Torbay NHS Care Trust

Appendix 1 to Report 244/2010

Strategic Commissioning Framework: St Edmunds' Intermediate Care Service

1. Purpose

This paper sets out the recommended strategic commissioning framework for the permanent future usage of St Edmunds' intermediate care service and its associated resources.

Due to the success of community intermediate care teams, the majority of those clients (who may previously have been admitted to St Edmunds' intermediate care service) are able to remain within their chosen place of residence, whilst in receipt of intermediate care rehabilitation. This is a great success and Torbay Care Trust continues in its endeavours to promote client independence. St Edmunds is however, now at a cross roads because, the client group it was originally intended to support, no longer require rehabilitation services delivered in a residential environment.

The recommended option, which is option 3, ensures the best possible service provision to meet the needs of those who are, or will be in receipt of intermediate care rehabilitation services in the future. The paper therefore informs the decision required by Torbay Care Trust Executive Board and further, Torbay Council Cabinet, regarding the future use of St Edmunds' intermediate care service.

All options within this paper were reviewed in-line with the following key considerations below. They are set within the context of ensuring Torbay Care Trust continues to deliver further improvements in quality of health and social care services within a financially challenging future environment (Quality Innovation Productivity and Performance, 'QIPP' Agenda):

- Value for Money
- Model of Service
- Flexibility and Choice for clients in line with the Personalisation Agenda

Local intelligence was utilised to inform the options including:

- Community Resource and Bed Audit, May 2010
- Finnamore's Care Home Model
- Engagement with operational senior managers, intermediate care and hospital discharge staff

A temporary cessation of St Edmunds' intermediate care service came into effect in July 2010 whilst review of the service is taking place. Staff have been temporarily redeployed for a period of up to six months (July 2010 – December 2010). A number of other services are also sited at St Edmunds. Following agreement of this paper and the recommendation for future day service provision, a requirement may be to seek alternative venues to accommodate those services.

2. Background

St Edmunds Community Care Support Centre is registered as a residential care home only. It provides residential (bedded) rehabilitation services to clients of either gender, whose primary care needs, on admission to the home, are within the following standard Care Quality Commission (CQC) categories:

- Older age
- Physical Disability
- Dementia
- Mental health, excluding learning disabilities

Service users may be accommodated from 40 years of age

The service was originally designed to deliver a holistic person-centred physical and mental health rehabilitation service to people over 40 years of age, who have a Torbay GP and have been assessed as requiring the service. The service was designed to maintain and promote independence, endeavouring to prevent unplanned hospital admissions and expediting discharge from acute and community hospitals.

The facility has seen significant development and investment over the last two years and at the most recent CQC inspection in 2010, the service received a two star 'Good' rating.

3. Current Service Provision

3.1 Service Delivery

Historically, the facility admitted clients that had rehabilitation needs but whose clinical condition was such that they could be treated within the staffing and skills of a residential home. Due to the successes of intermediate care in the community setting and specialist teams, we are now able to maintain the health and social wellbeing of these individuals at home. Additionally, the clinical profile of clients discharged from Torbay Hospital into the community setting has changed. We are now providing for increasingly more unstable clients, whose clinical and care needs are constantly changing and require more medical input post-discharge within the community and within their chosen place of residence.

The result is that St Edmunds is receiving those cases that are well enough not to be in a hospital bed, meet the admission criteria as listed above and can be cared for within the current CQC registration, workforce and skill mix. Not only is this an ever decreasing number of clients (only 105 clients were admitted in the 2009 calendar year), but more often than not, these clients have complex social care issues, preventing discharge. The result is a higher than expected average length of stay, which is increasing, rather than an effective throughput and treatment cycle.

In the 2009 calendar year only 105 clients completed their rehabilitation at St Edmunds and the average length of stay was 46 days.

Due to staffing vacancies and lack of flexibility within the existing workforce, currently only 9 of the 20 available beds are able to be in operational use at any given time

3.2 Registration

The regulatory framework of CQC is currently undergoing review. Under the previous framework, it was difficult to categorise St Edmunds' intermediate care service. In effect, St Edmunds' intermediate care service had to be categorised as either a residential or nursing home. As a residential home, nurses cannot directly be employed on site by Torbay Care Trust. As a nursing home, adequate nursing staff are required on duty at all times in accordance with Regulation 18(3) of the Care Homes Regulations 2001. This posed a problem for St Edmunds in its operational nature.

St Edmunds' intermediate care service is currently registered as a residential home. However, changes to the CQC regulatory framework are under development. As such, we cannot yet quantify the impact of future regulatory changes.

