

Agenda Item No.

**HERTFORDSHIRE COUNTY COUNCIL
ADULT CARE SERVICES SCRUTINY COMMITTEE
THURSDAY 27TH JUNE 2002 AT 10.30 AM**

**RESIDENTIAL AND NURSING CARE HOME AND
HOME CARE CAPACITY**

Report of the Director of Adult Care Services

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1. Purpose of the Report

To set out the situation with regard to market capacity in terms of places in care homes and availability of home care services, and to report on action being taken, supported by Building Care Capacity Grant, to increase capacity and develop alternative forms of care. The report focuses on care for older people.

2. Summary

- 2.1 With the implementation of block contracts, home care capacity in Hertfordshire is adequate to meet existing demand. Budgetary restrictions constrain the development of rehabilitative services.
- 2.2 There is a shortage of affordable residential and nursing home beds in the county, with particular difficulties in finding affordable nursing home placements in certain parts of the county.
- 2.3 Alternatives to care home placements are being developed in the form of intermediate care and extra care housing.
- 2.4 Building Care Capacity Grant is being used in a balanced way to retain current provision, facilitate hospital discharge and prevent admission and to develop alternative forms of care.

2.5 Attached as Annex A is a summary of responses to a letter from the Chairman and Vice-Chairman in the local press, asking for people's views and experiences of the supply of and demand for residential, nursing and home care.

3. **Conclusions**

3.1 There is a need to monitor market capacity very carefully and review availability and price in the context of demand, supply and budgets available.

3.2 At present capacity across the county is tight, but just about sufficient to allow placements and care packages to be purchased to the limits of resources available.

3.3 There are parts of the county where shortages of placements appear to be having a significant impact on waiting lists.

3.4 There is a need to continue with a balanced approach to developing capacity in care homes and alternative options, but consideration could be given to some focus in areas where capacity problems are most acute or where the specific needs of minority groups are not being met.

4. **Background**

- 4.1 Since the externalisation of its own residential care homes for older people and its homecare service, Hertfordshire County Council is completely reliant on the private and voluntary sector for the supply of an adequate number of affordable places in registered care homes and for the provision of all home care services. The services which were externalised are purchased back through block contracts with Quantum Care, Runwood Homes and Leonard Cheshire, but demand has risen to such an extent that this former in-house provision accounts for only 36% of care home placements and 25% of the home care hours purchased by the County Council.
- 4.2 The government has become concerned about capacity, particularly in the care homes sector, largely in response to concerns about delayed discharges from hospital, which reduce health service capacity to deal with waiting lists. In November 2001, a new grant for "Building Care Capacity" was announced. The grant is conditional upon agreed targets for reductions in delayed discharges being achieved. Hertfordshire County Council received £1.7 million Building Care Capacity Grant in 2001/02 and had to reduce delayed discharges in Hertfordshire's acute hospitals from 54 on 2 September to 40 by 31 March - this target was achieved. For 2002/03, the County Council has been allocated £3.65 million Building Care Capacity Grant and is committed to reducing delayed discharges to 32 by 31 March 2003.

5. **Home Care Capacity**

- 5.1 The County Council has a budget of £26m for adult home care in 2002/03, of which about £20m is to provide services for older people. Around 25% of the homecare hours purchased are provided by Leonard Cheshire and, since June 2001, 80% of the remaining hours purchased or 64% of the total hours purchased are provided by 16 agencies under block contracts. In the past there have been difficulties in securing home care provision in certain parts of the county. The new block contracts give certainty of provision right across the county by giving agencies certainty of business and the ability to plan staffing accordingly. Each block contractor has committed to provide up to a maximum number of hours and at present this capacity is not yet fully utilised. Appendix A to this report shows how purchasing through block contracts is increasing over time, largely due to a transfer from spot purchasing, but also reflecting rising demand. The target is to be using 90% of the block contract capacity by the end of 2002/03.
- 5.2 The introduction of the new block contracts for homecare has improved the timely availability of services. The contracts also tighten up commissioning arrangements so that services are commissioned in units of 15 minutes and the payment made is in respect of the actual time spent on a visit to the nearest 15 minutes. Electronic monitoring has recently been introduced to facilitate monitoring and charging. The impact of the change overall has been to increase the average hourly rate paid and to reduce the number of hours commissioned and charged for. However, this does not mean that individuals

will be receiving any less service, nor necessarily that the cost of the service they receive is any greater. Appendix 2 sets out an illustration. This new method of pricing and commissioning does make comparisons of statistics with previous years difficult, as we may commission fewer hours of care at a higher unit cost, but be delivering as much or more care to individuals.

