

Report to Scrutiny Commission

Health Scrutiny Commission

Date of Commission meeting: 14 January 2016

Developing Priorities for ASC: Intermediate Care

Report of the Strategic Director of Adult Social Care



Useful Information:

- Ward(s) affected: All
- Report author: Ruth Lake
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1. Summary

- 1.1 Our current bed-based and home based intermediate care / reablement service outcomes, utilisation and successes were reviewed in late 2015 and identified that (i) our bed-based provision was both over-provided for in bed numbers and that (ii) home based reablement was achieving much higher levels of good outcomes for those who used the services.
- 1.2 In light of the competing priorities for the available capital investment within ASC, and reflecting current and future delivery models, the proposed new build intermediate care unit will not progress at this time. ASC will operate intermediate care from Preston Lodge and the capital will be prioritised for the development of extra care housing, which offers a real alternative to long term residential care.
- 1.3 The model for the delivery of intermediate care will be reviewed during early 2016 to determine the best options for this service into the future, in partnership with Leicester City Clinical Commissioning Group.
- 1.4 This determination does not directly affect the current availability of intermediate care nor does it have implications for staff.

2. Recommendation(s) to scrutiny

- 2.1 The Health Scrutiny Commission is recommended;
 - To note the capital priorities and the use of Preston Lodge as our intermediate care facility
 - To note the review that will take place during 2016, to consider future delivery options.

3. Supporting Information

- 3.1 The requirement for intermediate care provision was considered in 2012, as part of a commissioning strategy for short term and intermediate care beds. It was agreed in 2014 that a new build development would be pursued, to provide a replacement for existing services and to expand the bed base.
- 3.2 During 2015 it was agreed that the intermediate care beds at Brookside Court would be consolidated with the intermediate care beds at Preston Lodge Kingfisher Unit, creating a single location for the service in the interim period. This was completed on 4th January 2016 and Preston Lodge is now fully operational as our Intermediate Care Unit. This increases capacity from 37 to 40 beds and achieves savings within the staffing structure through the

economies of scale from a single unit.

- 3.3 The vision for the delivery of care to frail and older people has been refreshed at a national level and also locally. The Keogh Review, now being implemented across urgent care systems, highlighted the benefit of a 'home first' model; this increases the likelihood of an individual being able to remain in their own home, compared to either prolonged hospital stays for recovery or moves into alternative settings. Locally the work completed by Dr Ian Sturgess regarding the urgent care system, and in particular the outcomes for older / frail people, reiterated this conclusion.
- 3.4 ASC currently provides bed based and community based intermediate care services. The latter is referred to as reablement. In reviewing the outcomes achieved from bed based services and reablement, it is evident that more people are able to remain independent if they are supported in their own home. It is also the case the people from our diverse communities do not proportionally access our bed based services. Therefore our focus needs to be on the services required to maintain people with high levels of need at home, initially intensively, rather than away from their home.

Baseline Table (1)

Performance Measures	Intermediate Care Bed Provision	Intermediate Care Community Provision
Capacity	37 beds	1,800 contact hours per week
Occupancy	67%	84%

Service user profiles Table (2)

Service user characteristics	Intermediate Care Bed Provision	Intermediate Care Community Provision
Females	63%	62%
Males	37%	38%
White British	84%	65%
Age (65+)	90%	75%

Outcomes Table (3)

	October 2013 to October 2015	
	Intermediate Care Bed Provision	Intermediate Care Community Provision
Fully independent	57 (14%)	1,768 (53%)
Ongoing domiciliary care (or return home with reablement)	157 (38%)	1,120 (33%)
Went into hospital, residential care, died or other	198 (48%)	454 (14%)
Total	412	3,342

