



Business Case for
Developing
Intermediate Care
Services Across
Birmingham East
and North Primary
Care Trust

Redesign and Commissioning Directorate

September 2007

Business Case for Redesign of Intermediate Care Services

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1. Executive Summary

Intermediate Care is provided to people who have predictable and stable medical and nursing needs. The purpose of intermediate care is to enable people to achieve maximum independent living and to live in their own homes for as long as possible. These patients are usually (primarily but not exclusively), over 60 years of age.

Currently, Intermediate Care Services in BENPCT are provided from 70 beds at four locations: Berwood Court Nursing Home, Sutton Cottage Hospital, Grange Road Residential Home and the HAFOD Nursing Home, supported by two dedicated community rehabilitation teams. These services offer different levels of care, accommodation and support. In addition, demand for intermediate care is likely to rise as the population ages and the number of people living longer increases.

There are many local and national themes that support the redesign of rehabilitation services including: the White paper: 'Our Health, Our Care, Our Say'¹, patient choice and the Birmingham City Council Strategy for Older People². These documents have informed this approach.

Birmingham City Council is currently building two new Care Centres within the BEN PCT area. These will be sited at Perry Common and Sheldon Heath. The Council has offered the PCT the opportunity to occupy the first floor of each centre. The first floor is designed to accommodate 32 people in individual rooms with en-suite bathrooms and provide facilities such as an activity for daily living kitchen and physiotherapy gym. As well as the rehabilitation facilities, the units will also provide communal lounge areas, café, meeting facilities, clinic rooms, podiatry suite and assistive technology shop to assist people to regain the confidence and skills to return home and to live independently.

The PCT proposes to relocate all inpatient Intermediate Care Services to the new Care Centres. This is happening within the context of the Local Authority's intention to re-provide their residential care services currently based at Grange Road nursing home and the PCT's intention to re-provide services presently provided at Sutton Cottage Hospital and in Berwood Court and the Hafod nursing homes which are leased from private providers.

In addition, the PCT intends to commission a third community rehabilitation team of specialist staff to enable individuals to benefit from rehabilitation at home and /or return home from hospital sooner. We shall also introduce day facilities which will allow some people to undertake intensive rehabilitation during the day and return to their own home in the evening.

This document sets out the proposal to commission a new model of Intermediate Care Service which includes the relocation of the present inpatient services into new purpose-built accommodation, co-located with Local Authority provision. The redesigned service will provide single-inpatient en-suite accommodation, equal access to rehabilitation facilities and a joined

up approach to care through partnership working between, health and social care. The new service will also include provision of day rehabilitation services which will increase capacity to cope with future demand.

The redesigned care pathway will also take into account the diversity of our population to ensure that the cultural, religious and personal beliefs of individuals will be respected and services tailored to take these into account.

Sutton Cottage Hospital has been a long-standing landmark in Sutton Town centre with dedicated staff who are highly valued. The PCT aspires to sustain the hospital's proud history as a focus for the delivery of health services to local people. However, it is an old building which was designed for a very different style of health service than that which people expect in the 21st century. It is no longer acceptable as a site for in-patient beds and whilst it has excellent public transport access it has very limited parking and the current layout of the building makes poor use of space. As part of the public consultation the PCT will explore a range of options for the future use of Sutton Cottage Hospital, with the intention of continuing to provide services from this site subject to it being clinically safe to do so, is an appropriate environment and offers value for money.

2. Introduction

The purpose of this business case is to outline commissioning plans for the relocation and development of Intermediate Care Services within BEN PCT.

The document will detail the drivers for relocation and development of the current care model, the different care models that have been considered, the financial and estates impact of any changes and the impact upon service users, other stakeholders and staff. It should be noted that the remodelled services are aimed at the needs of all adults within BEN PCT, needing intermediate and rehabilitation services. The services provided will be available to all adults who will benefit from them, regardless of race or gender or age.

It is intended that the business case will underpin public and stakeholder consultation. In particular, we will engage the different cultural and religious communities in BEN PCT to ensure their perspective is reflected in this consultation. The final draft will be modified to accommodate the views expressed during consultation and will become the blue print for the commissioning and redesign of Intermediate Care Services.

3. Background

Intermediate Care is the rehabilitation-focussed provision of health and social care support to a patient. The usual focus is on maximising the independence of the individual to reduce the risk of avoidable admissions to hospitals, facilitate timely discharge and minimise premature dependence on long term care, thereby maintaining people at the highest possible level of function and

improving the quality of life for individuals. Ideally, intermediate care is provided in partnership with social care, housing and health to ensure the best outcomes for the patient and carers.

A number of national policy documents have informed commissioners and service providers about the need to develop existing Intermediate Care Services to meet the needs of the population of BEN PCT. Currently BEN PCT offers Intermediate Care Services in a number of locations; Berwood Court Nursing Home, Sutton Cottage Hospital, Grange Road Residential Home and the HAFOD Nursing Home. The development of the new Care Centres by the Birmingham City Council includes provision of 32 purpose built short stay beds in each location. This has given BEN PCT the opportunity to relocate its Intermediate Care Services into more appropriate rehabilitation focussed facilities.

3.1 National Drivers

The National Service Framework (NSF) for Older People³

The NSF for Older People was published in March 2001. It set new national standards and service models of care services for health and social services for older people. In particular, standard 3 of the NSF on Intermediate Care described the aim to provide integrated services to promote faster recovery from illness, prevent unnecessary acute hospital admissions, support timely discharge and maximise independent living.