- 5.3 Part of the Building Care Capacity Grant has been allocated to the provision of home care in order to increase provision and to allow for very intensive care packages where this will facilitate discharge from hospital. Some of the budgetary provision for demographic pressure has also been allocated to the homecare budget. Overall, the mainstream homecare budget has been increased by £1.2m in real terms over 2001/02 with additional provision of £150,000 to develop rapid response teams to assist with prevention of admission and hospital discharge, and £240,000 to provide homecare support in extra care housing schemes. Despite the allocation of these additional resources, at present the potential capacity in the market via the block contracts exceeds our budgetary capacity to purchase it. Tight management and monitoring of the budgets is required in order to avoid overspending. The need for tight budgetary control makes it difficult to create room for commissioning more rehabilitative homecare packages whereby people are helped to do things themselves, rather than have them done for them, as inevitably this requires longer visits and higher costs, at least in the short term.

6. **Care Homes**

- 6.1 The County Council has budgeted to spend £63.5m gross or £38.8m net of client contributions on 3,340 placements for older people in care homes during 2002/03. This compares to a budget of £57.6m gross, £33.3m net in 2001/02 to purchase 3,170 beds. The large increase in the gross budget is due to the transfer of preserved rights to local authorities.
- 6.2 In November 2001 there were 171 registered care homes in Hertfordshire, providing around 6570 beds. Table 1 below sets out the number of homes and beds by main provider type and indicates the number and proportion purchased by the County Council. The table shows that, whilst the County purchases the majority of beds in Quantum Care and Runwood Homes, this still accounts for only 36% of the total beds purchased. There is a heavy reliance on the wider private/voluntary sector to provide affordable placements.

Table 1 Places available and purchased at 31 March 2002

| | Total No of Homes | Total No of Beds | Beds purchased by HCC | % of provision |
|------------------------------------|--------------------------|-------------------------|------------------------------|-----------------------|
| Quantum Care | 26 | 1,373 | 962 | 70 |
| Runwood Homes | 4 | 242 | 218 | 90 |
| Other in-County | 152 | 4,957 | 1,700 | 34 |
| Out County | - | - | 420 | - |
| Approx Total beds purchased | | | 3,300 | |

6.3 The County Council pays standard rates for placements in care homes. Until this year, there were 4 different prices relating to levels of need. In 2002/03 a fifth category has been added. Rates paid for long-stay places in single rooms in 2001/02 and 2002/03 are set out in Table 2 below.

Table 2 HCC rates for Care Home Placements

| | 2001/02 £ | 2002/03 £ | % Increase |
|--|----------------------|----------------------|-----------------------|
| Care homes for older people | 272.80 | 279.40 | 2.4 |
| Care homes for older people (Higher Needs) | 325.00 | 333.00 | 2.4 |
| Care homes for older people (Dementia/ Mental Disorder) | 367.00 | 376.00 | 2.4 |
| Care homes for older people (Nursing) | 400.90 | 420.00 | 4.8 |
| Care homes for older people (Nursing Dementia Care) | - | 450.00 | - |

6.4 In 2001, 89 homes in Hertfordshire accepted the County Council's prices, this compared to 136 homes in 2000. For 2002/03 of 136 homes that have so far responded to the new prices, only 54 accept County Council rates and 30 of these are Runwood or Quantum Care homes. Most of the homes which do not accept County Council rates will take people placed by the County if the client's relatives or a third party agree to top-up fees to their required level. Sometimes homes which will not agree up front to accept HCC rates will take individual clients at HCC rates following negotiation. At present, at least 6% residential and 10% of nursing home placements made by the County Council require a top-up to be paid by a third party. There is a particular difficulty in funding nursing home provision at County Council prices, despite a price increase of 4.8% over 2001/02. So far only 3 nursing homes and 2 dual registered homes in Hertfordshire have indicated that they will accept HCC prices in 2002/03. Block contracts have been entered into with 2 of these homes, as well as with 2 nursing homes outside the county.

