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Northern Devon

NHS
Northern, Eastern and Western Devon
Clinical Commissioning Group

The Impact of the Torrington Community Cares Test of Change on Social Care

Introduction

The Torrington Community Cares Test of Change ran for 6 months between the 1st October 2013 and the 31st March 2014.

An Evaluation Framework was designed using a combination of the expressed public concerns and data available to Health and Social Care. The outcome of the evaluation indicates that the new model of care in terms of health and related social care outcomes is safe, cost effective and reduces "exposure to risk" in hospital and therefore creates less potential institutionalisation of elderly patients.

However, there is an outstanding question about the impact this new model of care has directly on Social Care Services. This paper presents the Social Care data, but in order to make sense of it, there needs to be agreement about the assumptions regarding the relationship between the new model of care In Torrington and social care services provided by the local authority.

For clarity, the social services provided by the local authority referred to in this paper are specifically the provision made to meet the needs of older people.

The relationship between Health and Social Care.

1. Health interventions are traditionally made either during a period of short term ill health with a view to recovery and rehabilitation, or as part of managing a long term condition when there is a need for medical intervention for a period of time.

2. Social care interventions are usually made to meet long term needs.

   Social care interventions have four elements that might be affected by the Torrington test of change.

   One is the re-ablement service which aligns and works with Health services, keeping people out of hospital and supporting them to regain as much independence after an illness as they can and so preventing the need for on-going care, either domiciliary or residential.

   Another takes into account the longer term needs of people who either need sustained support to remain independent at home, usually through domiciliary care, or require institutional care, usually residential care.

   Finally, Night sitting services can be accessed through social care.

   Nursing care, Respite and Continuing health care require separate consideration and would not be impacted on as a result of the Torrington model. A brief description and explanation can be found in Appendix 1

Summary of Social Care Services Data presented by Devon County Council for Torrington GP practices

2013 / 2014 (period of the Test of change in Torrington)	
Total Clients	83
Total Service Agreements (SA's)	174

Total Count	SA's	no of clients	Planned Weekly Visits	Planned Weekly Units	Planned Weekly Cost
Adult - FC Type 3 - Regulated Personal Care	55	28	851	754.75	£9,975
Adult Domiciliary Care	53	34	786	695.75	£8,028
ADULT Nursing	38	19			£11,706
ADULT Residential	28	16			£14,264
Total	174		1637	1450.5	£43,973

2012 / 2013 (same period as the Test of change in Torrington)	
Total Clients	70
Total Service Agreements (SA's)	160

Total Count	SA's	no of clients	Planned Weekly Visits	Planned Weekly Units	Planned Weekly Cost
Adult - FC Type 3 - Regulated Personal Care	10	8	128	91.5	£1,238
Adult Domiciliary Care	81	41	1313	878.5	£12,199
ADULT Nursing	30	10			£9,209
ADULT Residential	39	22			£21,173
Total	160		1441	970	£43,819

2011 / 2012 (same period as the Test of change in Torrington)	
Total Clients	72
Total Service Agreements (SA's)	150

Total Count	SA's	no of clients	Planned Weekly Visits	Planned Weekly Units	Planned Weekly Cost
Adult - FC Type 3 - Regulated Personal Care					
Adult Domiciliary Care	71	46	856	538.75	£8,917
ADULT Nursing	20	12			£6,670
ADULT Residential	60	21			£26,883
Total	**152**		**856**	**538.75**	**£42,470**

All the figures above include Continuing Health Care Patients. If we remove these on the basis that the Torrington pilot should not affect their eligibility for care, the figures are as follows:

2013 / 2014 (period of the Test of change in Torrington)	
Total CHC Clients = 10	Weekly cost
SAs -non residential	£4,270
SAs – Res/nursing	£10,985
Total - CHC	£15,255
Total as above	£43,973
Total excluding CHC	£28,718

2012 / 2013 (same period as the Test of change in Torrington)	
Total CHC Clients = 5	Weekly cost
SAs -non residential	£3,354
SAs – Res/nursing	£6,084
Total - CHC	£9,438
Total as above	£43,819
Total excluding CHC	£34,381

2011 / 2012 (same period as the Test of change in Torrington)	
Total CHC Clients = 7	Weekly cost
SAs -non residential	£1,705
SAs – Res/nursing	£6,828
Total - CHC	£8,533
Total as above	£42,470
Total excluding CHC	£33,937

1) Residential Care.

This data shows a year on year decreasing trend in the use and therefore cost of residential care for the Torrington population. It is not possible to tell how much of a positive contribution the test of change made to this trend over the 6 month period 2013/14 and we understand from Social Care Managers that the re-ablement and rehabilitation services across the Northern Locality are believed to have impacted on the reduction admission to residential care.

At worse, we can extrapolate that the closure of the Torrington Hospital beds has not led to an increased requirement for residential care. The national evidence suggests this should be the case; if people are supported to remain at home longer and by avoiding institutionalisation as a result of admission to community hospitals, they maintain their independence and are therefore less likely to be admitted to care.

2) Domiciliary Care

The trend in domiciliary care packages has increased. This would be congruent with new model of care and could have a direct correlation with the decrease in residential care admissions. Interestingly, the number of clients supported has also increased.

However, it can be noted that taking the three years together, the baseline cost has reduced by 16%. When the costs are adjusted to remove the impact of Continuing Health Care the relative cost to the local authority for their care of the elderly in Torrington has decreased, even against the changing demographics.

Re-ablement

The data above excludes Re-ablement. The advice from the manager of the re-ablement team is that the majority of clients who receive the re-ablement service are unlikely to be those who would also need on going health services in the community. Work is taking place to develop a reporting system that can verify this.

Night Sits

The data above excludes night sits. There has been no increased trend discernible for Night sits; over the last six month period there have only been 6 people requiring night sitting and this is a relatively consistent number.

Appendix 1.

1) Continuing Care or Continuing Health Care (CHC)

The Torrington model would not expect to impact on this in terms of eligibility or cost. The guidelines for clinical and social assessment are based on national guidance and a change in local community health and social care delivery would not be expected to affect that. Of note the trend for CHC awards across Devon shows an increase of 20% per annum at present and is linked to the demographics of the County.

2) Nursing Home Care

The change in the model of community care would not impact on the eligibility or requirement of a person for residential Nursing Care. The new model of care focusses on patients who have the potential to recover and stay safely or return more quickly to home. People who are unable to manage at home for medical reasons and cannot benefit from rehabilitation or reablement and are medically stable but require the presence of a nurse 24/7 would rightly be placed in nursing care.

By definition an aging population and an increase in long term condition means there is already an upward trend in nursing care placements and that is set to increase on the basis of demographics alone.

3) Respite.

The NHS does not fund respite care; that comes under the jurisdiction of social care. It has been the practice for community hospitals to make free beds available for respite care in the past, but this is now an outmoded practice, unsupported by provider and commissioner alike.

Respite care bed requirements could be renegotiated between Health and Social care in the advent of the closure of DCC residential beds and the potential for block booking bed capacity, but that is out with this discussion. By withdrawing the respite facility from Torrington NHS hospital there may be an increase in social care respite demand, but one could argue that that is as it always should have been.

Summary

It would be fair to conclude that social care funding has not been negatively impacted on by the test of change in Torrington. In fact, there may be an argument that the increase in the provision of domiciliary care is both financially offset by the decrease in residential care placements costs and indicates that services are achieving their aim of keeping people at home.

KMB

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