

# SHORT TERM SERVICES TO MAXIMISE INDEPENDENCE

## HIGH LEVEL STRATEGY

April 2014

### **Purpose**

- To describe the STSMI strategy to be adopted by the City Council and Clinical Commissioning Group.
- To set the direction for STSMI in Coventry to enable more detailed work to be completed on delivery models, benefits and timescales.

### **Current Position**

STSMI (interchangeable with reablement for use in this document) in Coventry has the current characteristics:

#### **Services:**

- Short term residential beds – 31
- Short term dementia residential beds – 21
- Short term nursing beds - 20
- Short term tenancies (Housing with Care) – 18
- Hours of home support (week) – 1350

#### **Access:**

Two separate pathways exist for accessing STSMI, a Health pathway through Coventry and Warwickshire Partnership Trust (CWPT) for what was 'Reablement' and a Social Care pathway through the City Council for 'Promoting Independence'.

#### **Care Co-ordination, Therapy and Case Management:**

Dependant on the pathway this is provided by either CWPT or City Council staff through Community START

#### **Performance:**

Compared with the 15 comparable Councils Coventry is:

- 8<sup>th</sup> for permanent admissions to residential and nursing care homes for older people (ASCOF 2012/13)

- 3<sup>rd</sup> for proportion of older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation (ASCOF 2012/13)
- 10<sup>th</sup> for people offered reablement services following discharge from hospital
- 15<sup>th</sup> for delayed transfers of care from hospital (ASCOF 2012/13)
- 15<sup>th</sup> for delayed transfers of care from hospital attributable to joint health/adult social care and adult social care only (ASCOF 2012/13)

Over the last three years (since 2010/11 to 2012/13) the total numbers of people in residential and nursing care have increased from 643 to 762 whereas the comparator average has decreased from 724 to 714. (HSCIC Older People Comparator Report 2012-13)

#### **Use of Resources (older people):**

- Coventry spends 44.6% of gross current expenditure on Residential and Nursing Care compared with 52.5% for comparators and 53.2% for England (HSCIC Use of Resources Report 2012-13)
- Coventry spends 45.2% of gross current expenditure on Day and Domiciliary Care compared with 36.4% for comparators and 35.6% for England (HSCIC Use of Resources Report 2012-13)

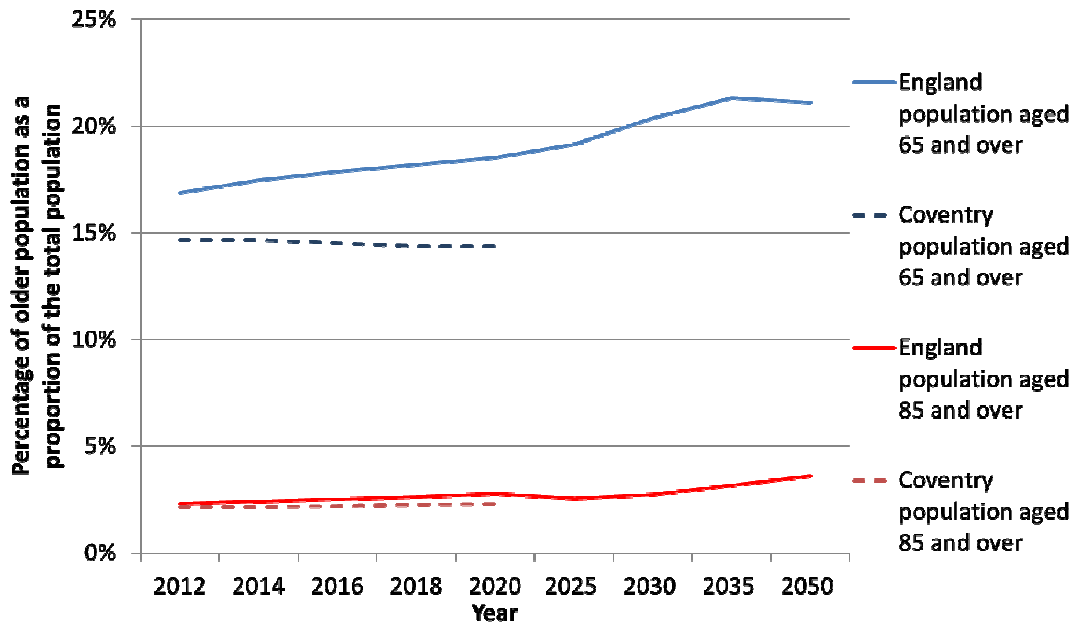
#### **Population and Projected Needs**

The three graphs below show:

