

Report

Capacity & Demand Care Homes Edinburgh Integration Joint Board

18 November 2016

1. Executive Summary

The purpose of this report is to update the Edinburgh Integration Joint Board on the work being taken forward for care home capacity, as requested at the IJB Development session on 19th August 2016.

2. Recommendations

- 2.1 To accept the report as assurance that the Edinburgh Health & Social Care Partnership (EHSCP) is taking a whole system approach to improve the effective use of resources to improve pathways for people, and understands the care home landscape, with processes in place to determine the future capacity and demand requirements.

3. Background

- 3.1 At the July 2016 Integrated Joint Board, a comprehensive paper was discussed regarding Edinburgh's Joint Commissioning Plan for Older People 2012-22, *Live Well in Later Life*, that clearly highlights the case for change in the range of functions that require to be developed going forward, to respond to the changing needs, and growth of the population.
- 3.2 At that meeting it was highlighted that the 2012 Live Well in Later Life (LWILL), plan concluded that the following changes were required to meet the demands going forward, **if existing levels of service was directly matched to population growth, and no changes to the models of care were delivered**, by 2022, Edinburgh would need to provide:
- 428,000 additional hours of home care per year
 - 748 additional care home beds
 - 7,900 additional intermediate care hours per year
 - 150 additional long stay hospital beds for older people (inpatient complex care beds).
- 3.3 In August, at the IJB development session, an update was sought about the progress regarding the care home changes within the LWILL plan, and this is provided below. This highlights good progress being made to change the shape of provision from old to new stock held by the Council, and to see the

market share change to work towards the target of 15% share for the Council by 2018.

- 3.4 It is now widely accepted that there requires to be a variety of services and supports to allow people to remain at home, or in a homely setting for as long as possible, and that people are supported to move from acute hospital settings when their acute episode of care is complete.
- 3.5 The Capacity and Demand work underway is considering the current environment of activity and resources against the future capacity and demand requirements across the spectrum of the pathway of care as previously indicated for *Mrs Scott*:
- Health and wellbeing/preventative/anticipatory care services
 - Access, assessment, & immediate response requirements
 - Short term community based care and support
 - Longer term community based care and support
 - Complex – accommodation based support in care homes and hospital based complex care
- 3.6 The process being undertaken will:
- identify progress against the original proposed achievements
 - restate the baseline position of the 2012 LWILL profile, including outcomes, performance and financial resources
 - determine whether the original projected levels of care and support across the spectrum of care is sufficient going forward against current and future demand
 - consider the question about whether the market share for care homes previously agreed, needs to be adjusted going forward
 - make recommendations associated with opportunities for integration, given that Edinburgh is now an Integration Authority

4. Main report

- 4.1 Within the 2012 Live Well in Later Life Strategy, (LWILL), it was highlighted that the accommodation strategy for Edinburgh, is an integral part of achieving the aims in LWILL, and this was agreed by the Health, Social Care and Housing Committee in December 2008.
- 4.2 The accommodation strategy provided analysis which concluded that by 2018, the aim should be to develop a service mix as follows: 40% of older people with high level needs being cared for at home, and the City of Edinburgh Council owning a market share of 15%
- 4.3 In addition, the key objectives of the accommodation strategy were to:

- Shift the balance of care towards more older people living in their own homes
- Develop more accessible housing with care
- Address fitness of purpose of care homes owned by the City of Edinburgh Council
- Address demographic growth
- Invest in different models of care in the community, including residential respite care
- Make links where appropriate in the longer term with NHS long stay facilities, (now Hospital Based Complex Clinical Care)

Care Home Provision

4.4 The accommodation strategy provided the following proposed care home mix for 2018. Progress to 2016 has been added to the table. Even with the block contract of 120 places at Castlegreen and North Merchiston, good progress is being made to achieve the projected places and market share:

Older People 65+ with high level needs service composition					
	2008 (Actual)	2012 March (Actual)	2016 October (Actual)	2016 October (with Block Contract)	2018 Projections
All Care Home Places in Edinburgh	2,943	2,894	2,801	2,801	2,785
CEC Care Home Places	652	625	436	(436 + 120) = 556	418
Independent & Third Sector Places	2,291	2,269	2,365	(2,365 – 120) = 2,245	2,367
CEC Care Home Market Share	22%	21.6%	15.6%	556/2,801 = (19.8%)	15%
Hospital Based Clinical Complex Care	Ferryfield (60) Findlay(60) Ellen's Glen(60)		180 (+17AAH)		
			2,981 (2,998 inc AAH)		

Source: Live Well in Later Life 2012 & Research & Information Dept. CEC

4.4 The planned change within the accommodation strategy was to reduce the overall number of care home places in Edinburgh and reduce the Council's market share to 15%. This was to be achieved through:

- replacing 14 of the Council's older care homes with 6 new homes
- increasing the number of Independent sector care home places

4.5 The accommodation strategy concluded that the Council care homes for older people (14 Council owned and 3 leased), needed to be replaced over time, with many no longer fit for purpose, with fewer larger care homes as part of the Joint Capacity Plan for Older People (Live Well in Later Life) 2012-22. Four of the Council's care homes were over 30 years old; the remainder had

an average age of 20 years, and did not meet current standards for accessibility, sustainability or fire safety legislation.

