

PART 1 - PUBLIC

Decision Maker:	Adult and Community Policy Development and Scrutiny Committee Adult & Community Portfolio Holder		
Date:	2nd November 2010		
Decision Type:	Non-Urgent	Non-Executive	Non-Key
Title:	PROPOSED DEVELOPMENTS IN INTERMEDIATE CARE SERVICES		
Contact Officer:	Rebecca Jarvis, Joint Strategic Commissioning Manager (Older People and Adults with Complex Health and Social Care Needs) Tel: 020 8313 4198 E-mail: rebecca.jarvis@bromley.gov.uk		
Chief Officer:	Terry Rich, Director of Adult & Community Services		
Ward:	Boroughwide		

1. Reason for report

Intermediate care (IC) services have been provided in Bromley since the late 1990s and have been effective in supporting people to regain function and independence following a spell in hospital or a crisis at home. Services are jointly commissioned and funded by London Borough of Bromley and Bromley Primary Care Trust (PCT). Recent reviews of intermediate care services suggest that greater effectiveness could be achieved by focusing on avoiding hospital admissions and a reconfiguration of resources to support more people at home rather than in residential settings.

The report seeks Portfolio Holder agreement to the development of a targeted hospital admission avoidance service and seeks Members' comments on the proposal to reduce the number of hospital based intermediate care beds.

2. **RECOMMENDATION(S)**

Members of the Policy Development and Scrutiny Committee are asked to:

- Comment on the development of the admission avoidance service
- Comment on the proposal to consult on a reduction in the number of hospital based intermediate care beds

The Portfolio Holder is asked to:

- Agree to the development of a targeted hospital admission avoidance service

- Note the launch of a formal consultation by the PCT on the reduction in the number of hospital based intermediate care beds on 2nd November 2010

Corporate Policy

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

1. Cost of proposal: Estimated cost The total cost of the intermediate care services including the refocused Admissions Avoidance Service is £5,516,142. The LBB contribution to the Admissions Avoidance Service will be £260,300.
 2. Ongoing costs: Recurring cost. £260,300 per year for the Admissions Avoidance Service (LBB cost)
 3. Budget head/performance centre: Care Services - Intermediate Care
 4. Total current budget for this head: £33.7million - latest approved controllable budget for Care Services, Assessment and Care Management
 5. Source of funding: LBB Adult and Community Services and Bromley PCT
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Staff

1. Number of staff (current and additional): LBB staff in the Admission Avoidance Service: 6 current, 3.2 additional.
 2. If from existing staff resources, number of staff hours:
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Legal

1. Legal Requirement: No statutory requirement or Government guidance.
 2. Call-in: Call-in is not applicable.
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Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Approx 1600 people per year.
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Ward Councillor Views

1. Have Ward Councillors been asked for comments? No.
2. Summary of Ward Councillors comments:

3. COMMENTARY

Background

- 3.1 Intermediate care is the provision of short term, frequently intensive support to increase independence, avoid inappropriate admission to hospital or care homes and to facilitate discharge from hospital. Intermediate care has a rehabilitative focus, provided at a time when an acute crisis is over, but the person is not yet fully restored to full health and independence. The services cover a range of health and social care support. The Bromley Intermediate Care Strategy was adopted in 2002.
- 3.2 Intermediate care services in Bromley currently comprise of a combination of bed based services and rehabilitation packages provided by multi-disciplinary teams at home.
- 3.3 The Council and the PCT currently commission 62 intermediate care beds. 22 beds are provided by Mission Care at Elmwood Nursing Home and 40 are provided by the South London Healthcare Trust at Orpington Hospital. The Council led on the tender of both contracts in 2005 which run until 2013. The Council manages the contract with Mission Care and Bromley PCT manages the contract with the South London Healthcare Trust.
- 3.4 The community-based rehabilitation services are provided by the PCT Provider Unit (Bromley Healthcare). There are two 'CARTs' (Community Assessment and Rehabilitation Teams), one in the east and one in the west of the borough, which comprise multi disciplinary teams of occupational therapists, physiotherapists, nurses and social care staff.
- 3.5 Since 2009 the PCT, South London Healthcare Trust and the Council have been jointly providing a PACE (Post Acute Care and Enablement) service which was designed to facilitate early discharge and to significantly curtail the length of a legitimate acute episode. The PACE pilot operated for ten weeks from 20th July to the last patients being accepted under care on 2nd October 2009. The evaluation report which was published by NHS London in November 2009 demonstrated positive outcomes for service-users in terms of supported discharges back to people's own homes and reductions in length of stay in acute care. With a different focus and smarter targeting of patients it is anticipated that more admissions can be avoided altogether.
- 3.6 The total value of intermediate care services is currently £5.38 million, to which the Council contributes £1.69 million. This is broken down as follows:

