
MODERNISATION AND REDESIGN OF OLDER PEOPLES SERVICES

(Paper to be read in conjunction with Paper 2 - "NHS Continuing Care In-Patient Services").

1. SUMMARY

- 1.1 Following the recommendations of the Scrutiny Review of Social Work in 2006, the Council agreed at its Executive Committee on 20 September 2007, to undertake an options appraisal, including a full tender for Older People's Services. The services affected are those provided directly by the Council in Homecare, Day Care and Council Care Homes. This report provides an update on progress made.

2. RECOMMENDATIONS

- 2.1 Members of the Community Planning Partnership are asked to note the progress made against the agreed workplan for the options appraisal (attached at Appendix 1) and in particular note that a Public Consultation programme will be carried out during February and March. Details of this are available on the Council website and the programme of meetings is attached. (Appendix 2)

3. DETAIL

- 3.1 Argyll & Bute Council and Argyll & Bute Community Health Partnership have agreed a Joint Plan for the development of Older People's Services which necessitates a redesign of services to ensure we use resources effectively and efficiently to meet the outcomes within the plan, taking account of the projected demographic growth in people over 75 years, over the next 15 – 20 years.
- 3.2 A Project Board of 7 Councillors led by the Leader of the Council and including senior members of the Community Health Partnership has been set up following the Council decision to oversee this work. A Project Team led by Sandra Greer, Head of Service is currently progressing the agreed workplan.
- 3.3 To ensure best value, an options appraisal of Council Services will be considered by the Council later this year. It should be noted that any savings resulting from the redesign will be required to be reinvested in Older People's Services to meet the growth in demand.

- 3.4 Argyll & Bute Community Health Partnership is, as part of the redesign, planning to reduce continuing care beds within community hospitals. The resource release from this planned reduction will be used to fund Community Health and Social Care Services as described in the Joint Plan. Locality Health Managers are currently working on timescales and numbers of bed reductions in their area.
- 3.5 To inform the detail of the tender documents and service specifications, a consultation strategy and workplan has been prepared to ensure people who use our services, carers, local groups and agencies, staff and the wider public understand our business and have the opportunity to contribute to the redesign of services. The consultation strategy (Appendix 3) and programme of events (Appendix 2) are attached for your interest.
- 3.6 An independent consultant will lead the consultation on behalf of the Council to promote objectivity.
- 3.7 At the conclusion of the consultation, all views and comments received will be fed into the preparation of the tender and will inform future service provision.
- 3.8 It is anticipated that the tender will be ready for release in May 2008 and following formal qualitative and financial evaluation of the returns, an options appraisal will be put to the Council in August. These dates may be subject to change, depending on information collated as a result of the consultation.
- 3.9 A seminar for Councillors, MSPs and NHS Highland Non-Executive is planned for April/May once tenders have been prepared.

4. **CONCLUSION**

- 4.1 Progress against the workplan for the options appraisal for Older People's Services is on target. The public consultation programme being undertaken during February and March will inform the next stage of the process, which is the preparation of detailed tenders for services. The results of the tender will be outlined in an options appraisal put before the Council later this year so that a decision can be made about whether the Council remains a direct provider of some or all of the services described in Section 1 of this report.

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NHS Continuing Care In-Patient Services

1. Introduction

This paper 'sets the scene' by describing a number of factors pivotal to the modernisation of NHS Continuing Care beds.

The paper also reports on the present 'balance of care' in Argyll and Bute and how this might be changed over time to develop a higher level of care provision in the home.

It is noted that the factors critical to success include:

- Ongoing partnership working
- Willingness of Independent and 'Third Sector' to provide more services
- Agreed utilisation of resource release monies
- Agreed timescale for phasing decommissioning / re-commissioning plans
- Additional resource availability to address the projected need
- Agreement on the totality of (NHS) resource available, and acceptance of need for partial / incremental release
- Bridging monies availability
- Equity
- Public Involvement and Consultation

2. Current Position

The purpose of this paper is three-fold; Firstly to discuss some of these factors in more detail, the outcome of which will point to the need for ongoing additional detailed planning.

Secondly the NHS Continuing Care bed provision will be described in more detail, and progress on modernisation plans reported. There are 118 NHS Continuing Care beds remaining. They are geographically distributed as indicated in Appendix 1.

Finally the paper will attempt to demonstrate the complexity of the work and the interdependence of the discrete tasks, which require careful management if progress is to be made.

2.1. Resourcing new services

The closure of NHS Continuing Care beds results in the release of resources for reinvestment in community care services. In Argyll and Bute we have planned the new services jointly.

Resources associated with the closure of 54 NHS Continuing Care beds have been reinvested in Community Care services over the last few years. Although some of this resource has been made available to purchase RH/SCH beds (Tier 3) the majority of investment has been into services which provide intensive care into the individual's home (Tier 2). There has been minimal investment in Anticipatory/Prevention (Tier 1).

An estimate of the present resourcing 'gap' for older peoples services, made by Argyll and Bute Council is a minimum of £5m. Argyll and Bute CHP estimates that resource release associated with the remaining beds is around £3m. Therefore, a gap of £2m immediately exists. The

projected increase in numbers of older people living longer will eventually require increased resourcing.