3.3 Current Financial Considerations

Listed below are the current financial circumstances for St Edmunds' intermediate care service

- The current budget (pay and non pay) for St Edmunds facility, includes day service provision and totals £1.36million. The actual spend for St Edmunds intermediate care service (excluding day service provision) was £1.29million in 2009/10 financial year. Including actual expenditure for day services, the total budget overspend for 2009/10 was £150,000.

- Maintenance and repair costs are in the region of £23,000 per annum and are forecast to increase as the facility ages

- Actual spend 2009/10 for St Edmunds' intermediate care services was £12,474 per client

- The average cost per bed per night in 2009/10 was therefore £271 per client. At maximum capacity of 20 beds per night, the cost per bed per night is £179. Independent provision of residential care is £70 - £80 per bed, per night

4. Rationale for Cessation of Service and Identified Impact

Due to the success of our community intermediate care provision, Torbay Care Trust is managing an increased number and complexity of clients at home. As a result of this success, clients who would previously have been cared for within St Edmunds' intermediate care service are now expertly managed by the zone intermediate care teams, within their chosen place of residence. As such, the demand for St Edmunds' intermediate care service is no longer sufficient to continue to deliver the service. Therefore, due to the current lack of demand and the operational risks and issues associated with St Edmunds' intermediate care service, it was agreed to be both right and appropriate to temporarily cease the service for a period of 3 - 6 months (July 2010 - December 2010).

During cessation, intermediate care clients requiring rehabilitation have the following options to meet their needs dependent on their condition:

1. Community Hospital Beds: For clients with an active medical intervention requirement

2. Nursing Home Intermediate Care Crisis Beds: For clients requiring interventions that have to be administered, or supervised, by a registered nurse and requiring therapy interventions. This service is available for those who require 24 hour nursing care whilst undergoing rehabilitation

3. St Kilda's Residential Care Home: For clients requiring 24 hour residential care but who do not require interventions to be supervised or carried out by a registered nurse. This service is available for those who require 24 hour care whilst undergoing rehabilitation

4. Home support: For those clients whose rehabilitation needs can be managed within their chosen place of residence, with support from the intermediate care community team and associated resources i.e. domiciliary care provision, specialised equipment etc

Option 3 above presents some challenges. This is because clients, particularly those residing in Torquay, do not always wish to be admitted to a intermediate care service within Brixham. At times, bed availability is also limited due to occupancy and staffing within St Kildas. Clients can be placed within spot purchased residential home or nursing home beds and supported by the zone intermediate care team. Arrangements made to commission intermediate care in residential or nursing homes require a suitable physical environment.

GP practices were surveyed to understand and incorporate their views on the future of wider community bedded services across the health and social care community setting. Survey responses received to date indicate that a social care residential facility is no longer the right model to meet today's needs.

Since the cessation of service, there have been no significant difficulties experienced in discharging patients from hospitals, no demonstrable impact on emergency admissions to the acute hospital and no visible impacts on Social Care budgets within the zones.

A recent bed audit (Appendix 1) and work undertaken by Finnamore's reviewing the care home market has demonstrated that sufficient community beds and further, a likely over-provision of residential and nursing care services exist within Torbay.

5. Summary of Current Service Analysis

5.1 Value for Money

In 2009, the expenditure on St Edmunds in excess of £1.2 million effectively rehabilitated only 105 clients. This does not present value for money. Relevant market comparisons indicate that a similar volume of placements could be commissioned from local independent sector providers for less than half this cost.

5.2 Model of Service

St Edmunds' intermediate care service currently caters for the rehabilitation needs of general and mental health clients, who do not require more clinical support than can be provided under the care of registration of a residential home. Due to the success of our community and intermediate care teams managing more complex clients at home, the current admission criteria and change in clinical profile of the clients being discharged from hospital, the unit now only caters for a small proportion of the demand.

5.3 *Flexibility and Choice for Clients*

Due to the lack of demand and poor value for money, St Edmunds intermediate care service does not currently provide fair and equitable access for clients to receive rehabilitation services. This resource could be reinvested to provide a service offering far greater flexibility and choice in service provision, for an increased number of clients.

6. Options Appraisal

Four options are presented below, detailing risks, benefits and associated costs and potential savings. These options have been appraised taking into account the key considerations of:

- Value for Money: Ensuring the best possible use of public funding to deliver the best possible outcome for clients
- Model of Service: Ensuring high quality, safe and accessible services to deliver client care
- Flexibility and Choice for Clients: Supports the Personalisation Agenda

The following options have been produced upon review of local intelligence gathered to assess the gap in current service provision.