	LBB (£)	PCT (£)	TOTAL
Elmwood	849,050		849,050
Orpington		1,837,281	1,837,281
CARTS	716,016	1,315,695	2,031,711
Admissions Avoidance (PACE, Rapid Response, Care Homes Liaison)	120,500	537,800	658,300
TOTAL	1,685,566	3,690,776	5,376,342

- 3.7 Recent reviews of intermediate care services, including benchmarking with other local authority areas, suggest that although outcomes for service users are sound, there is a greater focus on services to assist with discharge from hospital than on avoiding hospital admissions in the first place.
- 3.8 Of the 1582 people who received intermediate care in 2009/10, by far the majority (1194) had been in hospital and were receiving support following discharge. Virtually all of the people receiving bed based intermediate care had been discharged from hospital. Benchmarking data

on intermediate care services (2008-9) across 17 London Boroughs shows that, compared to others, Bromley has a lower percentage of patients managed at home compared to most other systems and a lower percentage of intermediate care patients receiving a service to prevent admission to hospital or care homes.

- 3.9 The reviews concluded that there is scope for better pathways and greater service efficiencies in intermediate care services by refocusing resources on avoiding admissions to hospital where possible. This will result in an intermediate care 'model' that is more effective in terms of outcomes for patients, and more cost-effective.
- 3.10 The PCT's 'Balance of Care' study in 2008 included a survey of a sample of patients currently in intermediate care beds which identified a number of patients who could have been treated elsewhere, or who had required admission but could now be treated elsewhere. The study identified significant percentages of patients who either did not need to have been admitted to intermediate care beds in Orpington hospital (50%) or need not have been there on the day of survey (97%) if appropriate support had been in place in community settings. Corresponding figures for Elmwood were much lower.
- 3.11 In order to start rebalancing intermediate care services to achieve a greater focus on admissions avoidance and more efficient use of resources, two initiatives are being proposed: 1) The refocusing of the PACE service to avoid admissions to hospital and 2) reconfiguration of resources to increase the capacity of CARTs and reduce the number of beds in the system.

Avoiding hospital admissions

- 3.12 The PACE pilot has demonstrated positive outcomes for service-users in terms of supported discharges back to people's own homes and reductions in length of stay in acute care. The service has been maintained by the PCT provider unit with support from Adult and Community Services since the end of the pilot and it is now proposed that the PCT and the Council formally commission the service from Bromley Healthcare. With a different focus and smarter targeting of patients it is anticipated that more admissions can be avoided altogether. The new service will focus on the groups of patients where admission can be avoided completely or where patients can be supported to return home within one day. The service would also incorporate the functions of the Rapid Response team and the Care Homes Liaison team, currently provided by the Bromley Healthcare provider unit, thus bringing these services together under one management structure. As all three services have a role in avoiding admissions to hospital, the single management structure would ensure that resources of all the services are deployed in the most effective way to achieve greater outcomes.
- 3.13 The new service would generate savings in the tariffs charged by the South London Healthcare Trust to Bromley PCT and a risk/benefits sharing arrangement has been negotiated between the Council and the PCT which will be subject to a formal funding agreement, as detailed in section 5. The new service will cost a total of £798,100, of which the Council will contribute £260,300. This will result in a net cost to the Council of £29,900 in the worst case, and will generate up to £447,500 in savings to ACS budgets in the best case.

Commissioning strategy for Intermediate Care Beds

- 3.14 By focussing on admission avoidance and increasing the capacity of CARTs to provide rehabilitation to more people in their own homes, it is proposed that the number of intermediate care beds in Bromley can be reduced from 62 to 42. Given the result of the Balance of Care study and the lower cost of a bed at Elmwood (£723 per bed per week at Elmwood and £883 per bed per week at Orpington), it is proposed that the number of intermediate care beds at Orpington hospital be reduced from 40 to 20.