New Ambition for Old Age: Next Steps in Implementing the NSF for Older People⁵

Published by the Department of Health in 2006, this document sets out the Government's priorities for the second phase of the ten year NSF for Older People. The document acknowledges the importance of developing a multi-agency approach to older people's services to ensure housing, social care and health strategies work together to provide a whole systems approach to promote independent living. It lists ten standards as follows:

- Ensuring older people are never unfairly discriminated against in accessing NHS or social care as a result of their age.
- Ensuring older people are treated as individuals and they receive appropriate and timely packages of care which meet their needs as individuals, regardless of health and social services boundaries.
- Provision of integrated services to promote faster recovery from illness, prevent unnecessary acute hospital admissions, support timely discharge and maximise independent living.
- Ensuring older people receive the specialist help they need in hospital and that they receive the maximum benefit from having been in hospital.
- To reduce incidence of stroke in the population and ensure that those who have had a stroke have prompt access to integrated stroke care service.
- To reduce the number of falls which result in serious injury and ensure effective treatment and rehabilitation for those who have fallen.

- To promote good mental health in older people and to treat and support those older people with dementia.
- To extend the healthy life expectancy of older people.
- Ensure that older people gain maximum benefit from their medication to maintain or increase their quality and duration of life; also that they do not suffer unnecessarily from illness caused by excessive, inappropriate or inadequate consumption of medicines.
- Promote health, independence and wellbeing of older people.

‘Our health, Our Care, Our Say’¹

The health and social care White Paper ‘Our health, Our Care, Our Say’ was published in February 2006 and focuses on care closer to home and improved outcomes for vulnerable adults as follows:.

- Improved health
- Improved quality of life
- Making a positive contribution
- Exercise of choice and control
- Freedom from discrimination or harassment
- Economic wellbeing
- Personal dignity

Everybody’s Business⁶

In November 2005, the Department of Health published ‘Everybody’s Business’, this is a service development guide for Commissioners, providing guidance about designing services that meet the mental health needs of older people. The key message in this document is that services for older people should be designed using a whole systems approach, which includes voluntary, statutory and independent organisations. Everybody’s Business describes an effective service as one that:

- Recognises the dignity of individuals. Recognises their values and diversity and involves people in the planning and development of their services.
- Provides practical advice, information, care and support to service users and carers.
- Ensures the best and most effective treatments are widely and consistently available.
- Is open to everyone and provided according to need.

Everybody’s Business has also informed the development of the Citywide Joint Strategy for Mental Health services for Older People (2007)⁷.

In addition, guidance and policy contained in the Race Relations (Amendment) Act 2000⁸ and the Equality Act 2006⁹ have been considered and reflected in the proposed developments.

3.2 Local Drivers

Birmingham City Council Strategy

In February 2004, Birmingham City Council published its strategy for commissioning for Older People². The strategy states the importance of a joint approach to commissioning local care services, between the City Council, Social Care and NHS.

Part of the strategy is being realised through the building of new Care Centres in each constituency across Birmingham. The Council has proposed that in addition to long stay provision, a number of beds in these centres are made available for commissioning by each PCT. BENPCT proposes to commission these facilities to improve the range, appropriateness, effectiveness and responsiveness of Intermediate Care Services for local people. The joint development of the Centres provides an excellent opportunity of working with social care, and voluntary organisations to ensure a whole-systems approach in line with national guidance. This builds on the well-established integrated approach to intermediate care in the Eastern part of the City and extends it to the broader population of BEN.

BEN PCT Rehabilitation Strategy

This strategy is in the process of development. However, a local stakeholder event has established 3 audacious goals as:

- To meet the agreed rehabilitation needs and preferences of every person at home and locally in BEN PCT locality.
- Following assessment and exploration of rehabilitation options, utilising a range of short term provision and follow up assessments, all decisions for long-term residential or nursing home care should be made outside a general acute hospital setting.
- To provide access to any required service and ensure that no-one has to wait.

Current Intermediate Care Provision

Provision of Intermediate Care Services is currently provided across four sites: The HAFOD Nursing Home, Berwood Court Nursing Home, Sutton Cottage Hospital and Grange Road Residential Home. These sites offer different levels of treatment, care and support services resulting in different access and service experience across the PCT.

Since 2003, residents in the eastern part of the PCT have enjoyed access to an innovative range of provision, delivered in partnership between PCT, hospital and social care. This model has been shortlisted for this year's prestigious national partnership award by Health Service Journal. Beds were based in Berwood Court (an independent nursing home) and Grange Road (a Local Authority managed residential home) supported by a range of NHS professionals including dedicated community and rehabilitation teams. As

residential facilities, there has been limited or no access to dedicated rehabilitation facilities on site and this has been a limitation which staff have sought to overcome. Grange Road is a large early twentieth century house, which no longer meets CSCI requirements and has now been ear-marked for closure as part of the Birmingham City Councils plan for modernisation of Older Peoples' Services.

Sutton Cottage Hospital has been the principle location for delivery of inpatient Intermediate Care Services within the North of the BEN PCT area, supported by four beds in HAFOD nursing home. The hospital is a nineteenth century building based on mixed sex wards with no private bathrooms and no dedicated rehabilitation facilities. The building design cannot support contemporary expectations of privacy and dignity and limits staff ability to deliver evidence-based twenty-first century rehabilitation. Although, the PCT has invested in developing five single inpatient rooms, the remainder of the accommodation is multi-occupancy rooms with shared bathroom facilities. The nursing home offers a higher standard of accommodation but has no dedicated rehabilitation facilities.

Staff, with the support of community groups including the round table, etc etc have worked hard to make the best of this accommodation, but it is now severely limiting our ability to offer appropriate and effective services.

4. The Vision

The vision is for all adult BEN PCT residents to have access to a comprehensive range of Intermediate Care Services. These services will promote independent living and will be provided using a whole systems approach developed through partnership working between community health, hospital, social care and voluntary organisations.

