

Decision Maker: PORTFOLIO HOLDER FOR CARE SERVICES

Date: For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on Tuesday 13th June 2017

Decision Type: Non-Urgent Executive Key

Title: ADDITIONAL NURSING HOME PLACEMENTS TO SUPPORT HOSPITAL DISCHARGE FOR WINTER 2017/18

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Chief Officer: Lorna Blackwood, Director: Health Integration Programme

Ward: Borough-wide

1. Reason for report

- 1.1 This report sets out a proposal to support hospital discharge and help prevent delayed discharges through the commissioning of additional nursing bed placements for a period of 9 months.
 - 1.2 The report requests approval for a contract variation to the existing nursing bed block contract with Mission Care for a period of up to 9 months as set out in paragraphs 3.7-3.11.
 - 1.3 The report also requests the approval of a Project Manager Post for 12 months to oversee the implementation and management of the proposal and ensure the placements are fully maximised and the programme is monitored and evaluated.
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2. RECOMMENDATIONS

- 2.1 That the Care Services Policy Development & Scrutiny Committee note and comment on this report, prior to the Portfolio Holder being asked to:**
- 1) Agree to the variation of the existing nursing bed block contract with Mission Care for a period of 9 months commencing on 1 July 2017;**
 - 2) Approve the Project Manager post for 12 months to oversee the implementation and management of the proposal; and,**
 - 3) Note that a report in January 2018 will be tabled for Care Services PDS and the Portfolio Holder updating on the project with a final evaluation in April 2018.**

Corporate Policy

1. Policy Status: Existing policy. Supporting Independence
 2. BBB Priority: Supporting Independence.
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Financial

1. Cost of proposal: Estimated cost £135k
 2. Ongoing costs: N/A.
 3. Budget head/performance centre: Better Care Fund
 4. Total current budget for this head: £
 5. Source of funding: Better Care Fund
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Staff

1. Number of staff (current and additional): The recommendations include a proposal to appoint 1FTE post for 12 months on a fixed term basis
 2. If from existing staff resources, number of staff hours: N/A
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Legal

1. Legal Requirement: Statutory requirement. Section 18 of the Care Act 2014; reduction in delayed transfers of care is a requirement for the Better Care Fund and is a designated national metric.
 2. Call-in: Call-in is applicable
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Customer Impact

1. Estimated number of users/beneficiaries (current and projected): up to 12 users at any one time
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Ward Councillor Views

1. Have Ward Councillors been asked for comments? N/A.
2. Summary of Ward Councillors comments: N/A

3. COMMENTARY

Background:

- 3.1 A delayed transfer of care occurs when a patient is kept in hospital unnecessarily. The Council has a statutory responsibility to ensure that it is not contributing towards unnecessarily delaying patients being discharged from hospital. Delayed discharges can cause patients a great deal of distress as well as escalate costs to both health and social care. In addition to the negative impact delayed discharges have on service users, there is evidence to demonstrate that where patients have been kept in hospital for lengthy periods of time unnecessarily, their ongoing care needs are significantly higher and the possibilities of rehabilitation and or reablement are reduced.
- 3.2 NHS England captures delayed discharge information and the reason for the delay. Nationally delayed discharges are becoming an increasing problem, with the report for February 2017 identifying that there had been an increase on social care delaying discharge from 32% in February 2016 to 36% in February 2017. Like many London Boroughs Bromley is also experiencing challenges and this was evident over the winter months when there are greater pressures on all health and social care resources. During 2016/17 social care was responsible for 426 'delayed discharge days' due to the lack of nursing home placements, and 301 of these days occurred between October and March. At the peak, there were 5 people in hospital awaiting a nursing home placement, some for a number of weeks. If there are a number of beds available solely to support discharge to assess as mandated by the NHS the number of delayed days could significantly be reduced supporting rehabilitation of service users sooner and freeing the hospital for delivery of acute care. Legislation allows for the NHS to charge local authorities for delayed discharges – this charge is not levied locally at present but the risk remains for the future.
- 3.3 A delay in a patient leaving hospital often occurs because whilst they are 'medically fit', they are still not yet able to return home or to their previous residence without support. For some service users the speed and quality of this support can mean they will obtain greater independence in the longer term, a far more positive outcome for the individual and the system. The Council with the support of the Bromley Clinical Commissioning Group currently utilises 12 step down flats (within Extra Care Housing) to support some of these service users. However for some service users a greater level of care is required and a nursing home placement is often the most viable option. With the pressures of supporting service users to leave hospital during seasonal pressured periods, there is, as demonstrated above, sometimes a substantial wait for a suitable nursing placement. One of the conditions attached to the additional social care funding announced in the spring Budget is the adoption of the High Impact Model for managing transfers of care. This includes a discharge to assess model to facilitate timely discharge and assessment in a non-acute environment.
- 3.4 As there is evidence to suggest that a hospital is not always the most appropriate place to assess the future needs for older people the discharge to assess process allows people to be assessed in a non-acute environment. This includes short term stays in a nursing home to establish the optimum level of support required.

Current provision:

- 3.5 Currently the Council has a block contract for 48 nursing home placements, with an additional 12 placements on a first refusal basis with Mission Care. This contract is subject to a current retender process and the capacity for the new contract is being increased as agreed to by the Executive in July 2016 (Report No CS17012).