- 6.5 Appendix 3 sets out total beds by care category for each district as at November 2001, and also indicates those affordable by HCC. The data in Appendix 3 demonstrates that the latest position is that less than half of all beds in the County were affordable by HCC. For 2002/03, the situation has deteriorated and fewer beds will be affordable. Low availability of affordable placements increases the pressure for relatives to pay top-ups and increases the need for placements to be made outside the County.
- 6.6 Clearly there is pressure on prices in Hertfordshire. The table at Appendix 4 sets out some fee level comparisons with surrounding authorities. Some authorities have used a significant proportion of their Building Care Capacity Grant simply to increase prices. In 2001/02, HCC rates were comparable or slightly higher than neighbouring counties, but mostly lower than neighbouring London Boroughs. Very little comparison data is available as yet for 2002/03, but there is some evidence of authorities making significant increases in fees paid, particularly for nursing home care, eg rise in Brent from £425 to £525. In Hertfordshire, every £1.00 extra on the fee paid per week for each place would cost £171, 600 - so an increase of £10 per week in all placements would cost £1.7m.
- 6.7 In order to produce a realistic purchasing and commissioning strategy for care for older people, the issues re supply of care home placements outlined above need to be put in the context of actual and projected demand and of the alternative forms of care which might be available. The tables in Appendix 5 compare affordable care home provision by district with the relevant population and waiting lists for placements. The notable absence of affordable nursing home beds in some districts is clearly impacting on waiting lists particularly in Broxbourne, and North Hertfordshire.
- 6.8 The numbers of placements and waiting lists for care homes need to be put in the context of other services provided to older people. In October 2001, around 10,000 older people were in receipt of services organised by Adult Care Services, around one third of these were in care home placements, others would have been receiving homecare, day care or other forms of support. In thinking how to respond to issues around prices and capacity in care homes, consideration should also be given to alternatives which might include more intensive support in people's own homes. In putting together a plan in relation to Building Care Capacity money and in beginning to draw up a commissioning strategy for the future, an attempt has been made to balance continuing needs for care home placements with the development of alternative provision.
- 6.9 The information in this report sets out overall availability of placements to meet different levels of need. There is also a need to consider whether placements affordable by HCC are able to meet the specific needs of minority groups. There is some evidence, notably in Watford, that the specific needs of minority ethnic groups are not adequately met in care home placements

6.10 Evidence from the year to date is that, whilst it is difficult to find affordable places, it is still a lack of budgetary provision which is holding up some placements, rather than the ability to find suitable homes. Further analysis is needed to determine the extent to which availability relates to a willingness by relatives to pay top ups for placements.

7.0 Development of Alternative Care Options

7.1 The focus of the plan for spending Building Care Capacity Grant has been on how to reduce delayed discharges from hospital. In the short term, it is simply not possible to create any significant increase in care home places and whilst increases in prices might help with retaining capacity, they would not directly generate new placements. The approach to spending the grant in 2001/02 and 2002/03 has therefore been to invest in a range of solutions, including care homes and home care, in order to have an immediate impact on the capacity available to deal with people being discharged from hospital and needing social care support. The Building Care Capacity Plan as submitted is attached as Appendix 6 to this report. A summary of progress on specific developments is set out below:

| | Action | Progress |
|------|---|--|
| 1. | Advance purchase of nursing home beds. | Block contracts have been established with 4 providers including the purchase of 10 newly registered beds. |
| 2. | Installation of showers in Extra Care | Installations are going ahead in 5 units and further work will follow as housing units are released. |
| 3. | Extra Care Housing placements (Care Costs) | 5 units identified and being prepared for occupation. Service specification for care almost complete and agreed with housing provider. |
| 4. | Joint funding of placements at Western House (short-term) | 6 places up and running and in use for both step down and intermediate care. |
| 5. | Fund extension to Runwood home in Hemel Hempstead. | Foundations laid, 10 places planned - awaiting formal landlord's consent. |
| 6. | Fund places in above extension. | Will be added to block contract as soon as "on stream". |
| 7. | Block contract 4-8 intermediate care placements in Hemel Hempstead. | Contract for 8 places established and in use. Some work underway to adjust eligibility criteria to ensure maximum use. |
| 8-11 | Variety of posts to facilitate discharge/prevent admission, plus budgets to provide temporary services. | Budgets all available and being used. Posts all either filled or advertised. |

