

## **Short Term Services Briefing note spring 2009**

### Background

The Short Term Services Review is a joint Council and NHS Brighton & Hove (formerly known as the Primary Care Trust) piece of work that will ultimately make commissioning recommendations for the provision of short term services.

Phase One of the review is a position statement and it outlines the services that are currently provided. It was completed in summer 2008 and it identifies issues with the current pattern of service. Short term services in the city have been developed over time across Health and Social Care, with each organisation having its own culture that has resulted in a fragmented pattern of provision which is perceived to lack coherence and equity. There are complicated funding and charging arrangements which cannot be resolved with quick fixes. Services are currently operating at capacity and further work is needed to develop them to meet demand.

### Phase Two

Phase Two is a qualitative review of the existing short term services and the teams that use them. During December 2008 six teams were interviewed using a semi structured schedule of questions. Teams were selected because they either provide a short term service, or are responsible for assessing people and referring to short term services.

Each team was asked about service users, screening and admission, service models and transfers out of the short term service. They were asked to comment on the current situation and make suggestions on what they believe will make a positive impact on the local health and Social Care community.

### What teams said

All services interviewed recognised that their service had some similarities to others. This has some advantages; however there are huge complexities and issues arise where one service is means tested and overlaps in function with a service that is free.

Delays in transferring people from acute settings to the community within the city are very high. This has sometimes led to a person being admitted to the short term service where there are vacancies, rather than into the service that can best meet their needs.

Teams agreed that short term services screening and admission processes are complicated; this is because of the complexities within each service e.g. means testing and multidisciplinary input. The decision as to which service is best able to meet a person's needs is made at different points along the patient's journey, depending on the service.

In Brighton and Hove there are a large number of facilities, each with only a small number of beds. This can lead to difficulties in services being as flexible as the system requires and it can mean that people have to either move from one facility to another when their needs change, if not they stay somewhere when their needs could be better met elsewhere.

The physical environment for short term care does not always fit into a care home that was designed for long-term care, for example walking frames need extra wide doorways and additional space for a small gym and/or rehab kitchen is very useful.

Teams were asked specifically whether they thought a large bed-based service would be institutional, interestingly *all* services said that they thought not. In contrast it was felt that a larger unit with an integrated staff team would be more able to meet the variety of needs.

All services asserted that a number of people they currently cared for in a bed based service could be cared for at home if the home care was developed to be more able to meet their needs. There was recognition of the value of independent care homes and home care sector. All believed that partnership work with the Independent, Voluntary and Third Sector needs to continue to be valued.

Comparable outcome based performance information across all short term services could be improved. Sophisticated indicators including those that measure rehabilitation and reablement goals should be developed. This will provide good information for strategic commissioning and day to day service management

#### What next

Following the meetings with teams a phased commissioning plan will be developed. It will prioritise proposals and include 'quick wins' such as service developments and process maps.

In the Council the Personalisation agenda is being advanced at a pace and it is essential that the developments in short term services inform and are informed by this. NHS Brighton & Hove have an urgent need to move services from Newhaven Rehabilitation Centre back into the City when the lease comes to an end in March 2010.

A steering group has been set up to develop further detailed proposals for the joint commissioning of short term services. Information on further recommendations will be shared as soon as possible.

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