

REVIEW OF INTERIM AND RESPITE BEDS

To: **Adults Committee**

Meeting Date: **4 December 2014**

From: **Adrian Loades, Executive Director: Children, Families and Adults Services**

Electoral division(s): **All**

Forward Plan ref: **Key decision: No**

Purpose: **To inform the Committee of the findings of the recent review of interim and respite (bed based) care, and to seek views on the recommendations.**

Recommendation: **The Committee is asked to comment on the review and agree to the following actions by the Council:**

- a) Work with the Clinical Commissioning Group (CCG) to alter the current balance of Local Authority and NHS commissioned interim beds**
- b) Reduce the current residential respite block contract to open up other options for respite care and support**
- c) Address the geographical imbalance in the provision of interim and respite beds**
- d) Commission respite nursing (home) dementia provision to meet identified need**
- e) Deliver efficiency savings of £270K from interim care and £120K from respite care in 2015/16**

<i>Officer contact:</i>	
Name:	Richard O'Driscoll
Post:	Head of Service Development (Older People)
Email:	Richard. O'Driscoll@cambridgeshire.gov.uk
Tel:	01223 729186

1.0 BACKGROUND

1.1 The County Council spends £2.179 million per annum on 64 short term beds within residential and nursing care and within Extra Care sheltered housing for older people. These are used for the purpose of interim care and respite care. Interim beds are commissioned to support an individual's recovery from a crisis (e.g. hospital admission) or for assessment for longer term care planning. Respite care is intended to provide planned breaks for carers. In order to better understand the effectiveness of these arrangements, a review was undertaken earlier this year.

1.2 Initially the review focused only on social care activity. However, it was quickly recognised that to be of greater value, it also needed to include NHS services. In agreement with the Clinical Commissioning Group (CCG), the scope was broadened to include NHS directly managed and commissioned intermediate bed based services. The review included all short term bed provision for older people (aged 65+). Specifically, independent sector residential and nursing homes designated for respite care, interim care, rehabilitation, continuing health care and ongoing assessment. It also included community hospitals, but not specialist mental health beds.

1.3 Scope

1.3.1 The purpose of the review was to improve understanding about the current intermediate bed base and to quantify demand in order to support commissioning decisions going forward. Specific areas examined included:

- Location, type and number of beds
- Commissioning organisation
- Weekly cost
- Utilisation
- Pathway and sources of referral
- Current demand
- Future demand

2.0 MAIN ISSUES

2.1 Current capacity

2.1.1 There are 37 interim beds and 27 social care respite beds shown in Tables 1 and 2 below:

Table 1 - Interim Bed Provision

Area	Total	Population over 65	Rate per 10K	CCC funded	Both	CCG
City & South Cambs	62	39.3k	15.8	11	0	51
East Cambs & Fenland	60	33.6k	17.8	9	11	40
Hunts	19	27.3k	7	17	2	0
Total	141	100.2k	14.1	37	13	91

Table 2 - Respite Bed Provision (CCC funded only)

Area	Beds	Population over 65	Rate per 10K
City & South Cambs	13	39.3K	3.3
E. Cambs & Fenland	8	33.6	2.4
Hunts	7	27.3	2.6
Total	28	100.2K	2.8

- 2.1.2 There is a significant disparity between the resources available by locality for both interim and respite care. Huntingdonshire in particular stands out in relation to interim beds; it has significantly more social care interim beds than any other area. However, there are no permanent NHS funded short term beds. This is in stark contrast with other districts where the NHS beds are roughly in proportion to the size of the population. A consequence of this disparity is that beds commissioned by social care are regularly and frequently used for NHS services such as rehabilitation. In relation to respite care, Fenland and Huntingdonshire have a lower level of provision than Cambridge City and South Cambridgeshire.

