

Title	Phase One Review of Intermediate Care Services (IMC) within Wirral
Authors	Lorna Quigley, Associate Director for Quality and Safety Improvement (Wirral), NHS Cheshire and Merseyside Nesta Hawker, Associate Director for Transformation and Partnerships (Wirral), NHS Cheshire and Merseyside
Report for	Wirral Place Partnership Board
Date of Meeting	22 nd February 2024

Report Purpose and Recommendations

The purpose of this report is to inform the Wirral Place Partnership Board of the outcome of Phase One of the Review of Intermediate Care Services in Wirral (“the Review”). The Review has been undertaken by the commissioners of these services, NHS Cheshire and Merseyside and Wirral Council. The Review follows decisions made by the Joint Strategic Commissioning Board on 22nd June 2023 and NHS Cheshire and Merseyside’s Finance Investment and Our Resources Committee on 27th June 2023 to review these services.

The report identifies there are disparities in the Intermediate Care Services that are both commissioned and provided by the organisations in several areas including performance, Length of stay outcomes and staffing models. The Clatterbridge Intermediate Care Centre (CICC) delivers a good service and within the original specification. This service can be improved further to reflect the changes to both patient and system changes over the period of the contract.

The Board is asked to note this report.

The Board is also asked to note the action that has been taken as below:

- The cessation of the contract with Elderhome and Leighton Court beyond 31st March 2024

Phase Two of the Review will involve Commissioners agreeing a service specification for the CICC. In developing this specification, the following issues will be considered:

- A change to the service specification to enable end to end service provision including pharmaceutical and medical input into the unit.
- Full utilisation of the facility ensuring that it is used for preventing hospital admissions (stepping up) in addition to reducing length of stay (stepping down).
- Address identified commissioning gaps within the pathway to ensure that appropriate care is delivered (i.e., provision for elderly mentally infirm (EMI)).

Due to the value of the CICC contract, as a statutory organisation, NHS Cheshire and Merseyside must comply with procurement legislation. The proposed specification will therefore only be shared at a Joint Strategic Commissioning Board and procurement decisions will be taken thereafter.

Key Risks

The report relates to the following key risks identified in the Place Delivery Assurance Framework presented to the Wirral Place Based Partnership Board on 21st December 2023:

- *PDAF1*. Service Delivery. Wirral system partners are unable to deliver the priority programmes within the Wirral Health and Care Plan which will result in poorer outcomes and greater inequalities for our population.
- *PDAF5*. Finance. Poor financial performance in the Wirral health and care system leads to a negative impact and increased monitoring and regulation.

Governance journey

Date	Forum	Report Title	Purpose/Decision
22 nd June 2023	Joint Strategic Commissioning Board	Intermediate Care Beds – Clatterbridge Site	Approve review. Review approved. Extend CICC contract to allow for review. Contract extended.
27 th June 2023	NHS Cheshire and Merseyside Finance, Investment and Our Resources Committee	Intermediate Care Beds – Clatterbridge Site	Approve review. Review approved. Extend CICC contract to allow for review. Contract extended.
9 th January 2024	Circulated to; Joint Health and Care Commissioning Executive Group	Review of Intermediate Care Services	For discussion and comment.
12 th January 2024	Chief Executives Group	Phase One review of the Intermediate Care (IMC) within Wirral – Draft Report	For Information and comment
6 th February 2024	Joint Health and Care Commissioning Executive Group	Phase one review of intermediate Care Services	Approval of outcome of the review and agreement of the next steps.

1	Narrative
1.1	Background
1.1.1	<p>During 2019, NHS Wirral Clinical Commissioning Group (CCG) commissioned 94 intermediate care beds from across 5 care home providers. In addition to this, Wirral University Teaching Hospital NHS Foundation Trust (WUTH), commissioned an additional 30 bedded unit on the Clatterbridge site which was provided by Four Seasons Care Group (Grove Discharge Unit), with a financial contribution from NHS Wirral CCG.</p> <p>During 2020, additional capacity was required to support rapid discharge from hospital, this was in line with the national response to COVID-19, ensuring that Hospital beds were free. This included commissioning Wirral Community Health and Care NHS Foundation Trust (WCHC) to provide an Intermediate Care Service from the vacated Cancer Unit on the Clatterbridge Hospital site – Bluebell Ward. This was in addition to the core intermediate care offer.</p>

In September 2021, NHS Wirral CCG commissioned WCHC to provide a new model for Intermediate Care provision. This was a therapy led approach with the aim to consolidate intermediate care into a single site comprising of 71 beds, Clatterbridge Community Intermediate Care Centre (CICC) with no additional beds required from other care home providers. The rationale consolidating services into one site included: providing intensive therapy support thus reducing length of stay in intermediate care and a requirement for less beds within the system and with the configuration of the estate would support the good infection prevention control (IPC) measures therefore reducing the need to bed closures.