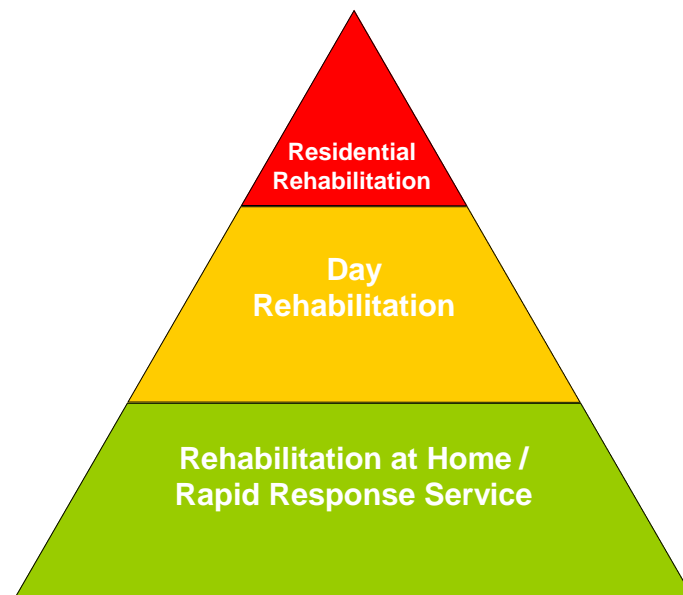
In-patient facilities will be purpose built to support rehabilitation, providing single-room, en-suite accommodation. The facilities will be supported by an additional integrated, multi-disciplinary team for assessment and rehabilitation services designed to meet the needs of the individual, and for the first time, the ability to offer rehabilitation on site to people who return to their own home in the evening.

The commissioned service will address current gaps in service provision, responding to individual needs for privacy, preventing avoidable admissions to hospitals, facilitating timely discharge and minimising premature dependence on long term care in both hospital and community settings, with associated benefits for families.

5. Proposed Service Model

The commissioning strategy for BEN PCT is for services to be designed using an integrated approach based on triangle of care for long term conditions. This reflects national strategies to promote independent living and to provide community-based health services wherever appropriate.

The diagram below outlines the proposed service model for Intermediate Care Services. It reflects a tiered approach where people can move between the services provided in order to best meet their individual needs at a given time.



Rehabilitation at Home / Rapid Response Service

This service is designed to provide rapid assessments for individuals referred by GPs, community nursing teams, acute trusts, social services or through self-referral, to avoid an unnecessary admission into hospital. To be fully effective the service needs to be supported by adequate community equipment services, social and nursing services. The service provides a short-term period of nursing and/or therapeutic support in an individual's usual place of residence. This is provided either to prevent admission to acute services or long-term residential care, or to enable early discharge from acute services. It will be enhanced in future as BENPCT and BCC realise our joint ambition to systematically introduce assistive technology to enable individuals to maintain independence at home more safely for longer.

Day Rehabilitation

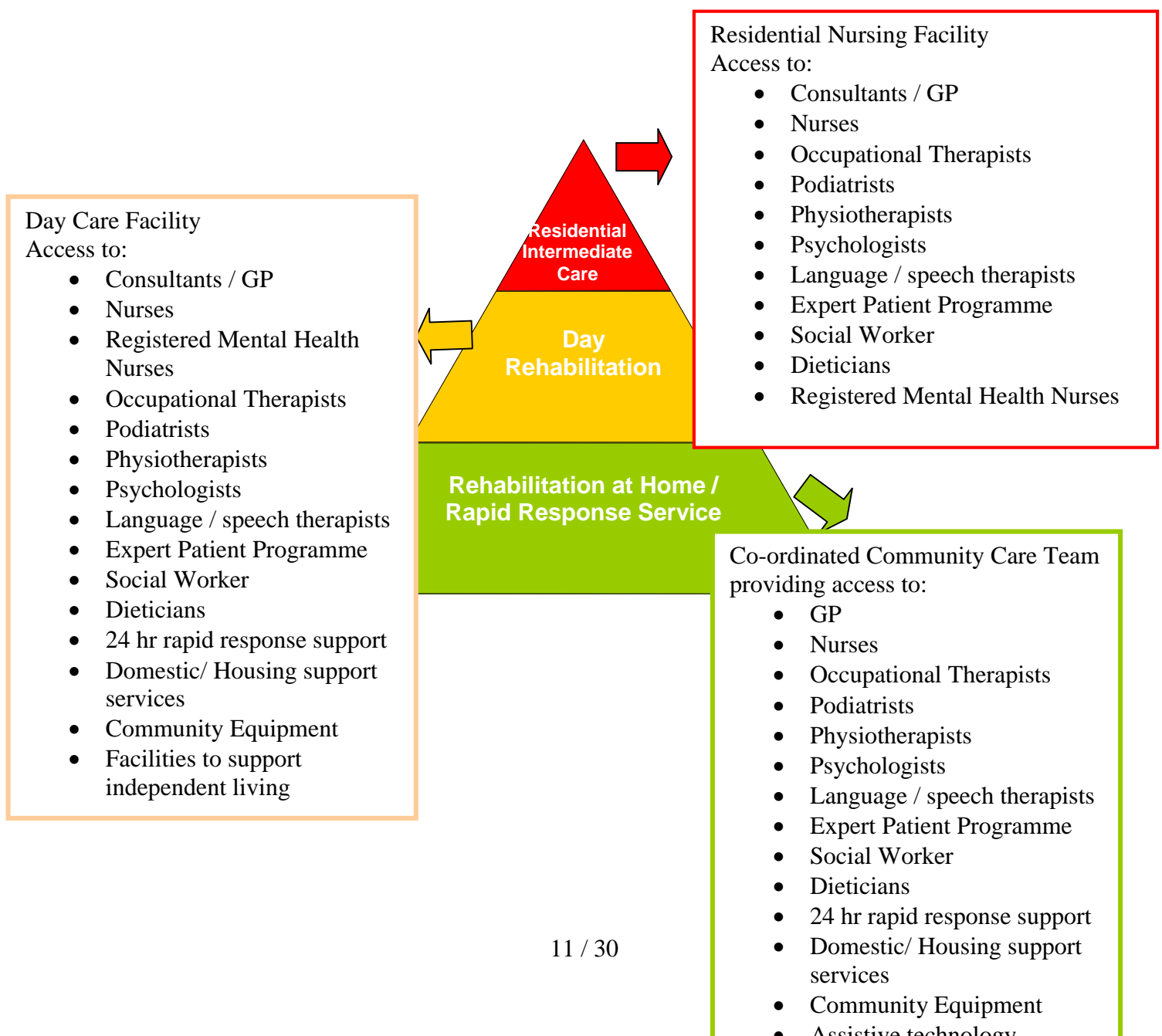
A short-term programme of therapeutic services provided at a dedicated facility. Often used in conjunction with home care support and community equipment including assistive technology, which allows the individual to return home each evening, and practice their skills in the setting where they will be used long-term.

