

## SHORT TERM SERVICES BRIEFING PAPER – MARCH 2012

### CONTEXT

Currently there are a mix of community and bed based services providing support to Brighton and Hove patients for a short period of time to avoid admission to hospital or following discharge from hospital. We currently have 92 beds and 110 intermediate care community places (patients who are treated in their own homes). A variety of payments arrangements exist for the beds - sometimes patients pay, sometimes the NHS pays, sometimes the local authority pays and sometimes a combination of these happens. There is little consistency and the system is sometimes inequitable. We also know from audits that have been done and national benchmarking that we have more beds than we need given our demographics. In addition we have a rich supply of community services and community clinicians who could work differently to support more patients in their own homes.

### PROCESS

A review of short term services has been underway since January 2010. Regular project board meetings have taken place and the LINK was represented on this group, a stakeholder event was held and throughout the whole process there has been significant engagement with clinical and council colleagues. The model has now been approved by the Brighton and Hove Clinical Commissioning Group, NHS Sussex and the Joint Commissioning Board. We are now ready to start delivering these changes.

### RECOMMENDATIONS

- That everyone who is assessed as needing the service should receive free care for an initial period up to a maximum of 6 weeks – regardless of income.
- That we will reduce the bed stock from 92 to 67 and locate as many as possible at one venue/location.
- That we will increase the number of community places to 135 so more patients can be supported in their own homes.
- That a single point of access, supported by a single assessment process for patients will be developed.
- That we will have a fully integrated service so patient care will be joined up and allow for more tailored and flexible support as patients needs change.
- Clinical leadership will be embedded within the service.
- That there will be an integrated rapid response service that will brought together into one virtual team, including the functions of the out of hours (OOH) district nursing service, the roving GP, the community rapid response service and the crisis service provide by Age UK.

### WHAT IS GOING TO HAPPEN?

The changes are happening in 3 separate phases

#### Phase 1

##### Phase 1 Summary

- 16 beds at Newhaven Rehab Centre (NRC) re-provided
- Total ICS (intermediate care services) and transitional beds in system = 76
- ICS at home capacity increased to manage additional 16 patients
- Skill mix review at Knoll House

From mid April 2012, 16 of the beds at NRC will be closed and there will be additional investment in Intermediate Care Services (ICS) community service to enable it to support 16 more patients in their own homes. A flexible approach by the multidisciplinary team (MDT) will be applied to match the care needs of patients.

In addition the skill mix of the staff at Knoll House is being reviewed – staff are currently being consulted about proposals. This will enable consistency of care delivery in all the community beds. Managers in Sussex Community Trust and Adult Social Care will be working together to develop a consistent model for the ICS beds across both Knoll House and Craven Vale

### Phase 2

#### Phase 2 Summary

- Remaining 16 beds at NRC re-provided
- 7 ICS beds moved to Craven Vale
- 7 transitional beds at Craven Vale relocated
- Total beds, including transitional beds = 67
- ICS at home capacity increased to manage additional 9 patients

By the end of September 2012 the remaining 16 beds at NRC will be closed. 7 of these beds will be transferred to Craven Vale and additional investment will be made in ICS to enable it to support an additional 9 patients in a community setting. Craven Vale will have a total of 24 ICS beds, and the 7 respite beds there will remain. To accommodate the 7 ICS beds at Craven Vale, the 7 current transitional beds will need to be reprovided - a suitable provider is currently being sourced.

### Phase 3

#### Phase 3 Summary

- Implementation of new integrated service model
- 7 interim transitional beds closed
- Co-location of as many as possible of remaining community beds

The final phase is about co-locating all the ICS beds in as few locations as possible. At this stage the total number of ICS beds will not change. Final decisions about the location of these beds have not yet been made. At the present time, commissioners are considering a range of options. Until final decisions about the location of the beds has been made the ICS beds at Victoria Highgrove will remain.

### Medical cover

Until March 2013 medical cover to the beds will continue to be provided by the roving GP and by the community geriatricians. And patients in their own homes will continue to be supported by their own GPs with the support of the community geriatrician and Roving GP if required.

During 2012/13 South East Health, Sussex Community NHS Trust and Brighton & Hove City Council will be working together to put in place the changes to ensure that the new integrated service operates according to the specification that is developed by the Clinical Commissioning Group (CCG). It will be the responsibility of the providers to put in place the model and to demonstrate that they can operate as a single unit and provide a seamless service to patients.

Part of the provider's responsibility will be to develop the optimal arrangements for medical cover to support the patients being supported by intermediate care and the integrated rapid response service. This will include working with the community geriatricians at Brighton and Sussex University Hospitals (BSUH) to agree how intermediate care and the integrated rapid response service will work with Rapid Assessment Clinic for Older People (RACOP). These changes will need to be implemented by 31 March 2013

### **KEY MESSAGES**

Our priority throughout the review has been to improve services for patients. These changes will do just that by:

- Introducing equity into the charging regime.
- Providing more enhanced care in patient's homes.
- Locating all the bed based care in Brighton and Hove.
- Developing a more streamlined access and assessment process with patients receiving care in the best environment matched to their care need.
- Delivering a more joined up service for patients with the service adapting as the needs of the patient change.

For staff the changes will mean:

- That more of the bed based patient care will be in fewer locations – reducing travel time for staff that work across sites and enabling staff to spend more time with patients.
- That there will be increased opportunities to work as part of a bigger multi disciplinary virtual team with more clinical support.
- Closer partnership working.
- Opportunities for staff to develop and gain experience across all short term services.

For the system as a whole this will mean:

- Fewer beds but much more enhanced community provision including increased night sitting, roving nurse to support bed based services and more support for carers.
- There will be no overall loss of capacity within the system – 67 beds and 135 community places.
- Services will be easier to access - referrers will no longer have to deal with multiple entry points, assessments and referral criteria.
- All bed based services will continue to take hospital discharges as well as admissions from the community.
- There will be no change in the level of dependency the services are able to take.

Further updates will be sent to stakeholders as work progresses through the phases of the review.