The following should be noted:

- 2.1.1. Argyll and Bute Council expects to achieve greater value for money by commissioning from the independent sector allowing reinvestment of projected efficiency savings in older people's services, these savings may be initially offset by TUPE requirements.
- 2.1.2. Argyll and Bute CHP has estimated the total resource release available but this cannot be released as a single amount and is more likely to be released, as has already been the case, incrementally in small amounts which does not allow for any significant level of commissioning from the independent sector.
- 2.1.3. The Partnership requires a process for ensuring equity of resource provision across the area. When NHS Continuing Care beds are closed the resource release is retained locally irrespective of whether the locality is under/over the equity threshold. So far there has been no history of resource release being redistributed applying equity. This has led to inconsistent development of community care services, leading to some localities providing a greater range of services. Some years ago an exercise was undertaken to benchmark each locality against a baseline. This exercise was simplistic at the time but did indicate that some localities had a greater level of resource which could not be explained by demographics.

2.2. NHS Continuing Care beds distribution and plans for closure

There are 118 remaining NHS Continuing Care beds – this figure includes Dementia Long Stay beds.

The distribution is as follows:

<u>Cowal and Bute</u>	
Dunoon Hospital	10
Rothesay Victoria Annexe	16
<u>OLI</u>	
Lorn & Islands DGH	8
<u>MAKI</u>	
Campbeltown Hospital	29
MACHICC	16 (Frail Elderly)
MACHICC	12 (Dementia)
Argyll & Bute Hospital	27
Total	118

2.3. Local Plans

a) Cowal and Bute

Dunoon Hospital – given the projected over supply in this area, once a new build is complete, local health and social work managers are confident that work can commence this year to close the remaining 10 NHS Continuing Care beds, the plan may extend over 2008-2010. In light of the projected over provision care will have to be taken in the medium-long term to ensure that places are not filled, by local people, just because they are there.

Bute – there is a very significant shortfall of SCH places and independent provision has contracted over the last few years, and there remains concern about the robustness of the remaining service. There are no plans by the CHP to close beds in the short-term.

b) OLI

There is a significant shortfall of 16 SCH places in the locality although anecdotally a bigger 'gap' is perceived/reported. The reason for this is probably as a result of OLI 'places' being used by individuals from outwith the area, as a result of under-supply in other areas. Eventually the OLI situation may be balanced.

OLI is a locality which has benefited significantly from a large scale closure of NHS Continuing Care beds and the community care infrastructure is fairly robust, although there has been evidence of lack of focus particularly in regard to preventing admission to hospital, this is now being addressed on a number of fronts – ICTs, Unscheduled Care Programme and Long Term Conditions Management.

During 2008/09 local health and social work managers intend to develop plans to close the remaining 8 NHS Continuing Care beds.

c) MAKI

Campbeltown Hospital – a shortfall of 32 SCH places exist and there remain 29 NHS Continuing Care beds. Whilst early discussions about closing NHS Continuing Care beds have commenced it is difficult to see how this can be achieved with the present 'under-provision' and without putting excessive strain on the system as a whole.

MACHICC – there is a substantial shortfall of 55 SCH places for the area, including Tarbert, and 28 NHS Continuing Care beds (including dementia) to close.

Plans have been approved for the redesign of Dementia Services which will facilitate community service development – Specialist Nurses and OTs and additional support workers. These developments will be resourced from the closure of Lorn Ward at the Argyll and Bute Hospital.

Argyll and Bute Hospital – provides 27 Dementia continuing care beds. Closure of beds is pivotal to the development of community dementia services.

2.4. The Task Ahead – Steps in the process

A number of significant actions need to take place before the NHS can decommission all its remaining continuing care beds:

- Argyll & Bute Council tender services

- Independent providers submit proposals to supply (and are accepted)
- Resources identified to commission from new provider and to continue to fund continued development of services in all 3 Tiers
- Locality closure plans agreed
- Critical path indicating relationship between decommissioning, commissioning and resource release be made explicit
- Projected needs for SCH/PC places reviewed and updated and projected for the next 10-15 years
- Equity formula agreed
- Consideration of merits of central versus locality commissioning model
- Additional Project Management Support secured, on behalf of the Partnership, to progress the agenda

3. Summary

The remaining NHS Continuing Care Beds can only be fully closed with confidence if there is an increase in the provision of SCH/PC places in the community.

Government policy indicates that providers of long term care will, in future, be the Independent Sector.

Presently in Argyll and Bute there is a mixed economy (of supply), Argyll and Bute Council also being a provider.

It is not anticipated, nor desirable for Argyll and Bute Council to increase it's role as a supplier of SCH places. It is essential to attract new providers into the area.

If new providers are to be attracted to the area they must be confident of ongoing business and of a 'critical mass' of activity. This critical mass would be enhanced if Argyll and Bute Council was to cease its role as a SCH provider and commission from the independent sector.

The cost of commissioning new services would not be fully covered by the projected resource release, additional resources are required. Additionally it is almost certain that bridging monies will be required until such time as all the projected resource release can be made available, and savings from Argyll & Bute Council's plans realised.

The process of closing (NHS beds) and re-commissioning community care services are inextricably linked and the Partnership is approaching the task jointly whilst mindful of each organisations discrete responsibilities.

4. Governance Implications

Staff – the modernisation and redesign of older peoples services will have significant implications for staff in respect of place of work, and job redesign.

Patient Focus and Public Involvement – the decommissioning of NHS continuing care beds is of concern to communities and formal public consultation may be required. Advice will be sought from Scottish Health Council.

Clinical Governance – Standards of Care – irrespective of location, need to be clear and apply to all providers. The Partnership will need to consider how it improves support and advice to other providers.

Financial implications – the decommissioning of NHS community care beds will release significant sums for reinvestment in new services. The impact on the Community Hospital Service infrastructure will need to be considered.

5. Impact Assessment

The proposals apply to all older people in Argyll and Bute. An outcome of this process should be rebalancing of resources across Argyll and Bute to ensure equity.

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On behalf of Joint Implementation Group

11 March 2008