Appendix 1a

In-reach service in care homes and community hospitals plan
(This is supported by an initial detailed proposal presented to B&NES/AWP Project Board in June 2011)

1. Background

In 2008 a significant amount of work was undertaken between the PCT and the Trust to modernise older adult services. Ward 2 at St Martins Hospital was closed, reducing beds from 37 to 20. This enabled a strengthening of community, liaison and home treatment services for older adults and a concomitant transfer of services from in-patient settings to the community. It has also had a marked effect on ward based activity as described below.

1.1 Ward Activity levels

Following the strengthening of older adults' community services, Ward 4 at St Martins Hospital has been running at, on average, 75% (15 of 20 beds) occupancy during 2010/11. NHS B&NES use 59% (12 of the 20 beds) and the balance is used by other PCTs (3 of the 20 beds). (See table) This represents over capacity in the system.

A Summary of In-patient Activity - NHS B&NES

APPENDIX 1 - OPERATIONAL PERFORMANCE DATA

B&NES - INPATIENT USAGE DURING 10/11					OBDs	
BATH AND NORTH EAST SOMERSET PCT	OP BANES IP Ward 4	Older Adult	OBD	Inpatient	3630	59%
BATH AND NORTH EAST SOMERSET PCT	OP NSom IP Cove	Older Adult	OBD	Inpatient	73	
BATH AND NORTH EAST SOMERSET PCT	OP Bristol IP Laurel	Older Adult	OBD	Inpatient	11	
BATH AND NORTH EAST SOMERSET PCT	OP Wilts IP Charter House	Older Adult	OBD	Inpatient	150	
BATH AND NORTH EAST SOMERSET PCT	OP Wilts IP Amblescroft North	Older Adult	OBD	Inpatient	81	
BATH AND NORTH EAST SOMERSET PCT	OP Bristol IP Aspen	Older Adult	OBD	Inpatient	299	
BATH AND NORTH EAST SOMERSET PCT	OP Swindon IP Hodson	Older Adult	OBD	Inpatient	15	
					4259	
The 1011 users of St Martins						
BATH AND NORTH EAST SOMERSET PCT	OP BANES IP Ward 4	Older Adult	OBD	Inpatient	3630	
BRISTOL PCT	OP BANES IP Ward 4	Older Adult	OBD	Inpatient	194	
NORTH SOMERSET PCT	OP BANES IP Ward 4	Older Adult	OBD	Inpatient	27	
SOUTH GLOUCESTERSHIRE PCT	OP BANES IP Ward 4	Older Adult	OBD	Inpatient	469	
SWINDON PCT	OP BANES IP Ward 4	Older Adult	OBD	Inpatient	27	
WILTSHIRE PCT	OP BANES IP Ward 4	Older Adult	OBD	Inpatient	389	
					4736	76%
NB						
1. An Operational bed days relates to 85% of 365 days per annum =					310.25	
2. St Martins has 20 operational Organic beds, total capacity			20	310.25	6205	100%

1.2 Length of stay

For the 67 admissions prior to end of May 2011 the average length of stay was 8.67 weeks. This includes 3 Delayed Transfers Of Care of 26, 29 and 39 weeks. If these 3 admissions are excluded the average length of stay reduces to 7.6 weeks. The aspiration of the Older Person's services is to reduce this to 6 weeks. This will be achieved through improved coordination with community teams, more proactive and timely inpatient assessments and treatment and better discharge planning.
As AWP move from a commissioning environment with an emphasis on bed numbers to one based on defined episodes of care this will further focus attention on the inpatient pathway leading to additional inroads into length of stay.

It is to be remembered that the AWP inpatient model will view the total bed resource within older people's services as a resource pool to be used flexibly in the event of unexpected peaks and troughs.

1.3 B&NES use of out-of-area beds.

Analysis of activity shows that there were only fifteen admissions of B&NES patients to beds in other parts of AWP during 2010/11.

Eleven of these admissions were in respect of older people with functional mental health problems who would not have been admitted to Ward 4. Currently there are only three beds available at Hillview Lodge for older people with mental health problems and inevitably there will be occasions when there will be capacity issues. The transition towards age-less services in AWP should offer the opportunity more equitable access to beds at HVL in the future.

In 2010/11 four B&NES dementia patients were admitted to other dementia units in AWP. Three of these patents were admitted elsewhere because Ward 4 was closed to admissions due to D & V. All these patients were transferred to Ward 4 when it reopened. One patient was admitted to a Bristol bed at Callington Road because there was no female bed available on ward 4. This patient was discharged after a few days before transfer to Ward 4 could be arranged.

2. Financial effect of releasing current un-used beds capacity into re-investment

It is estimated by reducing the capacity of the ward from 20 to 12 beds the running costs could be reduced by £184k. In order to support this reduction in beds the Trust is proposing the development of a Care Home Liaison Service (CHLS).

3. Service developments

3.1 What the Care Home Liaison Service will offer:

'A "Dementia Quality Mark" for care homes is being developed and piloted in the South West and B&NES is doing well in engaging local care homes in the initiative. This CHLS model would go some considerable way in further supporting this move. The developments within the B&NES Community and the move towards sheltered housing and supporting people in their own homes to maintain independence meant that staff in care homes are working with clients with increasingly complex mental health needs.

A Care Home Liaison service would support and educate staff to meet the challenges resulting from these changes and demands. The team would serve to carry out prioritised assessment, deliver consultation and advice, facilitate case discussions, disseminate information at carer/relative groups and deliver educational programmes that support staff to meet the mental health needs of the residents in

their care. This would enable care homes to feel more confident at managing complex service users with support, and would therefore prevent placement breakdown and re-admission back to hospital, or on to a different placement – often at much higher cost to the individual or the Council (£750 – £900pw).

The key priorities in mainstream services are to change attitudes and improve skills in detection and assessment of mental illness, and equip staff with guidance on initial management and referral pathways to appropriate other services. By educating and empowering staff, the Care Home Liaison Service has a significant role in addressing these points, and makes an important contribution to the provision of quality care for older people with mental health needs.

In B&NES we have seen the benefits from the establishment of the Intensive Support team in 2009 brought about as a result of the reinvestment of resources released from the closure of Ward 2. The IST has helped to prevent some unnecessary admissions to Ward 4 and has helped to facilitate more timely discharges in some circumstances. Any subsequent development of a care home liaison service in B&NES would work closely with the IST to potentially make further improvements to these processes.

3.2 Community Hospital Liaison

NHS B&NES would also like to increase the community hospital liaison capacity working alongside the Acute Hospital Liaison Nurse at the RUH. This is vital to enable people to return home or to ongoing support accommodation.

Next steps

Share the proposal to reinvest money released from bed reduction into Community Hospital and Care Home Liaison services via completion of an impact assessment and engagement process with local staff and stakeholders.

Present resultant papers to the Wellbeing Policy Development and Scrutiny Panel.