

## Recommendations of the Overview and Scrutiny Committee

### The PCT's response

#### **Recommendation 1**

In order to reassure those individuals affected, we would like to see existing patients informed as quickly as possible of the PCT's final plans for respite care.

#### *The PCT's Response:*

The Chief Executive of the PCT wrote to all users/carers of respite care in Community Hospitals in August, giving the PCT's reassurances that respite care will continue to be provided to people who currently receive this kind of care in a Community Hospital. Some discussions have been held with individual carers already and, if the PCT Board supports the revised proposals, the PCT will move forward with its plans to work with individual carers and users to agree individual needs and the most appropriate way of meeting these. An additional letter will be sent to all users/carers following the October Board meeting confirming the position and outlining the process to be followed. The PCT has identified additional funding (£45,000) which will be earmarked specifically to support the needs of this group. An early assessment suggests that this will be sufficient to reprovide existing levels of care. If a person's needs are for intermittent health care in a community hospital bed, then the PCT will continue to offer care in a hospital bed.

#### **Recommendation 2**

It was clear that there are some operational details still to be worked up and the Panel feel that the proposal needs to be fully developed for it to be introduced effectively.

#### *The PCT's Response:*

- It is proposed that the PCT should increase its overall re-investment in community based services to replace beds from the £175K originally proposed to £220k. This would be made up as follows: £140,000 into Community Teams for Older People; £45,000 to be earmarked for reprovision of Respite care to existing users, and £35,000 to be held initially as a reserve for application as required as services are developed and changed
- In addition to this additional investment, the PCT is continuing to review its current investments in the light of the issues raised during the consultation and also the emerging proposals from the RUH and wider health community to review acute assessment processes at the RUH
- The PCT will invest in the Community Teams for Older People so that more people can be cared for in their own homes. With an extra £140,000 across B&NES, we will be able to support 10 to 15 more people (depending on individual needs). The additional staff required by the team to provide this enhanced service is assessed to be: one full time qualified nurse, one full time senior physiotherapist, two full time senior Occupational Therapists, a half time social worker, two full time support workers
- The PCT will establish a "single point of entry" to the PCT's community based services, including hospital beds, to ensure that people are assessed and offered the right service to meet their needs as rapidly as possible. The costs of this will be funded partly from the £140,000 outlined above (one of the senior Occupational Therapists will work with the RUH to support earlier transfers into community based services, rather than community hospital beds) and also by redirecting existing resources. This will help to reduce pressure on acute and community beds by directing appropriate

patients into care in their own homes, rather than a hospital bed, at an earlier stage. This will release at least three beds in Community Hospitals

- The PCT is reviewing the way that the Community Teams for Older People link with primary care services (GPs and District Nurses) and will be developing more integrated services that operate effectively 24 hours a day, 7 days a week. This will be funded by redirecting existing resources. In particular, this will avoid unnecessary admission to hospitals out of hours and will release at least a further two beds in community hospitals (as well as reducing pressure on acute beds)
- The PCT will continue to offer short stays in Nursing Homes, sometimes with additional support from the community teams, to support people who would otherwise be in a community hospital bed, or admitted to an acute hospital (RUH/UBHT). Some funding is already set aside (£20,000) to support this service and may be increased if required (from the contingency fund of £35,000). This will release at least one bed in Community Hospitals and could release more if patients chose to take up this option
- The PCT will work with Social Services and Age Concern to develop night sitting services to prevent unnecessary admissions to hospital beds. Some funding (£19,000) is already available and the PCT will be reviewing whether more is required to ensure that patients receive the support that they need
- The re-provision of Respite Care to people currently receiving it will be reviewed and arranged with the carers and providers involved prior to the planned bed closures in Keynsham by April 2005. The PCT will identify **additional funding of £45K** (in addition to the £175,000 to be reinvested to support bed closures) to support the specific respite care needs of these individuals. This will release between four and five beds at Keynsham Hospital
- Resources are being identified (either from the redirection of existing resources, or through additional funding from alternative sources) to support the assessment of health and social care needs for elderly people who may have mental health needs. This will improve the quality of care that elderly people receive in both acute and community hospitals by assessing needs more rapidly and will also speed up transfer and discharge. It is hoped to implement this rapidly and release between two and five beds in Community Hospitals, as well as reducing delayed discharges at the RUH
- The PCT is working to reduce the length of stay in community hospitals to ensure that patients do not wait unnecessarily for either health or social care staff to carry out assessments, treatment or rehabilitation. The impact of this will be to reduce the overall pressure within community hospitals, and to support the reduction in beds.

