



**BRISTOL CITY COUNCIL, SOUTH GLOUCESTERSHIRE  
COUNCIL**

**JOINT HEALTH SCRUTINY COMMITTEE**

**Joint Report of:** Director of Social Services (BCC)  
Director of Social Services (N Somerset)  
Director of Community Care (South Glos.)  
Chief Executive of Bristol North PCT (representing  
NHS organisations).

**Title:** 2<sup>nd</sup> Progress Report on the Impact Assessment of the  
Bristol Health Services Plan on Social Services

**Area:** Bristol, North Somerset and South  
Gloucestershire Unitary Authorities

**Officer Presenting  
Report:** Chris Born, Chief Executive, Bristol North PCT

**RECOMMENDATION** that the Committee receive and note the 2<sup>nd</sup> Progress Report for the period concluding December 2005.

**SUMMARY**

The Bristol Health Services Plan (BHSP) is designed to develop and improve health care services across Bristol, North Somerset and South Gloucestershire. Though formally welcomed by the Joint Health Scrutiny Committee (JHSC), some concern was expressed over the consequences and impact of the BHSP on social services provision. A report was commissioned which, though judging there was no direct link between the BHSP and Social Services, provided 6 recommendations for future work.

This progress report provides an update on progress made on these recommendations for the period October - December 05 and provides monitoring data for the last 3 Quarters (April – December 05).

To take forward the recommendations made in the Impact Assessment report, a multi-agency project board was established. The board's membership is as follows:

- Chris Born (Chair), Chief Executive, Bristol North PCT
- Cathy Morgan, Acting Head of Older People and Disabled Adults Division, Social Services and Health, Bristol City Council
- Mike Hennessey, Head of Service, South Gloucestershire Council



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- Paul Slade, Assistant Director of Social Services, N Somerset Council
- Peter Stanley, Programme Manager, BHSP
- Tim Wye, Transformation Programme Manager, Bristol North PCT

Whilst the Multi-Agency Project Board is responsible for taking the report forward, this work involves the following organisations:

<b>Social Services</b>	<b>PCTs</b>	<b>Acute Trusts</b>
Bristol	Bristol North PCT Bristol South & West PCT	United Bristol Healthcare Trust North Bristol Trust
South Gloucestershire	South Gloucestershire PCT	North Bristol Trust
North Somerset	N Somerset	Weston Area Health Trust Bristol Trusts – as relevant

This report will refer to these groupings as Bristol, South Gloucestershire and North Somerset.

### **Conclusions**

- Definitions for monitoring data have now been agreed across Bristol, North Somerset and South Gloucestershire which ensures consistent and representative monitoring of Health and Social Services key indicators.
- As data collection is still at an early stage, it is difficult to discern long-term trends on services and consequently we have not yet found evidence of whether the BHSP is having any significant impact on Social Services.
- Consideration is being given to extending indicators to cover other aspects of changes in the health and social care system.
- The number of permanent placements being allocated in South Gloucestershire is of some concern. The multi-agency project board will be both monitoring this closely and investigating thoroughly to find any underlying causes for the increase.
- A constructive approach to modelling work has been established with clear and useful outcomes agreed. This work will be implemented during 2006.
- Good, practical progress is being made in meeting the Social Services Impact Assessment Report's recommendations on joint working, commissioning and strategic planning.



## Policy/Legislation

Health and Social Care services have various duties and powers to work together in planning and commissioning services as well as separate duties to provide services. These are set out in National Assistance 1948. The NHS and Community Care Act, the NHS Act 1999, the Local Government Act 2000 and the Delayed Discharge (Reimbursement) Legislation 2003.