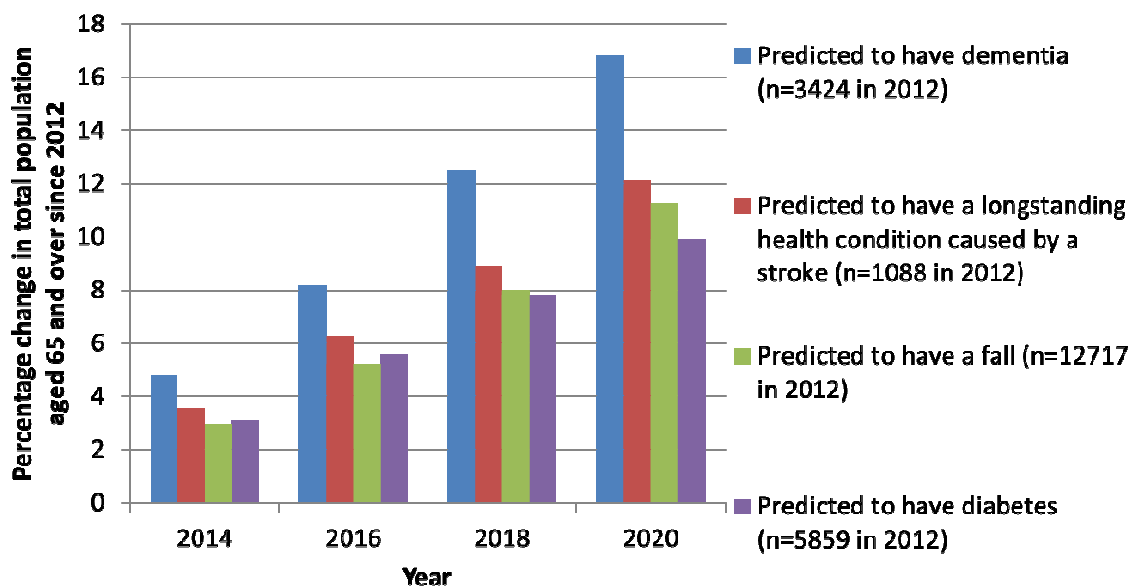
- Expected changes in Coventry Older People population
- Expected changes in key health conditions
- Demand for social care services in residential care homes.

These graphs indicate that although the Coventry older people population is expected to remain relatively static and not expected to increase in line with the England overall population there is still likely to be an increase on demand for social care due to the forecasted increases in key health conditions.