| Action | | Progress |
|---------------|--|--|
| 12. | Equipment to facilitate discharge. | Budgets transferred to Health Community Equipment Services. Very successful in 2001/02. Criteria for use agreed and monitoring in place. |
| 13. | Hertsmere Hospital at Home team | Original plan not followed through. Resources have been allocated to help fund Intermediate Care team in Hertsmere. |
| 14. | Hospital at Home scheme - West | Further investigation led to conclusion that this was not best use of BCC resources - alternative scheme for intermediate care at Gossams End, Berkhamsted, funded instead |
| 15. | Royston, Buntingford & Bishop's Stortford - prevention of admission. | Funding added to RBB Intermediate Care Team |
| 16a. | Social worker for intermediate health and social care team in Welwyn Hatfield. | Resources allocated to PCT Team. |
| 16b. | Prevention of admission/hospital at home E & N. | Now allocated to planned Intermediate Care scheme in Knebworth at Bulwer Lytton - to provide 8 beds in partnership with Quantum Care and North Herts & Stevenage PCT. |
| 17. | Increase home care budget and lift ceiling for hospital discharges | Resources added to home care budget. |
| 18. | LD & EMI placements from hospital. | Placements made. |

7.2 In addition, since the initial plan was compiled and submitted, further work has been done to prepare for the production of a 3-year commissioning strategy. This has looked at all the resources available, including Building Care Capacity Grant and Performance Fund and, following the Chancellor's budget announcement, will now begin to look forward to plan service development and reconfiguration over the next 3 years. The following areas of work have already been identified as priorities:

- Review pricing structures for care homes
- Aim to pool budgets for Care Home Placements with Primary Care Trusts from 2003
- Work with providers to secure block contracts
- Work with providers to consider options for expansion of existing homes and alterations to registration to secure additional beds with appropriate mix of provision
- Development of Extra Care Housing
- Development of Intermediate Care

- Refocus older people's day care to promote independence
- Develop rehabilitative home care services
- Evaluation of telecare as a supplementary care option.

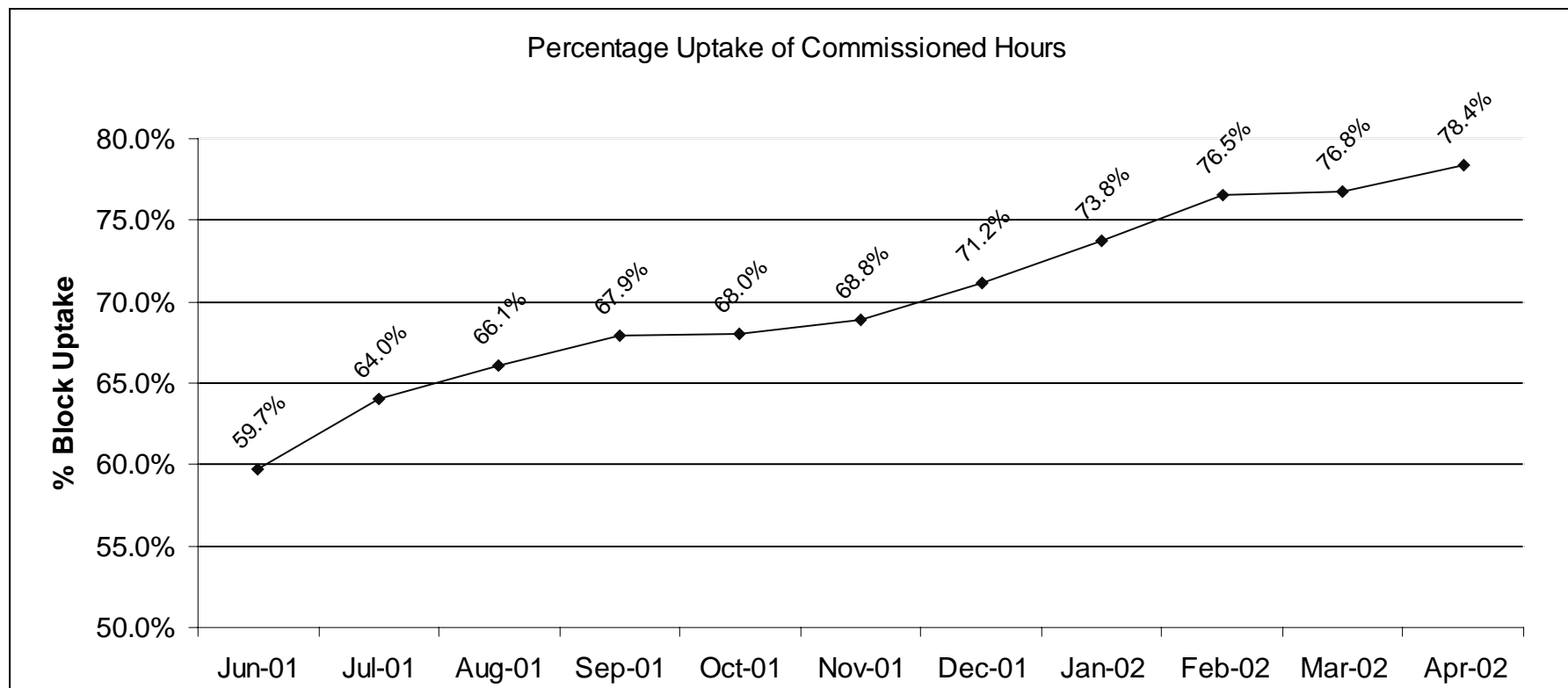
These priorities have been agreed by the Older People's Steering Group which has full representation from PCTs and also older people's sector representatives. The next step will be some work with the independent sector to get their input to the development of the strategy.