To support transition to the new model in 2021, additional intermediate care beds were commissioned from care home providers. This was intended to be short term however as of 1st October 2023, a total of 28 additional intermediate care beds remained in place across Leighton Court (20) and Elderholme Nursing Homes (8).

On 27th June 2023, the NHS Cheshire and Merseyside Finance, Investment and Resources Committee (FIRC) approved a recommendation to extend the CICC contract for 12 months (with the option to extend for a further 12 months). As part of this extension, it was agreed that a comprehensive review of intermediate services will be undertaken during 2023/24. This followed a recommendation from Wirral's Joint Strategic Commissioning Board on 22nd June 2023.

The aim of intermediate services that have been commissioned is:

- To deliver rehabilitation for people to avoid admission or following an acute admission where the individual is ready for discharge but requires additional support prior to returning home or longer-term support services being identified.
- To undertake assessment on individuals within a less clinical environment to assess the needs for long term care.
- To optimise independence and enable a successful return home through the provision of reablement.
- To prevent/minimise the physical deconditioning associated with prolonged length of stay whilst in hospital.

These aims are in line with both the National Institute for Clinical Excellence (NICE) and Social Care Institute for Excellence (SCIE) definition of Intermediate Care. These were also referenced within the NHS England's framework for intermediate Care when discharged from Hospital (September 2023)

1.1.2

In undertaking the review, several Key Lines of Enquiry were agreed by Commissioners which covered 6 areas:

- Service Scope- delivery against the specification, any contract variations issues.
- Workforce- staffing models in use- vacancy rates, agency usage etc
- Activity- demand, length of stay, acuity of patients within the setting
- Clinical outcomes- achievement of therapeutic goals, medical input, readmissions into the acute Trust.
- Patient experience- friends and family test, number of complaints Health care acquired Infections, enter and view reports. Care Quality Commission (CQC) reports*
- Finance- costs of the service against comparable benchmarks
- Other- evidence of service improvements within the duration of the contract

including quality improvement programmes

*CICC underwent a CQC inspection during the review period, this was part of a wider inspection of WCHC.

1.2 Implementation Progress

1.2.1 Service Scope

A Point Prevalence audit was undertaken on 8th November 2023 to establish the suitability of patients in CICC based on the admission criteria.

The audit also considered dependency levels.

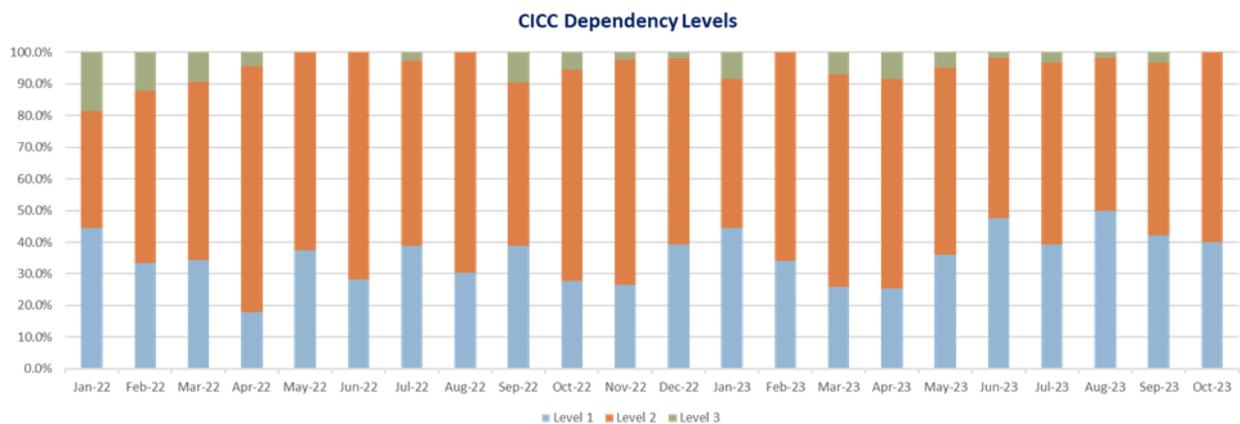
Based on the agreed methodology, 5 out of 67 patients on CICC did **not** meet the criteria for admission (92% of patients met the criteria and 8 % did not)