Residential Rehabilitation

A short-term programme of therapy and enablement provided in a residential setting. This is targeted to individuals who are medically stable but need short-term rehabilitation to enable them to maintain or re-gain sufficient independence and confidence to return to their own usual place of residence.

Individuals can move between the services in the model as their condition improves or if a need for greater support is identified. The model is composite and it is important to note that unless all the required elements of housing, social and health care are in place, the care pathway will be unlikely to deliver and people will be subject to unnecessary admissions into Acute care with associated risks to health and independence and / or premature dependency on long-term residential care with significant financial consequences for the individual and their family.

The diagram below shows the services which form part of this model of care.



6. Future Demand

Although intermediate care is not exclusively accessed by older people, older people are the main users of this service. People in Britain are living longer, and this will impact on demand for Intermediate Care Services. The Office of National Statistics estimates that the proportion of the population aged 65 is projected to increase from 16% in 2004 to 21% by 2024 when 10% of the population will be over 75 years of age. In addition, many older people are now living with long term conditions such as diabetes and heart failure.

Currently 1.5% of the population of BEN PCT is aged 85 or over. Of these, many live alone and it is expected that the proportion of elderly people who live alone will increase as the population ages. This presents a significant challenge to Intermediate Care Services aiming to support individuals to live in their own homes as not only could there be more patients, but the ageing population will also affect the ability of relatives and friends to undertake active roles as carers for their loved ones..

The proportion of minority ethnic groups varies greatly between wards in the PCT from 71% in Bordesley Green to 6% in Sheldon. In this context, the PCT needs to be able to respond to a diversity of family composition and cultural expectations. Enhancing community and 'at home' support enables us to take a more flexible approach to service provision, more likely to meet the specific needs of a greater range of individuals.

An audit conducted by the Discharge Liaison Team in 2004 ¹⁰ at Good Hope Hospital identified 64 patients within acute services who were ready for rehabilitation and suitable for discharge into Intermediate Care Services. A further audit was completed in 2005. This was led by North Birmingham PCT Intermediate Care with Good Hope hospital discharge liaison staff. The audit concluded that there were 72 patients on acute wards who could have been discharged into Intermediate Care Services. All of these people 'delayed' in hospital are at increased risk of institutionalisation, collapse of historic community supports and hospital acquired infection.

These audits suggest that with greater collaboration between hospital and other services, appropriate referral protocols, timely assessments and adequate intermediate care facilities, there is potentially a greater demand for the service than there is currently provision. A further point prevalence study ¹¹ has therefore been commissioned and will be conducted in Autumn 2007. The aim of this study is to determine the rehabilitation and end of life requirements in both community and hospital in Birmingham East and North as part of the modelling process for the two Care Centres in Perry Common and Sheldon Heath, and future provision. The study will include the rehabilitation needs of patients who require acute rehabilitation, general community bed based rehabilitation, those with mental health needs and those at end of life.

This study covers community and hospital services for adults in Birmingham Heartlands Hospital, Good Hope Hospital, Intermediate Care beds in Sutton

Cottage hospital, Grange Road, Hafod Nursing Home and Berwood Court, as well as in patient services led Birmingham and Solihull Mental Health Trust (BSMHT) by mental health beds. Delayed discharges will not be included in the study.

The results of the study are intended to further inform the redesign of Intermediate Care Services within the Care Centres and understanding of the range and number of facilities required.

7. Current Service Provision

The table below shows the age of individuals referred into Intermediate Care Services in the year ending March 07. 89% of intermediate care beds were occupied by people of 65 years and over.

Age Range	Bed Occupancy
18-64	8.5%
65-74	15.8%
75-84	37.3%
85+	35.9%
Not recorded	2.5%

Rapid Response Service

This service is integral to the Intermediate Care team with the purpose to prevent avoidable hospital admissions or facilitate earlier hospital discharge by providing short term rapid and intensive nursing and therapy interventions at home. This aspect of the service is increasing, accounting for 32% of referrals in the first quarter of this financial year.

Rehabilitation at Home

This service provides multidisciplinary rehabilitation for individuals who have been identified as having potential within their own home. The purpose is to provide an opportunity for the individual to achieve maximum independent living at home suitable to their individual circumstances. Approximately 17% of referrals fall into this category but there is a waiting list for assessment due to capacity issues and an increase in the rapid response referrals.

Day Rehabilitation

There is currently no provision of day rehabilitation within BEN PCT.

Residential Rehabilitation

This is provided at four venues across the BEN PCT area:

Sutton Cottage Hospital	28 beds
Berwood Court Nursing Home	26 beds
Grange Road Residential Home	12 beds
Hafod	4 beds
	<u>70 beds</u>

Occupancy at these venues is fairly consistent and averages 88% as shown in the table below:

	Financial Year end Apr 07	Quarter1 Current Financial Year
Grange Road	87.6%	87.6 %
Berwood Court		95 %
Sutton Cottage Hospital	90%	83 %
Hafod	87%	89.6 %
Average	88.2%	88.8%

The purpose of providing inpatient intermediate care facilities is to provide an opportunity for people to achieve their maximum potential within a 24 hour unit because their abilities or home circumstances preclude rehabilitation at home. All four inpatient facilities are supported by Care of the Elderly Consultants working with local GPs. At present all of the units are compromised by limited access to rehabilitation facilities and a lack of private space for residents.

