

7th January 2013

Agenda Item: 9

REPORT OF THE SERVICE DIRECTOR FOR PROMOTING INDEPENDENCE AND PUBLIC PROTECTION

REABLEMENT SERVICE UPDATE – LINGS BAR COMMUNITY HOSPITAL; ENHANCED COMMUNITY CARE SERVICE (ECCS)

Purpose of the Report

1. The purpose of the report is to provide an update on the progress of transforming community services through the innovative partnership work and jointly funded services between Health and Social Care at Lings Bar Community Hospital in Rushcliffe.

Information and Advice

Reablement Services and the role of the Community Hospitals

2. The Reablement Services are made up of a range of services which deliver social care assistance focused on providing people with essential skills for daily living. These services provide people with the essential skills to enable them to live more independently and reduce their need for ongoing homecare support following rehabilitation.
3. In partnership with Health this service includes two community hospitals:
 - Mansfield Community Hospital – Mansfield and Ashfield
 - Lings Bar Community Hospital – Rushcliffe.

What does a Community Hospital do?

4. Community Hospitals provide people with a rehabilitation service when they are recovering from either a trauma which resulted in an admission to an acute setting e.g. Queens Medical Centre, City Hospital or Kings Mill Hospital and are not deemed to be medically stable or sufficiently reabled to return to their own home.
5. Community hospitals cater for a range of patients and provide an essential discharge facility for the acute hospitals for moving patients through the care pathways to maximise services and ensure no delayed transfers of care. As such they play a crucial role in enabling the County Council to meet our statutory duties in ensuring timely and appropriate discharges from the acute hospitals.

6. Since bringing the Community Hospitals into the reablement services the authority have managed to ensure that there are no delayed discharges. This has been achieved through improving the patient pathways by working on the development of both the reablement service over the last 12 months and the innovative jointly funded work outlined in the pilot.
7. Following a utilisation review of health care provision, which had investigated the use and occupancy of in-patient admissions at Lings Bar Hospital, Mansfield Community Hospital and Ashfield Health Village. It was recognised that innovative solutions were needed to improve the use of community hospital capacity more effectively and ensure alternative settings were available for those patients so that they would either:
 - Not require inpatient admission or
 - Could have a reduced length of rehabilitation services in a hospital setting.

The Lings Bar – Enhanced Community Care Service

8. It was decided, therefore, to pilot an innovative method of delivering care in Rushcliffe by selecting a group of Lings Bar patients, who were clinically judged to be stable enough to be managed at home through a combination of community health care and social care services.
9. The pilot explored how a group of patients were able to rehabilitate in their own homes and the potential advantages this would bring them in terms of:
 - Promoting independence
 - Increasing levels of patient satisfaction
 - Enabling people to return to their own homes as quickly as possible
 - Reducing length of hospital stays
 - Improving handovers between health and social care
 - Allowing hospital beds to be used by those in greatest need of them
 - Improving and involving the patients' family or immediate support in their rehabilitation.
10. The pilot focussed on patients who were rehabilitating at Lings Bar Hospital (a rehabilitation hospital with 72 beds situated in the Gamston area of Rushcliffe) and were registered with GPs within the Rushcliffe Clinical Commissioning Group (CCG) area. A number of these patients were selected to receive rehabilitation in their homes rather than remain in Lings Bar. A multi-disciplinary care plan was developed for these patients with a package of health, therapy and social care being provided in the patient's home for a maximum of 14 days within the pilot. The pilot commenced in October 2011 and the service continues.
11. The pilot was managed by a team made up of:
 - Clinical staff led by a Community Matron
 - Community Geriatrician
 - Social Care staff allocated to wards at Lings Bar
 - Community nursing and social care teams.

12. Managing the patients in this way has been referred to as a “virtual hospital”, where the hospital rehabilitation service is replicated in a person’s own home as *an alternative to a Lings Bar Hospital in-patient admission*.
13. Patients were entered onto the scheme catering for 5 patients at any one time, with a target duration not expected to exceed 14 days. During which time social care staff worked closely alongside health colleagues to ensure that smooth transitions of care were arranged for any patients requiring ongoing reablement services.
14. At the beginning of the pilot, the average length of stay on the hospital ward was 37 days. Following the pilot this was reduced to 21 days.
15. One of the objectives for the pilot was to conduct an evaluation including recommendations for future commissioning of health and care services.

