
THE NATIONAL BEDS INQUIRY

1 SUMMARY

- 1.1 This report brings to Members' attention an important Government consultation on the findings of the National Beds Inquiry and the long term planning for hospitals and related services.

2 BACKGROUND

- 2.1 For some time there have been concerns that the long terms decline in staffed hospital beds might have gone too far, leading to growing waiting lists and winter pressures on emergency beds. There has also been evidence of inappropriate and avoidable use of hospital beds.
- 2.2 To consider these issues a National Beds Inquiry team was established to review assumptions about future growth in the volume of acute health services and their implications for hospital beds and other health services. Complementary work on children's beds and mental health beds has also been undertaken.
- 2.3 The findings of the Inquiry have now been published and a consultation exercise ending on 15 May 2000 is taking place. South Essex Health Authority is co-ordinating a response and the Council has been asked if it wishes to make any comments.

3 KEY FINDINGS AND ISSUES

- 3.1 In the extensive Inquiry report some of the important findings are:
- Staffed hospital beds peaked around 1960 at about 250,000, and have fallen over since to 147,000 now.
 - The use of hospital beds has fallen because of an increase in the number of hospital admissions which has been more than off-set by growth in day case treatments and reductions in lengths of stay.
 - Most of the growth in overnight admissions has been attributable to older people.
 - Overnight admissions have grown mainly because of rising emergency admissions.
 - The average time spent in hospital has fallen steadily.

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- Services for older people require special consideration. Although there has been a growth in nursing and residential home places, community nursing services have not kept pace. The burden placed on carers from early hospital discharge has not been acknowledged until recently.

4 FUTURE SERVICE PROVISION

The consultation document proposes three scenarios:

- (i) Maintain current direction
- (ii) Acute bed – focused care
- (iii) Care closer to home

An explanation of these is given in the extract from the Inquiry report, at Appendix 1.

5 CONSULTATION

- 5.1 A series of questions on which consultation comments are specifically invited has been produced by the Department of Health and is reproduced at Appendix 2 – Members may wish to comment on any of these.
- 5.2 The Officer view is that the development of ‘care closer to home’ is the right way forward. But this must be accompanied by adequate funding which is properly targeted at developing the required community services, together with management arrangements which will ensure that integrated service provision works effectively, which has not always been the case in the past.

6 CRIME AND DISORDER IMPLICATIONS

The proposals finally implemented are likely to have implications for crime and disorder as they will affect the arrangements for the care and treatment of patients particularly older people and people with mental health problems.

7 FINANCIAL IMPLICATIONS

None directly, but there could be longer term implications if, for example, more older or disabled people are to be cared for at home. Increased levels of housing adaptations are likely to be required under such proposals.

8 RECOMMENDATION

It is proposed that the Committee **RESOLVES**

To support the 'care close to home' proposals with the qualification outlined in the report, and to make such other consultation responses as Members determine.

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Background Papers:

Dept of Health: Consultation Document on Findings of the National Beds Inquiry.

Letter from Rochford Primary Care Group dated 20 April 2000.

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