This has increased since a previous audit undertaken during Quarter 2 which identified 97% patients met criteria and 3 % did not.

The table below details the exceptions found.

Ward	No of Patients	Appropriate	Inappropriate	Reason
Aster	24	23	1	Patient 1: Housing issues – flat inhabitable, self-neglect, history of mental health disorder. Now delayed in d/c awaiting MH support for discharge planning.
Bluebell	20	18	2	Patient 1: Housing and social issues. Patient 2: Housing and social issues.
Iris	23	21	2	Patient 1: Housing issues. Patient 2: Had been assessed as needing 24hr care, all documentation complete. Unsure what the reason for admission to CICC was perceived to be.
Total	67 (94% occupancy)			

The graph below illustrates the variation in level of dependency since January 2022. This shows a predominance of level 1 and 2 and a reducing number of patients that are level 3 (highest dependency).



Dependency levels are described below.

CICC Ward Dependency Definitions	
Level 1	Underlying medical condition
	Awaiting discharge
	NEWS 0
	Mild confusion
	Assistance x 1 mobility
Level 2	Assistance x 2 for mobility and repositioning
	Confused patient requiring supervision
	Assistance with most ADLs
	DoLs
Level 3	Level of confusion requires 1:1 supervision at all times to assure safety

1.2.2 Workforce

It is a regulatory requirement that a provider has sufficient numbers of suitability qualified, competent, skilled, and experienced persons deployed. A safe staffing model has been developed at CICC to demonstrate compliance with this regulation and is reported to the WCHC Board twice a year.

The current nursing baseline staffing model at CICC is based on Safer Nursing Care Tool (SNCT) analysis and measured by care hours per patient day.

Ward Staffing Numbers- care hours per patient per day are demonstrated in the table below for Quarter 1:

Row Labels	Sum of Actual CHPPD	Sum of Required CHPPD	Sum of Registered	Sum of Unregistered	Sum of Bank	Sum of Agency	Sum of Substantive
Aster Ward	6.19	6.77	2.06	4.13	0.83	0.84	4.52
Bluebell Ward	6.44	6.13	2.31	4.14	1.47	0.59	4.39
Iris Ward	6.51	6.39	2.25	4.26	0.94	0.59	4.98
Grand Total	19.14	19.29	6.62	12.52	3.23	2.02	13.88

Leighton Court's staffing allocation for the Intermediate Care Beds beds consists of 4 Health Care Assistant (HCA) and 1 trained staff on days and 3 HCA/1 trained staff on nights.

Elderholme' s staffing allocation for the Intermediate Care beds consists of a Clinical Lead, Deputy, and Manager. There is no specific area for these beds as rooms will be allocated to patients dependant upon their s assessed needs and requirements.

Staffing in both homes is completed via a dependency tool and is reviewed and adjusted monthly or as required.

Ward staffing Numbers of non-nursing CICC Staff average per day are shown in the table below for Quarter 1.

Grade Group	Assigned Duties WTE	Bank WTE	Overtime WTE	Additional WTE	Total
Occupational Therapist	6.49	0.71	0.02	0	7.22
Physiotherapy	7.93	0.2	0.36	0	8.49
Therapy Assistants	4.34	0	0.01	0	4.35
Totals (Therapy)	14.42	0.91	0.38	0	15.71
Nurse Management (Service manager and Ward Managers)	4	0	0	0	0

Of the above, a total of 3.7 whole time equivalent (WTE) therapy staff currently in reaches to Elderholme and Leighton Court to provide support. This support was agreed when the transitional bed capacity was agreed temporarily until 31st March 2024

Medical Support to CICC is provided to the service via a local GP surgery, a tender process was undertaken to procure these services. The contract covers 8am to 6:30pm Monday to Friday. Outside of these hours, support is provided by Wirral GP Out of Hours. All people transferred to this service are temporarily registered with the practice. The person ceases to be registered as a temporary patient with the practice on discharge from the community bed base and will revert to the care of the GP practice they were registered with prior to their admission.