- 7.3 Appendix 7 sets out planned new care provision against existing affordable placements, relevant population and waiting lists, as well as people currently supported in the community. The emphasis of future developments needs to be on helping people maintain their independence by supporting them in their own homes or in extra care setting or through the provision of short term rehabilitation services.

8. **Conclusion**

To date, the development of alternatives and negotiation of block contracts has been largely opportunistic and not in response to particular geographical shortages of capacity. Whilst it is clear that the maintenance of care home capacity and development of alternatives is needed countywide, the analysis in this report suggests that future work should focus in areas where shortages in capacity are causing particular problems, as well as taking into account the specific needs of minority groups and increases in demand which demographic change will bring.

| Uptake of Homecare Block Contracts (Excluding Leonard Cheshire) | | | | | | | | | | | |
|---|---------|---------|---------|---------|---------|---------|---------|---------|-----------|-----------|-----------|
| | Jun-01 | Jul-01 | Aug-01 | Sep-01 | Oct-01 | Nov-01 | Dec-01 | Jan-02 | Feb-02 | Mar-02 | Apr-02 |
| Percentage Uptake of Commissioned Hours | 59.7% | 64.0% | 66.1% | 67.9% | 68.0% | 68.8% | 71.2% | 73.8% | 76.5% | 76.8% | 78.4% |
| Total Hourly Value of Contracts Per Annum | 1312150 | 1312150 | 1312150 | 1312150 | 1312150 | 1312150 | 1312150 | 1312150 | 1312150 | 1312150 | 1312150 |
| Total Hours Presently Commissioned Per Annum | 783,560 | 840,054 | 867,245 | 891,020 | 892,324 | 903,312 | 933,945 | 967,823 | 1,004,321 | 1,007,462 | 1,028,370 |



APPENDIX 2

Previously

Team A commissioned 12 visits of 1 hour each per week for Mrs. B. The hourly rate was £10 and any visit taking between 30 minutes and 1 hour would command a £10 charge. The actual length of each visit to Mrs B averaged 45 minutes.

$$\begin{array}{rclcl} \text{Mrs. B received 12 x 45 minutes} & = & 9 \text{ hours, at a cost of} & & \\ 12 & \times & \text{£10} & = & \text{£120.} \end{array}$$

Under the Block Contracts

Team A commission 12 visits at 45 minutes each per week. The hourly rate is £12 and each 15 minutes is charged at £3 with the charge being made to the nearest 15 minutes. The actual length of each visit averages 45 minutes of which:

$$\begin{array}{rclcl} 2 \text{ visits last 55 minutes} & = & 110 \text{ minutes} & & \\ 8 \text{ visits last 45 minutes} & = & 360 \text{ minutes} & & \\ 2 \text{ visits last 35 minutes} & = & 70 \text{ minutes} & & \end{array}$$

Mrs. B received 9 hours of home care at a cost of:

$$\begin{array}{rclcl} 2 & \times & \text{£12} & = & 24 \\ 8 & \times & \text{£9} & = & 72 \\ 2 & \times & \text{£6} & = & \underline{12} \\ & & & & \underline{\text{£108}} \end{array}$$

APPENDIX 3

| | Total Residential Beds | Total Residential Dementia Beds | Total Nursing Beds | Total Nursing Dementia Beds | Total Beds | Affordable Beds |
|-------------------|-------------------------------|--|---------------------------|------------------------------------|-------------------|------------------------|
| Broxbourne | 171 | 45 | 22 | 0 | 238 | 112 |
| Dacorum | 540 | 149 | 94 | 26 | 809 | 362 |
| East Herts | 350 | 57 | 258 | 0 | 665 | 271 |
| Hertsmere | 544 | 115 | 342 | 62 | 1,092 | 388 |
| North Herts | 452 | 147 | 264 | 0 | 863 | 249 |
| St Albans | 407 | 125 | 115 | 88 | 735 | 434 |
| Stevenage | 208 | 53 | 60 | 30 | 351 | 338 |
| Three Rivers | 225 | 39 | 246 | 24 | 534 | 283 |
| Watford | 531 | 101 | 130 | 46 | 808 | 252 |
| Welwyn Hatfield | 243 | 77 | 153 | 30 | 499 | 288 |
| TOTAL BEDS | 3,671 | 904 | 1,684 | 311 | 6,570 | 2,977 |

