

Improving outcomes for patients transitioning from hospital care

This consultation is about changing how and where health, care and support services are provided for people after a stay in hospital. We want to help people to:

- Avoid unplanned or unnecessary admissions to hospital in the first place;
- Only stay in hospital for as long as they medically need to;
- Recover more quickly following treatment (support services for recovery are called rehabilitation services); and

- Learn/ relearn daily living skills to better manage any ongoing illness or condition (support services for living with long-term illness/condition are called reablement services).

The development of an integrated service for rehabilitation and reablement provision is a key element of the Southampton Better Care Plan which aims to improve the health and wellbeing of people in our city. We want to improve people's experience of care and the outcomes they achieve through transforming the way care is provided in Southampton. We also need to make better use of our resources (staff and money) to help us to do this.

The case for change

Our health and social care services are under increasing pressure as more people are living longer, and the number of people with long-term health conditions (e.g. diabetes, heart disease) is also increasing. In Southampton, 86,000 local people, which is 32% of our population, are known to be living with long-term health conditions.

Older people with long-term conditions are the most likely to be in hospital frequently because of an acute period of ill health. The rate of unplanned admissions into hospital in Southampton for older people is above the national average.

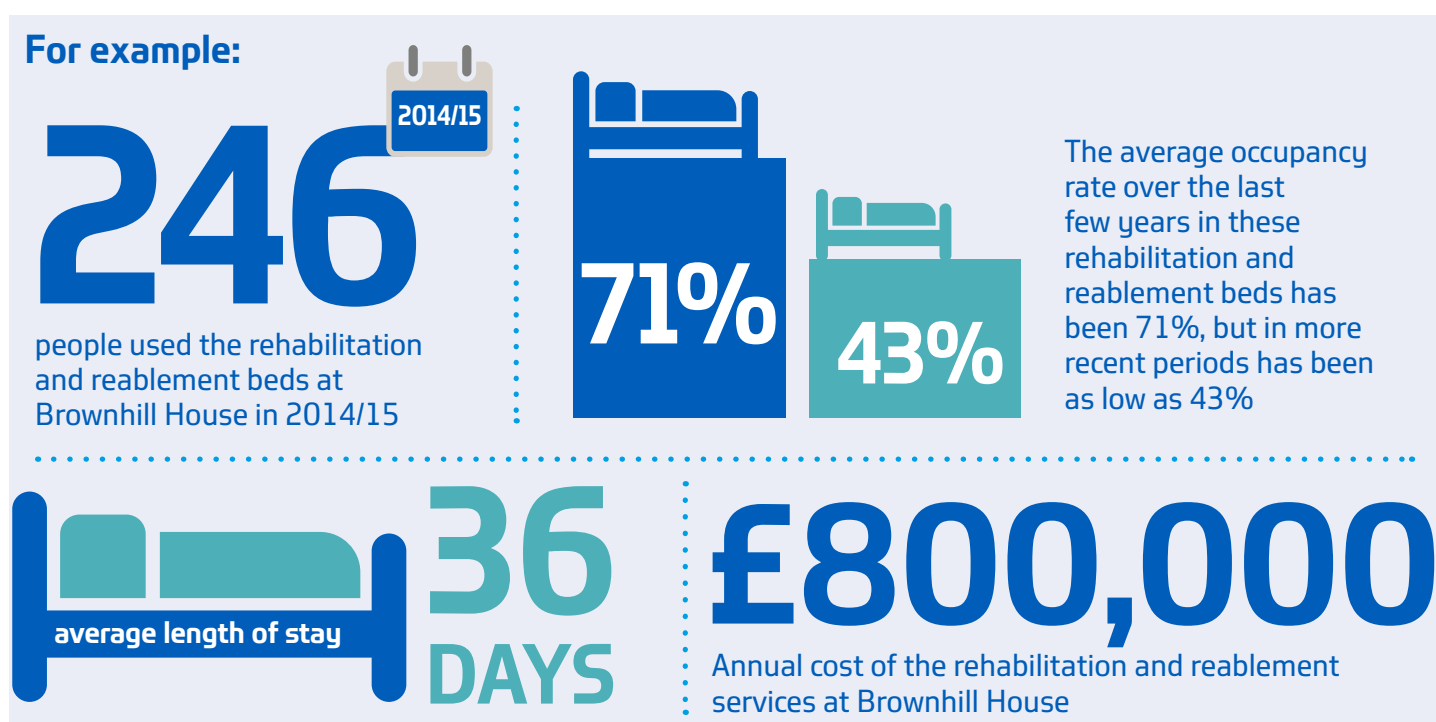
Our current system of health, care and support services linked to a hospital stay is complicated. We have seven separate teams working across Southampton City Council and Solent NHS Trust providing services to support people with rehabilitation and reablement, including crisis response and hospital discharge services. In total we have more than 365 staff working in different locations across the city.