The GP support specification includes:

- Timely and responsive medical care and advice
- Maintenance of a contemporaneous electronic medical record
- Provision of a holistic assessment of new patients within 48 hours of admission (or sooner if clinically indicated) to the unit and working in collaboration with the team to determine an Estimated Discharge Date (EDD).
- Attendance at Multi-Disciplinary Team (MDT) meetings and/or board rounds where appropriate to discuss any medical issues or concerns.
- Respond to urgent medical queries or concerns within a timeframe of 1 hour or less– this may be face to face or via remote consultation where appropriate.
- To work with the whole service to help minimise the number of inappropriate re-admissions or escalations to hospital.
- Onward referral to alternative care providers where clinically appropriate for needs that cannot wait until the patient is discharged.
- To work in collaboration with any consultant or specialist practitioner either remotely or in person to enhance the quality of care delivered to patients.
- To ensure a comprehensive discharge summary is sent to the registered GP within 24 hours of discharge.
- Perform medicines reconciliation on patients admitted to the ward.
- Provide a Structured Medication Review and prescribing of required medication when needed (via FP10 where possible).
- To support the unit with medication queries as required.

1.2.3 **Activity**

The following Key Performance Indicators (KPIs) were set when the initial contract was awarded:

- 21-day average Length of Stay (LOS).
- Readmission rates (below 5% / clinical audit to agree an appropriate threshold).
- Achievement of rehabilitation goals.
- Positive patient experience.
- People to remain at home/usual place of residence 91 days after discharge from the base.

The KPIs listed above have since been reviewed. Revised KPIs are listed below.

- The provider will work collaboratively with partners to support a reduction in the LLOS and No Criteria to Reside (NCTR) cohorts within the Hospital (this will be measured based on NCTR data, however it is acknowledged that CICC is one of many factors impacting NCTR activity).
- Readmissions from the base into hospital will be minimised. A specific threshold to be agreed following a joint clinical audit of re-admissions.
- Average LOS of 21 days (to be reported in mean and median).
- All individuals will have achieved their rehabilitation goals planned for CICC.
- Positive experience of CICC admission and discharge process.

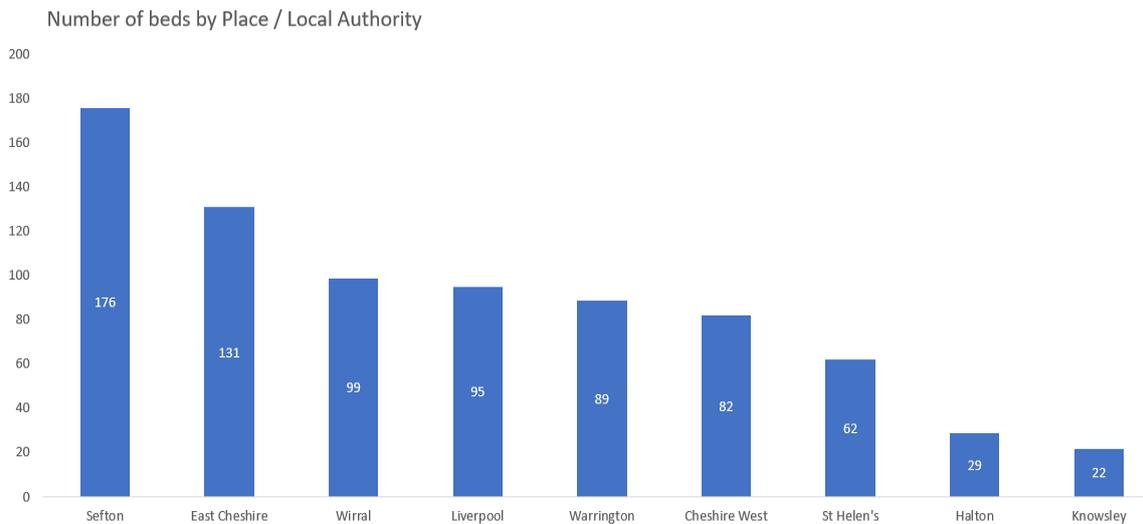
Date	CICC Average LoS days	CICC Median LoS days	Leighton & Elderhome Average LoS days
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Aug-23	31.3	20.1	45
Sep 23	33.2	23.8	45
Oct 23	31.5	21.7	45
Position submitted to NHS Cheshire and Merseyside w/c 6/11/23	30 days	21	45

