**The Case for Decommissioning Grenoside Grange West Wing**

Introduction

Grenoside Grange West Wing is commissioned to provide rehabilitation for people with dementia (primarily those discharged from STH).

NHS Sheffield CCG has identified, in the course of reviewing the effectiveness and efficiency of all the services we commission, that the outcomes achieved by West Wing could be improved, and savings made, by providing rehabilitation at home for those who can benefit, and with interim care in a care home for those who need interim care rather than rehabilitation.

This paper sets out the case for change, including examination of the outcomes achieved and the options for providing alternative care that will better meet people's needs. It's primary purpose is to explain the case and seek the views of stakeholders who may be affected by the change being considered, before the issue is considered by the Governing Body of the CCG.

The reasons for decommissioning the current service are:

- Few people go home after a stay at West Wing (and therefore few have achieved the intended outcome from the service) – due to a change in the type of clients who are referred
- The cost of care is several times that of interim care in a care home
- The length of stay is much longer than comparable care in a care home

There is one continuing care patient on West Wing for whom alternative provision must be made, bearing in mind the risks of moving long term patients. This paper sets out a proposal for alternative care, managing those risks.

The Case for Change

1. Although West Wing is formally commissioned to provide rehabilitation, over time it has changed to providing largely interim care. This is not a reflection of the quality of the care delivered or the abilities of the staff but reflects the change in the profile of the patients being referred. Patients are now much frailer and more complex and are therefore less suitable for rehabilitation and discharge home.
2. The cost per bed per week of £2,374 does not represent good value for money, when compared to other services providing similar care for people with dementia.
3. Patients have a long average length of stay and that the discharge destination is most frequently a care home. 2011 data (to 15/11/2011), shows only 11.1% of patients discharged from West Wing returned home.

An audit carried out in October 2012 of patients in West Wing showed that the care required could have been provided elsewhere at significantly reduced cost. The audit added to the already substantial evidence that West Wing provides interim rather than intermediate care. Typically, the patients that are transferred to West Wing from STH are already receiving significant care input at home and the likelihood of significant deterioration in the near future is high. Many have multiple co-morbidities and are

elderly and frail. Many people appear to be admitted with delirium superimposed on an underlying dementia and the hope on admission to West Wing is that if the delirium clears and the person is able to engage in therapies, that they may be able to return home. Unfortunately, this is not the case and the vast majority are ultimately admitted to a care home.

A small scale audit of eighteen patients discharged from an alternative provider commissioned from the independent sector in 2011 shows that five (27.8%) returned home and the average length of stay was 76 days. This service is provided at a fraction of the cost of West Wing.

Therefore it seems that the service is not achieving optimal rehabilitation outcomes, it has a longer than necessary length of stay (LoS), and high cost per bed per week and is largely providing expensive interim care rather than the intermediate care to enable people to go home that it is commissioned to provide. By comparison, other services in the city appear to be providing similar care at lower cost and with better outcomes.

How Could We Meet Patient Needs Differently?

Re-provision of the care provided to the approximately 40 patients a year discharged from West Wing, based on the mix of need for interim care and rehabilitation illustrated by people's destination on discharge from hospital, could consist of the following. **The figures in this table are illustrative and would be finalised during the contract negotiations that would follow a decision to change:**

| **Destination on discharge** | **No. of pts** | **Re-provision – destination from STH** | **Cost (£) p.a.** |
|---|---|---|---|
| Care home | 22 | Care home via Home of Choice (HOC) * (see below) | 68k |
| STH | 8 | HOC / Home | 25k |
| Home | 6 | Home with CICS / STIT – mild to moderate dementia<br>Home with therapeutic input via rapid response – moderate to severe dementia | Existing CICS/STIT services – no additional cost. |
| Died | 4 | (Assume HOC 6 wks) | 12.5k |
| **Other possible costs** | | | |
| Potential investment to support discharge from STH to care homes (to be considered within the Right First Time project) | | | tbc |
| If 25% of HOC patients will be CHC eligible and will enter CHC early (based on WW av LoS) | | | 41k |

| **Cost of re-providing continuing care for one person (£) p.a.** | 100k yr 1, 60k subsequent yrs |
|---|---|

| **Total cost of re-provision** | **£246,500** |
|---|---|

*Home of Choice

Home Of Choice is an initiative which was set up to allow STH to discharge patients into a nursing home – freeing up in-patient beds and reducing LoS. It was initially set up for people who were likely to be funded by Continuing Health Care and choose to go into a home but currently includes people who go on to be FNC or social care only.

From April to the end November 2011, there were 221 Home of Choice patients with a total LoS of 8,719 days (av LoS of 39.5 days). The cost is the contract rate of a maximum of £512.70 per week depending on the home and whether the person requires nursing / EMI placement.

## Savings

Approximately £1.4M direct savings could be released through de-commissioning West Wing. Of this, approximately £250k would need to be re-invested to re-provide care and additional funding would be required to support the consultation process and any possible redundancy. Net savings achieved would contribute to the delivery of the joint savings target between SHSC and NHS Sheffield.

## Continuing Care patient

West Wing currently provides continuing care for one elderly patient. She is frail but assessed to have sufficient insight to make a decision about future care arrangements. It is recognised that the impact of a move could be detrimental to her. To reduce the risks of a move, it is recommended that two staff from West Wing should remain with her to support her transition and ongoing care delivery in her new environment (on a supernumerary basis) for one year after a move.

## Impact on staff

Although every effort will be made to re-deploy staff, there may be some redundancies. The funded establishment is 23.97 wte staff with further support infrastructure approximately equating to 5 wte.

## Summary and Recommendation

West Wing is formally commissioned to provide intermediate care for people with dementia. It currently provides largely interim care for a small number of people. The cost of care is several times the cost of other interim care providers. The average length of stay is long. Most importantly, for most people a stay at West Wing does not appear to improve their chances of returning home after a stay in hospital, and delays their final discharge from healthcare to their eventual home (which, for many, is a care home).

It seems clear that West Wing does not provide good value for money and should be de-commissioned, with alternative care being provided as described.

## Next Steps

The NHS Sheffield CCG will consider this proposal, following receipt of views from stakeholders about it. If it is decided to decommission West Wing, no current patients would be moved, but no new patients would be admitted, and the service would close once all existing patients have ended their period of care.

Tim Furness, Chief of Business Planning and Partnerships
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