMBC provided places Meadway and Marbury step up step down facility.
CONTINUING CARE NHS PROVIDED	CTH CT3 30 CC Assessment beds Meadows, Bluebell Ward 20 beds		The Meadows profile includes 5 Palliative Care Continuing Care beds. High cost beds due to service charge. Evidence of delays to transfer of care at CTH Continuing Care Assessment
OTHER (COMMISSIONED)	Contracted NH beds – 10 Rapid Response beds (these are often spot purchased)	3246 bed days	Independent sector NH capacity Commissioned in addition to SMBC Borough Care contract arrangements
VOLUNTARY ORGANISATIONS	Age Concern • Placement • FILL • Ageing Well • HIF Wellbeing • Wellness • Take a Break Signpost for Carers • Fund breaks for carers	Difficult to quantify number of places available.	Range of projects commissioned individually by PCT and SMBC from Voluntary sector. Evidence of wide scale latent demand for services many of which are not advertised.

Comparisons with Elsewhere

Analysis was performed of comparative investment levels in other services to gauge whether Stockport is an outlier. Many peer organisations were unable to provide data due to time pressures and perceived definitional drift on local services when compared to the definitions used in Stockport. For this reason it was decided to benchmark at a high level rather than skew results due to definitional uncertainty amongst providers. Benchmarks used are therefore at a high level and include: bed number per 10,000 over 65's, and Home Care places per 10,000 over 65 places.

Findings from the analysis across 7 different services confirmed Stockport as an outlier with the second highest number of non-acute beds being provided (after Flintshire which is based around existing infrastructure of 6 community hospitals). The number of places supported at home revealed low totals for all commissioners in the sample, perhaps illustrating how financial headroom for service modernisation remains a problem in many areas.

The examples used from elsewhere confirm Stockport has high bed numbers and scope for reducing bed numbers in future to meet ongoing service demand.

Bed and Home Care Benchmarks for Non-Acute Older People's Service

	Population Aged 65+	Total Bed Nos Rehab, Respite, IC, CC	Homecare Places	Day Services	Beds per 10,000 65+	Homecare Per 10,000 65+	Total Beds & Homecare Per 10,000 65+
Stockport	**48087**	**225**	**49**	**?**	**46.8**	**10.2**	**57.0**
Liverpool	67239	124	TBC	15	18.4	TBC	TBC
Central Manchester	15970	58	23		36.3	14.4	50.7
Hounslow	24000	28	5		11.7	2.1	13.8
North Surrey	34060	120	30		35.2	8.8	44
Warrington	28400	126	TBC		44.4	TBC	TBC
Flintshire	22290	169	TBC		75.8		TBC
Totals	**240046**	**850**	**107**	**15**	**268.6**		**165.5**

Further learning from elsewhere in England has been included as appendix 2.

Conclusions from Demand and Capacity Review

This section concludes on the issues currently impacting on the system for providing non-acute Older People's care in Stockport. Addressing these issues should provide core principles from which a future service model can be developed.

- Poor data flows and a lack of outcomes evaluation are evident within the current system. Poor data flows are apparent at all levels with a lack of robust data on ward based services being a particular constraint on evaluating existing provision arrangements and long term needs. Outcomes evaluation from the Stockport service model is limited so relevant examples from elsewhere have

been substituted where appropriate to assess the potential for system change (**Appendix 2**).

- There is also a lack of clarity around the existing commissioning model such as the fact that respite care patients have not all been assessed for eligibility under NHS continuing care criteria.
- Stocktaking existing provision arrangements confirms high investment levels in a bed-based model (with 82% of places attributable to a bed or sheltered flat).
- The corollary of this is the low proportion of home supported places which are notable system constraint.
- Lack of high volume alternatives to hospital care in the current system. This situation leads to a perceived lack of choice for referrers and consequent reliance on secondary care. Examples of lack of choice include evidence of both step-up and step-down beds being blocked due to patients home of choice issues, difficulty in accessing Intermediate Care places, and again exit delays within the home based services such as Rehab at Home, resulting in inability to respond quickly enough in a crisis to prevent hospital admission.
- The lack of high volume alternatives to hospital care also compromises discharges from hospital with a lack of exit options constraining discharges and leading to significant numbers of delayed transfers of care. Reasons for delays are numerous and include lack of Nursing Home capacity, and patients exercising choice, few interim care beds, lack of step-down choices, long stays in the Rehab at Home service (potentially further constrained by patients waiting for SMBC homecare packages).
- Out of Hours was also flagged as a system risk with difficulties experienced in accessing appropriate assessment services with a subsequent reliance on hospital assessment / admission.
- There is a lack of control over entry into the system, which exists without a single point of access, Intermediate Care for example has 4 system entry points.
- Delays to transfer of care are evident at significant levels with approximately 40 -50 non-acute older people's beds/places blocked at any one time across all systems. Although recent reports from hospital now show the equivalent of a whole ward(28) being blocked by patients exercising choice of nursing or residential care home .
- The extent of delays to transfer of care also comprises system entry and exit routes with step-up and step-down facilities frequently compromised by delays.
- Low throughput services exist within the service e.g. Respite Care at Cherry Tree Hospital has 20 beds but just 33 patients on the respite cohort.
- A major system constraint lies in the lack of Independent sector Nursing Home places (currently 500 beds) and Residential Home places (1,800 beds). Available capacity is also restricted and skewed heavily towards residential places (max 4% residential bed availability, 0% nursing bed availability). Questions can also be raised around the suitability of many homes following CSCI inspections. Home of choice is also a notable system constraint with many delayed transfers due to awaiting home of choice. The provision of just 5 interim care beds also does little to release delays to transfer of care and move people through the system.
- Improved working with the Independent sector will remain central to delivering an effective service model in Stockport, recognising the incentives needed by the Independent sector to provide additional capacity. Opportunities for

providing increased levels of support to care homes are available through a range of initiatives that were discussed by the project team, including outreach teams, active case management, and wider clinical leadership.