8. Gap Analysis

The table below describes the gap between current service provision and the future vision for Intermediate Care Services.

Service Area	Current Provision	Preferred Standard	Gap
Modern Residential Facilities	Four local providers offering differing standards of accommodation, most with shared bathroom facilities and some with multi-inpatient units.	All residential facilities should be single room en-suite facilities respecting the privacy and dignity of individuals.	Currently an inconsistent standard of accommodation which is not providing single room ensuite facilities.
Comprehensive Range of Services	Not everyone who would benefit from rehabilitation gets it. It is provided in either a inpatient unit, or there is limited availability for rehabilitation at home. Currently intermediate care consists of a range of therapeutic, nursing and social care provided.	Services should be community based and should include inpatient services, rehabilitation at home and a day service. The service should be a whole-systems approach and should include holistic and lifestyle services including expert patient, smoking cessation and exercise as well as direct access to appropriate social and voluntary groups.	There is not a comprehensive range of services in place
Capacity	Not everyone can access Intermediate Care Services.	Default should be supported, timely access to intermediate care / rehabilitation services and / or return home with appropriate equipment, social care and health packages.	Inconsistent approach needs to be addressed and common patient pathways agreed and supported.

9. Commissioner Service Options

There are three possible service options:

9.1 Option One – Relocation of Residential Intermediate Care and Associated Therapeutic Clinics to Care Centres

Birmingham City Council is committed to a programme of building across the city to replace outmoded residential facilities. Two new Care Centres are already under development within the BEN PCT area, These will be sited at Perry Common and Sheldon Heath. The Council is seeking to identify a site for a possible third in the Sutton constituency. Each centre has ground floor provision for 32 beds for long-stay residents together with facilities for social activities and a cafe. The Council has offered the PCT the opportunity to occupy the first floor of each centre. The first floor is designed to accommodate 32 people in single rooms, with en-suite facilities, as well as providing communal lounge areas, café, meeting facilities and purpose built gymnasium, therapy rooms, activity for daily living kitchens.

Transferring people in intermediate care inpatient services from current facilities to the new care centres would enable the PCT to offer all residents a minimum standard of accommodation that respects dignity and privacy.

In addition, the accommodation will provide an opportunity to deliver rehabilitation on a daily basis to individuals who are able to stay in their own homes but unable to receive treatment there as the environment is not appropriate. This approach is more person-centred and is intended to deliver a service that is appropriate to each individual's needs.

The transfer of intermediate care inpatient services to these two new Care Centres would provide 64 beds compared to the current complement of 70. However, needs assessments in other areas (such as Medway and Swale in Kent January 2003 ¹²) have consistently concluded that where appropriate assessment protocols and community provision is in place, 60% of all patients could be rehabilitated within their own homes. Therefore, it is proposed that we create a third community home rehabilitation team in BEN. We believe that this increased capacity, combined with the additional capacity created by the introduction of the day rehabilitation service will provide a more effective and responsive balance of provision between home-based and institutional rehabilitation.

The PCT has signalled our intent to collaborate with the Council in the development of dedicated facilities for older people in each of our four constituencies. As a third site is identified in Sutton, we shall commission further beds at that development, exceeding the existing total, but in the context of ensuring care as close to home as possible

9.2 Option Two – Relocation of Residential Intermediate Care and Associated Therapeutic Clinics to new locations

The PCT has not been able to identify other suitable alternative locations for provision of intermediate care inpatient services. An NHS only development would require access to over £10m of capital or displacing our current programme of primary care centre re-development through our Local Improvement Finance Trust. Even if we were able to find sites and capital funding to build alternative facilities they would not achieve the range of benefits conferred by joint working with the Local Authority, and would be a retrograde step given our 4 year history of integrated working in the East of the city.

9.3 Option Three – No Change

This is the legacy option. We could maintain status quo, however the following issues would remain:

- Inadequate inpatient facilities, putting patient dignity and privacy at risk
- Unfair differences in service models and access within the PCT
- Limited range of options to support people, with a focus on institutional care
- Limited facilities to support rehabilitation, potentially compromising staff and patient ability to maximise independence
- Failure to respond to CSCI challenges that there has been insufficient investment in intermediate care across the city with negative consequences for older people.

Given the PCT commitment to enabling independence, tackling inequalities, excellence in chronic disease management, 10 more years of quality life and an informed and empowered community this does not appear to be an acceptable option.

BEN PCT is committed to re-locating Intermediate Care Services to provide better standards of accommodation and access to specialist services and equipment. The current bed-focussed service model gives limited opportunity for patients to be involved in choosing the type of care that best meets their needs. BEN PCT is committed to providing patients with choice and to do this the current service needs to be re-modelled to enhance home-based and day-care provision.

In addition, demand for intermediate care is expected to rise as the population in Britain ages. It is vital that BEN PCT ensures there is adequate capacity within the system to meet future demand.

9.4 The Preferred Service Model

The preferred service model is option one. It appears to offer the best opportunity to:

- Enhance patient experience, privacy and dignity
- Support individuals to maintain skills, independence and control
- Build on and reflect our learning of best practice over the last four years
- Establish a consistent foundation of services which facilitates choice and ready access to effective and appropriate services across the PCT
- Make best use of resources across the three partners
- Reflect our health economy values of 'Patients as Partners', 'Care in the Right Place', Promoting Self Care'.

