

WIRRAL COUNCIL

CABINET – 9th DECEMBER 2009

REPORT OF THE DIRECTOR OF ADULT SOCIAL SERVICES

COMMUNITY BED SERVICES IN WIRRAL 2010 AND BEYOND

EXECUTIVE SUMMARY

This report sets out a strategy for commissioning Intermediate Care beds in Wirral in 2010-11 and beyond. The proposals are set in the context of providing services that are available in each Locality and should be considered alongside proposals on the future of Council support services. This involves a key decision which was first identified in the Forward Plan dated July 2009.

1 Background

- 1.1 The vision for Services for Older People in Wirral is to have integrated, localised and personalised services that are based upon improving outcomes for people and maximising independence.
- 1.2 The proposal is to commission community/intermediate care beds in each of the 3 localities of Birkenhead, Bebington & West Wirral and Wallasey. These beds will be an integral element of integrated services in each locality and will form part of the pathway of care for patients. Localities are currently enhancing their community services to enable more people to be cared for at home. However, there will still be a requirement for some beds in each locality. This paper outlines the commissioning of a number of core beds with localities retaining the flexibility to spot purchase and/or commission through practice-based commissioning giving additional capacity if required.
- 1.3 These proposals have the support of the Joint Commissioning Group for Older People which has representatives from Carers and Wirral Older People's Parliament.
- 1.4 Intermediate Care is a range of integrated services to promote faster recovery from illness, prevent unnecessary acute hospital admission and premature admission to long term residential care, support timely discharge from hospital and maximize independent living.
- 1.5 The initial Department of Health guidance set out definitions of intermediate care and service models. The definition included services that met the following criteria.

- They are targeted at people who would otherwise face unnecessarily prolonged hospital stays or inappropriate admission to acute inpatient care, long term residential care or continuing NHS in-patient care.
- They are provided on the basis of a comprehensive assessment, resulting in a structured individual care plan that involves active therapy, treatment or opportunity for recovery.
- They have a planned outcome of maximizing independence and typically enabling patients and service users to resume living at home.
- They are time limited, normally no longer than six weeks and frequently as little as one to two weeks or less.
- They involve cross professional working, with a single assessment framework, single professional records and shared protocols.

1.6 The concept of Intermediate Care was introduced with the National Service Framework (NSF) for Older People (Department of Health 2001) and services have been developed in Wirral using the definitions laid down within that document. The services developed have provided valuable support to the discharge process and contributed to the significant reduction achieved in delayed discharges from the local acute hospital (Wirral University Hospital Foundation Trust).

1.7 More recently a review of admissions to the acute trust identified that 52% of admissions into acute services were avoidable. A number of initiatives have been developed to offer alternatives to admission into the acute trust. These include the development of:

- Primary Care Assessment Unit which enables Gp's to refer patients for assessment and treatment who do not require admission into hospital.
- Integrated working across health and social care at locality level which includes the development of more intensive support to enable people to be cared for at home, including integrated care at home.
- This is a locality based community service to provide services over and above those normally provided in the community. This will provide a rapid response element to service provision and will support the patient by providing integrated 24 hour care at home to prevent an admission to hospital. The development of this service will have a significant impact on any intermediate care bed facilities.
- Accelerated discharge teams to support the early discharge of people into their own homes.

- The development of extra care housing schemes is continuing across Wirral. There are already 89 units available with a further 120 units currently being developed. Evidence indicates that this further reduces reliance on bed based services.
- The Wirral Wide Home Assessment and Reablement Team (HART) was developed from in- house social care services in August 2007. The team takes people who are ready for discharge from acute services and supports them at home enabling them to recover more quickly and promote independence. People, who would have traditionally been discharged to intermediate care beds with rehabilitation needs, following hip and knee or similar surgery, are now often able to go straight home instead of spending a period of time in a 24 hour facility. The knock on effect of this is that the people now accessing intermediate bed provision are of a higher dependency level and therefore require a higher level of care.
- The Falls Prevention Team, implemented in October 2008, supports people at home who have fallen but do not require hospital care. A number of care pathways have been developed across and between existing Health and Wellbeing services to provide an integrated community approach for this group of people.
- The Assistive Technology service is now well developed and receives over one hundred referrals per month from a wide range of health and social care staff and plays a significant part in not only maintaining independence but improving the quality of life across a full range of services. The plan is to further extend this service over the next year and it will be the subject of an invest to save bid across Health and Social care.

