NHS LEICESTER CITY

MEETING: **TRUST BOARD MEETING** **PAPER H**

DATE: **10 MARCH 2011**

REPORT TITLE: **Plans to Increase Intermediate Care Bed Capacity within Leicester City**

SECTION: **Public**

REPORT BY: **Ms Jo Yeaman, Programme Director**

PRESENTER: **Ms Jo Yeaman, Programme Director**

EXECUTIVE SUMMARY

At present 27 community-based intermediate care beds are commissioned within Leicester City, and an additional 18-26 beds are spot purchased from County community hospitals to cater for the needs of local residents registered with a City GP.

A number of capacity modelling and benchmarking exercises have been undertaken over the past 4 years, all of which demonstrate that Leicester City is significantly under-resourced in terms of intermediate care beds.

The most recent modelling exercise led by KPMG, followed by significant engagement with clinicians and other health and social care professionals, suggested that a figure of 57 would be the target number of beds required. This would enable the repatriation of beds from the county as well as a small increase in beds available to meet unmet demand; however, it is significantly less than the total number of beds required (c. 80) to meet demand in full assuming that existing services remain the same. It therefore reflects the need to expand and develop other areas of intermediate care including those led by health and social care, for example hospital at home, rapid intervention teams, and reablement services. This piece of work is being progressed alongside this programme in partnership with the local authority. It also sits together with the development of an improved pathway for Frail Older People.

The impact of not having sufficient beds within the City is significant. Particular areas of concern include poorer patient outcomes, higher lengths of stay in hospital and community beds, increased readmission rates, poor access to social care and GPs (when treated out of City), poor experience for patients and their relatives, and poorer and minority ethnic groups being disproportionately disadvantaged. Owing to

existing inefficiencies and difficulties in integrated working there is an opportunity to realise cost efficiencies across both health and social care.

It is expected that the new arrangements should be provided as far as possible within the current financial envelope, achieving a relative cost saving per bed commissioned. Any additional expenditure required is expected to be covered by the savings made in facilitating early supported discharge from UHL and this will need to be reflected in the contract. Full costings will be available following completion of the options appraisal, which will include estates options.

It is noted that any decommissioning of beds from county community hospitals will have an impact on this particular service provider and on future commissioning arrangements, particularly when considered together with the recent decommissioning of 7 stroke rehabilitation beds which have been relocated within the City.

The target date to have the new service up and running is November 2011 in time for winter pressures. However it should be noted that this is on the critical path and that a number of high risk factors could render this target unachievable.

RECOMMENDATION

The Board is requested to:

CONFIRM the intention to increase the City-bed base by up to a further 30 beds, incorporating the repatriation for beds currently commissioned within the County.

NOTE the decision not to proceed with the proposal to develop facilities at Leicester General Hospital at this time.

APPROVE the proposal to undertake a full options appraisal with a view to undertaking a procurement process.

APPROVE the proposed governance process.

NOTE the potential impact on County-based Community Hospitals.