6.1 Option 1 – Maintain Current St Edmunds' Intermediate care service Provision

The first option presented, details the continuation of the current service, assessing its merits against the key considerations and the remaining three options. This option exists as the natural starting point to measure all other options against. The previous sections within this paper detail the rationale and need for change. It is therefore to be considered as a benchmark, rather than an option for continued delivery of service.

6.2 Option 2 – Re-launch St Edmunds' Intermediate care service as a Nurse-led Intermediate Care Rehabilitation Facility

Option 2 explores the re-distribution of resource in Torbay Care Trust Intermediate Care settings to support the re-launch of St Edmunds as a nurse-led intermediate care rehabilitation facility.

This option would seek to change the current workforce profile of St Edmunds and deliver a wider service to meet the needs of those clients:

- Requiring rehabilitation with more complex needs than can be managed within a residential home
- With poly-pharmacy needs
- Requiring two or more to transfer (manual handling)
- With mental health or physical rehabilitation needs

6.3 Option 3 – Close St Edmunds' Intermediate care service Permanently and Re-invest in Community Intermediate Care Provision

Option 3 explores the closure of St Edmunds' intermediate care service permanently and re-investment in community intermediate care teams and considers procurement of nursing/residential home intermediate care services on a block contract or spot purchased basis.

This option would seek to support community teams to provide care to increased client numbers within their chosen place of residence. Where those clients required 24 hour care during rehabilitation, this option seeks to provide those services by increasing provision of intermediate care services within the community setting. This option would deliver a wider service to meet the needs of those clients:

- Requiring rehabilitation with more complex needs than can be managed within a residential home
- With poly-pharmacy needs
- Requiring two or more to transfer (manual handling)
- With mental health or physical rehabilitation needs

6.4 Option 4 – Close St Edmunds' Intermediate care service Permanently

Option 4 explores the closure of St Edmunds' Intermediate care service permanently, with no further reinvestment into community based Intermediate Care provision, or other service provision.

6.5 Options Review

Option 1 – Maintain Current St Edmunds' Intermediate care service Provision		
Risks	**Benefits**	**Cost / Savings**
1. Diminishing client numbers able to be admitted to the facility due to staffing and registration constraints 2. Length of stay is increasing, further increasing cost per client rehabilitation 3. Poor value for money 4. This option maintains inequality in access to rehabilitation services. Few clients benefit from the use of this service and many other clients could receive rehabilitation services if the resources were utilised in another manner.	1. Minimal disruption to staffing 2. Service provision for a discrete number of clients	1. £1.36million ongoing cost per annum predicted to continue with likely increased maintenance overheads and possible additional recruitment requirement to manage the service without bank/agency staffing and meet possible CQC requirements

Option 2 – Re-launch St Edmunds' Intermediate care service as a Nurse-led Intermediate Care Rehabilitation Facility		
Risks	**Benefits**	**Cost / Savings**
1. Increased staffing costs and headcount 2. Requires re-registration of the unit with potential increase to professional staffing overheads 3. Difficulties recruiting Registered General Nurses within Torbay and 11WTE would be required (this figure will reduce with redeployment) 4. Could be viewed as Torquay's equivalent community hospital but unable to manage those medically complex clients. 5. Variance in unit admission criteria may create confusion among key workers 6. May be used for crisis prevention, reducing the availability of rehabilitation facilities 7. Redundancy costs may be incurred	1. Wider and flexible accommodation of more complex clients 2. Management of more complex clients (i.e. those requiring 2 or more carers to transfer, and those with nursing needs) 3. Avoid unnecessary utilisation of community and acute hospital beds and expedite discharge / reduce length of stay in those facilities. 4. Focus on rehabilitation needs resulting in improved quality of care and reduced length of stay 5. Torquay clients only accommodated closer to their chosen place of residence 6. Medical consultation previously contracted could be continued 7. One site with associated efficiencies for staff travel time reductions and increased client visits	1. Estimated staffing costs in the region of £1million 2. Resource could be redeployed from existing residential facilities to the sum of £220k 3. It is anticipated that on the balance of probability it should be possible to redeploy all the staff in this option and our plan is to do so. However, given the potential difficulties of redeploying some staff, it is considered prudent to estimate a residual cost of redundancy of £100k. 4. Non pay requirements estimated to continue at approximately £150k per annum. 5. Year 1 cost in the region of £1.25million 6. Year 2 and onwards recurrent cost estimated at £1.2million. Year 2 and onwards recurrent savings therefore estimated at £160k per annum.