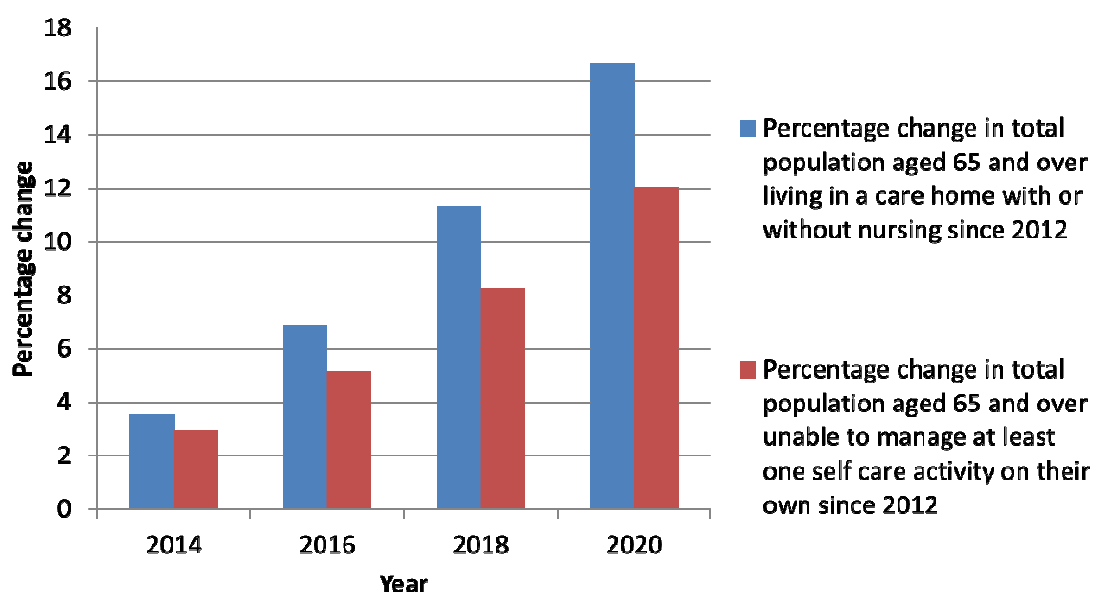
## Overall Population



## III Health Projections



## Social Care Need Projections



## Rationale for Change

Coventry is currently a high user of residential and nursing care and has a number of bedded reablement facilities that, in many cases result in people being placed in long term residential care. There is also a high proportion of people returning to hospital and a high number of Delayed Transfers of Care.

Although there is no formula on which to base the number of reablement beds required it is reasonable to draw a relationship between the ability to provide a robust reablement offer in peoples own homes and a reduced demand for bedded facilities.

An over reliance on residential care for reablement will support a mentality the residential care is 'safe' and that home based support is 'risky'. This perception can quickly be established and lead to an assumed requirement for long term residential care in circumstances, which, if a home based solution was possible, could be avoided.

## Strategic Direction

Based on the issues described above the strategic direction for reablement in Coventry is proposed as:

***To provide a robust home based reablement service where people can benefit from a period of flexible reablement in their own home in order to reduce the requirement for residential and nursing care and improve flexibility to manage changing demand patterns for either step-up or step-down support.***

### **Strategic Delivery**

The following strands of work will be progressed to deliver this strategic direction

- Implementation of cluster based Home Support contracts.
- Implementation of a new Telecare offer linked to reablement with a responder service.
- Development of a single reablement pathway.
- Development of a specific home based reablement service for people with dementia.
- The use of Housing with Care reablement where people are not able to be supported in their own homes.
- A therapy offer that is initiated quickly in order to maximise chances of success.

### **Strategic Implications**

Adopting this strategy will have the following implications:

- The ongoing requirement for bedded facilities will be reduced. This will have direct implications on the future of the Aylesford.
- The Charnwood contract for Dementia reablement ceases on 30.6.14. Any extension beyond this date will be on a short term basis only.
- Therapy staff will be required to work flexibly in the community – this will impact on both City Council and CWPT staff.
- The designation of a Housing with Care scheme as being Short term services only. This will require agreement with the relevant Registered Social Landlord.
- Home support contracts will require close oversight and monitoring in order to ensure effectiveness.

## **Strategic Benefits**

- In developing a robust home offer fewer people will be attracted into long term residential care as they will not become accustomed to this model of support on leaving hospital or when stepping up from the community.
- Through providing a more robust reablement offer in people's own homes it is also possible to give greater flexibility to cope to spikes or peaks in demand as it is far more practical to increase capacity in home based support as opposed to building based assets.
- Home based support is more cost effective than residential care in most cases in both the short and long term. Therefore adopting this approach will support the financial sustainability of the Health and Social Care economy in light of both increasing demand and reducing resources.
- Reduced readmission to hospital following a period of enablement and improved DTOC performance – both important performance measures and both included in Better Care Fund metrics.
- A new performance measure is being introduced in 2014/15 'sequential service to reablement' – this is the local metric chosen for the Coventry Better Care Fund programme and delivering a good reablement service is key to good performance in this regard.

## **Recommendations:**

Adult Joint Commissioning Board is recommended to :

1. Support the strategic direction outlined and the implications
2. Identify and particular focus required (recognising this document is heavily social care weighted) in developing more detail and financial plans

PF

17.4.14