



Community Settings of Care in Somerset and Community Inpatient Facilities

Thursday 19th September 2019
South West Clinical Senate Council Meeting



Geography/Socio-economic Factors

- Somerset is a largely rural county covering 3,452 square kilometres (1,333 square miles)
- Approximately 545,390 people live in Somerset and the population is rising by more than 3,000 per year
- It is estimated that 48% of the population live in a rural area
- There is a higher than average older population with 10.4% of the local population over 75 compared to 7.8% nationally
- West Somerset has the highest percentage of people aged 65+ in the UK
- Predicted annual growth rate of the 65-74 age groups is 2.4%, higher than the national rate for England at 1.5%
- Over 33,500 people aged over 65 years lives alone so social isolation is a significant concern
- Somerset is generally better than the national average in terms of overall deprivation however West Somerset has 3 of the 6 most deprived areas in terms of barriers to access to housing and services

Community Hospital Inpatient Provision

- 13 Community Hospitals with 11 currently open
- 5 of the community hospitals were built pre-1948 of which 2 are rated as Band C under the NHS Estate Code which means they are operational but require major repair or replacement to bring them up to Band B (sound and operationally safe with only minor deterioration)
- Some IP wards are nurse-led with medical cover provided by GPs whilst others have medical cover from doctors directly employed by Somerset Partnership NHS Foundation Trust
- Currently have 190 community hospital beds open:
 - 33 stroke rehabilitation beds in 2 community hospitals (13 in the West and 20 in the East)
 - 18 specialist neurological rehabilitation beds in 1 community hospital (staffed by Taunton and Somerset NHSFT)
 - 44 Pathway Two beds as part of Home First in 2 community hospitals (30 in the West just for HF and 14 in the East in a CH that has general beds in one ward and HF in the other)
 - 18 Pathway Two beds as part of Home First in a care home in the East
- Average occupancy rate now of 78% compared to 85% for 2018 and 90% prior to that period
- Analysis of inpatient activity at each site indicates that all sites are used by people from all over the county, and not restricted solely to the local population
- Somerset has a higher than average number of community hospital inpatient beds per head of population with 47 community hospital beds per 100,000 people, compared to 34 on average

Map of Somerset Hospitals



COMMUNITY HOSPITALS & MIUS IN SOMERSET

Acute trusts and border hospitals shown for completeness



This map was produced @ www.healthgis.nhs.uk on 16/09/2019

Current Community Health and Care Provision in Somerset

- 13 Community Hospitals including 7 Minor Injury Units
- 65 GP practices
- 56 providers of home-based care including homecare agencies, supported living teams and micro-providers
- 142 registered care homes
- A range of services provided in peoples own homes or care homes eg Health Visiting, District Nursing, Rapid Response, Home First
- End of life care delivered in hospice settings, community hospitals, care homes and within peoples own homes
- Community mental health services
- A range of community and voluntary sector organisations supporting people to live in their own homes eg Community Agents, Health Coaches, Red Cross