Option 3 – Close St Edmunds' Intermediate care service Permanently and Re-invest in Community Intermediate Care Provision		
Risks	**Benefits**	**Cost / Savings**
1. Some clients cannot be managed in their chosen place of residence and would require a care home placement to meet their needs 2. Multiple spot-purchased beds across Torbay require intermediate care staff travel time, increasing travel expenditure and decreasing client visits. Could be mitigated by procuring a block bed arrangement	1. Torbay wide clients able to be cared for in their chosen place of residence where possible, promoting independence and a better recovery and less opportunity to acquire infection. All within a familiar environment 2. Increased number of care home intermediate care beds available within Torquay 3. Acute and community hospital wards readily able to discharge to sufficient stock of community intermediate care residential facilities 4. Recurrent financial savings 5. Avoid unnecessary utilisation of community and acute hospital beds and expedite discharge / reduce length of stay and associated costs within those facilities. 6. Wider and flexible accommodation of more complex clients, increasing reductions in length of stay and associated costs within acute and community hospital settings further 7. Management of more complex clients (i.e. those requiring 2 or more carers to transfer, and those with nursing needs) within the community 8. Focus on rehabilitation needs resulting in improved quality of care and reduced length of stay	1. Estimated funds and resource that could be redeployed to community provision of intermediate care would be approx £476k. This includes increased intensive support in the independent sector and individual client's home, or chosen place of residence. 2. Redeploying the staff if this option is chosen, will be more of a challenge. However given that a number of the staff will be able to move to the community intermediate care service it is considered that the majority if not all of the staff can be redeployed elsewhere. Given this challenge, it is considered prudent to estimate a residual cost of redundancy of £200k. 3. Savings year 1 could therefore be estimated in the region of £684k – £884k. Year 2 and recurrent savings are estimated to be £884k per annum

Option 4 – Close St Edmunds' Intermediate care service Permanently		
Risks	**Benefits**	**Cost / Savings**
1. Potential risk to client safety and risk of failure to rehabilitate clients successfully 2. No nurse-led rehabilitation beds exist in Torbay (crisis intervention facilities only) 3. Only 7 residential intermediate care beds at St Kildas in Brixham. Associated risks due to physical environment of the building preventing admission of those with complex manual handling needs 4. Potential utilisation of intermediate care crisis beds within nursing home for rehabilitation, preventing effective crisis response and increasing hospital admissions 5. Potential increased length of stay and associated costs within acute and community hospital beds due to lack of rehabilitation facilities for those who cannot immediately return to their chosen place of residence. 6. Clients with clinical needs may be asked to pay for care home residential service under intermediate care whilst other similar provisions are free to clients	1. Cost reductions	1. Redeploying the staff if this option is chosen will be very challenging based on the workforce projections. However given the Care Trusts record to date and measures to mitigate it is considered that a high proportion of the staff can be redeployed elsewhere in the Care Trust. Given this challenge, it is considered prudent to estimate a residual cost of redundancy of £350k. 2. Therefore estimated savings in year 1 would total £1.01million 3. Year 2 onwards, recurrent savings of approximately £1.36million would be realised. 4. Whilst cost savings will directly be achieved, the impact of increased length of stay within community and acute hospital settings could be considerable. 5. There is a significant risk that the displacement pressures from inadequate care capacity would increase both health and social care spending pressures e.g. in long term placements

7. Human Resources Considerations

There are currently 49 members of staff within St Edmunds' intermediate care service, which equates to 38 FTE. The cost of the existing workforce is £1.16m or £290,000 per quarter (pay expenditure only).

The savings in each of the options take account of Torbay Care Trust's ability to be able to redeploy staff in each case. Redeployment would commence from the 1st November 2010. Torbay Care Trust's policy provides a three month period for attempting to redeploy staff with any remaining staff being made redundant. To date Torbay Care Trust has always managed to avoid redundancies when changing services. We are confident that given the actions we are already implementing to mitigate redundancies and our existing turnover rates, and on the balance of probability, we should be able to redeploy:

- All staff in the case of option 2
- The majority, if not all staff, in the case of option 3
- A high proportion of the staff in the case of option 4.

Estimated redundancy costs are included for each of the options. However, Torbay Care Trust will endeavour to redeploy all staff, if possible. The costs of redundancy are therefore considered as a contingency. The risk is considered minimal in the case of option 2, slightly challenging in the case of option 3 and likely to result in at least some redundancies in respect of option 4.

