

London Borough of Bromley

PART 1 - PUBLIC

**Briefing for Care Services
Policy Development and Scrutiny Committee
5th September 2017**

Overview of Respite (Orpington Beds)

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1. Summary

- 1.1 The report submitted on 8th June 2017 recommended a review of the Orpington Beds which has now been completed. The original report written was to inform members of the impact of the opening of Orpington Beds and subsequent concerns raised over the potential impact on Adult Social Care and the Care Management Services. Jodie Adkins, the new Head of Discharge, completed the review of the Orpington Beds at the end of July 2017 having been made aware of the concerns. Jodie Adkin found that from April 2017 until end of July 2017 appropriate Health Professionals and Social Care professionals are now in place in Orpington. Moreover, the beds are being run appropriately as sub-acute wards (The Elizabeth and Churchill) as part of the frailty pathway. The management of patients is being led by Consultant Gerontologists, nurses and therapists and this is helping to reduce their dependency on Adult Social Care.

2. THE BRIEFING

- 2.1 A review of the Orpington Beds was completed by Jodie Adkin at the end of July 2017 and the details of her findings are as follows.
- 2.2 Jodie was made aware of the issues with the Orpington Beds and provided the following update on 31st July 17:
- 2.3 The sub-acute wards based at Orpington Hospital, Elizabeth and Churchill are now fully mobilised. Part of the frailty pathway, the provision provides medical and therapy optimisation for frail and elderly patients from the PRUH. This includes, but is not exclusive to severe pain management and control, ongoing medical investigation and acute medical interventions. Due to the lead of the consultant gerontologists, the care provided is specialist in its nature often managing and addressing undiagnosed/complex issues while supporting recovery and, as a result, stay well for longer than perhaps may have been achieved on a general medicine ward. The MDT on the ward works holistically to ensure deconditioning is avoided wherever possible and patients are supported to reach their maximum potential while in a sub-acute setting with appropriate ongoing care and support.
- 2.4 Although anecdotal at this stage, it is thought that the use of Orpington beds to support further recovery and optimisation in a specialist setting is supporting increased diagnosis and recovery therefore allowing assessment of ongoing social care needs to be undertaken closer

to patients baseline than if this had of been undertaken in an acute setting. There is however still further room for improvement with a suggestion that Orpington patients would further benefit from being able to access Discharge2Assess, where they are likely to have a shorter length of stay due to the time spent at Orpington. In addition the targeted nature of the pathway does mean the demand on social care capacity is often high due to the concentrated need in one place.

Outcomes

- 2.5 Jodie completed a review of all Orpington patients on 28th July and concluded that staff are seeing the right people who are being supported to recover and this should help reduce their dependency of social care at the point of discharge. None of the beds were being used for patients awaiting rehabilitation and this indicates that the beds are being used appropriately. There are now three Consultant Gerontologists covering the wards, Therapists, Nurses, 1 Discharge Co-ordinator and 1 Social Worker on site to support the patients and manage the discharges.
- 2.6 According to the Electronic Management Information Systems (EMIS) data used by Health to record activity there have been 220 patients admitted to the Orpington Beds since April 17. Of those 151 are listed as having returned home with care and support 3 of which were fully funded by the CCG. 26 were recorded with an outcome of placement with 5 of those showing as being funded by the CCG.
- 2.7 According to Care First, the Council's social care data system, of the remaining 21 patients recorded on EMIS as being admitted to care homes 5 are showing as being funded by the CCG and there are no services being provided by LBB, 10 are Self Funders, 5 are being funded by social care with 1 of the 5 funded above the LBB rate with a third party top up from family. 1 person died whilst a patient on Churchill Ward and 2 have died since being discharged.

Conclusion

- 2.8 The concerns raised when the Orpington Beds were opened have now been addressed and Jodie Adkin is monitoring the use of this resource and will continue to feedback to the Operational Manager and the Head of Service. The outcome of the analysis indicates all those placed and funded by social care were appropriate and within the council's ceiling rate except 1 where the family are topping up. None of those being funded by social care met the threshold for continuing health care at the time of discharge. At the time of this update none of those who met the threshold for continuing health care funding at the point of discharge have been referred on to social care for an assessment.
- 2.9 The Orpington Beds are a work in progress but they now appear to be working well and there is no indication that they are having a negative impact on Adult Social Care Services, but there remains an issue with the capacity of Care Management to manage the demand. However, the ongoing demand is continuing to have an impact on Care Management and work is underway address this as part of the planned Discharge to Assess Pathway which is due to be implemented in time for the Winter Pressure Period. The Head of Service and Operational Manager will continue to work closely with Jodie Adkin to monitor progress and address any risks that arise.