NHS LEICESTER CITY AND NHS LEICESTERSHIRE COUNTY AND RUTLAND

BOARD MEETING
10 MARCH 2011

Progress report to NHS Leicester City Board on Plans to Increase Intermediate Care Bed Capacity within Leicester City

Introduction

1. This paper outlines developments in relation to the proposed increase of Intermediate Care Beds within Leicester City. This includes the repatriation of beds commissioned for City patients within County hospitals.

2. As interpretations of intermediate care, rehabilitation and reablement vary between agencies and between different professional and clinical groups, some helpful definitions are provided within Appendix A. It should be noted that these form part of a draft document for discussion with clinicians and social care professionals across Leicester, Leicestershire and Rutland with a view to formally agreeing local definitions.

Background

3. Intermediate Care beds are currently commissioned for City patients as follows:

Rehabilitation Services (Clarendon Mews)	16	beds
Acute admission avoidance (Brookside Court)	11	beds
County community hospital – rehabilitation and step down	18	beds spot purchased, rising to 26 beds at peak times
TOTAL	45	beds (rising to 53 beds at peak times)

4. Over the past four years a number of modelling exercises have been undertaken to establish the ideal number of intermediate care beds for Leicester City. These include:

   - Local study between Leicester City's Community Health Services and Social Services (leading to the proposal of a Health & Social Care facility at Butterwick) 2007
   - PCT-led exercise with consultancy support (Sinead Brophy) 2007-2008
   - UHL bed modelling exercise led by UHL (Helen Seth) 2007-8
   - KPMG 2009
   - Building on the work of KPMG an extensive engagement exercise with clinicians and other professionals across health and social care led by Vikki Taylor, Director of Strategy, 2009/10

   All exercises concluded that increased community bed capacity was essential to meet demand within the City.

5. The most recent exercise undertaken by KPMG in 2009 and the subsequent engagement exercise identified a figure of 57 beds as being the ideal target to meet health needs. This would enable the repatriation of beds from the County and realise a small increase in beds available within the City to help address current unmet need and to respond to an increasing, ageing population. However it was somewhat less than the maximum figure identified by KPMG. This was to allow flexibility to address the possibility of increasing alternative intermediate and community-based care services such as reablement (social care-led) and at-home services including the Rapid Intervention Team and specialist nursing services.

6. The Board of NHS Leicester City approved the proposal to increase the City bed base in January 2010. An options appraisal was to be undertaken with the responsibility to approve and monitor plans delegated to the Commissioning Executive.

Reasons why more capacity is needed

7. There are many reasons why intermediate care beds should be repatriated and increased within the City. These include patient health and wellbeing, clinical, socio-economic, ethical, equality and efficiency factors. Appendix B provides detail on each other these. In summary these are:

    - Deterioration and loss of independence of frail older patients cared for inappropriately within an acute setting
    - Better patient outcomes and speedier recovery with reduced acute readmissions
    - Patient access to, and support from family and friends with ongoing links to the community
    - Significant unmet need as evidenced by KPMG and data from the bed bureau and SPA which shows that current capacity is inadequate leading to avoidable hospital admissions and increased length of stay within the acute setting
    - Reducing Length of Stay in community-beds
    - Ensuring access to key services provided by Social Care and reducing delays
    - Providing the opportunity to integrate services with Social Care within the City
    - Enabling GPs to offer continuous support to patients which is proven to reduce hospital admissions
    - Equality and Ethnicity considerations with existing discrimination of minority, and poorer social groups
    - Improving access by under-represented sections of the population such as ethnic minorities and those with poor mental health
    - Population growth with a predicted increase of 44% over the next 20 years in the predominant user group – older people.
    - Benchmarking which suggests that there is a higher population per bed than elsewhere
    - Co-terminosity with Local Authorities and emerging GP Consortia arrangements
    - Reducing Leicester City's carbon footprint
    - The opportunity for more flexibility and efficiency through Economies of Scale

- The opportunity to make relative cost savings
- Increasing bed capacity within the City has been earmarked by NHS Leicester City Board as a key priority
- Further Research and Evidence, including the 'Forget me Not' study and the NSF for Older People

Progress to date

8. In response to the Board's decision in January 2010 to increase intermediate care beds within the City and a further report to the Board in July 2010, significant work was undertaken to explore the possibility of developing former acute wards based on the Leicester General Hospital site. This would have provided 48 beds across two wards and would lead to the decommissioning of existing facilities within the City together with the beds spot-purchased within County community hospitals. Capital funding in the region of £3million was set aside for this purpose.

9. Although the proposal appeared at first to be feasible, progress was halted in January 2011 for the following reasons:
   - The work needed to develop the site and ongoing maintenance proved to be unaffordable, with costs significantly higher than current services commissioned
   - Evidence from elsewhere showed that despite strict criteria there was a temptation to use beds based on an acute site as an extension of the acute bed-base
   - Lack of universal clinical support from across primary and secondary care as well as lack of support from the local authority
   - The 4-bedded bay accommodation arrangements would be limiting in terms of optimising rehabilitation outcomes
   - The identification of other possible opportunities which were more likely to provide more appropriate accommodation at a lower cost
   - A change in economic circumstances which means that private and public-sector suppliers may be more interested in opportunities compared to this time last year
   - The need to undertake a full options appraisal
   - The need to consult fully with clinicians, partners and with patients and the public

10. The capital set aside for intermediate care developments has had to be returned to the Strategic Health Authority within 2010/11 in accordance with accounting protocols. A smaller amount has been set aside for 2011/12 and this is subject to approval. For commercially-sensitive reasons this figure is not stated within this paper.