To support this system, we have a total of 68 'community' beds at two different locations where people can receive rehabilitation and reablement services after their hospital stay. Solent NHS Trust provides 43 beds in two community wards at Royal South Hants Hospital (RSH) for people with medical needs who require rehabilitation and reablement services. Southampton City Council provides 25 beds in Brownhill House for people who do not need medical care, but need rehabilitation and reablement services. The maximum length of stay at Brownhill House is usually six weeks.

In addition, a further 12 beds at Brownhill House are used to provide respite care. (Respite care is a way of giving carers a break, by providing short-term support to the person with care needs in their own home, or in a residential setting like Brownhill House.)

Having separate teams and separate service locations means it is difficult to work effectively in a co-ordinated way. The impact of this is:

- People can wait longer to be discharged from hospital because the process is too complicated;
- Some community and bed resources cannot respond rapidly and flexibly enough to help people leave hospital more quickly, or help people avoid being admitted to hospital;
- Some services are under-used and therefore not cost-effective;
- Services are not working collectively to make the most efficient use of the available resources and target them to achieve more.



Each day, on average, we have more than 30 people in hospital beds who do not medically need to stay there. Southampton has above the national rate for delayed days for patient discharge (often described as blocked beds). Paying for extra days in hospital beds is expensive, costing the Southampton health system more than £3million a year. In addition, blocked beds mean delays for patients in more urgent need of a hospital bed.

We also know that some older people's general physical and mental health can deteriorate during a longer stay in hospital due to spending long periods in bed, infections, or becoming more institutionalised. This can lead to a greater need for ongoing social care. Southampton already has a higher proportion of older people who rely on input from social care services than is the case nationally (5.3% compared to 3.8%).

Longer stays in hospital can also lead to more people going into residential or nursing care rather than being able to return home with a responsive package of care and support. Southampton already has a higher rate of admissions of older people to residential and nursing care than nationally. Last year (2013/14), there were 487 such admissions costing the City Council more than £8 million.

To what extent do you agree or disagree that the rehab / reablement service needs to change?

Strongly agree Agree Neutral Disagree Strongly disagree

Details of the proposals

Our vision

We want a system that provides care and support in a joined up way, that works with people to help them regain good health and stay independent for as long as possible. National research has shown that people are more likely to regain good health if they receive care within their own home or close to their communities, so we want to prioritise this.

Our vision is to achieve a system that provides:

- A 'seamless' service with people at the centre of their care, having their needs met in an holistic way;
- Effective support for people that successfully promotes their recovery and independence;
- Efficient, integrated and co-ordinated care for people, in a way that uses all our resources more flexibly;
- Better value for money.

To what extent do you agree or disagree with the vision for rehab / reablement?

Strongly agree Agree Neutral Disagree Strongly disagree

Any comments on the vision for rehab / reablement?

Developing our proposals

In developing our proposals we took into account several things including:

- Assessing the needs of patients/clients, and what people say they want to achieve after a period of ill health;
- National research on what most helps people to successfully recover, and stay as independent as possible;
- Demographic data for Southampton;
- Cost and usage of our current bed-based resources for rehabilitation and reablement at the RSH and Brownhill House;
- Alternative ways, locations and costs of offering people rehabilitation and reablement services;
- Views from clinicians, medical practitioners and social care staff.

The proposals are:

Option 1:

A proposal to re-structure staffing resources

We are already planning to bring together Southampton City Council and Solent NHS Trust staff who work in rehabilitation, reablement, crisis response and hospital discharge services into a single integrated team with a single management structure. This would mean people would receive more co-ordinated services from staff working effectively together.

Southampton City Council Cabinet and Solent NHS Trust have already approved a formal consultation on this proposal with all affected staff. The work to bring the teams together will go ahead – subject to the results of the staff consultation.

Option 1 would be to stop at this point and do no more. This Option would not change where people receive services, or the total range of services available.

Option 2:

Re-structuring staffing resources AND to offer a more flexible range of services to people, prioritising support at home or in the local community

The proposal to re-structure our staffing resources is as described in Option 1. But, we are also proposing that we should allocate a smaller amount of our budget to fixed resources (for example under-used beds at Brownhill House), and more resources to support alternative rehabilitation and reablement for people at home and/or in the local community.

Under this Option 2, from an agreed date, anyone needing rehabilitation or reablement services would be able to choose from a range of suitable alternatives rather than being offered a stay at Brownhill House. These alternatives would enable more people to be supported and include, for example, more joined up working with the Voluntary Sector, specialist Domiciliary Care support, and supported accommodation in Extra Care Housing. (Domiciliary Care is care provided in your own home by paid care workers. Extra Care Housing is an option if living alone at home is difficult, but people do not wish to go to residential care. It means they still have their own home, either rented or owned, but with personal care and domestic help readily available.)