Work is ongoing regarding standardisation across Cheshire and Merseyside of LOS measurement for intermediate care (IMC) beds. This includes consideration of mean and median measures.

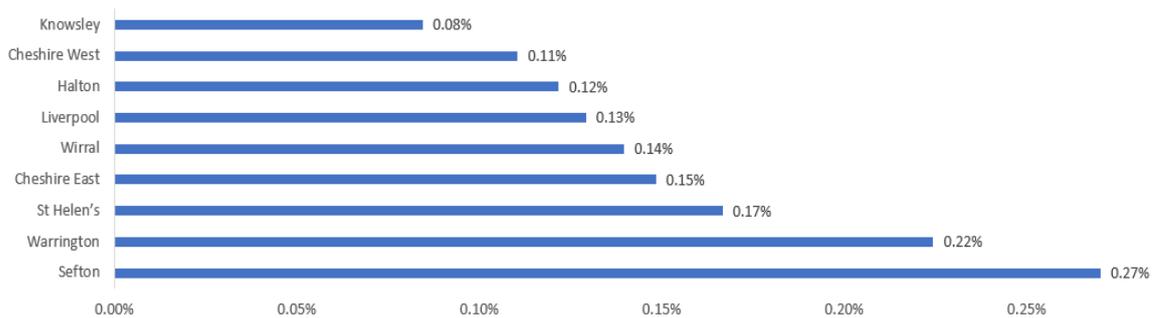
During Quarter 1 and Quarter 2 2023/24, there have been periods where discharge delays have been exacerbated by access to domiciliary care packages, resulting in a slightly higher than average length of stay.

For this review, data from the Cheshire and Merseyside Intermediate Care dashboard has been used for benchmarking. The graph below shows the number of IMC beds commissioned in each Place.



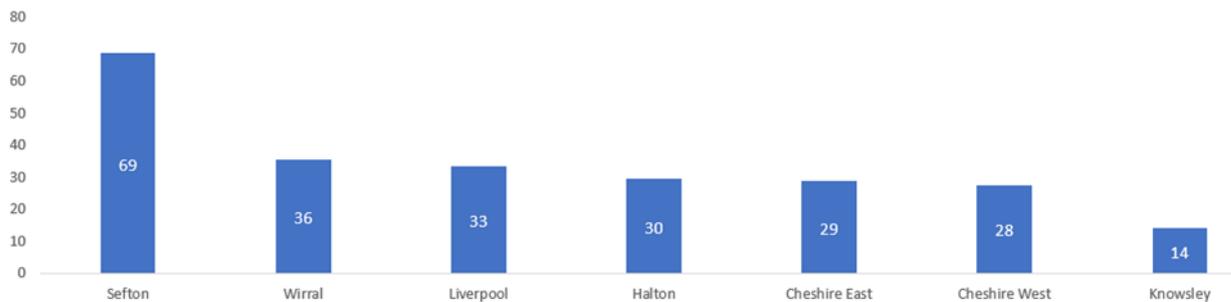
The graph below illustrates the number of beds available as a percentage of the older population. It should be noted that the total number of beds in Liverpool and Sefton are correct, however one provider has their beds at are all attributed to Sefton, a third of the beds are commissioned by Liverpool place.