2.2 Costs

- 2.2.1 The County Council spends £1,313K on interim bed provision and £860K on respite bed provision. Most of this service is provided through block contracts. Additionally £120K is spent on 'spot purchased' respite care, which is respite care that is purchased on a one off basis.
- 2.2.2 There is significant variation in the cost of both interim bed provision

and respite care across the county with Cambridge City and South Cambridgeshire being considerably more expensive, reflecting market differences:

Average Costs (per week):

Cambridge and South Cambs	£661
Huntingdonshire:	£480
East Cambs and Fenland	£465

In addition, the average CCC cost was £510 per week compared to the CCG average of £601. This reflects different levels of need as well as differences in commissioning arrangements.

2.3 Utilisation

There is also variation in utilisation of interim bed provision which in part, but not exclusively, relates to capacity differences. Other factors that contribute include both system and practice issues. For instance, the assessment and admission requirements of some care homes result in not all interim beds being fully utilised simultaneously. Additionally, some homes will only admit one person per day or will delay an admission until the home manager has completed a risk assessment. In Cambridge and South Cambridgeshire, most interim beds are utilised between 70% and 79% of the available time, whereas in East Cambridgeshire & Fenland and Huntingdonshire the range is 90% to 100%. By contrast to interim bed provision, the overall utilisation rate for respite beds across the county is 66%. Consultation with stakeholders has suggested that the main reason is that the type of provision which is mainly residential care, is no longer appropriate. Service users either have higher care needs requiring nursing home provision or prefer home based services.

2.4 Respite Care

2.4.1 There are significant issues relating to respite care. There are 27 block purchased respite beds, of which 14 are in Cambridge City and South Cambridgeshire, but these are often used for emergencies rather than planned care. It is rarely possible for respite care to be spot purchased in advance. Additionally, the beds purchased through the Council's block contract are currently inaccessible to self-funders. There is an electronic booking system, which is well regarded by carers. However, despite perceived service gaps, respite beds are on average under occupied by 34% of the time. The review also demonstrated a lack of provision for dementia care and an increase in demand, both in terms of numbers needing services and also in the level and complexity of need service users. This has resulted in an increase in the need for nursing dementia care.

2.4.2 Consultation with carers and other stakeholders concluded that future

commissioning intentions should include greater equity of provision, more home based respite care and greater use of direct payments. Consultation has also suggested that a smaller residential block contract and targeted commissioning of specialist dementia provision would be more appropriate. In particular, there is a need to commission a limited number of dementia nursing care beds to secure this provision on a frequent and regular basis.

2.5 Demand

2.5.1 The review demonstrated a mixture of resource shortfalls for some services and localities, and an under utilisation in others. In order to plan for the future, a predictive tool has been developed to ascertain future short term bed requirements by hospital system. The tool has assumed a utilisation rate of 85%. The model has been tested in the Cambridge system using data provided by Addenbrookes Hospital and has demonstrated a variable bed requirement, based on existing provision and demand, for the winter and summer months. This has been broken down by health and social care needs.

2.5.2 While this is extremely helpful, it is important that any such data is analysed and considered by commissioners in the light of resources available, as well as professional and stakeholder opinion. For instance, home based services such as 'live in care' can be a positive alternative to bed based provision, both for interim and respite care. In order to plan for future social care and NHS short term bed requirements, the predictive tool has been offered to the three acute hospital systems in the County.

2.6 Conclusion and next steps

2.6.1 The review identified that the current provision for both interim and respite beds is inequitable and in a number of instances is under utilised. There are anomalies in the pattern of both social care and NHS provision, which would suggest that greater efficiencies and equity could be achieved through joint commissioning and procurement arrangements. One way that developing a joint approach is being addressed, is through the development of a single purchasing unit known as the Cambridgeshire Brokerage. Additionally, it has been recognised that the current respite care arrangements, offered mainly through a single block contract, have a number of shortcomings. In particular, the lack of nursing dementia care, direct payments and home based care options significantly reduce the potential benefits for carers of a more preventative approach.

