

Cabinet – 29 October 2014

Commissioning Winter Capacity 2014/2015

Portfolio: Councillor Diane Coughlan – Social Care

Related portfolios: Councillor Ian Robertson - Health

Service: Social Care and Inclusion

Wards: All

Key decision: Yes

Forward plan: Yes

1. Summary

- 1.1 This report is to describe a proposal to commission additional beds in a nursing home setting as part of an overall Joint Capacity Plan for Winter 2014/15 that aims to bring stability to the urgent and emergency care system in Walsall which is currently experiencing continuing difficulties with achieving the 95% target for 4 hour waits in Accident and Emergency (A&E).
- 1.2 The aim is for these beds to come into use during the early part of November in good time for expected higher demand pressures on the system during winter 2014/15. The impact of these changes will be reviewed after winter 2014/15 and this may lead to further changes in time for 2015/16 and subsequent years. Therefore, the commissioning of additional beds as described will be transitional.

2. Recommendations

- 2.1 Cabinet delegate authority to the Executive Director Adult Services, in consultation with the relevant Portfolio Holder, to negotiate and award contracts for the provision of contracts for beds in nursing home setting as additional support for people being discharged from hospital or to provide an alternative to hospital admission.

3. Report detail

- 3.1 There is a national target that no less than 95% people who attend A&E should be seen, admitted, treated or discharged within 4 hours of arrival. This is monitored on a daily basis and by the end of September 2014 the standard had not been achieved at The Manor Hospital for thirteen consecutive months. In the

22 week period from April to the end of August 2014 compared to the same period for 2013, attendances had increased by 4.2% (from 45,916 to 47,866), and the number of people where the four hour target was breached had increased by 121% from 2,198 to 4,864. The overall position as at the end of September 2014 is that the target has been achieved for 90.1% of people attending A&E since the start of April 2014.

- 3.2 An overall Joint Capacity Plan for Winter 2014/15 is being developed between Walsall CCG, Walsall Healthcare Trust and Walsall Council which is looking at ways of reducing A&E attendances for instance, via media campaigns and improving access to General Practice. The high level of A&E attendance is having a knock-on impact to the number of emergency admissions to hospital, particularly people aged over 75 years. The Joint Capacity Plan therefore aims to not only reduce attendances at A&E, but also to reduce hospital admissions, and reduce lengths of stay of those patients occupying a hospital bed who no longer need medical treatment.
- 3.3 The majority of people who are admitted to hospital can go home after medical treatment. There are some people who need support in the form of rehabilitation or reablement and where they are not well enough to receive this support at home then arrangements can be made for them to go to an intermediate care bed at Hollybank or one of the nursing homes. However, there is a relatively small but still significant number of patients whose circumstances at the point where they no longer need medical treatment are more complex, for instance they may be unable to make their own decision due to dementia, or their main family carer may no longer be able to cope so that they may have reached a point where they and their family need to make a decision about them leaving the family home and entering a care home.
- 3.4 These are difficult decisions and patients/families often need more time to recover from their medical treatment, and to decide what should happen next. Sometimes the whole family is involved in these decisions and there can be situations where different family members are in disagreement about what happens next. During the last 12 months there has often been between 50 and 70 of these kind of patients occupying a hospital bed.
- 3.5 If patients remain in hospital after they are medically fit to leave then there is a risk of hospital acquired infection; of falling over in an unfamiliar environment; or of losing independence to the point where admission to a care home has become more of a possibility. Therefore, it is important to ensure that they can be discharged as soon as possible to a care home setting, and thus have the time needed to complete the process of deciding what should happen next.
- 3.6 The role of adult social care is to work with health colleagues to assist these patients/families through a process of multi-disciplinary assessment and care planning. This assessment process must take into account many factors

including the overall health and prognosis of the patient; the need for active rehabilitation via physiotherapy or occupational therapy; ongoing nursing and care needs; medication; carer circumstances; financial circumstances; transport arrangements, the suitability of the home environment for the patient to be able to go home, and so on. There must also sometimes be an assessment for eligibility to Continuing Health Care which means that the NHS will fund the full cost of a care home placement. Social Workers and social care reablement staff are located in the Manor Hospital working closely with ward based staff to conduct these assessments and to plan for discharge.