10. Resources

Current costs of provision of Intermediate Care Services are as follows:

Location	Arrangement	Staff Cost per anum	Accommodation cost per anum	Total
HAFOD nursing home	Contract with private nursing home	£150,000		£150,000
Sutton Cottage Hospital	PCT Owned facility with PCT employed staff	£1,378,063	£358,646 (Utilities)	£1,736,709
Berwood Court Nursing Home	Rented from independent sector	£1,100,255	£471,000	£1,571,255
Grange Road Residential Home	Council run facility	£296,738	£110,000 (Local Authority contribution to pooled budget)	£406,738
			Total	£3,864,702

This table shows a current range of costs per bed of £34,000pa to over £62,000pa; an average cost of £55210 pa. This suggests that rationalising the model will improve services and lead to a reduced average cost per bed. In addition, it is expected that by offering the option of day care, and ensuring more appropriate timely referral into intermediate services, savings can be made on current costs of bed days in the acute trusts.

The table below was produced by the Finance Directorate at BEN PCT. It shows the potential savings that could be made if timely referrals into intermediate care were made:

April –May 2006 Intermediate Care Savings Analysis

Description	No of Patients	Savings	Average saving per patient
Prevented Emergency Admissions	5	£36,518	£7,304
Tariff Sharing with Trust (50%)	31	£28,321	£913
Discharged patient to reduce number of excess bed days	30	£179,947	£5,998
Discharge patient before 2 days to attract short stay reduction	4	£6,890	£1,722
Total Savings April/May 2006	70	£251,676	£3,595
Estimated Full Year effect of savings		£1,510,056	

These savings are based on 85% of patients in intermediate care that have been traced back to the inpatient database. Based on 100% coverage, the potential savings could increase to £1,776,536.

These savings are calculated on the basis that if the intermediate care facility did not exist, then these patients would be admitted into hospital or would be kept in hospital longer as they would not be fit enough to be discharged

11. Delivering the New Service Model

Staffing the Care Centres

Each 32 bed facility will be staffed by BEN PCT employed clinicians, building on the current arrangements in Berwood Court, Sutton Hospital and Grange Road. The workforce model has used Royal College of Nursing guidelines in relation to staffing an acute ward and adapted these to a rehabilitation unit. This has included reversing the ratio of qualified: unqualified staff. In addition, the model takes into consideration the size and layout of the Care Centres in respect of Health and Safety for both users and staff. The nursing requirement to cover the shifts is calculated by identifying the hours required for each grade per shift for 7 days and in accordance with advice from the Royal College of Nursing, 25% has been added to the figures to cover annual leave, sickness and training.

Post	Band	WTE	Cost per WTE (£)	Total Cost (£)
Modern Matron	8A	1	48,306	48,306
Clinical Nurse Specialist	7	1	39,698	39,698
Senior Sister	6	5.6	33,332	186,659
Staff Nurse	5	16.2	27,108	439,149
Multi-skilled Assistants	3	34	18,869	641,546
Occupational Therapy	6	1	33,332	33,332
Occupational Therapy	5	1	27,108	27,108
Physiotherapy	6	1	33,332	33,332
Physiotherapy	5	1	27,108	27,108
Administration (Unit Manager)	4	1	22,193	22,193
Administration (PA)	3	1	18,869	18,869
Administration (Reception)	2	1	16,641	16,641
Total costs <i>(Calculated at mid-point with 25% on costs added)</i>				1,533,941

General Practitioner Arrangements

Service Level Agreements with General Practitioners (GP) will also need to be reviewed to be appropriate for the Intermediate Care service within the new centres. They will build upon current arrangements at Sutton Cottage Hospital, Berwood Court and Grange Road by providing daily input by a single practice who will take on the general medical care of all residents for the period of their stay and sub-contracts out of hours care to their usual provider. This ensures consistent advice to nursing staff, continuity of medical care during the stay and opportunities for medication review and titration as required, in addition to response to any periods of minor acute illness. The practice and Intermediate Care Unit are further supported by Consultant visits twice a week.

The financial implications for this change are not yet confirmed but should not require significant additional investment per bed.

Further work is ongoing to identify a model of GP provision to meet the needs of residents within the long stay beds.

Cost of Moving

Some patients will have to be physically moved into the new Care Centres when tenure commences to avoid disruption to patient pathways and potential bed blocking in acute care. The cost of this move is not yet known but it is suggested that £100,000 be allocated.

Cost of Premises

Other costs that are not yet known are the cost of rental of the care centre beds associated services and the cost and viability of installation of appropriate information technology equipment. All infrastructure services such as catering, cleaning, security and maintenance etc. will be provided by the Local Authority within the service charge.

Cost of Equipment

The PCT will need to invest in appropriate equipment to provide specialist rehabilitation. As yet this has not been quantified, and further discussions will take place with Birmingham City Council to agree what will be provided as core to the lease. It is suggested that £30,000k is allocated for each care centre to buy equipment such as treatment couches, hoists and wheelchairs.

Tenure

Conditions of tenure are also not yet agreed. The City Council is committed to partnership working and has undertaken to ensure costs do not prohibit use of the Care Centres for provision of Intermediate Care Services for the foreseeable future.

Day Services at Care Centres

The Care Centres bring the opportunity to develop a new service to provide rehabilitation on a daily basis to people who do not need residential facilities, but where it is problematic to deliver at home. It is anticipated that this team will also provide multidisciplinary support to the in-house clinic developments. This will also offer the opportunity for a stepped approach for patients graduating inpatient services to going home.