Beds as a % of older population



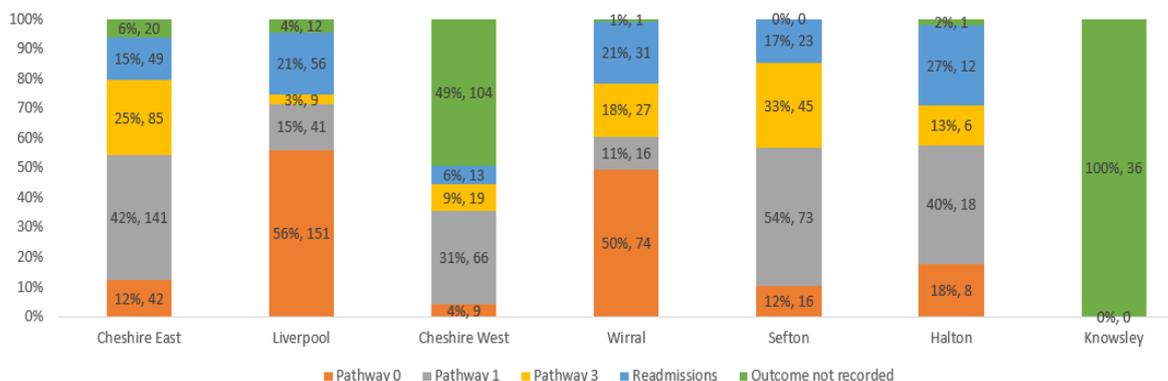
The graph below shows length of stay by place. This has been gathered by the Cheshire and Merseyside Mental Health, Learning Disability and Community (MHLDC) Provider Collaborative for 12 weeks to 24th Sep 2023. Some sites still to submit their data. Within the graph, Wirral's LOS represents CICC, Leighton Court and Elderholme.

Length of stay



The outcomes achieved have also been compared across each place as shown in the graph below. The graph below demonstrates that Wirral are achieving good outcomes in relation to discharges home with no support (pathway zero). This is primarily attributed to successful discharges from CICC following positive outcomes of rehabilitation interventions.

Discharge Outcomes

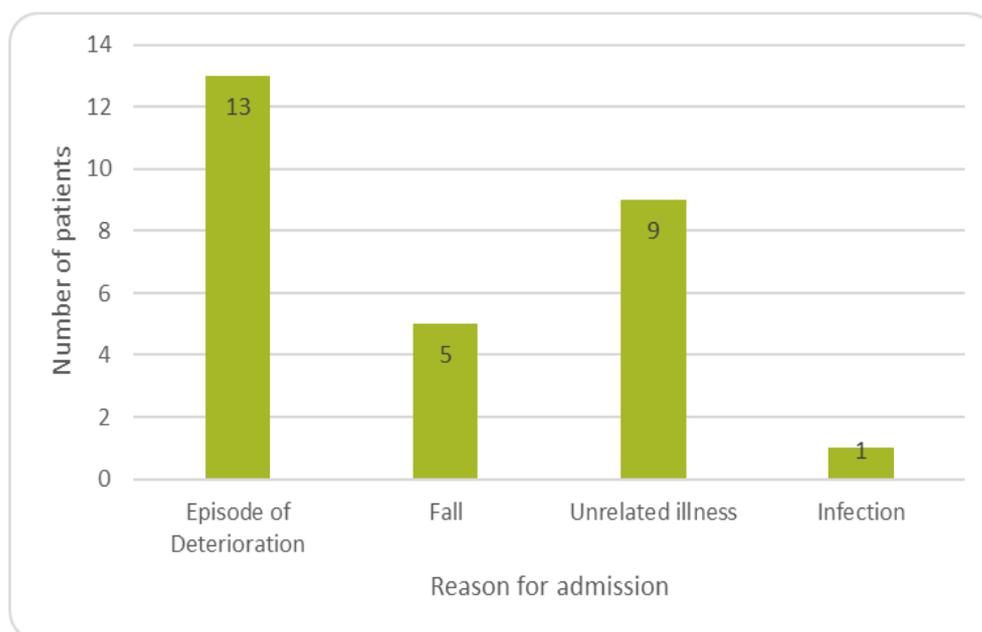


All admissions to CICC were from an acute hospital and therefore the pathway of step up

into IMC from community to avoid a potential admission had not been utilised.

1.2.4 Clinical Outcomes

Alongside a review of discharge outcomes, a readmission audit (based on the national proforma for emergency readmissions review) was undertaken. This audit reviewed every readmission from CICC to an acute setting which occurred during the period from June until August 2023. Throughout this period a total of 28 patients had been readmitted to Wirral University Teaching Hospital, 2 patients were readmitted twice over the period:



The findings of the audit are:

- 46% (13) of admissions were due to an episode of deterioration.
- 32% (9) of admissions were due to an unrelated illness.
- 18% (5) of admissions were due to a fall.
- 4% (1) of admissions due to infection.