Discussions have commenced with JCNC, outlining the process and timeline which are dependent upon decisions associated with this paper.

8. Options Analysis

8.1 Option Outcomes - Comparative Table

Option	***Outcome***
Option 1	Not a preferred option: Due to the success of our community intermediate care teams, managing more complex clients at home, the unit now only caters for a small proportion of the demand. In 2009, the expenditure on St Edmunds in excess of £1 million effectively rehabilitated only 105 clients. This does not present value for money.
Option 2	Whilst this option in principle would provide a good service for Torbay clients, it does not promote rehabilitation for clients within their chosen place of residence. Costs associated with this option are high and may make this option unviable for further consideration. Torbay Care Trust Commissioners would challenge the degree to which this option offers value for money. Changes to CQC regulatory framework may result in increased professional staffing overheads, which would reduce further the value for money this option presents.
Option 3	**Preferred option:** This option promotes rehabilitation for clients within their chosen place of residence. Due to the cost per client of intervention within the community, increased resourcing of community based intensive support should enable Torbay Care Trust to support an increased number of clients within a reduced budget. This model therefore delivers service in line with the Personalisation Agenda requirements and also greater value for money and performance, in line with the Quality, Innovation, Productivity and Performance (QIPP) Agenda.
Option 4	Not a preferred option: Risks to client safety and successful rehabilitation outweigh potential benefits. Whilst longer term recurrent savings of £1.22m would be achieved, unmet need would remain. Current resourcing within community teams and funding requirements of community rehabilitation beds, prevents the success of this option without further investment into community intermediate care provision.

8.2 Summary

Upon review of the options presented, Torbay Care Trust Commissioners recommend implementation of Option 3. The total cost of this option is £476,000 per annum.

Implementation of this option entails:

- Independent sector provision and placements for an additional 105 clients undertaking 6 week placements, to the sum of £330,000 (Appendix 2 demonstrates comparative costs at £75 per bed, per night within the independent sector)
- Enhanced medical assessment service to the sum of £20,000 per annum
- Intensive support for independent sector and care within a client's chosen place of residence, or home to the sum of £126,000 per annum

This option promotes rehabilitation for clients within their chosen place of residence and the model therefore delivers service in line with the Personalisation Agenda.

An additional option to be explored, supporting the delivery of this service, includes redeployment of some existing St Edmunds' intermediate care service staff to work within the Intensive Home Support Service (IHSS) and Crisis Response Team (CRT). This will support the steady flow of clients to the community for rehabilitation within their chosen place of residence and a rapid response service for all clients within the community setting 24 hours a day. If this option is agreed, these proposals for redeployment of St Edmunds staff will be reviewed by the Intermediate Care (Strategic) Steering Group to assess the best possible use of resources.

9. Recommendation

That Torbay Care Trust recommend to Torbay Council that Option 3 offers the best model of care for clients and delivers the best value for money.

The suggested timeline for decisions and implementation is detailed overleaf.

10. Recommended Timescales for Decision Making and Implementation

Date	Meeting / Key Action	Lead
1st September 2010	Paper to Management Team Meeting	Rachel Clough / Sharon Matson / Dawn Butler
6th September 2010	Paper to Executive Meeting	Rachel Clough / Sharon Matson / Dawn Butler
7th September 2010	Meeting with St Edmunds' Intermediate care service Staff and representatives to outline recommendations	Phil Waite / Mandy Seymour / Sonja Manton / Jane Nelson
15th September 2010	Paper to Torbay Care Trust Board	Sharon Matson / Carole Self
12th October 2010	Paper to Cabinet Meeting	Sharon Matson/Carole Self
After 12th October 2010	Development of Implementation Plan	Intermediate Care Strategic Steering Group
After 12th October 2010	Briefing with staff on final decision	Phil Waite / Mandy Seymour/ Dawn Butler / Sonja Manton / Jane Nelson
19th October 2010	JCNC – Presentation, discussion and agreement of appropriate HR implementation plan	Phil Waite / Mandy Seymour/ Dawn Butler / Sonja Manton / Jane Nelson
28th October 2010	Paper to Health Scrutiny Board	Sharon Matson/Carole Self
1st November – 31st January 2010	3 months consultation on changes with notice running concurrently	Phil Waite / Dawn Butler / Sonja Manton / Jane Nelson
31st March 2011	Implementation complete	N/A

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Community Resource and Bed Audit undertaken May 10th 2010

Summary Report Prepared by Lesley Wade July 2010

Data analysis conducted by Neil Elliot

1. Aims of the audit

The audit was undertaken in response to the challenging situation experienced across the South Devon health and social care community during the winter of 2009/10 when at times patient flow ceased due to a perceived lack of bed capacity.

