



South Kent Coast  
Clinical Commissioning Group

## Project Brief

### Intermediate Care Services in Dover

#### Background

1. The Dover and Shepway Health and Well Being Board has prioritised the development of a business case to determine whether there is need for further development and investment in intermediate care beds in Dover. There is currently access to 12 beds for use as intermediate care sited across a number of locations in care homes. This brief describes the approach that will be taken to inform the next steps.

#### Strategic context

2. Both the South Kent Coast Clinical Commissioning Group and KCC Families and Social Care are committed to commissioning consistent and equitable services across the geography of the CCG area. There is concern from stakeholders that Dover is under-served with regards to some community health and social care facilities.
3. A major theme of NHS care has been to provide more care services more locally and where possible at home. Commissioners are committed to providing community support services to patients, particularly elderly patients, wherever possible in their own home. Much investment has gone into delivering this model of care across all localities. However, commissioners also believe there is a need to provide community based support to supplement home-based intermediate care for those for whom it is not possible or practical, and to provide for the likely demand imposed by a growing elderly population. The provision of intermediate care beds in any local facility in no way detracts from the commitment to provide home-based care where possible and best for the individual.
4. An East Kent Intermediate Care Review has already been commissioned by CCGs, covering Ashford, Canterbury, South Kent Coast and Thanet. This work is being undertaken by the Integrated Commissioning Team at NHS Kent and Medway.

The objectives of this review are:

- to define the terminology surrounding intermediate care services to ensure that all providers and commissioners of intermediate care have a shared understanding of the terminology used locally
- to identify the local pathways for intermediate care and how they perform

- to identify the resource capacity and how it is deployed
- to identify if the current resource is fit for purpose
- to identify any gaps in services for patients who do not fully meet the intermediate care criteria; e.g those with dementia or have suffered from a stroke and also those who become terminally ill whilst on the intermediate care pathway.

The initial report is expected by the end of October 2012.

## **Purpose**

5. The project under consideration in this paper will cover the following issues:
  - a. To scope the definition of Intermediate Care across both healthcare and social care to ensure that a common understanding of the usage of any potential beds is agreed.
  - b. Completion of a needs analysis and assessment of the impact of projects i.e. Pro-Active care, to determine whether the current 12 beds is sufficient now and coherent with future plans.
  - c. To explore the current model of care to determine whether it meets the needs of the local population and optimises both outcomes for individuals and the best use of resources. If determined that it is sub-optimal, the project will define a revised model of care which will lead into an options appraisal exercise in order to develop the commissioning of these beds, in line with an agreed detailed service specification.
  - d. If the need for an options appraisal is agreed this will include a market analysis and financial impact assessment.
6. It is anticipated that the East Kent Intermediate Care Review may answer some of these questions, although not all of them, for example, it is unlikely to include the impact of the Pro-Active care pilot or detail about the patient flow in the Dover area.

## **Methodology**

7. The following data will be collected from both health and social care sources as available, for an agreed period that will determine evidence of need :
  - Number of placements to short term beds
  - Number of spot-purchase short term placements that has resulted from no available beds.
  - Bed occupancy rates over same agreed period
  - Average length of placement
  - Map where Dover patients are placed if not in Dover with reason for location i.e. choice vs lack of availability in Dover

- Projection of need based on public health data for increase in need over the next 5 and 10 years.
8. The health outcomes that will be used to determine the optimal model of care will be agreed at an early stage so that data may be collected and compared with different models of care for similar demographic populations elsewhere.
  9. A strategic outline case (SOC) that was developed by Eastern and Coastal Kent PCT in 2010. This will be reviewed and revised to match changes to local needs. The SOC lacked robust data from social care, which will no longer be the case.

### **Outcome**

10. The project outcomes will be reported to the South Kent Coast Health and Well Being Board (Shadow).

### **Recommendations**

11. The SKC Health and Wellbeing Board (Shadow) are asked to endorse the following recommendations:
  - a. To await the East Kent Review of Intermediate Care Report, due at the end of October 2012, before progressing new local work.
  - b. For the SKC virtual integrated commissioning team to analyse the East Kent Review of Intermediate Care Report and see how the findings relate to local need. Following this, a business case and options appraisal for intermediate care / enablement services should be developed for the whole South Kent Coast area.

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