The staffing requirements for each unit are detailed in the table below:

Post	Band	WTE	Cost per WTE (£)	Total Cost (£)
Occupational Therapist	6	1	33,332	33,332
Physiotherapist	6	1	33,332	33,332
Multi-skilled Assistants	3	2	18,869	37,730
Social Worker	6	0.5	33,332	16,666
Registered Mental Health Nurse	6	0.5	33,332	16,666
Total costs <i>(Calculated at mid-point with 25% on costs added)</i>				£137,726

Clinic Facilities

There are six clinic rooms on the first floor at each centre which will be available for NHS purposes. They provide the opportunity to deliver clinics on site (eg Memory Assessment Clinics, Falls Prevention Clinics), and a range of health promotion and self care support activities including expert patient sessions, long term condition management review and support, smoking cessation, dietary advice, etc. It could include the transfer of clinics and health promotion activities from other locations and for the provision of additional capacity e.g. smoking cessation etc.

Detailed costings are not yet available but in most cases would be based on the assumption that existing services / staff would provide such clinics but from better and more suitable facilities.

Increasing Provision for Intermediate Care within the Community

To deliver the new service model, it is vital that there is adequate capacity within the community intermediate care teams to minimise delayed discharges. The intention is to increase the community staffing from two teams to three in line with current locality commissioning arrangements. This staffing need has been calculated on the basis of current staffing ratio's in the East of BEN PCT, which have proven effective.

The table below shows the cost of additional staffing requirements:

Post	Band	WTE	Cost per WTE (£)	Total Cost (£)
Occupational Therapist	5	1	33,332	33,332
Physiotherapist	5	1	27,108	27,108
Nurse	7	1	39,698	39,698
Nurse	6	2	33,332	66,664
Nurse	5	2	27,108	54,216
Duty Worker	4	7.2	22,193	159,790
Social Worker	6	1	33,332	33,332
Registered Mental Health Nurse	6	1	33,332	33,332
Support	3	19	18,869	358,511
A&C	2	1	16,641	16,641
Total costs <i>(Calculated at mid-point with 25% on costs added)</i>				£822,624

12. Estates Issues

Grange Road Residential Home is owned and run by the Local Authority. It no longer meets the more stringent standards of CSCI in place since April 07. The Local Authority intends to close this converted house to re-provide the services through special care centres and other facilities.

Berwood Court and Hafod nursing homes are privately owned facilities from which the PCT rents beds for provision of Intermediate Care Services. The PCT will give notice to these providers as required.

Sutton Cottage Hospital is a PCT owned property. It has the least appropriate environment in relation to privacy and dignity of any of the four existing locations and the highest per bed costs. It is no longer suitable as a base for inpatient services. As a building built in the early years of the 20th century it has poor energy efficiency. However, it is in an excellent position on Sutton High St.

Sutton Cottage Hospital has been a long-standing landmark in Sutton Town centre with dedicated staff who are highly valued. The PCT aspires to sustain

the hospital's proud history as a focus for the delivery of health services to local people. However, it is an old building which was designed for a very different style of health service than that which people expect in the 21st century. It is no longer acceptable as a site for in-patient beds and whilst it has excellent public transport access it has very limited parking and the current layout of the building makes poor use of space. As part of this consultation the PCT will explore a range of options for the future use of Sutton Cottage Hospital, with the intention of continuing to provide services from this site subject to it being clinically safe to do so, is an appropriate environment and offers value for money.

Our first preference is to continue the delivery of health and associated services from the Sutton Cottage Hospital site to serve the residents of Sutton Coldfield and the north of the BEN PCT area.

However, as a statutory body we must ensure that any service provision is good value for money as well as delivering a safe and effective service. There are a number of options and opportunities for alternative use of Sutton Cottage Hospital and these are outlined below. We will welcome views from all interested parties on each of these options, during the consultation period:

- Re-development as a site for the delivery of specialist clinics including services for older people such as Falls Prevention; and a range of chronic disease prevention and support services
- Redevelopment to increase local primary health care facilities in conjunction with local GPs;
- Use of the building as a base for clinic and community staff and as an access point for information about other health and care services
- Exploration of other opportunities with both statutory and voluntary sector organisations for the use of the building to deliver local services
- Sale or lease to realize capital to invest in developing other community health facilities.

The Hospital is a significant asset of the PCT and each option will have to demonstrate best use of public resources and overall fit with health strategy, in addition to acceptability to local people.

Having conducted a search we are not aware of any trusts or covenants on the existing building or the land on which it is sited. However, at this stage the preference of the PCT would be to use the site for the delivery of health services.

13. Workforce Issues

There will be new opportunities for staff development and redeployment as the overall additional investment in the service will result in additional jobs being created.

As the new model requires additional staff, consideration will also be given to ensuring that the service reflects the cultural diversity of the population of BEN PCT and that some bring the added value of cultural and or language competence for communities that may otherwise be neglected by a Eurocentric service.

14. Financial Summary

	Activity	Total Cost	Average Cost	
Cost Savings				
Prevented Emergency Admissions	30	£7,304	£219,108	a
Tariff Sharing with Trust (50%)	186	£913	£169,926	a
Discharged patient to reduce number of excess bed days	180	£5,998	£1,079,682	a
Discharge patient before 2 days to attract short stay reduction	24	£1,772	£41,340	a
15% Further savings in Acute Care			£266,480	b
Total Savings April/May 2006	420	£3,595	£1,776,536	
Current cost of accommodation and staff			£3,864,702	
Total Resources for Re-Investment			£5,641,238	
Staff at Care Centres			£3,067,882	c
Day rehabilitation Services Staff			£275,452	c
Additional Community Staff			£822,624	c
Total Cost of Re-Provision			£4,165,958	d
Net Savings from re-design, for re-Investment			£1,475,280	e

Notes:

a Figures from Intermediate care modelling April –May 2006

b Assume that a further 15% savings would be made if 100% data was available

c Total Costs calculated at mid-point with 25% on costs added

d This figure is the annual cost of re-provision and does not include an allowance for moving and equipment costs. These are estimated to be £160,000. In addition, Birmingham City Councils charges for accommodation are not yet known and therefore, would increase this figure.

e See d above, this figure will be affected by accommodation costs.