The aims of the audit were:

- To establish how many patients being cared for in beds across the South Devon health and social care system no longer needed to be having their care needs met in their current setting
- What their outstanding health and social care needs were

Subsequently to be able to utilise this information to establish what alternative care settings could meet their needs, to include care provided at home and to better understand whether the issues experienced over the winter period were related to bed capacity or flow of patients

2. Collecting the data

The audit was undertaken on a single day; 10th May 2010 by experienced health professionals using a tool specially designed for the purpose. The tool was designed to focus on the outstanding needs of patients rather than where they should or could be receiving care. Guidelines were written to support the use of the tool and reduce variability and briefing sessions were held for as many participants as possible. It was decided to audit patients on acute medical wards and in community hospitals and intermediate care settings. Surgical patients and those with specialist needs e.g. stroke and oncology patients were excluded from the sample as it was considered that medical patients and particularly elderly patients with complex needs were those who were more likely to be able to be cared for in community based settings.

The tool was designed to be as simple as possible with as many questions as possible requiring a yes/no response, and was trialled on a small sample of patients during the design phase. However there were still some areas of inconsistency and some areas that did not add anything to the results; were the audit to be repeated the tool could be modified slightly.

Ward areas within SDHFT audited:

EAU 3&4
Dunlop
Midgely
Cheetham Hill
Medical Outliers (on surgical wards and on Turner and George Earl wards)

Torbay Care Trust inpatient areas audited:

Paignton Community Hospital
Brixham Community Hospital
St Edmunds Intermediate Care facility
St Kildas Intermediate Care/Step down beds
Crisis Intermediate Care NH beds

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NHS Devon Community Hospitals included:

Dartmouth
Totnes
Newton Abbot (excl. Stroke Unit)
Ashburton
Bovey Tracey
Teignmouth
Dawlish

3. Data analysis

Once completed, all audit tools were collected and information input to an Excel spreadsheet and cleansed to make it possible to report on the information. A series of filters were designed to allow outstanding needs for those patients who were medically fit to leave their current care setting to be captured in mutually exclusive categories. These categories were designed to help identify different potential care settings or the type of community support required for patients (see below). Data was analysed for patients who were medically fit to leave their current clinical setting in two groups: those who could not be managed at home i.e. another bed-based setting was required and those who could be managed at home with appropriate support.

Key		
Category	**Definition - *all* categories are designed to be mutually exclusive**	
Active medical intervention required	Requires regular active input from a physician e.g management of pain control or changes to medication requiring regular review. Could be +/- any other support or interventions	
Nursing & Rehab	Requiring interventions that have to be carried out or supervised by a *registered* nurse ***plus*** occupational therapy and/or physiotherapy. Could be +/- basic or social care	
Nursing Care	Requiring interventions that have to be carried out or supervised by a ***registered*** nurse. Could be +/- basic or social care but ***excluding*** occupational therapy and physiotherapy.	
Rehab	Requiring active occupational therapy and physiotherapy intervention. Could be +/- basic or social care	
Social Care	Requiring active social care intervention. Could be +/- basic care	
Basic Care only	Requiring basic essential care only e.g assistance to wash and dress or assistance to eat meals	

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Key summary points – Audit Sample

Full details **are contained within the associated Excel report in PDF format**

Audit sample

- 327 patients across the whole South Devon health and social care system were audited.
- 62.2% (102) of NHS Devon patients within the audit were in community hospital beds compared with 25.3% (40) of Torbay Care Trust patients. However this rose to 57.7% (91) patients being cared for in a community inpatient setting when those in other beds such as Intermediate Care beds or step down beds were included.