- 3.7 The SWIFT Discharge Suite in The Manor Hospital was originally commissioned to provide somewhere for these patients to be able to leave the hospital and transfer to more of a care home setting so as to be able to prepare to return home, or to make a decision about a permanent move to a care home. This decision is a life changing one, and shouldn't have to be taken in a rush because there is high demand for hospital beds. The SWIFT Discharge Suite has an important role in supporting hospital discharge, but at the time it wasn't possible to locate the unit anywhere other than on the hospital site, and this was regarded as an appropriate solution. It's location as part of the hospital means that it isn't in the right place to provide more of a care home setting, and with such high demand on hospital beds, it has become necessary to commission additional beds in a care home setting.

Hospital Discharge Process

- 3.8 Due to the complexities of the circumstances surrounding patients who need support for their hospital discharge the government has set out guidance to improve joint working between social care services and hospitals. In many places this has acted as a stimulant for social care and health workers to get together and improve the discharge process so as to minimise the number of days that patients were delayed.
- 3.9 In April 2014, the Walsall Health and Social Care Integration Board agreed to implement a joint programme to improve hospital discharge which is based upon re-introducing the best practice from the original government guidance on a ward by ward basis across the Manor Hospital. This programme will:
- Agree and implement standards for board rounds, ward rounds, and multi-disciplinary team meetings.
 - Make full collaborative use of discharge planning documentation and checklists across all disciplines, and all parties involved recording their interventions/updates on these documents.

- Increase patient and carer involvement in decision making and discharge planning arrangements.
 - Allocate dedicated social care workers to specific wards, to actively work with ward staff who will all work within an ethos of discharge planning from day one.
 - Ensure that non ward based staff (e.g. Therapists, Community Matrons, Respiratory Nurses, Older People Mental Health Team, Integrated Discharge Team, etc), will attend the relevant Ward based Multi-disciplinary Team meetings and will also work within an ethos of discharge planning from day one.
- 3.10 The programme will start in wards 4 and 17 from 1 July and be extended to other wards on a month by month basis. The aim is to reduce the number of days that patients who are medically fit to go remain delayed in a hospital bed, and thus reduce the number of times that the 4 hour wait target in A&E is breached.

Swift Discharge Suite

- 3.11 Swift Discharge Suite is a 34 bed ward sited in the modular block at the Manor Hospital. The Suite has been operational since 17 October 2011. The Suite plays an extremely important part in facilitating complex discharges, enabling effective and efficient patient flow by placing patients in a different, and more appropriate environment, enhancing the patient experience and outcomes and in helping to maximise independence, effective utilisation through Nurse led services and GP involvement.
- 3.12 The profile of the patients being admitted to Swift Discharge Suite are that of frail elderly with multi-pathology who have difficulty in participating in active rehabilitation and reablement due to the nature of their needs. An evaluation of the Unit in early 2012 concluded that it could more realistically be described as a complex care discharge unit.
- 3.13 The location on the hospital site was chosen because either local nursing homes did not have the space for such a unit, or those that did were the subject of a safeguarding suspension. There was no other suitable site. However, the location has meant that over time the unit has become more like another hospital ward, particularly at times of high escalation when there are people in A&E who have been waiting for more than 4 hours for a bed to become available. This together, with the need to improve the hospital discharge process between the hospital and social care staff has meant that it is not working as effectively as was originally intended to support those people with a complex range of circumstances to go home in a timely way.

