ADULT AND COMMUNITY
POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

10 April 2012

APPENDIX 1 - PUBLIC QUESTIONS

QUESTIONS FROM MRS SUSAN SULIS, SECRETARY, COMMUNITY CARE PROTECTION GROUP

1. THE IMPACT OF THE REMOVAL OF THE 'ADMISSIONS AVOIDANCE SERVICE' ON THE PROPOSED CUTS IN INTERMEDIATE CARE BEDS FROM 62 TO 42.(Ref. Reports ACS12017 and ACS 10066)

In the 2.11.2010 Report, the reduction in IC Beds was predicated on the creation of a new 'Admissions Avoidance Service".

(a) Why is there no mention or examination of the impact on the IC Service in today's report?

Reply

Not all patients who are discharged from hospital require an intermediate care bed. Although fewer people going into hospital can mean a reduction in the need for intermediate care beds following discharge, there are other factors which contribute to the reduced requirement for bed based intermediate care, including the introduction of the re-ablement service. The reduction in occupancy of the intermediate care beds predates the introduction of the Admissions Avoidance service.

(b) Why are the Impact Assessments (p.3.7) not listed as background documents for scrutiny?

Reply

This was an oversight; the impact assessment will be published as part of the minutes of this meeting.

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LB Bromley Equality Impact Assessment Admission Avoidance Service					
Start Date	**27th January 2012**	**End Date**		**EIA Type**	**Commissioning**

Name	**Job Title**	**Roles & Responsibilities within EIA Team**
Lorna Blackwood	AD Commissioning & Partnerships	Lead
Anna Vigurs	Commissioner for Non-Acute Services Bromley Clinical Commissioning Group	Participant
Angela Buchanan	ACS Programme & Business Development Mgr	Adviser

Stage 1 Scoping and Defining	
	Explanation
(1) What are the aims and objectives of the policy (commissioning direction) where changes are to be made?	The Council proposes that it should withdraw its funding for the admission avoidance service which was jointly commissioned by Bromley Primary Care Trust (PCT) and the Council. The service has been delivered by Bromley Healthcare since December 2010. The cost of the service is £543k of which Adult and Community Services contributes £261k (£221k budget), the remainder by the PCT. The business case for the service was built on the basis of savings in hospital tariffs, with the risk and benefits being shared by the by the two organisations. Although the activity levels for the service in 2011/12 have resulted in avoided admissions (and therefore notional reductions in cost), the PCT has experienced an overall increased spend on emergency acute activity this year and is not in a position to reimburse any funding to the Council.
(2) How does this policy (commissioning direction) fit with the Council's wider objectives?	The projected 2012/13 budget assumed savings in admission avoidance of £75k increasing to £150k in 2013/14. The Council budget for this service is £221k relating to staffing costs.
(3) What would have been the expected outcomes of these policy (commissioning) changes?	Income from the PCT of £146k was assumed within this budget to cover some of these costs, with the balance of £75 and £150k in a full year being met from savings in the services that the PCT would realise and share with the Council.

(4) Do the proposed policy (commissioning) changes have the potential to directly or indirectly discriminate against a particular group?	RACE no	AGE yes	GENDER no	CARERS no
	DISABILITY yes	RELIGION no	SEXUAL ORIENTATION no	OTHER no

Stage 2 Information Gathering	
	Explanation
(1) What type of information have you used to help you make a judgement about these policy/ service/ commissioning changes?	Activity data from the service and comparison service data from social care returns.
(2) Have you been able to use any consultation data to help make these decisions? If yes what?	Not applicable
(3) How have you engaged stakeholders in gathering evidence or testing available evidence?	Not applicable

Stage 3 Making a Judgement	
	Explanation
(1) From the evidence outlined above is there any adverse or negative impacts identified for any particular group?	*Since December 2011:* -There have been 351 accepted referrals to the team (hospital admissions avoided). -170 referrals were accepted from A&E / MAU and 94 patients were discharged from hospital before midnight of day following admission. *For the last financial year April 2011 - March 2012:* - There have been 522 accepted referrals to the team (hospital admissions avoided). - 212 referrals were accepted from A&E / MAU and 127 patients were discharged from hospital before midnight of day following admission. 97% were aged over 65 years and 58% were over 84 years, 68% were female. In 2011/12 69% of service services were aged over 65 years (and 85% were aged