COMPARATIVE FEE LEVELS FOR CARE HOME PLACEMENTS

Residential Care

| | Residential | | Residential/ Higher Needs | | Residential Dementia | |
|-----------------|---------------------|---------------------|--------------------------------------|---------------------|---------------------------------|---------------------|
| | 2001/02 £ | 2002/03 £ | 2001/02 £ | 2002/03 £ | 2001/02 £ | 2002/03 £ |
| Hertfordshire | 272.80 | 279.10 | 325.00 | 333.00 | 367.00 | 376.00 |
| Bedfordshire | 296.00 | 322.14 | 296.00 | 322.14 | - | - |
| Buckinghamshire | - | - | 320.60 | 330.19* | 377.86 | 404.32* |
| Essex | 264.80 - 301.24 | 290.57 - 329.77 | 264.88 - 301.14 | 290.51 - 329.77 | - | - |
| Cambridgeshire | 277.00 - 298.00 | - | 277.00 - 298.00 | - | 339.00 - 365.00 | - |
| Brent | 283.00 | 292.00 | 336.00 | 350.00 | - | 400.00 |
| Enfield | 336.60 | 343.33 | 336.60 | 343.37 | 336.60 | 343.33 |
| Haringey | 308.00 | 350.00 | 308.00 | 350.00 | - | 400.00 |
| Harrow | 350.00 | 380.00 | 350.00 | 380.00 | - | - |

Nursing Care

| | Nursing | | Nursing (Dementia) | |
|-----------------|-----------------|-----------------|---------------------------|----------------|
| | 2001/02 | 2002/03 | 2001/02 | 2002/03 |
| Hertfordshire | 400.90 | 420.00 | - | 450.00 |
| Bedfordshire | 376.00 | 410.70 | - | - |
| Buckinghamshire | 403.34 | 427.56 | 470.26 | 507.85 |
| Essex | 350.77 - 418.97 | 368.97 - 439.81 | - | - |
| Cambridgeshire | 377.00 - 400.00 | - | - | - |
| Brent | 445.00 | 525.00 | 494.00 | 552.00 |
| Enfield | 400.00 | 408.00 | - | - |
| Haringey | 415.00 | 400.00 | - | - |
| Harrow | 450.00 | 500.00 | - | - |

*** New placements only**

APPENDIX 5

| | Population over 65 (mid 99) | Total Affordable Beds | | | Quantum Care & Runwood Beds | Waiting List for Placements (Nov. 01) | Waiting List as prop of affordable beds |
|-----------------|-----------------------------------|--------------------------|------------|--------------|--------------------------------|---|--|
| | | Residential | Nursing | Total | | | |
| Broxbourne | 11,881 | 112 | 0 | 112 | 112 | 41 | 37% |
| Dacorum | 20,497 | 311 | 51 | 362 | 120 | 11 | 0.2% |
| East Herts | 16,803 | 239 | 32 | 271 | 201 | 31 | 11% |
| Hertsmere | 15,862 | 337 | 51 | 388 | 180 | 30 | 8% |
| North Herts | 18,048 | 249 | 0 | 249 | 184 | 54 | 22% |
| St Albans | 19,458 | 360 | 74 | 434 | 234 | 22 | 9% |
| Stevenage | 10,139 | 248 | 90 | 338 | 155 | 15 | 4% |
| Three Rivers | 14,421 | 208 | 75 | 283 | 151 | 30 | 11% |
| Watford | 9,613 | 252 | 0 | 252 | 170 | 25 | 10% |
| Welwyn Hatfield | 16,006 | 138 | 150 | 288 | 106 | 48 | 17% |
| Total | 152,728 | 2,454 | 523 | 2,977 | 1,613 | 307 | 10% |

BUILDING CARE CAPACITY

Plan to Reduce Bed Blocking in Hertfordshire

1. Introduction

Hertfordshire County Council has consulted with the Health Authority, Primary Care Trusts and Hospital Trusts in Hertfordshire on how resources of £1.7 million, which have been made available in 2001/2, can best be used to reduce “bed blocking”. A wide range of options has been considered and a number of key issues identified.