- 3.14 The Health and Social Care Integration Board has therefore examined the benefits of commissioning an equivalent amount of beds in a nursing home setting which will operate as was originally intended for SWIFT as part of the Joint Capacity Plan for winter 2014/15. A new term has come in to parlance to describe such a unit as a 'Discharge to Assess' unit on the basis that the aim is to support the patient to transfer out of a hospital bed and to complete the assessment process elsewhere in a nursing home setting which is much more homelike and less medically oriented. Such an arrangement is referred to as 'step down' from hospital, and so these beds would be 'step down' beds. A clear time limit of usually up to a period of around 6 weeks (with acceptance that some people may need longer) for these placements is agreed as part of the care plan. These are not permanent admissions to a nursing home.
- 3.15 The patients for this unit would be identified via the new hospital discharge arrangements as described above. The daily care will be provided by the nursing home and the multi-disciplinary assessment and care planning arrangements will be led by social care, working with Dudley and Walsall Mental Health Trust for mental health placements.
- 3.16 The aim is to improve the flow of patients out of the Manor Hospital and to enable the individual and family members to have the time needed to make sometimes difficult decisions about what happens next. This will improve the patient experience and lead to better outcomes.
- 3.17 The new unit will also support some people who need a clinical intervention that means they can no longer remain at home, but which does not have to be carried out in a hospital. Transferring from the family home to this kind of unit is referred to as 'step up' and is an alternative to a hospital admission. This would mean that the total number of beds may be nearer to 40. If it isn't possible to commission these all one site, then it may be necessary to have beds in 3 or 4 nursing homes. This will be determined by the procurement exercise.
- 3.18 Dudley Walsall Mental Health Trust Community Teams for Older People with Mental Health Problems provide case management support for EMI placements in nursing homes, and will be involved in the planning and commissioning of these additional beds. Additional case management capacity will be needed within the Council Assessment and Care Management Teams, and for mental health expertise for the case management process.
- 3.19 Walsall Clinical Commissioning Group is currently in discussions with Walsall Healthcare Trust over how the SWIFT Discharge Suite will continue to be used once the new unit is up and running. The hospital remains under considerable pressure and there is agreement in principle to continuing to use the ward to contribute to the management of the high numbers of frail elderly people with multi-pathology entering hospital on an emergency basis. This would also mean that the total number of beds set out in the Joint Capacity Plan for Winter

2014/15 has added to the overall bed capacity in the system. However, there is a financial risk associated with continuing in use the ward that was previously used for SWIFT.

Scrutiny Panel Visit to Nursing Home in Shrewsbury

- 3.20 Following an initial report to Health Scrutiny and Performance Panel in July 2014, a visit was arranged for Scrutiny Panel members to Uplands Nursing Home [<http://www.marchescare.co.uk/>], Shrewsbury on 15 August, 2014. The facility is operated by Marches Care Ltd; a family owned and managed company. Uplands Nursing Home is a purpose built home set in extensive gardens, providing nursing care on a long-term or short-term basis as well as dementia care, respite care, intermediate care and post-operative recuperation. There are 41 Nursing beds and 40 dementia beds set over two floors. They have five commissioned step up beds that can be flexed up to thirteen beds, where necessary, and can operate a two hour turnaround, with a 24/7 admissions policy.
- 3.21 Following a presentation representative's from Walsall were afforded the opportunity to hold frank and honest discussion with representatives from Uplands Nursing Home and had the opportunity to view the facilities and talk to residents. Members were very impressed by the way the nursing home provides short term care to support people leave hospital and then return to their own home, or to avoid an unnecessary hospital admission.
- 3.22 A procurement exercise has taken place leading to identification of suitable nursing home contractors in time for the end of October 2014. Expressions of interest in providing these beds under a block contract arrangement were sought from the nursing homes within the Borough or just outside in easy reach of some people within the Borough. There were five nursing homes that expressed an interest who were issued with Pre Qualification Questionnaires, which reviewed and updated their overall capacity to deliver this type of contract. This was followed by a tender process where the nursing homes submitted tenders for the number of the specified beds that they could supply within the context of the built environment of the nursing home and other business such as self-funders, residents funded by Walsall Council, residents funded by other Councils, and residents funded by the Clinical Commissioning Group. These tenders are being evaluated week beginning 13 October 2014 and beds identified and confirmed in the week beginning 20 October 2014. The precise number of beds will not be known until the end of the exercise.