Stage 3 Making a Judgement	
	Explanation
	over 75 years), of these 69% were female, 85% were white British. No adverse impact has been identified as part of this service change. The service users identified above will continue to access other health and social care services that are in place to prevent hospital admissions.
(2) If there is an adverse impact can this be justified?	The PCT has indicated that the health related elements of the service will continue for the present (other teams will continue to have hospital avoidance as a key objective, including the PACE and Rapid response plus teams); the PCT will not be funding the social care element of the service. However, all aspects of caring for older people in the community and the services required to support this will be the focus of the joint health and social care PROMISE (Proactive Management and Integrated Services for the Elderly) programme which will be developed during the next 2 - 3 years for which funding has been set aside.
(3) What actions could be taken or have been taken to eliminate a negative or adverse impact?	*Consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups.* Health will continue to monitor the activity of the other teams and hospital admissions. LBB will continue to monitor the impact on referrals to COAT and the reablement service and any increase in residential and nursing placements. Ongoing work with primary care teams and third sector organisations in the earlier identification of people who may require support before they have a medical crisis that necessitates an admission to hospital.
(4) Is there any positive impact?	Continued review of services to ensure that they are delivering VFM and meeting the overall Council aims is crucial to managing finite resources.
(5) What is the overall impact?	*Consider whether there are different levels of access experienced, needs or experiences, whether there are barriers to engagement, are there regional variations and what is the combined impact?* The service was developed to test whether it could help to reduce the number of hospital admissions whilst the service has delivered good outcomes to a relatively small number of people the overall emergency activity at South London Healthcare Trust has increased against the baseline this year, resulting in only a notional

Stage 3 Making a Judgement	
	Explanation
	reduction in costs rather than real saving.
Stage 4 Action planning for improvement	
	Explanation
(1) Key actions based on any gaps, challenges and opportunities	*Summary of actions to improve policy/ service/ commissioning* • Health will continue to monitor the activity of the other teams and hospital admissions. • LBB will continue to monitor the impact on referrals to COAT and the reablement service and any increase in residential and nursing placements. • Ongoing work with primary care teams and third sector organisations in the earlier identification of people who may require support before they have a medical crisis that necessitates an admission to hospital. • Continued development of universal advice and information to provide residents with timely information that could facilitate decision making

Key Area	Action/ Target	Lead	Milestone	Resources
Health teams	Continued monitoring of the effectiveness of other teams in preventing hospital admissions	TBC	Ongoing as part of regular performance monitoring	Existing
LBB care services	Continued monitoring of referrals to COAT and the reablement service and any increase in residential and nursing placements.	TW – Head of ACM Care Services	Ongoing as part of regular performance monitoring	Existing
LBB commissioning & partnerships	Ongoing work with primary care teams and third sector organisations in the earlier identification of people who may require support before they have a medical crisis that necessitates an admission to hospital.	YC – joint commissioner LBB/ NHS	TBC	Existing

Stage 4 Action planning for improvement				
	Explanation			
LBB Strategic & Business Support	Continued development of universal advice and information to provide residents with timely information that could facilitate decision making.	AB – Performance Manager	Ongoing	Existing

Stage 5 How will the impact of the changes be monitored?	
(1) Next steps based on challenges and opportunities identified	*Delete non applicable* • Plans already under way or in development to address the challenges and priorities identified. • Arrangements for continued monitoring and evaluating the policy for its impact on different groups as the policy is implemented (or pilot activity progresses) • Arrangements for making information accessible to staff, service users and the public • Arrangements to make sure the assessment contributes to broader LB Bromley objectives

Stage 6 Signoff		
	Name	**Date**
Author	Lorna Blackwood	March 2012
Divisional Head	Lorna Blackwood	March 2012
ACS Equalities Group	Yes	March 2012
Published online	Yes	

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