As all these services mature the demand for bed-based services will reduce and intermediate care should be an integral part of mainstream service provision in the future, and not be considered an isolated stand alone service.

2 Current Service

Intermediate Care Beds

2.1 There are currently 53 beds available in the following places:

- 16 Nursing beds at Grove House (Birkenhead) – commissioned from Four Seasons Healthcare an independent sector provider
- 12 residential beds at Pensall
- 25 residential beds at Poulton House

2.2 Each of the above services is supported by intermediate care Occupational Therapists and Physiotherapists provided by the PCT therapist's provider arm with social worker and enablement input as required.

2.3 Future Service Demand

Demographic Data

Using demographic data contained in the draft Joint Strategic Needs Assessment (JSNA) the table below outlines the over 65 Wirral population estimates by locality based on the Office of National Statistics (ONS) projections through to 2031 (the 2007 figures are actual). The 2031 figure indicates that the number of over 65s will equate to more than 25% of the total population of Wirral.

This data will need to be taken into account when determining the distribution of beds by locality.

Population Projections

	2007	2010	2016	2021	2026	2031
BWW:						
65-74	11,803	12,253	14,209	14,532	14,326	15,341
75+	12,406	12,680	13,787	15,325	17,894	19,355
Birkenhead:						
65-74	12,620	13,107	15,208	15,545	15,316	16,394
75+	12,223	12,483	13,553	15,048	17,557	18,996
Wallasey:						
65-74	5,884	6,112	7,092	7,248	7,141	7,642
75+	5,990	6,120	6,649	7,387	8,623	9,328
Total	60,926	62,755	70,498	75,085	80,857	87,011

Source PHIT2007

Housing Data

2.4 The Wirral Housing Need and Marketing Assessment 2006-07 Household Survey Data tells us that just over a quarter of all households in Wirral accommodate only older people. The data suggests that households in Heswall are most likely to be older person only households, whilst households in Seacombe are the least likely.

2.5 This data is reflected in the current usage of intermediate care beds in that 54% of the admissions in 2007-8 were from the Bebington and West Wirral locality.

Independent Sector Capacity

- 2.6 The total independent sector bed provision is currently 3,568 beds with 411 vacancies (12%).
- 2.7 The current average length of stay in intermediate care beds is 28 days. This is consistent with the current national average. However this is expected to reduce to between 7 to 14 days as the community developments mature over the next 12 months.
- 2.8 Given the range of impacting factors it is difficult to establish at the present time the actual number of intermediate care beds required. Assuming that systems are transformed to ensure optimum use of facilities and that progress is made towards an average length of stay of 7-14 days then **a medium term health and social care economy wide requirement of 32 beds should be planned for**. The projection of 32 beds is based on modelling work which has been undertaken. This has taken account of the reduced length of stay and the impact of other community developments.
- 2.9 However the need for flexibility around this number and the need to take account of locality specific needs is recognised along with the potential impact of community service development.
- 2.10 Therefore, assuming a start point of the current 53 beds a joint NHS Wirral /DASS service transformation plan needs to be developed to commission 32 beds over a time scale to be agreed. As part of this transformation programme the long term use and function of Local Authority facilities is being reviewed as part of the work on the future of care services, further reports regarding this will be presented to a future cabinet.
- 2.11 Future bed requirements will be ultimately determined at locality level. Implementation will therefore need to proceed with maximum flexibility to allow local commissioners the ability to either increase or reduce the bed numbers in a responsive and timely way to provide effective services 'closer to home'.
- 2.12 It is therefore proposed that a phased approach be taken to implement the proposed change.
- 2.13 **2010 - 2011**
- Commission 8 dual registered beds within Wallasey locality
 - Commission 12 dual registered beds in Birkenhead locality
 - Commission 12 dual registered beds in West Wirral locality
- 2.14 The impact of these developments will be subject to progressive review, which will enable the optimum number of beds to be fully commissioned by

2011. During this period the Local Authority will be able to specifically review its commissioning arrangements for residential facilities.