2.6.2 A commissioning plan is being developed to reconfigure both interim and respite care arrangements, with a view to achieving improved equity, efficiency and effectiveness. While much can be done to improve systems and practice in relation to utilisation, the most significant challenge is the need to address the over provision of social

care interim beds in the Huntingdonshire area. In order for this to be achieved, the Council will need to cease funding eight nursing home beds. It is estimated that this will produce a saving of £270K per annum. This saving has been built into the Council's proposed budget for 2014/15. However, as the current level of NHS community bed provision is low within the Huntingdon area, there are significant risks attached to this proposal in relation to NHS requirements, including hospital discharge. In order to mitigate this risk, a process of engagement with the Clinical Commissioning Group is underway and one option will be to transfer financial responsibility for the eight beds to the NHS from 1 April 2015, but discussion with NHS colleagues is needed.

- 2.6.3 In relation to respite care, there is a need to reconfigure the current services. This will involve reducing the existing block contract by approximately 8 beds or 30%, equating to £258k. This will then be used to commission two additional nursing dementia beds, at an approximate cost of £33k each. It will also provide an efficiency saving of £120k. The remainder will enable investment in home based solutions. The exercise will primarily involve redistribution of beds from Cambridge City and, to a lesser degree, East Cambridgeshire and Fenland. In order to reduce the impact of the savings requirement, options will be explored to maximise the available capacity. One example is to change the current booking arrangements to move away from a set admission date. This would require further discussion with the independent providers concerned and with service users and their carers.
- 2.6.4 The findings of the review, and the subsequent recommendations set out in this report, plan to both increase the benefits to service users and carers and achieve best value through more efficient use of resources and closer working with the NHS. The predictive demand tool developed also provides a more systematic approach to planning for future need.

3.0 ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the economy for the benefit of all

- 3.1.1 The Council purchases these services from a wide range of local providers in the independent sector who make a significant contribution to the local economy and provide employment opportunities. Clarifying the Council's plans in relation to this provision will enable those providers to plan as businesses.

3.2 Helping people live healthy and independent lives

- 3.2.1 Making sure that respite care is available before a crisis and that older people can leave hospital when they are ready, without being delayed, will improve health outcomes and independence.

3.3 Supporting and protecting vulnerable people

- 3.3.1 Carers are among the most vulnerable members of society. Improved access and flexibility with respite care arrangements will have a direct impact on health and wellbeing. The new arrangements will provide specific support for service users requiring nursing dementia care.

4.0 SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

- 4.1.1 Efficiency savings will be made through more cost effective management and commissioning arrangements (e.g. reduction in block contracts for residential care and more home based solutions).
- 4.1.2 The Council's proposed Business Plan for 2015/16 includes a savings target of £270k for interim care. This is based on an assumption that the Council will cease funding 8 interim nursing home beds in Huntingdonshire from April 2015, following negotiations with the Local Commissioning Group.
- 4.1.3 In addition, as part of the reconfiguration of respite care, an assumption has been made that an efficiency saving of £120k can be achieved by reducing under utilisation of current capacity. This will be delivered by reducing the current block contracts, recommissioning more appropriate services (including dementia nursing care) and improving booking and admission arrangements.

4.2 Statutory, Risk and Legal Implications

- 4.2.1 The proposed changes to respite care are in line with new responsibilities for carers within the Care Act 2014. The planned changes will be managed in partnership with the NHS in order to avoid any service disruption.

4.3 Equality and Diversity Implications

- 4.3.1 The actions set out in the recommendations will support the improvement in outcomes for older people and their carers.

4.4 Engagement and Consultation Implications

- 4.4.1 The review of interim and respite beds was conducted in partnership with the Clinical Commissioning Group and other NHS partners. The respite care proposals have been developed through consultation with a wide group of stakeholders including carers' representatives. Further engagement with all of these parties will be required in order

to implement the changes set out.

4.5 **Public Health Implications**

- 4.5.1 The actions set out in the recommendations will have a positive impact on the health of older people and their carers.

4.6 **Localism and Local Member Involvement**

- 4.6.1 There are no significant implications for this priority.

Source Documents	Location
Intermediate Bed Base review. Tom Barden	Tom Barden Research, Evaluation and Policy Manager Children, Families and Adults, Cambridgeshire County Council tom.barden@cambridgeshire.gov.uk 01223 699705