- 3.6 Given the nature of placements, it is not possible to predict an individual's length of stay in a nursing home and there are times when all of the contracted beds are full. Therefore the Council often has to utilise additional spot purchase nursing bed placements. In 2016/17 the Council made 127 spot placements in nursing homes, 40% of these placements were above our ceiling rates, and 30% were made out of Borough. It takes longer to secure a spot placement as the Council is often competing with self-funders as well as other neighbouring boroughs for limited supply, which has the potential to delay discharge from hospital. The current contract does not allow for shorter term placements at short notice; currently if an emergency placement is required it is negotiated separately.

Proposal to create capacity

- 3.7 It is important to strike a balance between the supply and availability of placements with an appropriate timely hospital discharge period. As such commissioners have identified an approach to create short term capacity to support local residents during the winter months. Patients would be discharged to nursing beds either for assessment or to await a permanent placement. In either case it will be important to maintain the flow through in order to alleviate the pressure on hospital beds.
- 3.8 In order to create the capacity needed for the seasonal period, vacant nursing placements are needed, so that places are available at the time of discharge. This proposal recommends that a 9 month trial be implemented which would involve securing a maximum of 12 additional nursing places. The use of the places will be managed by the Council and monitored closely throughout the trial period in order to establish the impact on discharges. A length of stay would be expected to be for up to 6 weeks, after which people would either be ready to return home or have their permanent placement identified.
- 3.9 Therefore it is recommended that the Council varies its current contract with Mission Care (which does not expire until December 2017) to purchase up to an additional 12 places. In order to create sufficient capacity by October, the process of purchasing the placements would need to start from the 1 July 2017.
A temporary officer post will be recruited to in order to manage the places and monitor and evaluate the investment. This post holder will be critical in managing and overseeing the project and establishing protocols with service users that clearly manage expectations. No places will be filled until the member of staff is in post so there will be a period when the places are not fully utilised. The following table indicates the maximum impact of holding vacancies. If the officer is in post sooner, the beds will start to be utilised and the impact will be mitigated.
- 3.10 No nursing home will have 10-12 beds available at the start of October; therefore capacity will need to be purchased throughout July, August and September. The table below provides an illustration of the indicative costs associated with purchasing this capacity.

Month	Vacant Nursing Beds	Indicative cost of vacant beds*
		£
July	4	11,059
August	8	22,119
September	12	32,108
October	9	24,884
November	0	0
December	0	0
January	0	0
February	0	0
March	0	0
Total	33	90,170
<i>*based on £624.32 per week</i>		

3.11 The financial model for Nursing Home placements (in Council funded placements) means that the nursing home collect the residential element from the Council and the Funded Nursing Care (FNC) contribution is chargeable directly to the CCG. Given that the Council would be securing vacant beds the provider would not be able to recharge for the FNC contribution. However given that the Council will not be utilising these placements until 1 October we have negotiated with Mission Care that the Council will still pay our currently agreed rate of £624.32 per week for the vacant placements.

4. SERVICE PROFILE / DATA ANALYSIS

4.1 In 2016/17 the Council made 127 spot placements in nursing homes (80 of these were made during the months of October-March), 40% of these placements were above our ceiling rate, and 30% were made out of Borough.

5. CUSTOMER PROFILE

5.1 The customers using these services are Bromley residents who are predominantly older people

6. POLICY CONSIDERATIONS

6.1 Block contracts for nursing home care enables the Council to achieve good value for money in line with Building a Better Bromley, through ensuring accessible and cost effective services.

7. FINANCIAL CONSIDERATIONS

7.1 The current Mission Care rate of £624.32 is good value and is below the Council's current ceiling rate of £680. The full cost of this contract variation would be the current rate £624.32 x 39 weeks x 12 placements £292K. However, the additional capacity costs (payment for vacant beds) and the project manager costs (based on a BR13 post for 1 year) are the only additional costs for delivery of this project as the Council would in any event be purchasing 12 nursing beds on a spot basis. Therefore the total additional costs are as follows:-

	£ '000
Vacant Bed Costs (as per paragraph 3.9)	90
Project Management Costs	45
	135

7.2 This can be funded from Winter Pressures funding from the Better Care Fund. The current budget for this is £1,027k in 2017/18 and these additional costs can be contained within this budget.

8. PERSONNEL CONSIDERATIONS

8.1 There is a recommendation to recruit a fixed term post for a period of 12 months to oversee the project management. Subject to formal job evaluation, this post is likely to be a BR13 position.

9. LEGAL CONSIDERATIONS

9.1 The original nursing care contract with Mission Care was subject to competitive tendering in 2013 and as such any variation to the Contract will be covered under the Public Contract Regulations 2006. As the service is considered a 'Part B' service under these Regulations and the proposed spend on the additional placements is less than 50% of the initial contract value, Rule 13.1 of the Contract Regulations 2006 allows for such variations. The full contract value is circa £10m.

9.2 Under Section 18 of the Care Act 2014, a local authority has a statutory duty to meet an adult's needs for care and support subject to certain criteria being met.

9.3 The report author will need to consult with the Legal Department regarding the contract terms and conditions. A variation of the exiting Mission Care contract will be actioned by the Contracts team.

10. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

10.1 The impact on vulnerable people and children is addressed throughout the report as appropriate.

Background Documents: (Access via Contact Officer)	N/A