- 3.5 Further, the Council has worked successfully with local housing providers to develop partnerships which deliver extra care capacity, investing £3.8m to date. This is evidenced to reduce the need for residential care, improving outcomes and reducing cost.
The capital programme is significantly oversubscribed and when prioritising the use of available resources, it is felt that investment on extra care will achieve better overall outcomes than the replacement of an existing service / building.
- 3.6 As of 4th January 2016 intermediate care beds are operating from Preston Lodge. It is apparent that a number of people use or stay in our intermediate care beds for too long, where they have no real potential for improvement and we will be reviewing our admission and discharge processes to ensure that they are targeted more effectively on the right cohort of people. In addition the occupancy data for the past year indicates that these beds have not been fully utilised and therefore there should be scope to manage demand within the available capacity and achieve the best outcomes for people who genuinely require intermediate care in a bed based service.
- 3.7 Within our reablement service we note that a number of people die in the 91 day period following reablement and wish to explore whether other, more suitable pathways for care should be accessed by people who are on an end of life trajectory. We also note that there is no current reablement support provision between 10pm and 7 am, which limits the numbers of people who could be supported at home in the first instance, and wish to explore how enhancing this service could provide a more intensive level of support in a home environment.
- 3.8 The Leicester City Clinical Commissioning Group (LCCCG) is currently reviewing the capacity required to provide services to people on the Continuing Health Care Pathway, to exit hospital quickly and be supported in an environment that promotes their independence rather than assuming dependence for the period that it takes to complete the CHC assessment process. This is consistent with the principle that decisions about long term care should not be taken in an acute hospital setting. This provides an

opportunity to jointly review and commission the services required for our shared population going forward.

- 3.9 During the next 6 months we will be progressing this review and also increasing the intensity of reablement domiciliary services, so that they can support people with greater levels of need, particularly during the night time period.

4. Financial, legal and other implications

4.1 Financial implications

4.1.1 Capital funding of £6.7m was earmarked for a new Intermediate Care facility of which £0.2m has been spent in 2015/16 leaving £6.5m to be used towards the development of extra care housing.

4.1.2 Out of the budgeted revenue savings of £0.88m associated with the development of the new facility, £0.3m has been mitigated due to reduced staffing & running costs at Preston compared to Brookside and Kingfisher. The remainder of the savings will now have to be re-visited and will form part of the recommended review during 2016.

Rohit Rughani, Principal Accountant, ext. 37 – 4003

4.2 Legal implications

Legal Services, Commercial, Property and Regulatory Team can advise colleagues in Adult Social Care who are managing the development of extra care housing on this work stream's procurement pathway and contract development, and those who are managing the review of the delivery of intermediate care, on any public law aspects of decision making and any consultation.

Greg Surtees, Legal Services, ext. 37 1421

The Care Act 2014, Part 1, implemented in April 2015, sets out the general duties of local authorities. s2, CA 2014, "Preventing Needs for Care and Support" and the accompanying guidance, specifically refers to working with partners, agencies and carers to provide a local approach to preventative support; this includes being innovative and responsive. Therefore, the second part of the recommendation, to review and consider future delivery options, is entirely compliant with the duties of a local authority under this legislation. Any proposal to increase community provision will have an impact on carers and it should be remembered that under CA 2014 local authorities have additional duties towards this group in terms of assessment and provision of services.

Patricia Whittome, Legal Services, ext. 54 1473

4.3 Equality Impact Assessment

The decision to not invest capital in the development of an Intermediate Care building has no direct equality implications, as the current service will continue to operate. The implications of any future changes will be assessed as part of the planned review.

4.4 Other Implications

None noted

5. Background information and other papers:

A1 Executive Decision Report: EPH 13/10/2013

A2 Executive Decision Notice: EPH 15/10/2013

A3 Executive Decision Report: Intermediate Care 27/06/2014

A4 Executive Decision Notice: Intermediate Care 27/06/2014

Link: Capital Monitoring Report to OSC December 2015:

<http://www.cabinet.leicester.gov.uk:8071/documents/s72759/Capital%20Monitoring%20Report%20Period%206%202015-16%20-%20OSC.pdf>

6. Summary of appendices:

Background papers above

7. Is this a private report?

No