- 3.15 The bed reduction will be achieved by a service reconfiguration of how the intermediate care service works. This will involve increasing the capacity of CARTs by re-directing some of the therapy staff freed up by the decommissioning of 20 beds at Orpington to CARTs, and an reduction of the average length of stay in Intermediate Care beds from 38 days to 27 days by streamlining care management processes to achieve a more efficient flow of patients through the system.
- 3.16 The proposal to decommission 20 beds at Orpington is dependent on the outcome of a formal public consultation on proposed model of intermediate care services in Bromley which is being led by the PCT and launched on 2nd November 2010. The outcome of the consultation will be known in February 2011. Should the PCT and the Council decide to proceed with the proposal to decommission 20 beds at Orpington following the consultation, it is anticipated that £768k will be released in savings per year from the contract with the South London Healthcare Trust. These savings will be shared with the London Borough of Bromley on a proportionate basis.

4. POLICY IMPLICATIONS

- 4.1 Intermediate care services support the priority outcomes in the Older People Strategy 2008-2013, Independence and Choice for Older People in Bromley. The services are also key to delivering the Putting People First agenda.

5. FINANCIAL IMPLICATIONS

- 5.1 The finance arrangements for the re-focused admissions avoidance service is as follows:

	LBB (£,000)	PCT (£,000)	TOTAL (£,000)
Cost of proposal for reconfigured admissions avoidance service	260.3	537.8	798.1
Gross minimum savings (worst case)	-230.4	-249.6	-480.0
Gross maximum savings (best case)	-707.8	-1190.3	-1898.1
Net cost/savings (worst case)	29.9	288.2	318.1
Net cost/savings (best case)	-447.5	-652.5	-1,100.0

NB All costs/savings are calculated on a full year effect based on 2010/11 figures.

- 5.2 The allocation of the cost and savings arising from the new admission avoidance service are proportionately allocated based on the level of financial input from each of the partners. Robust monitoring will be undertaken by officers to ensure that the service maximises performance with a view to achieving a minimum of a break even position.
- 5.3 Under the terms of the Section 75 agreement (refer to section 7), the arrangements can be revoked should the service not perform in line with expected outcomes.

6. PERSONNEL IMPLICATIONS

- 6.1 With regard to bed based intermediate care, Elmwood Nursing Home and Orpington Hospital staff are employed by Mission Care and the South London Healthcare Trust respectively. There are no implications for staff employed by the Council should the number of beds at the Orpington Hospital site be reduced.
- 6.2 There are currently 14 Council staff employed in the multi-agency CARTs teams – 4 care managers and 10 care staff. None of these staff are affected by the proposals in this report.
- 6.3 Currently, 6 staff from the Council's in house home care service work in the PACE team on a seconded basis. The proposal for the refocused admissions avoidance service requires 9.2 members of staff to be employed by the Council. This will involve the creation of :

- 1 x Care Manager Indicative Grade BR11
- 8.2 x Admission Avoidance care staff Indicative Grade BR5

6.4 It is anticipated that there will be no change to the grades of the existing PACE posts, however the posts would be subject to evaluation. Without wishing to pre-empt the outcome of a 90 day consultation process that is currently underway with staff in the in house home care service, the new admission avoidance posts would be deemed to be suitable redeployment opportunities for staff who currently work in that service. There is currently a 90 day consultation process underway with staff in home care, to consider a proposal to close the in house service. This consultation ends on 30 November 2010. In the event that the proposal to close home care is agreed this would put the existing home care staff at risk of redundancy, were this proposal to be agreed, this service (excluding the care manager post) will be ring fenced to in house home care staff who are deemed to be “at risk” as a result of the changes to the home care service.

7. LEGAL IMPLICATIONS

7.1 The Council and the PCT will enter into an agreement under Section 75 of the NHS Act 2006 to cover the joint funding arrangements for the provision of the integrated admission avoidance service.

Non-Applicable Sections:	None.
Background Documents: (Access via Contact Officer)	Intermediate Care Strategy for Bromley, May 2002.