If this Option were to go ahead, and rehabilitation and reablement services were offered more flexibly and not at Brownhill House – it is likely that the Brownhill House building would also close.

Other services at Brownhill House would be affected if the building closed:-

- The council provides 12 beds at Brownhill House for people needing respite care. In developing our proposals, we collected evidence that these beds are also significantly under-used. A respite service at Brownhill House would not be financially viable if the rehabilitation and reablement beds were closed. Suitable alternatives would be provided.
- Southampton Care Association (SCA) provides Day Services at Brownhill House for older people with high physical dependency needs. A total of 70 people use the Day Services across the week (Monday – Friday) and are taken to the Services in specialist transport provided by SCA. The Day Services would continue, but would be re-located to another suitable building with the assistance of the council if Brownhill House were closed.

A separate consultation is being held with SCA and the people who use the Day Services on this issue.

These 2 proposals are summarised here



This is our preferred Option at this stage

Impacts for...	<p>Option 1: Joining together the City Council and Solent NHS Trust staff Teams involved in rehabilitation, reablement, crisis response and hospital discharge services ONLY and doing nothing more</p>	<p>Option 2: Joining together Southampton City Council and Solent NHS Trust staff Teams involved in rehabilitation, reablement, crisis response and hospital discharge services AND prioritising support at home or in people's communities</p>
Patients / clients	<p>Improvement = more seamless service</p>	<p>Improvement = "seamless" service. More options for flexible services prioritising support at home or in community. More holistic care and support. Maximising independence – national research shows more people are more likely to regain good health if they receive care within their own home or close to their communities. Greater number of people can be supported because of more flexible way of working. Fewer unplanned / avoidable hospital admissions as the service would be able to work with more people in the community.</p>
Staff	<p>New single management structure. Council staff and Solent NHS Trust staff share work locations = working together more effectively. Increased co-ordination of services. Some management staff posts at risk.</p>	<p>New single management structure. Council staff and Solent NHS Trust staff share work locations = working together more effectively. Increased co-ordination of services. More staff posts at risk as resources move from Brownhill House.</p>
Other	<p>A more seamless service but no increased flexibility to respond to the greater numbers of people who will require rehabilitation and reablement services in the future.</p>	<p>A more seamless service and increased flexibility to respond to more people's needs. Prioritising support at home or in people's communities = reducing rehabilitation and reablement beds to free up the resources to re-invest in providing care in people's homes and their local communities. In this Option the rehab/ reablement beds at Brownhill House would close.</p>

Other	Some e.g. reducing duplication in management staff posts.	No Rehab/reablement beds at Brownhill House = likely closure of building. Closure of building = respite care services to be provided elsewhere. Closure of building = relocation of Day Services that are provided by Southampton Care Association.
Savings		Increased savings e.g. reducing duplication in staff posts, and on beds. But re-investing savings to increase ability to spend more flexibly to prioritise support at home or in community

To what extent do you agree or disagree with the preferred option at this stage?

Strongly agree Agree Neutral Disagree Strongly disagree

Are there any alternative solutions that have not been considered as a part of this process?

If the preferred option at this stage was to be implemented to what extent would this impact you personally?

A great deal To some extent Not very much Not at all Don't know

If a great deal/to some extent – how will the preferred option impact you?

Are there any impacts that could be caused by the preferred option that have not been considered during the process?

Finally some information about you

Age

Ethnicity

Gender

User of Brownhill House day service

Local resident

Other

Which of the following best describes you:

Current user of rehab and reablement service

Former user of the rehab and reablement service

Family member of a rehab and reablement service user (past or present)

Do you work for?

Southampton City Council

Solent NHS

Neither

Postcode

Once you have completed this questionnaire you can either put it in an envelope (with a stamp) and send it to the address below or hand it to a member of staff at Brownhill House. Consultations, Southampton City Council, 1st Floor, Municipal Block, Civic Centre, Southampton, SO14 7LY

Closing date: 27 November 2015

Further information and assistance

The following Agencies may be able to offer you support if you need help to feedback your views:

Advocacy Support: Solent MIND

info@solentmind.org.uk
or telephone 023 8202 7810

www.solentmind.org.uk

Age UK Southampton:

info@ageuksouthampton.org.uk
or telephone 023 8036 8636

www.ageuk.org.uk/Southampton

Carers In Southampton:

enquiries@carersinsouthampton.co.uk
or telephone 023 8058 2387

www.carersinsouthampton.co.uk

Healthwatch Southampton:

healthwatch@southamptonvs.org.uk
or telephone 023 8021 6018

www.healthwatchsouthampton.co.uk

The survey is also available online at
southampton.gov.uk/reablement



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