Based on the national proforma standard definitions were applied to the audit:

- Avoidable: readmission due to an act or omission of care.
- Unavoidable: readmission was unrelated to the care provided on the ward and associated with an appropriate clinical indication.
- Potentially avoidable: readmission could have been prevented if a different pathway was in place (including the decision to choose an alternative discharge destination than CICC).

Following a detailed review of the patient's electronic care record the following observations were made: -

- 78.6% (22) of patient's readmissions from CICC to an acute setting were unavoidable.
- 3.6% (1) patient readmission was potentially avoidable as better discharge planning and determining ceiling of care could have prevented re-admission from CICC to an acute setting.
- 17.9% (5) patient's readmissions could have been potentially avoided by reviewing discharge criteria from acute trust. The indications for readmission back to hospital were all clinically appropriate.
- Of the 5 falls that occurred, 3 were as a result of a slip or accidental fall and 2 were due to predisposing medical condition, i.e.. Infection.

The full audit is attached in Appendix 1 of this report.

1.2.5

Patient Experience

Friends and Family Test (FFT)

Several measures are used in reviewing patient experience, within the NHS a measure used is the Friends and Family test. From the period of January 2023- October 2023 CICC achieved a FFT score of 100%.

Healthwatch Wirral

Healthwatch have undertaken visits in all Intermediate Care facilities as part of their enter and view function. The outcomes can be found on their website [Leighton Court Care Home - Enter & View Report | Healthwatch Wirral](#)

Concerns and Complaints

As of 10th November 2023, WCHC had received 1 complaint and 2 concerns since April 2023a about CICC. No complaints were received during 2022/23. The 2 concerns related to difficulties in contacting CICC and were both resolved in a timely manner through local intervention. The complaint encompassed two NHS organisations with the date of treatment being December 2022. Two issues pertained to WCHC. One element was inconclusive and was upheld. Learning themes being communication and clinical recording.

Since the commencement of the contract, Leighton Court has received 2 complaints which have been resolved and have had 6 safeguarding incidents raised. These were managed locally and did not progress to a section 42 enquiry.

Elderhome have received 0 complaints since commencement of the contract and have had 5 safeguarding referrals raised. These were managed locally and did not progress to a Section 42 enquiry. A care concern was raised relating to a patient in isolation this was resolved locally.

Care Quality Commission

All facilities have undergone CQC inspections:

- Leighton Court (2021) [Leighton Court Nursing Home - Care Quality Commission \(cqc.org.uk\)](#)
- Elderhome (2023) [Elderholme Nursing Home - Care Quality Commission \(cqc.org.uk\)](#)

	<ul style="list-style-type: none"> • CiCC (2023) Wirral Community NHS Foundation Trust - Care Quality Commission (cqc.org.uk)
1.2.6	<p>Finance</p> <p>The current contract value to support the CiCC is £6.449m (23/24 opening contract value) plus a further £0.190m for GP support with the latter figure calculated on a cost per bed / per week basis. The NHS Cheshire and Merseyside (Wirral) finance team has undertaken a review of a similar unit within Cheshire and Merseyside and has concluded that the costs and associated services are consistent with other services and therefore would not envisage a significant change to the current contract levels.</p> <p>The social worker element of CiCC is funded, and now provided, by the Local Authority and therefore sits outside of the WCHC CiCC contract value.</p> <p>Leighton Court was commissioned to provide 22 Intermediate Care beds from 1st October 2021 at a cost of £820/bed/week then from 1st April 2023 at a cost of £865 /bed/week then 20 beds from 1st July 2023 at a cost of £1000/bed/week.</p> <p>Elderholme had 9 beds commissioned from 3rd February 2023 at a cost of £1000/bed/week, this was subsequently reduced to 8 beds from 9th October 2023.</p> <p>Both contracts were extended to 31st March 2024 at a cost of £1000 per bed per week.</p>
1.2.7	<p>Other</p> <p>On 27th June 2023, the NHS Cheshire and Merseyside Finance, Investment and Our Resources Committee (FIRC) approved a recommendation to extend the CiCC contract for 12 months (with the option to extend for a further 12 months). As part of this extension, it was agreed that a comprehensive review of CiCC will be undertaken during 2023/24.</p> <p>The GP support contract was also extended for a period of 12 months, running to October 2024.</p>