- 4.6 Below is the schedule of those older homes which have already been closed, with the new ones coming on line (Marionville, Castlegreen, North Merchiston, Inch View and Drumbrae). The sixth new care home at Royston is due to open early 2017, and will replace another two older care homes:

	CEC Care Home Replaced	Status	Places	Comments
1	Chalmers	Closed 2007	35	leased
2	Greenfield	Closed 2007	26	leased
3	Kirkland	Closed 2007	26	leased
4	Sighthill	Closed 2009	36	
5	Liberton	Closed 2009	45	
6	Balmwell	Closed 2011	45	
7	Craigour	Closed 2011	44	
8	Clermiston	Closed 2013	42	
9	The Tower	Closed 2013	40	
10	Silverlea	Closed 2015	33	
		Total	372	

- 4.7 Royston Care Home, due to be fully operational early 2017, will replace Porthaven and Parkview Care Homes, and will provide a 15 bed facility for those with behaviours that challenge, who are currently awaiting care home placement in the Royal Edinburgh Hospital. The timescale for the replacement of the remaining older care homes is being reviewed, to take into account the availability of capital and the timing of capital receipts. Recommendations on whether to refurbish or replace the remaining older care homes, whilst ensuring that that the Council continues to retain a market share of 15% will then be made.

- 4.8 The table below highlights the current breakdown of Council Care Home places in Edinburgh, against the total number of care home places:

At October 2016 – Edinburgh Long Term Care Home Places		Places (Market Share)	
Total Number of Care Home Places in Edinburgh		2,801	(100%)
Total Private and Third Sector Care Home places, includes:		2,365	(84.4%)
Current CEC Care Homes		436	(15.6%)

At October 2016 - Current Breakdown of CEC Long Term Care Home Places		
Oaklands	Long term plans; discussion ongoing	42
Ferrylee		27 (+15 Respite)
Jewel House		32
Clovenstone		35
Ford's Road		36
Porthaven	Replaced as part of Royston 2017	44
Parkview		40
Marionville	Opened 2007 (1)	60
Inchview	Opened 2010 (2)	60
Drumbrae	Opened 2013 (3)	60
Total CEC care home places		436 (15.6%)
<i>CEC Block Contract Places</i>		
<i>Castelgreen</i>	<i>Opened 2007 (4)</i>	<i>60 (block contract)</i>
<i>North Merchiston</i>	<i>Opened 2009 (5)</i>	<i>60 (block contract)</i>
		556 (19.8%)
To come on line 2017		
<i>Royston</i>	<i>Planned for early 2017 (6)</i>	60
<i>To replace Porthaven and Parkview</i>		<i>New CEC total =408 (14.5%)</i>
<i>Inc CEC Block Contract</i>		<i>528 (18.8%)</i>

Source: Research & Information Department, CEC

4.9 The level of activity from April 2015 to March 2016 in care homes for Edinburgh residents, ranged from 78,615 to 81,891 bed nights per month. For the same period, the range of new placements ranges between 56 and 86 a month. Of those placements, between 50% and 85% were placed in care homes directly from hospital settings. (Source Research & Information Report).

Housing & Housing with Care

4.10 Another element of the accommodation strategy in 2008 included Edinburgh needing new homes over the next 10 years if all housing need and demand is to be met within Edinburgh. The majority of people want to remain in their own homes and much of the focus of the City Housing Strategy is on enabling people to live as independently as possible in an appropriate home. Some flexible housing has been developed in recent years, which helps meet the objectives of shifting the balance of care and creating independence and choice.

4.11 Some of the key housing with care developments over the last few years include Elizabeth Maginnis Court, which is a partnership between the City of Edinburgh Council and Dunedin Canmore Housing Association. These

facilities were originally designed to replace sheltered housing that was no longer fit for purpose in the same area. The flats are provided with care and support for residents, and a focus on wider community integrated accommodation which increases the independent accommodation for frail or elderly people in the city. Thirty four of the 68 flats in the complex are for people who would otherwise need to be accommodated in hospital or a care home. Going forward opportunities for sheltered/housing with care require to be optimised.

