

Report No: **244/2010**

Public Agenda Item: **Yes**

To: **Health Scrutiny Board**

On: **23 September 2010**

Title:	Strategic Commissioning Framework: St Edmunds' Intermediate Care Service		
Report to:	Torbay Care Trust Board		
Directorate/Department:	Commissioning / Community Services		
Prepared By:	Rachel Clough	Contributors:	Sharon Matson Dawn Butler Phil Waite Sonja Manton David Jones Su Smart Lesley Wade Neil Elliott
Lead NED:			
Date Prepared:	06/09/10	Date of Meeting:	15/09/2010
Summary of Report: This report provides Torbay Care Trust Board with the recommended strategic commissioning framework for the permanent future usage of St Edmunds' Intermediate Care service and its associated resources. Recommendations: Torbay Care Trust Board is asked to recommend to Torbay Council that recommended option 3 offers the best model of care for clients and delivers the best value for money.			

Board Assurance

Links to which Care Quality Commission Essential Standards of Quality & Safety? (please tick the appropriate boxes)

- ☐ **Personalised Care, Treatment**
- ☐ **Safeguarding and Safety**
- ☐ **Suitability of Staffing**
- ☐ **Quality and Management**

Links to which Care Trust objective(s)?

☐ **Improve Access to A Broader Range Of Services**

What is the nature of assurance(s) provided? (Please tick the appropriate box)

☐ **Strategy**

Yes

- ☐ ☐ Do you agree that the recommendations will be monitored and/or reviewed
- ☐ ☐ Do you agree that this document can be made public?
- ☐ ☐ Have you considered how this fits into the single equality scheme plan?
- ☐ ☐ Have you considered any legal issues that may arise from this document?
- ☐ ☐ Are there any legal implications to this document?
- ☐ ☐ Have you considered the views of patients/service users and the public?

QIPP

What impact does this paper have on the Care Trust's QIPP streams?

The recommended option within this paper sets out the most appropriate model of service and delivers best value for money. The paper therefore contributes towards QIPP streams delivering further improvements in quality of service and producing an estimated efficiency saving in the region of £744k recurrently.

OSC Considerations

Please give full details of the reasons for the change

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.

Will the proposed changes impact on accessibility? (e.g. Waiting Times, Transport, Disabled Access)

Yes, positively. The changes should enable a wider, more varied client group to access intermediate care rehabilitation services within the community. More clients should be able to access intermediate care rehabilitation services from their chosen place of residence without requiring a residential service. Thus promoting independence and delivering service in-line with the Personalisation Agenda

How are Patients / Service Users affected? (Which groups? How will the change improve outcomes?)

See above. Promoting independence and delivering services within a client's chosen place of residence, increases effectiveness of rehabilitation and reduces opportunity to acquire infection, due to client familiarity with their own environment.

Does the proposed change have any impact on the wider community? (e.g. Impact on other local services, Will it help to address Health Inequalities?)

The preferred option discusses the need to enhance intermediate care provision in the community in order to deliver the new service model.

Does the proposal result in a change in the methods of service delivery?

Yes, transition from intermediate care facility to enhanced intermediate care community provision

Explain the Finance/Value for Money considerations/impact of the proposed service change

Should the recommended option be agreed:

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 £544k – £744k. Year 2 and recurrent savings are estimated to be £744k per annum
4. 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 per annum (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
5. This option promotes rehabilitation for clients within their chosen place of residence. 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.

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