2	Implications
2.1	<p>Risk Mitigation and Assurance</p> <p>The Review of the intermediate care services has been commissioner led and progress has been monitored within the Joint Health and Care Commissioning Executive Group (JHCCEG). The outcomes of the Review have been shared with partners prior to this report to the Wirral Based Partnership Board. Any joint commissioning decisions between NHS Cheshire and Merseyside and Wirral Council will be ratified at a Joint Strategic Commissioning Board. NHS procurement decisions will subsequently be made at NHS Cheshire and Merseyside's FIRC. The risks are identified and managed in the Project Group which meets weekly and from here risks that require escalation are reported to the JHCCEG.</p>
2.2	<p>Financial</p> <p>There are potential financial implications arising from this report due to the value of the</p>

	<p>provision. The prolonged commissioning of block contract for beds at Leighton Court and Elderhome have increased the financial envelope for IMC provision which has resulted in pressures in commissioner budgets. The recommendations from this review include actions to address the financial pressures.</p>
2.3	<p>Legal and regulatory</p> <p>Due to the value of the contract for CICC, NHS Cheshire and Merseyside will be required to comply with procurement law. Once Phase 2 of the Review is complete a decision will be made on procurement routes to secure the preferred provision.</p>
2.4	<p>Resources</p> <p>The provision of IMC is an important component of health and care services provided in Wirral and additional resources to support the review have not been required as this is priority area for both NHS Cheshire and Merseyside and Wirral Council.</p>
2.5	<p>Engagement and consultation</p> <p>To gather patient experience of IMC, the review that has been undertaken has included feedback from Healthwatch, results from Friends and Family Test and also a review of complaints received.</p>
2.6	<p>Equality</p> <p>Wirral Council and NHS Cheshire and Merseyside have a legal requirement to make sure their policies, and the way they carry out their work, do not discriminate against anyone. An Equality Impact Assessment will be required to support Phase 2 of the Review, the production of a service specification.</p>
2.7	<p>Environment and Climate</p> <p>Wirral Council and NHS Cheshire and Merseyside are committed to carrying out their work in an environmentally responsible manner. This will be considered when securing these services.</p>
2.8	<p>Community Wealth Building</p> <p>Community Wealth Building in Wirral focusses on partnerships and collaboration. These partnerships are led by Wirral Council with external partners and stakeholders, including residents. NHS Cheshire and Merseyside will support the Council in community wealth building by ensuring health and care organisations in the borough have a focus on reducing health inequalities and contribute to the development of a resilient and inclusive economy for Wirral. Consideration will be given to community wealth building in securing these services.</p>

3	Conclusion
3.1	<p>Recommendations/Actions</p> <p>The Board is asked to note this report.</p> <p>The Board is also asked to note the action that has been taken as below:</p> <ul style="list-style-type: none"> • The cessation of the contract with Elderhome and Leighton Court beyond 31st March 2024

	<p>Phase Two of the Review will involve NHS Cheshire and Merseyside agreeing a service specification for the CICC, through the Joint Strategic Commissioning Board. In developing this specification, the following issues will be considered:</p> <ul style="list-style-type: none"> • A change to the service specification to enable end to end service provision including pharmaceutical and medical input into the unit. • Full utilisation of the facility ensuring that it is used for preventing hospital admissions (stepping up) in addition to reducing length of stay (stepping down). • Address identified commissioning gaps within the pathway to ensure that appropriate care is delivered (i.e., provision for elderly mentally infirm (EMI)). <p>Due to the value of the CICC contract, as a statutory organisation, NHS Cheshire and Merseyside must comply with procurement legislation. The proposed specification will therefore only be shared at a Joint Strategic Commissioning Board and procurement decisions will be taken thereafter.</p>
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4	Appendices
	Appendix 1 An audit of re-admissions to acute setting from CICC

Author	Lorna Quigley/Nesta Hawker
Contact Number	(0151) 651 0011
Email	lorna.quigley@cheshireandmerseyside.nhs.uk nesta.hawker@cheshireandmerseyside.nhs.uk