

**Derby City Council Adults and Health Scrutiny Review Board**

**Derby City Council House**

**30<sup>th</sup> January 2024**

**Item: TBC**

<b>Report Title</b>	Update on Florence Nightingale Hospital beds							
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<b>Paper purpose</b>	Decision	<input type="checkbox"/>	Discussion	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Information	<input checked="" type="checkbox"/>
<b>Appendices</b>								

**Recommendations**

The Derby City Council Health Overview Committee are recommended to **NOTE** that,

- There continues to be bedded care at Florence Nightingale Community Hospital (FNCH) and no permanent changes have been made
- Organisations within the health and care system are working together to improve the ability to ensure patients who have care needs after an episode of acute health care have their needs met as quickly as possible and in the right setting
- Any significant or permanent changes will be governed appropriately in terms of engagement or notification requirements.

**Purpose**

The purpose of this paper is to give the committee an update on an issue first raised in 2020. In view of the time since the last update in November 2021 and given changes in the committee membership the paper also gives a little background.

The Integrated Care Board wishes to assure the committee that no significant permanent changes have been made.

We recognise that whilst the focus was initially on beds the committee will want to be assured on the level of provision for residents who are predominantly older people with care and or nursing needs at the point that they leave acute care, as that is the cohort of patients utilising the beds at FNCH.

**Report Summary**

**Background**

At the start of the pandemic rapid changes were made to bed configurations across the country to prepare for the anticipated acute health care needs. There was a redistribution of resources and bolstering of largely community based services to support people to stay at home and return

quickly following emergency hospital care and the vacated hospital wards were repurposed in readiness for the impact of covid infections.

Whilst recognising the need for this change the Scrutiny Committee expressed its concern that the community hospital beds on the Florence Nightingale Community Hospital site (run by University Hospitals Derby & Burton NHS Trust) that serves the city would be permanently closed and wanted to ensure if that was the intention, that there was proper consideration of the evidence and appropriate engagement with the population.

Information was shared with the committee on the arrangements at the time and also the processes that would be enacted in terms of engagement should permanent changes be proposed.

## Update

There are 56 beds open on the FNCH site, across three wards comprising of a Neurological Rehabilitation Unit (Ward 3 known as Kings Lodge with 19 beds) a non-specialist palliative care ward (14 beds) and a ward for medically fit patients waiting to be discharged home after receiving care and treatment at RDH (23 beds). Beds on the site over the last two-three years have been opened in response to pressures and the Trust uses the facility flexibly according to need; as such within the last week a further ward has re-opened to provide a 21-bed stroke rehabilitation ward. Pre-covid, UHDB had five wards in-situ at FNCH. Below details the major changes to the bed model at FNCH over the past four years.

**January 2020** Ward 2 opened (14 beds - non-specialist palliative care ward). Previously run by Derbyshire Healthcare NHSFT as a 16 bed older people's functional illness inpatient service, ward closed in January 2017.

**March 2020** Ward 4,5 & 6 closed in preparation for the Covid-19 pandemic (76 Beds - served patients requiring 24hr nursing and rehabilitation and people needing assessment for potential long term nursing care). Through Covid pandemic period these wards were temporarily used to accommodate clinics for outpatient services decanted from RDH; Ward 6 continues to be used as an outpatient space.

**August 2021** Ward 1 closed (18 beds - DHcFT functional assessment ward for people over the age of 65).

**December 2021** Ward 5 opened as a winter pressure ward, closing in April 2022 (23 beds - medicine ward for medically fit for discharge patients).

**December 2022** Ward 5 reopened as a substantive ward (23 beds - medicine ward for medically fit for discharge patients who require some level of ongoing care)

**August 2023** Ward 1 opened as a purpose-built, new outpatient space to accommodate the rheumatology outpatients service decanted from Royal Derby Hospital site during the Covid Pandemic period to Ward 4.

**January 2024** Ward 4 opened to support a decant of ward 312 from RDH (21 beds - stroke rehabilitation unit).

The beds on FNCH form part of the overall process of stepping care up and down – frequently referred to as 'intermediate care'. We suggest that it is not helpful to consider the bedded provision in isolation as it represents only part of the pathways for ensuring appropriate care for

people who are not able to return home after an acute hospital admission without either rehabilitation or reablement and / or a package of home care.

Throughout the pandemic, more than ever before organisations needed to work together to understand demand for different types of care for predominantly older people who need some reablement rehabilitation, nursing or social care after an acute episode in hospital and to try and ensure best use of system capacity. This integrated approach has continued and there are processes established across the system whereby partners plan and manage care together.

The next sections aim to give some indication of how well needs are being met currently and the processes underway to continue to improve this performance data and more importantly the experience and outcomes for patients.

### **Current Position**

Looking at the data on discharges gives some indication of how well the system is meeting the needs of the patients the community beds are intended to serve. Delayed discharges are a significant challenge to the system in terms of utilising acute bed capacity beyond the point that an individual needs it and preventing access for patients with more acute health needs.

It is worth noting that 92% of people are discharged from University Hospitals Derby & Burton to their usual residence with no additional needs (data from most recent 12 weeks). Of those who have additional needs identified, 4% need a package of home care, 2% short-term bedded care without 24hr nursing needs, 1% with short-term bedded care with 24hr nursing needs and 1% permanent nursing care.

The number of Derby City patients requiring community hospital provision with 24hr nursing is approximately 13 per month.

