

A 'Better Care Closer to Home' Consultation Fact-sheet: Proposed intermediate 'Beds with Care' in the community

About the consultation

The proposals in the 'Better Care Closer to Home' consultation are about changes to services for two groups of older people who use community hospital services. Those who are recovering from an accident or illness after a spell of inpatient care at a district general hospital and those who have dementia. The proposals would mean the majority of these care needs would in the future be met in, or near to, older people's own homes as long as it safe to do so rather than provided in a community hospital as currently happens.

Why have we produced this fact-sheet?

We have produced fact-sheets about different topics that may be of interest to organisations and individuals wishing to respond to the consultation.

What is this fact-sheet about?

It relates to:

- community hospital inpatient services for older people who are recovering from an accident or illness after a spell of inpatient care at a district general hospital
- our proposal for more appropriate bedded NHS care, referred to as 'beds with care' in the consultation document, located in patients' own communities, such as a care home, for those who are medically stable but are not safe to go home without rehabilitation.

Proposal to provide 'beds with care' in the community

Case for change:

- Currently older people recovering from an illness or accident, which usually required a spell of acute hospital inpatient treatment, often have no alternative during rehabilitation to a further inpatient stay in a community hospital
- Our analysis shows that this happens although as many as half of those presently admitted do not need this greater degree of care; and, also many do not want to be in hospital. It is not the best use of our resources and increases the risk of physical, psychological, cognitive and social 'deconditioning' for this group of patients.

Explaining the proposal:

- Patients should usually be cared for in the place they call home, whether their own home or a care home. If they need greater levels of care, then the most appropriate bedded alternative should be chosen. This approach improves the quality of patient care because it matches NHS care levels to need.
- Our analysis shows half of patients currently receiving reablement and rehabilitation support in a community hospital bed could be cared for at home if community-based services were enhanced to provide 'intermediate care at home teams'.
- The remainder are likely to need more support than can safely be given in the home. These patients will be cared for by NHS 'intermediate care at home teams' in:
 - 'beds with care' in settings located closer to where patients live, such as care homes,
 - or

- one of 24 higher intensity ‘specialist rehabilitation hospital beds’ provided out of Chesterfield Royal Hospital or the Cavendish Hospital in Buxton for those needing even greater support.

Evidence:

This section focuses on the evidence that we have considered for the ‘beds with care’ model.

We already commission 25 ‘beds with care’ (referred to as Local Intermediate Care Beds in the Pre Consultation Business Case) located in communities in some areas of North Derbyshire, for example, The Staveley Centre in Chesterfield where NHS staff provide in-reach services to patients in NHS-funded beds in care homes. The proposed model for future ‘beds with care’ will be similar to this.

‘Beds with care’ enable older people who are medically stable but are unsafe at home to receive care during a period of rehabilitation, usually for two to four weeks, in a safe and caring environment that aims to increase independence in order to return home.

For example, NHS care would support people to regain lost skills and abilities for day-to-day living such as improved mobility, self-care, continence, food preparation and joining in leisure activities. Goals may also appropriately include: reducing the average length of stay in hospital, reducing delayed transfers of care, reducing repeat hospital admissions and admissions to long-term residential or nursing care.

Experience over many years, and evidence nationally, has demonstrated that people benefit from receiving care and rehabilitation in a non-hospital environment which supports their preparation to return home either after a hospital stay or deterioration in mobility at home. Often this type of facility will be closer to home than hospital making it easier for family and friends to visit.

Commissioning ‘beds with care’:

Subject to the outcome of the public consultation, commissioners will work to a set of principles when commissioning the ‘beds with care’ described in our proposals. These are:

- We must always start by considering how best to meet a person’s needs in an integrated way
- Bedded-care needs should be considered as part of a pathway; supported by integrated working and improved coordination of care.
- The need for bedded care should be determined by:
 - the frequency, duration and nature of care AND
 - the need to access specialist capabilities
- Bedded care should only be provided:
 - where care cannot be safely delivered in the person’s home, or,
 - where better value (quality, safety and,or, cost) can be provided to the patient and services from the care being provided in coordinated locations.
- Demand for bedded care varies over time therefore bedded capacity must be flexible to adapt to meet demand.
- Technology should be used to bring expertise to the patient rather than physically bringing the patient and experts together. For example, using technology to monitor a patient’s condition remotely.
- Bedded capacity should be organised to make the best use of finite resources across health and social care, for example, reducing the demarcation of bed types.

Further development work:

Subject to the outcome of the public consultation, further work that is needed to plan and to commission the beds would include:

Planning

- Assessing the venue options for providing beds in each of the areas and the relative pros and cons of these including accessibility, cost, quality, impact on local population, capacity, financial viability, and impact on existing service. All of the possible options will be taken account of, such as: existing beds with care usage, extra care facilities, short-term beds in care homes and any other opportunities known to us.
- For each of the venue options we would then assess the contracting options, for example spot purchasing beds as needed, or, alternatively, block-purchasing beds. We would formulate a plan and timescales for how we begin to engage with providers.
- Evaluate the benefits and risks associated with each option and assess mitigating risks, for example, whether to purchase entirely from one venue, or, from two different venues.
- Ensure clarity about the specification and admission/exclusion criteria for provision of care by providers. The proposals are for NHS community-based integrated care at home services to provide the care and for the venue to provide the 'hotel services'.
- The location of the 'beds with care' should be within each of the communities of North Derbyshire and as far as possible improve equitable access.

Procurement / Contracting

- Ensure due process is followed to procure the beds in each of the communities which make up North Derbyshire to ensure quality of services provided and value for money.
- 'Beds with care' would be commissioned on a standard NHS contract. This would include a quality monitoring schedule.
- A rigorous monitoring process would be established to ensure the quality of service provision is maintained.

Other evidence

We have also considered key national and clinical evidence as part of our analysis. The improvements to date and the future direction of travel are consistent with national guidance and best practice; including:

- 'NHS Five Year Forward View' (NHS England, October 2014)
- 'Safe, compassionate care for frail older people using an integrated care pathway: practical guidance for commissioners, providers and nursing, medical and allied health professional leaders' (NHS England, February 2014)
- 'Making our health & care systems fit for an aging population' (The Kings Fund, March 2014)
- 'Specialists in out-of-hospital settings' (The Kings Fund, October 2014)
- 'Support. Stay. Save. Care & Support of People with Dementia in their own homes' (Alzheimer's Society, Jan 2011)
- Studies by Trappes-Lomax et al. (2002) & Lymbery (2002)

Further information

There is further information about our analysis of the available evidence and our proposals relating to this fact-sheet and the proposed Intermediate Care at Home teams in a PDF document entitled 'Community Bedded Care', this is the relevant section (pages 53 to 65) of the Pre Consultation Business Case stage 4. It is available online, with other resources including how to contact us, at:

www.joinedupcare.org.uk

Details of our proposals are contained in the consultation document. We encourage individuals and organisations who intend to respond to the consultation to read the consultation document thoroughly before completing the consultation questionnaire.