Providing Out of Hospital Care in Somerset

- Home First and Rapid Response Service implemented in Somerset

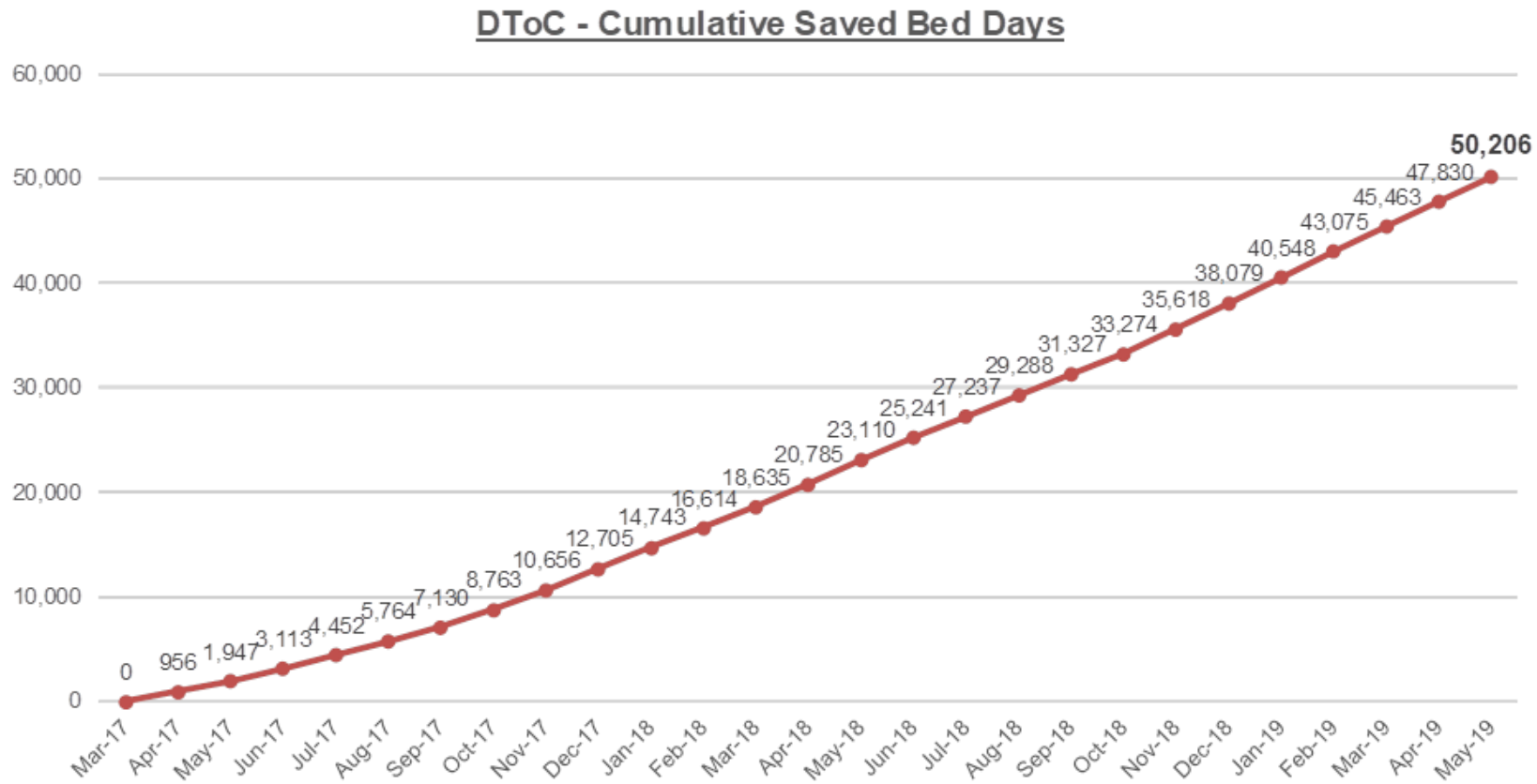
Home First

- Home First has been operational since September 2017 with capacity increased in December 2018 with investment from ASC 'winter funding'
- No decision about a patient's long term care needs should be taken in an acute setting
- Follow up assessment and care should be timely and pro-active in the post-acute recovery phase with links to on-going community support
- Improved patient outcomes and experience at each part of the acute urgent care pathway and timely options for discharge with the appropriate assessment for "home" in the appropriate setting
- Care at home where-ever possible with a view to enabling people to remain safe and independent in their own homes for as long as possible
- Circa 5000 patients supported through the Home First Pathways since launch

Providing Out of Hospital Care in Somerset

Home First

- Cumulative number of bed days estimated to have been saved as a result of Home First through reductions effected in levels of DTOC in hospitals across Somerset



Somerset Rapid Response Service

What is the Somerset Rapid Response Service(RRS)?

This new and developing service started in November 2018, giving GPs, Ambulance Crews, A+E/Frailty assessment Teams, a credible alternative to A&E / Hospital admission for frail older people, aiming to keep patients at home and preventing unnecessary admissions to hospital. *Since November 1st the service has successfully kept home 776 patients.*

Why has this service been put in place?

The RRS is one of six work streams commissioned by the A&E Delivery Board, aiming to reduce pressure on A+E services (MPH/YDH/RUH/WGH), acute bed demand, and reduce ambulance conveyances by SWASFT.

What kind of patients does the service see?

This service is targeting patients who have had a fall, a loss of mobility or who are unwell (for example, with a UTI), but do not need acute medical investigation or treatment and without additional care support at home would need to be admitted to Hospital.

How does the Rapid Response Service work?

The service:-

- is a 'home care plus' based model with Health Care support workers providing the care overseen by clinical supervisors. Patients remain under the care of primary care.
- is able to carry out patient clinical observations where indicated and liaise with patients GP (OOH GP) as required.
- is 7 days a week service, taking referrals from 9am to 9pm, and aims to respond within 2 Hours. Cross covering the county via teams based in South Petherton, Dene Barton, Bridgwater and West Mendip.
- links in with the voluntary sector where indicated to give additional support for the patient at home.
- aims for a maximum length of stay of three days. If clinically stable and need ongoing support the patients are discharged or referred onto Home First Pathway 1, if ongoing care or reablement as required.

Questions for the Senate

- What is the minimum number of beds that can be delivered from a community hospital?
- Within a rural geography what should a community hospital be providing?
- What is the future role of stroke rehab beds in a rural county where the prevalence is growing?
- What models of care could be supported or could be suggested as best practice?
- What distance/travel time can we or should we accept for our population to reach a community hospital either at an inpatient site or outpatient/diagnostic/ambulatory/other service?
- What distance/travel time can we or should we accept for our population to reach a same day urgent care setting (either MIU, UTC or GP)?
- If we could redesign the health service, what would we place in community hospitals compared to developing neighbourhoods/PCNs, and /or acute trusts, and what sort of geography would we expect them to cover?



Thank you – Any questions?



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