Ensuring sufficient available capacity across all discharge pathways is challenging, especially at the current time with additional seasonal pressures and potentially reduced capacity due to sickness absence and infection control measures (which mean clinical areas where there have been incidences of certain conditions such as Covid-19 or norovirus may be closed for a period to reduce infection risks).

There are many factors that contribute to delayed discharges (both internal and external to the hospital). In terms of capacity the greatest need is identified to be for home care support, not bedded nursing care, and despite how pressured it is for the system, performance measures for Derby & Derbyshire system as a whole remain in the upper quartile (ie top 25% best performing) systems across the country.



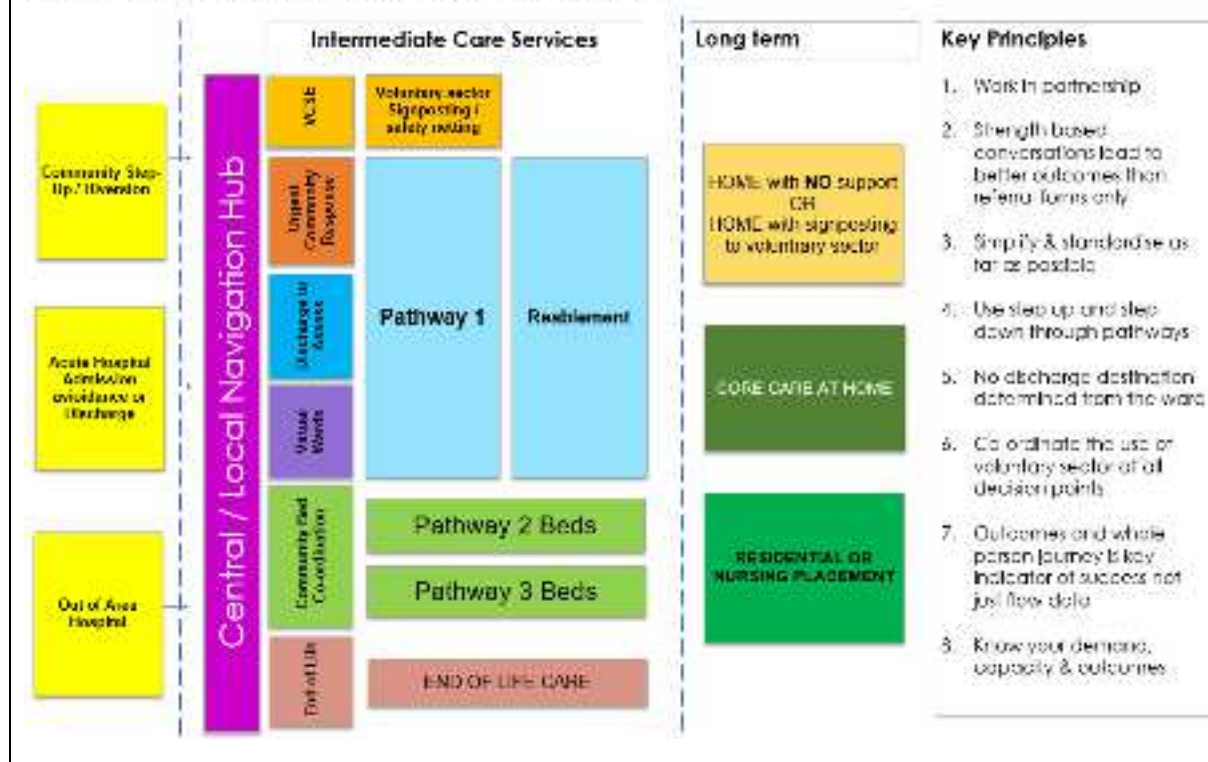
### Ongoing improvement

Professionals from health and care continually work together both to plan and deliver services for this cohort of patients.

Partners are considering the overall model of care to ensure that Derby and Derbyshire has the right components in place and that the experience moving along the 'pathway' of care is straightforward for patients, their families and the staff that support them in each phase.

This is a complex area given the different potential care needs and range of organisations and professionals involved. The following diagram is a draft of the model aimed for across Derby and Derbyshire and includes some of the principles that underpin the work; these are key and really drive the approach.

**Diagram 1 : JUCD Model for Intermediate care**



Across the range of improvement opportunities, supporting people to return home with a short-term package of care if needed (Pathway 1) has been the focus of improvement work in 2023/24. This is the largest cohort of people and ensuring capacity and flow for that pathway 'unblocks' bedded care across the other pathways.

More detailed work on community bedded care will be undertaken in 2024/25 which may lead to recommendations for changes in terms of the model and capacity. Proposals would be shared with the Committee in accordance with requirements regarding significant changes.

UHDB requires the flexibility to manage its sites and the configuration of provision to best meet prioritised need and will be sharing its strategic intentions within the system over the next few months as part of the NHS 2024/25 planning round for system partners confirm and challenge to ensure alignment.

### **Structures**

There are well established processes between professionals within NHS and adult social care, acute hospital and community to deliver the day-to-day arrangement of care for individuals. There is regular reporting to identify areas of delay and easy mechanisms to escalate specific cases.

There are more strategic forums with representation from all partners co-ordinated centrally to develop and deliver the prioritised programmes of work to put in place the components of care identified in the model above.

### **Conclusion**

We hope that the Committee will see from the brief work shared that it is a priority for the integrated health and care system to understand, plan for and meet the needs of people who require support to regain and retain independence following an acute episode of care. The provision of bedded care at FNCH is currently part of that approach but should be viewed in the context of a range of provision and work is ongoing to determine the model and capacity.