Patients who were medically fit

- Of these 41.6% (136) patients were medically fit to leave their existing clinical setting: 50.7% (72) of all community hospital patients

  27.5% (11) patients in Torbay community hospitals

  59.8% (61) patients in Devon community hospitals

  41.2% (21) patients in other Torbay inpatient settings

  32% of all acute medical patients; which breaks down as:

  23.4% (18) patients on acute medical wards

  61.5% (16) patients who were medical outliers

4. Outstanding needs – full details are contained within associated Excel report

Patients who <u>could not</u> be managed at home

Within the **acute setting** 17; 8 Torbay and 9 Devon patients were identified as being medically fit but having needs that meant they **could not** be managed at home. Of these:

- 3 (18%) had the need for active medical intervention; 2 Torbay patients, 1 Devon patients which would *indicate the need for a community hospital bed*
- 2 (12%); 1 Torbay, 1 Devon patient had nursing but no rehabilitation needs suggestive of requiring a nursing care setting
- 1 patient had only social and basic care needs suggestive of requiring a residential care setting
- 11 (64%); 5 Torbay patients, 6 Devon patients had combinations of nursing, rehabilitation, social and basic care needs *which could be met in other settings* including nursing home or intermediate care settings

Within the **community hospital** setting 26 patients; *25 Devon and only 1 Torbay* were identified as medically fit but having needs that meant they **could not** be managed at home. Of these:

- 1 patient (4%); a Devon patient had the need for active medical intervention
- 10(38%); all Devon patients had nursing but no rehabilitation needs suggestive of requiring nursing care

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- 2 (8%); all Devon patients had basic care needs only suggestive of requiring residential care
- 13 (46%); 12 Devon, 1 Torbay had combinations of nursing, rehabilitation, social and basic care needs *which could be met in other settings* such as nursing home or intermediate care settings

Within other inpatient settings within Torbay Care Trust there were five patients who were medically fit to leave their current setting but still requiring care in an inpatient setting

This suggests that from the acute setting there were a significant proportion of patients (82%), who were medically fit to leave but still requiring care in an inpatient setting that could have been provided somewhere other than a community hospital.

Within NHS Devon data suggests that there were a significant proportion of patients (96%) in community hospital beds, still requiring care in an inpatient setting, who could have been receiving care in an alternative nursing or intermediate care type setting.

Patients who <u>could</u> be managed at home

Within the **acute setting** 17; 9 Torbay and 8 Devon patients were identified as being medically fit and having needs that meant they **could** be managed at home with appropriate support. Of these:

- 40% (7); 4 Torbay and 3 Devon patients had only basic care or no care needs
- 54% (9); 4 Torbay and 5 Devon patients had combinations of nursing, rehabilitation, social and basic care needs which could be met by community intermediate care services
- 1 patient had active medical needs

Within the **community hospital setting** 46; 10 Torbay and 36 Devon patients were identified as being medically fit and having needs that **could** be managed at home with appropriate support. Of these:

- 31% (14); all Devon patients had either basic or no care needs
- 58% (27); 9 Torbay, 18 Devon patients had combinations of nursing, rehabilitation, social and basic care needs which could be met by community intermediate care services
- 11% (5); 1 Torbay, 4 Devon had active medical needs

Within **intermediate care and step down settings** in Torbay 16 patients were identified as medically fit and having needs that **could** be managed at home.

- 13 were identified as having ongoing nursing, rehabilitation, social and basic care needs
- 1 had outstanding active medical needs
- 1 was identified as having no care needs
- 1 was not stated

Proportions of patients who were medically fit and could be managed at home were high in both Devon and Torbay community hospitals and very high in Torbay intermediate care and step down settings

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Key summary points for Torbay Care Trust patients- Outstanding Needs

Full details **are contained within the associated Excel report in PDF format**

Support – includes combinations of nursing, rehabilitation, social and basic essential care

- **Acute Setting (excluding EAU's)**; 17 patients medically fit to leave current setting:
  9 (53%) who could be managed at home with support

  Of those who **could not** be managed at home:

  2 (12%) requiring community hospital

  1 (6%) requiring nursing care

  5 (29%) with needs that could be met in Intermediate Care settings

  2 Discharge delays reported

- **Community Hospital settings**; 11 patients medically fit to leave current setting:
  10 (91%) who could be managed at home with support

Key summary points for NHS Devon patients- Outstanding Needs

Full details **are contained within the associated Excel report in PDF format**

Support – includes combinations of nursing, rehabilitation, social and basic essential care

- **Acute setting (excluding EAU's);** 17 patients medically fit to leave current setting:
  8 (47%) who could be managed at home with support

  Of those who **could not** be managed at home:

  1 (6%) requiring community hospital

  1 (6%) requiring nursing care

  7 (41%) with needs that could be met in Intermediate Care* settings

  3 Discharge delays reported

- **Community Hospital settings:** 61 patients medically fit to leave the current setting:

5. Identified delays

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The proportions of delays for NHS Devon (15.7%) and Torbay Care Trust (14.1%) were relatively similar:

- Two delays in discharge were identified for Torbay patients within the acute setting and 3 delays were identified for Devon patients.
- Five delays in discharge were recorded for patients in Torbay community hospitals (although two were patients not medically fit and therefore not actually a delay) and *21 delays in discharge within Devon community hospital.*

- *Thirteen delays in discharge* were recorded in intermediate care and step down beds in Torbay Care Trust.