- 2.15 The sequence of any agreed changes will need detailed discussion and consultation. Implementation will be on the basis that newly commissioned developments will be in place before any de – commissioning (if necessary) takes place.

2011-12

- Review and evaluate impact of bed reconfiguration

3 Plan

- 3.1 It is proposed that:

- Existing service provision is extended including that provided by the independent sector to September 2010.
- That the new service be commissioned from October 2010.
- That detailed medium term (3 years) locality plans be developed, where these are not already in place by January 2010.
- That a review of the HART service be commissioned to establish the impact of the continuing development of this service on current plans for community care beds.

3.2 Project Principles

In developing proposals localities will need to recognise the commissioning of locality beds will give rise to a significant reconfiguration of existing services including a reduction of current contracted beds and a re-specification on the use of “new” or retained beds.

- 3.3 In progressing this project the following key principles will be need to be observed by localities:

- The timetable for progressing towards the locality bed complement will need to be flexible to ensure all associated developments are commissioned in parallel to support continuity of service.
- Patient/people /carer representative groups will need to be fully engaged in developing this initiative with an underlying commitment to have the optimum number of beds fully commissioned for the 2011-12 financial year.

- 3.4 This is potentially a complex service re-provision and will require senior clinical and managerial input to steer some sensitive service changes. Localities will need to agree how to take this forward on a collective basis.

- 3.5 The aim will be to have an agreed, cross Wirral, vision of community bed provision by April 2010 to be commissioned thereafter with a view to having all new services in place by October 2010.

4 Funding

- 4.1 The current service provision is primarily funded by the DASS. NHS Wirral contributions cover the top up required for nursing care and the funding of therapy and medical services, including medicines costs.
- 4.2 The ultimate intention will be that these community beds will be funded on 50:50 split between the Local Authority DASS and NHS Wirral. These beds will be jointly commissioned by the Health & Social Care economy through a tendering process. Costs will be shared on a 50:50 basis from October 2010.
- 4.3 An initial assessment of the total costs of 32 community/intermediate care beds (based on a 3 star nursing bed) is circa £953,000.

Locality Split

Proposed Provision	Number	£ per bed/ week	Total per Allocated Beds	Proposed £ DASS	Proposed £ PCT
Bebington & West Wirral	8	571,08	238,209	119,105	119,105
Wallasey	12	571,08	357,313	178,657	178,657
Birkenhead	12	571,08	357,313	178,657	178,657
TOTAL	32		952,835	476,419	476,419

- 4.4 This paper sets out the strategic direction and underpinning philosophy for future intermediate care provision.
- 4.5 Cabinet is asked to approve the strategic direction for intermediate care beds and the extension of the existing contract for Grove House.

5 Financial Implications

- 5.1 Set out in paragraph 4.

6 Staffing Implications

- 6.1 None directly

7 Equal Opportunities Implications

- 7.1 None directly

8 Community Safety Implications

8.1 None directly

9 Local Agenda 21 Implications

9.1 None directly

10 Planning Implications

10.1 None directly

11 Anti Poverty Implications

11.1 None directly

12 Social Inclusion Implications

12.1 None directly

13 Local Member Support Implications

13.1 Beds will be available in each Locality

14 Background Papers

14.1 None

15 Recommendations

15.1 That Members:

- (1) Note the strategic direction outlined in this report, and
- (2) agree to the extension of existing arrangements for Intermediate Care services, commissioned on a 50:50 basis with NHS Wirral, from the Independent Sector until September 2010

JOHN WEBB
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