15. Measuring Achievement

The PCT has been developing an outcome framework to monitor and assess the impact of investment. It is based on five domains; organisational, satisfaction, clinical, activity and resource utilisation. Further work is underway to define the appropriate outcome measure for each domain in intermediate care. Below are examples of how the metrics could be applied to Intermediate Care Services.

- **Organisational**
Measured through evidence of successful partnership working between community health, hospital, housing and social care.
- **Satisfaction**
Measured through patient, carer and staff satisfaction questionnaires. Evidence of meeting the cultural and religious needs of the population, including for privacy.
- **Clinical**
Individual improvements on global and specific assessment tools on entry to the service, and at discharge. Proportion of people maintained at home or enabled to return home after an episode or accident.
- **Activity**
Evidence of timely entry and exit from intermediate care, proportion of patients successfully completing programmes within 6 weeks, efficiency of operation commensurate with good infection control (currently average 88.8% occupancy).
- **Resources**
Savings in acute care and current residential intermediate care arrangements should be equal to or greater than the cost of the enhanced community service and care centre intermediate care provision.

16. Risks to implementation

The vision for an improved intermediate care service can only be achieved by using an integrated approach. The new model of care must ensure adequate provision of services working in partnership with social care and twenty-four hour access to appropriate levels of care. There are a number of risks involved in the delivery of the proposed commissioning arrangements for the relocation and redesign of Intermediate Care Services and these are detailed in appendix 1.

A Project Implementation Document will outline actions for realising the new model of service.

17. Consulting on the Business Case

This business case has been developed with the close involvement of key clinicians and managers of the existing services. The Older People's Strategy development days engaged active participation from a range of patients and carers and this business case has sought to address their views and concerns as expressed more generally about health and care services. Birmingham City Council has already undertaken some consultation with regard to the Care Centres and this will be reflected in specific consultation about this model.

Given the significant service developments proposed by this case, a full consultation will be undertaken in accordance with BEN PCT's communications and involvement strategic framework, and the statutory requirements placed on public bodies. The process will ensure specific consultations take place with members of ethnic minority populations who may not readily engage with the generic process.

18. Action Required and Timescales

Submission to BEN PCT PEC for approval in principle subject to public consultation	19 th September 2007
Submission to BEN PCT Board for approval to consult	26 th September 2007
Public and Stakeholder Consultation (13 weeks)	September 2007 to January 2008
Overview and Scrutiny Committee	November 2007
Amend business case as per consultation and present with Project Initiation Document at BEN PCT PEC and Boards	Jan 2008

18. Bibliography

1	'Our Health, Our Care, Our Say' Department of Health (DoH) Feb 2006
2	Birmingham City Council Strategy for Older People 2004
3	NSF for Older People DoH 2007
4	All our Futures DoH June 2000
5	New Ambition for Old Age: Next Steps in Implementing the NSF for Older People. DoH 2006
6	Everybody's Business DoH 2005
7	Citywide Strategy for Mental Health Services for Older People Birmingham 2007
8	Race Relations (Amendment) Act 2000
9	Equality Act 2006
10	Discharge Liaison Team Audit at Good Hope Hospital 2004 and 2005
11	Location, Location, Location: A Point Prevalence Study A. O'Leary, Heart of England Foundation Trust, August 2007
12	Needs Assessment: Medway and Swale in Kent Jan 2003

Appendix 1

Risks to Implementation

Risk	High / Med / Low / Risk	Actions to Manage Risk
<p>Birmingham City Council have not finalised their plans for the Care Centres. Initial discussions indicate that financial arrangements will be favourable to the PCT and that security, hotel services, clinical governance, information technology, will all be agreeable. However, these are risk areas at this stage.</p>	<p>Low</p>	<p>The PCT is working closely with the council on the planning of security and hotel services. Negotiations have commenced and the Council is committed to ensuring the original aim of the project which is for health and social care to work together, is met.</p>
<p>The quality of services such as cleaning maybe inadequate to enable the PCT to meet appropriate regulations for clinical practice.</p>	<p>Med</p>	<p>The PCT is working closely with the Council to agree a specification for the cleaning services. The council has agreed in principle to the need for common infection control procedures throughout the building.</p>
<p>Birmingham City Council may not commit to handing over all 32 beds on the first floor of the Care Centres to health.</p>	<p>Low</p>	<p>The PCT is working closely with the Council with regard to the plans for utilisation of the first floor and currently all 32 beds are expected to be handed over to health.</p>
<p>Use of the gymnasium and use of therapy rooms for clinics and health promotion has not been scoped or agreed with Birmingham City Council at this stage and the PCT may not be able to realise the full potential of the additional facilities.</p>	<p>Med</p>	<p>The Council is seeking to support the aims of the PCT, in delivering a comprehensive range of services from the care centres. Once the Council is able to discuss its charging mechanism with the PCT, these facilities can be properly scoped and costed.</p>

Risk	High / Med / Low / Risk	Actions to Manage Risk
The City Councils plans for closure of nursing homes may not directly correspond to opening of the new Care Centres and the PCT may have to make interim arrangements for some people in intermediate care.	High	The PCT is being represented at the Council's consultation meeting to discuss the order of closure of residential homes.
The City Council may not allow the PCT to de-register some beds at each care centre from the Commission for Social Care Inspection (CSCI). Without de-registration, the PCT will not be able to offer inpatient Intermediate Care Services to adults below 50 years of age.	High	There are very few (approx 6 a year) intermediate care patients below the age of 50 and generally it is expected that these people will be able to benefit from day care or rehabilitation at home. Arrangements will be made to ensure equal access to appropriate services and equipment for BEN PCT residents of all ages.
Clinical governance policy for referral into intermediate care, and interaction between council, health and social services will need to be reviewed and agreed.	Med	The PCT is working with the Council to agree protocols etc.