This suggests that whilst *rates* of delays are similar; within NHS Devon patients who are delayed are in community hospitals whilst in Torbay patients experiencing delays are predominantly in intermediate care (especially crisis intermediate care) beds and step down beds.

6. Patients who were not medically fit
Outstanding needs

For patients not medically fit those completing the audit were asked to predict the outstanding needs of patients audited. Data showed that the majority of patients were predicted as having 3-5 outstanding needs with medical, nursing and rehabilitation needs which suggests that most patients would be anticipated as requiring a community hospital bed.

7. Length of stay post bed audit

Those patients identified as being medically fit to leave the current clinical setting were cross referenced with PAS to identify how long following the bed audit they remained in hospital.

- 44% (19); 11 Torbay, 6 Devon, 2 out of area patients left the acute setting on the same day as the audit
- 54% (23); 8 Torbay, 15 Devon remained in hospital for up to 6 days post audit when they were declared to be medically fit to leave the acute setting (2% were unidentified)
- 13% (9); all Devon patients left the community hospital setting on the same day as the audit
- 87% (63); 11 Torbay, 52 Devon patients remained in the community hospital setting for up to and in excess of 22 days post audit despite being identified as being fit to leave that setting

8. Summary and recommendations

- There is sufficient bed capacity across the South Devon Health and Social Care community; however there is a need to ensure the appropriate *mix* of beds to match needs (and the funding of these beds) particularly intermediate care beds (NHS Devon) and step down beds (Torbay Care Trust and Devon)
- Flow of patients through the system appeared *less* of a problem (on the day of the audit) within the acute setting; 44% (19) patients who were medically fit left that setting on the day of the audit
- Flow of patients through community hospitals appeared a greater problem; only 15% (9) patients who were medically fit leaving Devon community hospitals on the day of the audit and no Torbay patients being discharged on the day of the audit. The first Torbay Care Trust patients who were

APPENDIX 1

medically fit on the day of the audit, to be discharged, left the community hospital 2 days after the audit.

- Reported delays in discharge also indicated a problem with flow in community settings; in NHS Devon this problem concentrated within community hospitals whilst in Torbay Care trust the problem was greater in intermediate care and step-down beds. Work is required to better understand the problems associated with flow through community settings
- Large numbers (57.4%) of patients across the system did not require bed-based care; community based intermediate care services exist in Torbay Care Trust but not in NHS Devon. Work is required to address the need for intermediate care in Devon and to understand whether adequate capacity exists within Torbay Care Trust
- Any future work addressing capacity and bed modelling should take into consideration the fact that this audit only considered medical patients within SDHFT; orthopaedic patients also form a large proportion of community hospital admissions. A separate piece of work was undertaken earlier in the year as part of the Integrated Care Programme reviewing the post-acute needs of orthopaedic patients

Key summary points - Core recommendations

1. Review of bed stock across South Devon health and social care system to ensure the appropriate mix of bed-based care settings to include:
   - Community Hospitals (potential for excess bed stock)
   - Intermediate Care (NHS Devon)
   - Step-down beds (Torbay Care Trust and NHS Devon)
2. Review of beds should include a review of funding streams, dependent on reasons for occupation of bed e.g. housing issues; awaiting family choice; agreement for funding for long-term placement.
3. Better understand and address reasons for problems with flow through community based settings:
   - Discharge planning
   - Discharge delays out with staff control
   - Staff capacity within community setting
   - Capacity of community-based teams to support discharge
4. Provision of community based intermediate care services within NHS Devon; review of

Lesley Wade

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APPENDIX 2

Comparative bed/night costs within existing establishment 09/10

Type of Placement	**Average Cost Per Bed Per Night 2009/10**
Residential Care Placement	£55
Residential Elderly Mentally Infirm	£57
Nursing Care Placement	£75
Nursing Care Elderly Mentally Infirm Placement	£75
Intermediate Care Nursing Placement (excluding St Kilda Residential Care Home provision)	£75
St Kilda Intermediate Care Placement	£62
St Edmunds Intermediate care service	£271 (2009/10 actual) £180 (full occupancy)
Community Hospital Bed Night	£291