11. A Programme Director, Jo Yeaman, has recently been identified to oversee the Intermediate Care developments. These link directly to other priorities also within the remit of the Programme Director, including developing a new pathway for Frail Older People and developing an integrated model of care for intermediate care and reablement within the City.

12. A full service specification has been drafted with support from leading clinicians, managers and geriatricians.

Next Steps

13. The service specification will be used to develop estates options.

14. The full service specification will be shared more widely with clinicians, social care and other professionals, and once finalised and agreed will be used to form the basis for an options appraisal and tending process. The expected completion date for this is the end of March 2011.

15. The target date to deliver the solution is November 2011 in order to increase capacity in time for the 2011/12 winter pressures. However, it should be noted that timescales to achieve this are very tight and whilst every effort will be made to achieve this target, the requirements of the procurement and contracting process together with the need for preferred suppliers to prepare for delivering the service may result in this not being possible.

Other considerations

16. It is important to note that any rehabilitation or step up/step down beds should operate as part of a wider health and social care solution to providing intermediate care to ensure effectiveness and efficiency, as indicated within the Kings Fund report: Avoiding Hospital Admissions (December 2010). It is fully intended that any increase in intermediate care bed capacity within the City would be part of a wider programme to develop integrated intermediate care and reablement services across health and social care. A multi-agency strategy group led by a City GP to address this has been formed and the first meeting took place on 22nd February 2011.

17. Alongside this particular piece of work are a number of sister programmes, all of which inter-relate. These include developing a pathway for Frail Older People; the allocation of reablement funding to new and existing services across Leicester, Leicestershire and Rutland to reduce hospital readmissions; improvements to the unscheduled care pathway; improving transfers of care; and the development of integrated health and social care arrangements for intermediate care and reablement within the City and across the County.

18. The landscape of intermediate care will therefore change in response to developments from these other programmes. All these programmes are co-ordinated with reporting through to the multi-agency Senior Operations Group and thence to the Emergency Care Network.

Governance Arrangements

19. It is proposed that the development of plans and recommendations is led by the new Integrated Intermediate Care and Reablement Strategy Group. The Terms of Reference for this multi-agency Group can be found within Appendix C. Recommendations from this group will then be subject to discussion and

agreement by the Commissioning Executive/new GP consortium arrangements, with progress being reported and monitored through the Senior Operations Group. Plans will also be shared with the City's Joint Executive Group which includes representation from other agencies including the Leicestershire Constabulary. It is proposed that key developments are fed through to the Board as they occur or on a quarterly basis, whichever happens sooner. The vehicle for this would be either through the Chief Executive's monthly update or through a separate briefing paper as appropriate.

Potential Impact on Community and Acute Hospitals

20. Although not at one single site, it should be noted that the repatriation of the 18 beds spot purchased within the County Community Hospitals will have a significant impact on the provider of these County services. This impact is even more significant when consideration is given to the 7 beds recently decommissioned to enable stroke rehabilitation services to take place within the City. The total impact of 35 beds being decommissioned will need to be considered by the providers of these services, including whether or not to reduce or permanently close these beds, which when added together amount to more than a ward.

21. In accordance with statutory obligations such a decision is likely to require a 90-day formal consultation with local clinicians and patients and the public, a factor which will need to be built both into the project plans for this programme, and into those of the existing provider of community hospital services within the County.

22. Depending on whether existing suppliers within the City choose to tender, and whether their proposals are successful, it should be noted that a decision to change location or supplier could result in the decommissioning of existing intermediate care beds within the City. Again this would require some local engagement and/or consultation. However because these beds would be re-located elsewhere, it is likely that consultation requirements might not be as formal as those outlined within 21 (above). Such requirements would largely depend on the nature of the changes and the potential impact on service users and staff.

23. The repatriation of beds into the City is intended to be cost neutral on a recurrent basis. However, the possible increase in beds may require additional funding which will need to be assessed as part of the options appraisal process. As the new community beds are intended to support early discharge from the acute hospital to facilitate shorter overall length of stay and better patient outcomes, it is anticipated that these costs will need to be sourced from the savings made in this area. This potential impact on University Hospitals of Leicester should therefore be noted.

24. Changes to bed-bases as indicated within this paper are being factored into the wider work being led by Vikki Taylor, Programme Director for Transforming Community Services, to determine the future bed provision across the NHS in Leicester, Leicestershire and Rutland.

25. Any requirements to engage and consult, together with any challenge which may arise from these activities, will have a significant impact on the ability to deliver the solution within Leicester City by November 2011. The responsibility to consult on the relocation of beds from existing providers to any new location, if applicable, would rest with NHS Leicester City as a legal entity. NHS Leicestershire County and Rutland would not need to undertake consultation for this particular element, but would have an obligation to consult on any subsequent proposals to reconfigure county community hospitals as a result.

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.