2. Context

- 2.1 There are 176 care homes in Hertfordshire, providing a total of 6598 beds for older people. Only 50% of these beds are available at Hertfordshire County Council rates. There is a high occupancy rate of all beds at 95%, and most homes have waiting lists too. Vacancies are often reserved and quickly taken up. There is a particular shortage of EMI nursing beds, with only 312 in the county and affordable nursing care is in short supply, with only 24% of vacancies available at the HCC rate.
- 2.2 The shortage of affordable places identified above is in the context of Hertfordshire already paying the second highest price per bed of all County Councils and of questions being asked through the performance assessment framework about why costs are so high.
- 2.3 Hertfordshire County Council has no in-house residential or nursing home provision for older people. Homes previously run by the County Council are now operated by two companies, Runwood Homes (4 homes) and Quantum Care (26 homes). The County Council retains ownership of the buildings, which are on long leases to the providers, who pay market rate rents. Block contracts are in place to purchase over 80% of the places in these homes.

3. Issues Identified

- 3.1 There is a lack of certainty about whether resources are ongoing, and whether the financial full year effects of actions put in place in 2001/2 will be fully funded through the grant in 2002/3, as the only commitment is to a level of resource which is not less than that provided in the current year. Any actions which are going to have a sustainable impact in increasing capacity and reducing delayed discharges, will need to be properly resourced in 2002/3 and

beyond – one-off funding will not work. This plan is predicated on the availability of resources to fund full year effects in 2002/3 and beyond.

- 3.2 Setting targets for reductions in delayed discharges without any reference to throughput is unrealistic. The whole purpose of freeing up beds, is to reduce waiting lists, and meet these targets, which will, in itself, increase further the demand for services on discharge. It would be possible to significantly increase capacity, but have no impact at all on the number of delayed discharges with the benefit being realised through reduced waiting lists.
- 3.3 Targets are to be based on reducing delayed discharges, which is a narrow definition, focusing on beds in acute wards. Unblocking beds in community hospitals also has a beneficial effect, but may not directly impact on delivering the targets.
- 3.4 A balance needs to be struck between short-term measures to make an immediate impact, and longer-term measures to change and increase provision, which cannot deliver immediate improvements. Appropriate resources are needed for both.

4. Information

- 4.1 To address some of the issues identified above, the Adult Care Services department in Hertfordshire will monitor not only the numbers of delayed discharges and blocked beds, but also the number of assessments undertaken in hospital and the number of discharges made to different types of care package. This will give a more holistic view of the impact of the additional resources and actions being taken.

5. The Plan for 2001/2

- 5.1 The Plan set out below seeks to use a range of measures to facilitate discharge from hospital through increasing the range and volume of services available to meet people’s needs. The Plan involves both capital and revenue expenditure. Much of the revenue expenditure is ongoing and will need to be funded in future years.

| | No. of Places/ Clients helped | Part year cost 2001/2 £000 | Full year cost £000 |
|--|----------------------------------|----------------------------------|------------------------|
| 1. Advance purchase of nursing home beds at HCC prices | 10 | 45 | 120 |
| 2. Installation of level entry showers in extra care housing units (capital) | | 40 | - |
| 3. Extra care housing placements – care costs | 14 | 35 | 140 |

| | | | |
|---|-------|-----|-------------------------------|
| 4. Joint funding of step down /intermediate care placements at Western House, Ware | 8 | 30 | 60 |
| 5. Fund extension to homes in Hemel Hempstead and Stevenage operated by Runwood Homes, cost to be offset by increased rent to County Council (capital in year 1, income in full year) | | 318 | (50) ongoing 318 (one-off) |
| 6. Fund extension to block contract for above places – higher needs residential/MPE | 20 | 25 | 200 |
| 7. Block purchase 4 intermediate care placements (includes therapy) at nursing home in Hemel Hempstead, rising to 8 over 3 years | 4 – 8 | 20 | 120 |
| 8. Hospital Social Worker for Chase Farm to facilitate discharge process | | 13 | 26 |
| 9. Increase Health and Social Care Coordinator budgets to purchase packages | | 100 | 200 |
| 10. Health and Social Care Coordinator posts in A & E at QEII and Lister hospitals and budget for rapid response home care – Pilot to March 2003 to avoid admission | | 50 | 200 |
| 11. Continue social work posts at A & E in Watford & Hemel hospitals until March 2003 + budget for rapid response | | 20 | 200 |
| 11a. Additional social work/HSCC hours in Dacorum to assist with intermediate care. | | 4 | 13 |
| 12. Increase equipment budgets available at QEII, Lister, Hemel Hempstead, Watford and out-county | | 50 | 100 |