Performance management and evaluation

16. Early evaluation of the pilot has included considerations of:

- Clinical criteria for admission into the pilot from acute or community hospitals
- Skill mix and capacity required to support patients in the home
- Support to the “virtual” Ward model/service users
- Appropriate length of stay in the pilot
- Impact on re-admissions to acute or community hospitals
- Impact on integration between health and social care
- Impact on patient satisfaction
- Impact on Delayed Transfer of Care
- Impact on demand for reablement services.

These areas were identified as requiring additional consideration alongside the qualitative impact upon the patient experience and the need to review the interface with intermediate care services.

Further evaluation will be conducted to provide a robust business case for rolling this scheme out into mainstream provision from April next year.

17. The pilot was evaluated to be an outstanding success, not only did it improve the experience of those people utilising the “virtual hospital” beds but it improved the operating practices between health and social care. It achieved this through:
 - Improved communications resulting from ward meetings
 - Allocated dedicated ward social care staff
 - Improved working relationships and improved understanding of the differing roles of health and social care staff.
18. Since October 2011, 128 patients have benefitted from personalised packages of care resulting in an earlier return to their home. The majority of patients being in the new service for less than 14 days.

19. The average length of stay for patients at Lings Bar was reduced from an average of 37 days to under 21 days. This showed that not only did patients benefit from receiving the 'virtual hospital' service at home it also reduce their length of stay on a hospital ward prior to discharge.
20. Additional funding has been requested from the winter pressures monies, this will enable us to extend the capacity of the Service in Rushcliffe from 5 places to 10 places as it has been identified that there is the demand to fill the places. Over the winter period, this will relieve pressure on the acute settings and enable more people to return to their own homes sooner.
21. In addition to which the people utilising the 'virtual hospital wards' spoke very highly about the service along with the staff. Whilst it was recognised that these patients were not able to compare the nature of the service to other existing care packages. They were aware that staff regularly visited and care was tailored to meet their needs.
22. As a result of the outstanding success of this pilot the decision was made to replicate this service by rolling it out to patients in Nottingham West and Nottingham North and East Clinical Commissioning Groups (CCG). This service has now been in place since July.
23. The evaluation of the pilot has been completed by the Collaboration for Leadership in Applied Health Research and Care (CLAHRC) in Nottinghamshire. This report together with provider and patient feedback will be used to inform future commissioning decisions regarding this work from April 2013.
24. The number of wards at Lings Bar Hospital was reduced from four to three, yet the increased efficiency with the level of admission activity for the hospital's three wards remains comparable to the previous number of admissions when the hospital had four wards in operation. This year it is forecast to increase the number of admissions.
25. Since the changes in how the social care teams works, there have been no delayed transfers of care for County patients for over twelve months.
26. Work has started to investigate whether an alternative, more appropriate care setting can be provided for medically stable non-weight bearing patients who currently stay at Lings Bar Hospital.

Next steps

27. The next steps are to:
 - work with Health in agreeing the future of the Enhanced Community Support Services which will be commissioned from April 2013.
 - ensure that a further service review is completed to ensure people are seen in the most appropriate setting at the appropriate time.
 - work in partnership with Health to develop an overarching strategy as to the future use of Lings Bar Hospital and the appropriate use of the facility for patients in the South of the County.

28. Further developments can be reported upon in October 2013.

Reason/s for Recommendation/s

29. The report is for information purposes only and therefore only for noting.

Statutory and Policy Implications

30. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION/S

It is recommended that the Adult Social Care and Health Committee:

- 1) note the excellent progress made to date
- 2) Consider and comment on the information provided.

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Constitutional Comments (NAB 07/12/2012)

31. The Adult Social Care and Health Committee has authority to note, consider and comment on the matters set out in this report by virtue of its terms of reference.

Financial Comments (NDR 06/12/2012)

32. There are no financial implications arising directly from this report.

Background Papers available for inspection

None.

Electoral Division(s) and Member(s) Affected

All.

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