- The voluntary sector also play a significant role in Stockport and have become central to the operation of the non-acute Older People's system. Evidence of excess service demand is evident in many voluntary sector provided services, few of which are publicised widely across the Borough.

Modernising the Model of Care in Stockport

The guiding principles of a future service model will be based upon:

- Maximising independence and wellbeing for Older People.
- Preventative services to enable Older people to live as full a life as possible
- Supporting Older people to be cared for in their own homes when it is their choice and is reasonably practicable.
- Provide services closer to home in a more homely environment
- Ensure effective and equitable access to all services
- Single assessments and care planning
- Appropriate responses ie 24/7 for some services
- Inclusion of intermediate tier for patients with mental health needs

If this set of principles are to be achieved, we must move from the existing model to a new one with improved access through streamlined pathways.

In this context early discussions around a potential future service model have identified the following as possible areas for consideration;

- single point of access to non-acute services and coordination once in the service
- appropriate balance between bed based & homecare support (& extent of intermediate care and rehab at home services)
- reduction in bed numbers in statutory sector
- investment in additional home care supported places
- rapid response community based teams 24/7
- clear protocols, eligibility criteria & pathway design to be a central feature of the new service
- improve step up capacity to support acute pressures
- adequate step down choices / exit options
- supporting the independent sector, raising standards, providing incentives to increase the number of Nursing Home beds
- building on existing partnerships with the voluntary sector to provide additional capacity in this sector
- developing the future model with reference to new admission avoidance and home support services such as Active Case Management, Falls Teams etc
- Building a Public Health and prevention focus such as through initiatives like self care and expert patient programmes

Benefits of New Service Mode.

- Allow older people to live healthier and independent lives in the community, with greater choice of services.
- Ensure the care and treatment of older people would be more co-ordinated and joined up, with fewer service gaps, interface delays and administrative burdens.
- Provide much needed capacity that would be released in acute services to improve services and choice for people who really need acute treatment in hospital.
- The future service model will better align capacity with demand, will remove existing blockages in the system and ensure improved patient flow, and will recognise and encourage greater contributions from the independent and voluntary sector

Managing the Transition

It is recognized that managing this change will require support to both the Foundation Trust and Local Authority partners.
The project will have a clear transparent process in terms of procurement of preferred providers and awarding of contracts for this revised model. The clear intention is to create a mixed economy, stratifying the supply, offering choice and building on expertise in community provision. The PCT is keen to ensure that voluntary and charitable organizations are able to submit proposals.

The PCT will work actively in managing implementation through joint project processes and where there are financial impacts to FT the contract terms provide for protection in terms of costs of capacity reduction.

Managing the procurement stage

One of the key issues to address in this model will be the transition from the existing service to the new.
Assurances will be required on the impact of these changes will have on the acute services for older people, eg on other referrers such as High Peak & dales PCT and particularly on the current providers of services.

Detailed step change proposals need to be agreed and indicators on system stability will be required.

Current service providers i.e those with expertise and previous experience or track record, will be given an opportunity to express interest in delivery of agreed and appropriate elements of the new model , subject to meeting service specifications.

The PCT will consult with partners and then decide on the best method and process of procurement, although it is not its intent to offer the new model for the delivery

solely to the current service providers, we will seek to tender out the elements to be provided by service providers who can deliver the transformation with expertise and experience in this new community based model.

It is anticipated that the elements that will be tendered out / market tested and developed into a service specification will be:

- Bed based respite care in nursing beds
- Support to carers
- Home based respite care support to the 'cared for' and 'carer'
- Rehabilitation in persons own home with step down service
- Additional capacity in nursing beds to support health care teams
- Healthcare multidisciplinary team to support community based services

Risks to Implementation

There are some significant risk s to a whole system approach to modernising Older People's Services.

- Lack of sign up from partner organisations to new model, although a considerable amount of engagement has taken place.
- Rapid pace of change required in workforce redesign
- Lack of support from independent sector
- There will be a need to develop our partnership working with the LA and Voluntary and IS sector, and ensure local services are well prepared for this change.
- There will be a need to grow and develop our community based services in readiness for this new client group
- There will be a need to parallel run the 2 services whilst we phase the closure of non acute beds
- Challenging financial position of both PCT and LA.

Next steps

Further dates for engagements/ sign up to this model

- Meeting with SNHSFT and Division of medicine on 26th May
  - To present this plan
  - To receive further ideas and confirmation of way forward from the FT

- Presentation of this plan to S PCT board at end of May to seek further guidance and confirmation of direction of travel.
- Summary to Health Scrutiny committee in June 6th to consult further on direction of travel.
- Final business case to PCT board in June 2006