| | | | |
|--|----|-------|-------------------------------|
| hospitals to facilitate discharge, eg mattress hire | | | |
| 13. Match funding for Hertsmere hospital at home scheme (run by Barnet PCT) | | 10 | 25 |
| 14. Hospital at home scheme – 7 day scheme – West | | 20 | 80 |
| 15. Hospital at Home/ prevention of admission/ elderly discharge Royston, Buntingford & Bishop's Stortford | | 10 | 25 |
| 16a. Social worker for IH & SCT in Welwyn Hatfield | | 6 | 25 |
| 16b. Prevention of admission/hospital at home E & N | | 14 | 55 |
| 17. Increase home care budget and lift ceiling on packages for hospital discharges. | 75 | 710 | 1,500 |
| 18. LD & EMI placements from hospital (bed blockers) | 14 | 180 | 360 |
| | | 1,700 | 3,717 of which 318 is one-off |

We will keep the implementation of this plan under close scrutiny and are also working to develop other possible solutions, which may substitute for some of the above schemes if likely to be more effective or might be funded if there is any slippage in the delivery of the above plan, so as not to lose momentum. These include the following:

- Temporary out-county placements with funded transport for relatives
- Investigation of the needs/justification for a Higher Needs Nursing Category which would attract a higher price than for standard nursing care.
- Opening up of step down beds in an empty ward
- Further funding to hospital at home/preventative admissions scheme
- Temporary use of independent sector vacant hospice beds.

6. Our Target

6.1 Based on the above Plan, and bearing in mind the points made in paragraph 3, our target for a reduction in delayed discharges is 25%, which equates to 14 beds. We hope to achieve this by 31st March 2002.

7. Looking Forward

7.1 The continuation of the actions put in place in 2001/2 will have a resource requirement of approximately £3.7 million in 2002/3 and £3.4 million thereafter. In looking ahead to actions to deliver on the longer term agenda for Building Capacity and Partnership in Care, our commissioning strategy is likely to include some of the following components:

- Development of a 60-bed continuing care(20 beds)/intermediate care(40 beds) home in Ware in partnership with PCT – jointly funded and commissioned by the County Council from the independent sector. Could be in place by end 2002/3 if resources secured.
- Development of a 40-flat extra care housing scheme in Borehamwood in partnership with Hertsmere District Council, the Hertsmere PCT and a housing association. The County Council will need to fund the social care support. Should be in place by end 2002/3.
- Further work with Runwood Homes and Quantum Care to exploit existing assets and ownership to maximise availability of places.
- Work with the wider independent sector to consider extensions, new homes, changes in use or emphasis in order to meet market demand.
- Cost/price analysis to understand underlying cost pressures and probably the equation around land/building costs.
- Use of pooled budgets and assessment via integrated teams.
- Consideration of further extra care housing schemes.
- Price negotiations with independent sector.

Population, Existing and Planned Provision

| | Population over 65 | Affordable beds | Affordable beds per 1000 population | Planned / Existing Alternative Provision | | Older People Supported at Home* |
|-----------------|--------------------|-----------------|-------------------------------------|--|------------|---------------------------------|
| | | | | Intermediate Care | Extra Care | |
| Broxbourne | 11,881 | 112 | 9.4 | - | 20 | 838 |
| Dacorum | 20,497 | 362 | 17.7 | 10 | - | 545 |
| East Herts | 16,803 | 271 | 16.1 | 40 | - | 937 |
| Hertsmere | 15,862 | 388 | 24.5 | - | 40 | 541 |
| North Herts | 18,348 | 249 | 13.8 | 8 | - | 710 |
| St Albans | 19,458 | 434 | 22.3 | - | - | 967 |
| Stevenage | 10,139 | 338 | 33.3 | - | - | 997 |
| Three Rivers | 14,421 | 283 | 19.6 | - | - | 691 |
| Watford | 9,613 | 252 | 26.2 | - | - | 576 |
| Welwyn Hatfield | 16,006 | 288 | 18.0 | - | 10 | 710 |
| | | | | | | 7,512 |

* Excludes support from voluntary sector. Approximately 1,800 people countywide receive such support to help them stay in their own homes.