

London Borough of Camden and the Graduate Management Programme



Case study

Lee James, cohort 6

Step down review and options appraisal

Lee was tasked to analyse the performance of London Borough of Camden's two intermediate care models, step down* models, including the Bridgeside Lodge model for those who require nursing care after in-patient stay and the St Pancras Hospital model for those awaiting rehabilitation. He analysed the data, and using benchmarking, compared these to other local comparators and the national picture.

The aim was to take this information to improve both cost-effectiveness and to reduce Delayed Transfers of Care (DToC) across the wider health and social system in the whole of the London Borough of Camden.

Lee developed a set of recommendations relating to service model development, performance reporting, finance and staffing. He then engaged wider stakeholders, including the directors of local social and healthcare providers to develop the options further and agree the most appropriate and beneficial way forward.

The options took advantage of informal staff sharing which had been made available due to staffing pressures and formalised these joint working arrangements.

*The term 'step down' falls under the umbrella of 'intermediate care' – the care that people require between hospital and home. Step down beds refer to the beds that someone may be put into when they have finished their planned in-patient care, but cannot yet return home.

Improvements

Service model development

- Identifying causes of in-patient delayed transfers of care in order to improve.
- Address low occupancy rates of day centres.

Performance reporting

- Develop outcomes-based reporting.
- Improve lines of communication between commissioners and Finance.
- Address overspend of social care placements.

Staffing

- Address high vacancy rates, reviewing the skills mix and level of staffing to holistically meet the needs of service users.

Impact

Reduction of agency staff and streamlining of posts will achieve a saving of £240,000 per annum.

This will benefit those who use services by:

- ensuring continuity of support
- supporting staff between rehab and step down settings
- efficient transfer of care between rehab and step down
- increased quality care through rehab and step down professionals supporting each other (mitigating current staff pressures).