### **Recommendation 3**

The PCT must ensure that sufficient safeguards are built in to cover the transitional period when beds are first closed.

#### *The PCT's Response:*

- All investments and services will be put in place prior to changing the way services are provided and the process of change will be managed to ensure a smooth transition and avoid additional pressures on the service as a whole
- The contingency fund of £35,000 will be used to support the changes in service delivery and directed towards areas where there is perceived to be the greatest benefit as these new arrangements settle down
- The investment proposals will be spread over 2 years to support the initial closure of 13 beds by April 2004 and then the second stage of closing 10 beds at Keynsham in April 2005.

Should the PCT decide to implement their proposals, the Panel recommends that:

**Recommendation 4**

The PCT must ensure that adequate safeguards are in place during the transfer period from hospital to community care, and;

**Recommendation 5**

The PCT must ensure that resultant ward space is swiftly re-utilised to develop new community services, as the PCT has alluded to in the later stages of its consultation

**The PCT's Response:****Recommendation 4**

The Older People's team, comprising the Modern Matrons, the CTOPs clinical leaders, the B&NES Discharge Liaison Team and the Community Equipment service, will work closely with the senior clinician leading the Single Point of Entry and the District Nursing Service to ensure that older people receive the right care, in the right place at the right time and that on one "slips through the net" of services. A hospital bed will always be available for people who need one.

**Recommendation 5**

We have already begun discussions with the RUH with a view to transferring work and resources to the community hospitals and this work will be moved forward as rapidly as possible. It is equally important to ensure that the transfer of these services is managed in a way that is clinically and financially appropriate and does not lead to any gaps in service during transition periods.

**Recommendation 6**

Keynsham clinic should remain open until firm alternatives are proposed.

**The PCT's Response:****Longer Term**

- During the consultation period the PCT continued to work on developing the options for the re-provision of Clinic services within the Keynsham area. The PCT recognised the importance of identifying options that could accommodate certain staff groups together on one site, if at all possible.
- This work highlighted a preferred long-term option where the Clinic would be re-located onto another site in Keynsham, which could also accommodate new GP premises in a Health Park facility. This proposal would still be expected to deliver the saving target of £50K. Opportunities for incorporating other local health and social care services in the Park will also be considered. The PCT is currently setting up arrangements for developing detailed proposals for this option, and will be establishing a stakeholder group to help inform this process.

## Short Term

- Given that the long-term aim is to re-provide the Clinic within a Health Park type facility in Keynsham, the short-term arrangements for the Clinic need to be reviewed. The PCT was aware that alternative accommodation would need to be easily accessible in terms of travelling, parking and public transport facilities
- Several options for the short-term re-provision of the Clinic services were considered, but none of them provided a cost effective marked improvement over the facilities available on the current site. It was also clear that the staff based at the Clinic would prefer to stay on this site until they transfer to the Health Park.
- It is therefore now proposed that the Clinic remain in situ until the alternative accommodation is available. Some temporary maintenance work will be carried out at the Clinic to keep the facilities fully operational in the short term.

### **Recommendation 7**

The PCT must support staff through the proposed changes so as to maintain the high standards of services currently provided by the teams.

### *The PCT's Response:*

The team leaders and senior nursing staff are, through their clinical leadership supporting the teams of staff through these changes. They are ensuring that supervisory systems are in place, that team members are involved in recruitment of new staff and that relevant skills training and competencies are developed.