4. Council priorities

- 4.1 Commissioning discharge to assess beds in nursing homes will contribute to the Council priorities for:

- Improving health and well-being;
- Supporting families and people to remain as independent as possible in their own homes and to establish personal choice and smooth transition into adulthood.

5. Risk management

- 5.1 It is possible that the complexity of needs of some individuals will be too great for them to remain in these nursing home beds for a short transitional period before going home, or that there may be a deterioration in their needs that leads to a readmission to hospital. The aim is for 90% of the individuals placed in these beds to go home within a 6 week period. Where this is not possible then arrangements will be made for an extended stay in a care home setting, and this may mean a transfer to a different care home.

6. Financial implications

- 6.1 Funding for the current SWIFT Discharge Suite is currently transferred from Walsall CCG to Walsall Council which commissions the Unit from Walsall Healthcare Trust. The sum is £1.8 million per annum, and this will be incorporated in to the Better Care Fund from 2015/16 onwards. This is the sum available for the Council to commission additional beds in a nursing home setting. The overall cost to the Council will not be above the funding transferred to the Council from the CCG.
- 6.2 The cost of these beds in a nursing home setting will be higher than the standard fee levels paid by the Council because the residents will have a higher complexity of need, and because all placements will be for a limited period of time, and so there will be a high turnover of residents that will make a higher intensity of staff ratio necessary. Fee levels have been capped at £750 per bed per week and the precise costs will be determined by the procurement exercise.
- 6.3 The funding will include the costs of some additional social workers and therapists to lead the assessment and case management of the residents in the new unit. Decisions on funding will need to be made in the context of the overall funding commitments set out in the Better Care Fund for 2015/16.

7. Legal implications

- 7.1 The provision of adult social care services is currently covered by Part B of the Public Contracts Regulations 2006 (as amended). In these circumstances, there is no mandatory requirement to subject the contract to the full EU procurement requirements, although the council must still act in an open, transparent and non-discriminatory way so as to comply with EU Treaty principles

7.2 The award of a Part B Service Contract should be subjected to “a degree of market testing to ensure the general principles of equal treatment and non-discrimination on grounds of nationality are not undermined.” The European Commission has suggested that the procurement obligations can be met if there is a “publication of a sufficiently accessible advertisement prior to the award of the contract”.

7.3 In order to satisfy the above requirements, a procurement exercise has taken place leading to identification of suitable nursing home contractors in time for the end of October 2014.

8. Property implications

8.1 There are no direct property implications for the Council.

9. Health and wellbeing implications

9.1 The Joint Capacity Plan is aligned to the Health and Well Being Strategy and its purpose is to set out arrangements for sustaining the health and well-being of the people of Walsall during the winter period.

10. Staffing implications

10.1 There is a need to appoint a small team of dedicated social workers and therapists to support the individuals who enter these transitional beds. Funding for these posts is included within the funding that transfers to the Council from the Clinical Commissioning Group.

11. Equality implications

11.1 We have included contract conditions which:

- Prohibit the contractors from unlawfully discriminating under the Equality Act
- Require them to take all reasonable steps to ensure that staff, suppliers and subcontractors meet their obligations under the Equality Act.

12. Consultation

12.1 There is on-going review of individual patients who are discharged from hospital into transitional care pathways whereby intensive support is provided for a short period to enable the individual to leave hospital when they are no longer in need of medical interventions. Experience during the last two years when the health

and social care system in Walsall has been under intensive demand pressures has been mixed. Some families have reported how they have found the arrangements excellent and others have reported that they were readmitted to hospital and so should not have been discharged in the first place, with a range of experiences in between these. On-going review of individual cases will continue, and the expectation is that these new 'discharge to assess' transitional beds will improve patient experience.

Background papers

Health Scrutiny and Performance Panel July 2014

Author

Andy Rust
Head of Joint Commissioning
☎ 654713
✉ Andy.Rust@Walsall.nhs.uk



Keith Skerman
Executive Director

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Councillor Diane Coughlan
Portfolio Holder for Social Care

20 October 2014

(amended recommendation approved
by Councillor Nazir, Deputy Leader, in
her absence)