Hospital Complex Clinical Care

- 4.12 The Hospital Long Stay provision, now referred to as Hospital Based Complex Clinical Care to reflect the change in national criteria, is also included in the process for determining future capacity and demand. This capacity alongside care home and interim care functions (reported in the Winter paper at this IJB), will be considered as a key opportunity for development of integrated care facilities moving forward.
- 4.13 Other elements that will be considered within the capacity and demand process noted above in paragraph 3.6, include the implications of:
- the new definitions set by government of intensive packages of care
 - the updated incidence rates associated with dementia, expected by the end of November 2016
 - the prevalence rates associated with the four disability domains based on our current and future population:
 - Activity Limiting Long Term Illness – the overall rate of disability for all levels of severity
 - Moderate plus regular care needs – for the number of older people
 - Personal care disability – for older people requiring formal or informal help with personal care at home
 - Continuous care needs – for the non – home based older population in care homes and long stay hospital care

5. Key risks

Key risks are associated with;

- 5.1 The remaining older care homes not being improved/reprovided over time, to provide care in fit for purpose facilities. This will require to be balanced with any new private or third sector care homes that may be planned, to ensure the market share balance is maintained.
- 5.2 Missing opportunities to optimise:
- integrated functions within each of the localities, to improve experience, journey and whole systems effectiveness and efficiency

- housing and housing with care capacity and role in the market
 - the supporting enablers to change functions changing shape, such as integrated working through the implementation of Hubs and Clusters, , continuous quality improvement approaches, data sharing and locality planning
- 5.3 Failure to restate the initial assumptions from the 2008 accommodation strategy, and the 2012 LWILL Strategy, to determine the capacity and demand position going forward, has the potential for our whole system to become destabilised, which will result in a poor experience for our older population, and lead to inefficiencies in service delivery across the whole system.
- 5.4 It is intended that by undertaking the thorough capacity and demand work, these risks will be mitigated.

6. Financial implications

- 6.1 In 2012, the LWILL Plan indicated that there was a total resource for services and supports for older people, including the enablers at that time, to the value of £216.6m.
- 6.2 As highlighted above in paragraph 3.6, this too needs to be reset given the current financial picture affected by the Council Transformation agenda as well as the financial settlements for the Integration Authority from both the Council and NHS Lothian Board.
- 6.3 As with the 2012 LWILL, the Capacity and Demand conclusions will have more detailed financial information.

7. Involving people

- 7.1 Edinburgh Partnership has engaged with, involved, and consulted with the local population, staff and other stakeholders and had in place a formal consultation process as part of developing the Strategic Plan, with the development of shifting the balance of care, locality working, and integrated facilities being key actions to deliver against the agreed priorities within the Strategic Plan.
- 7.2 Key stakeholders will continue to be involved through the Strategic Planning Group, and the Strategic Planning Partnership for Older People, with close links with wider providers and stakeholders.
- 7.3 Health and Social Care Interim Locality Managers, and professional leads will continue to engage and involve stakeholders across their localities and communities.

8. Impact on plans of other parties

- 8.1 The key impact of this work will be on the whole system pathway for older people, which will impact partners across community social care and health care, and acute care.

Background reading/references

Edinburgh's Joint commissioning Plan for Older People 2012 -22 – Live Well in Later Life:

http://www.edinburgh.gov.uk/transformedinburgh/downloads/file/22/live_well_in_later_life_edinburghs_joint_commissioning_plan_for_older_people_2012-2022

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Links to actions in the strategic plan

Action 19	New models to better meet the needs of frail elderly people at home and in care homes
Action 21	Shifting the balance of care
Action 22	Developing whole system capacity plans to provide the right mix of services
Action 43	Plans to achieve financial balance Decisions regarding investment and disinvestment

Action 44

Links to priorities in strategic plan

**Priority 2 –
Prevention and
Early Intervention**

People will be supported through appropriate response, to remain at home or in a homely setting

**Priority 3 – Person
Centred Care**

Care and interventions will be wrapped around the individuals, with the most appropriate response from the statutory, third or independent sectors being arranged.

**Priority 4- Right
Care, Right Time,
Right Place**

People will be supported at home for as long as possible, and will only remain in hospital for as long as is required, with timely discharge being arranged, with the most appropriate services and supports available across the whole system

**Priority 5 – Making
best use of the
capacity across the
system**

As Priority 4, and will ensure informed consideration around using capacity and financial resources in a more cohesive way

**Priority 6 –
Managing our
resources
effectively**

As priority 5