## Consultation and Engagement

<b>Internal</b>	Key officers from each organisation have been involved in the production of this report.
<b>External</b>	None.
<b>Context</b>	The original report (available from <a href="http://www.avon.nhs.uk/bhsp/services/service_social_services.htm">www.avon.nhs.uk/bhsp/services/service_social_services.htm</a> ) shows both the national and the local context.
<b>Proposal</b>	Progress on each recommendation is shown at paragraph 5 and summarised at paragraph 6.
<b>Risk Assessment</b>	The risks are covered in the conclusion section of the original report.
<b>Equalities Impact Assessment</b>	As in the original report, the progress report looks particularly at the needs of older people as principal users of health and adult care services.
<b>Legal Implications</b>	None.
<b>Resource Implications</b>	The progress report indicates that the undoubted pressures in the system identified in the original report, will continue to need addressing through a combination of efficiencies and redirecting of resources.
<b>Revenue</b>	Not applicable.
<b>Capital</b>	Not applicable.
<b>Land</b>	Not applicable.
<b>Personnel</b>	Not applicable.
<b>Appendices:</b>	Appendix 1 - Monitoring data Appendix 2 - Monitoring data definitions



## **Bristol Health Services Plan Social Services Impact Assessment**

### **2<sup>nd</sup> Progress Report to the Joint Health Scrutiny Committee 13<sup>th</sup> April 2006**

#### **Introduction**

The Bristol Health Services Plan (BHSP) is designed to develop and improve health care services across Bristol, North Somerset and South Gloucestershire. Though formally welcomed by the Joint Health Scrutiny Committee (JHSC), some concern was expressed over the consequences and impact of the BHSP on social services provision. A report was commissioned which, though judging there was no direct link between the BHSP and Social Services, provided 6 recommendations for future work.

This progress report provides an update on progress made on these recommendations for the period October - December 05 and provides monitoring data for the last 3 Quarters (April – December 05).

To take forward the recommendations made in the Impact Assessment report, a multi-agency project board was established. The board's membership is as follows:

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Whilst the Multi-Agency Project Board is responsible for taking the report forward, this work involves the following organisations:

<b>Social Services</b>	<b>PCTs</b>	<b>Acute Trusts</b>
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## **Modelling**

The multi-agency project board will now undertake a modelling exercise to further understand the impact of the BHSP on social services provision. This will assist the health and social care communities in resolving the following issues:

1. What the combined impact of all the NHS and social care changes is (e.g. reduced admissions and shorter length of stay under Payment by Results (PbR), the preventative agenda outlined in the white paper, etc).
2. To what extent the BHSP is just a symptom of these changes (e.g. if PBR and prevention work means less admissions, beds would have to close anyway as demand falls).
3. What the separate and distinct impact of the BHSP is, over and above question 2.

This modelling exercise will help us answer practical questions about what will happen in the future and how we can best deal with this. Talks are currently underway about the project's timing and the resources which can be assigned to it in order to contribute an analytical and a combined NHS/Social Services understanding towards the modelling. We will shortly be able to assign resources to this modelling work and will provide an update on progress in our next report to the JHSC.

In addition to this modelling work, the following current modelling exercises have been identified as being of positive value in determining the BHSP's impact on Social Services:

- Bristol North PCT's work on unnecessary long stays in acute and intermediate care.
- Bristol City Council's work on long term need for care homes.
- South Gloucestershire Council is undertaking a strategic review of home care and day care services and is keen to review intermediate care following on from the home care review.

This previous and current working amongst local organisations will, where appropriate, be fed into our modelling work via the multi-agency project group.



### **Progress made on recommendations 1-4**

The table below summarises each unitary authority's progress in meeting recommendations 1 – 4 as outlined in the Social Services Impact Assessment report.

<b>Recommendation</b>	<b>North Somerset</b>	<b>Bristol</b>	<b>South Gloucestershire</b>
<b>1:</b> Using existing joint commissioning mechanisms for older people	Older Persons' Strategy Group reports to the North Somerset Health and Well-Being Strategic Partnership (a subgroup of the LSP).	Bristol Intermediate and Long Term Care Development Group and Local Implementation Team continue to provide forum for joint commissioning. Specific jointly commissioned projects such as Invest to Save continue to develop.	New post of Service Manager for Planning and Partnerships is reviewing joint planning arrangements. Major review of day services – June 06. New comprehensive care management tool-kit has been developed.
<b>2:</b> New partnership arrangement for management and commissioning of services	Health and Well-Being Strategic Partnership was established in April 2005 involving local NHS Trusts, the PCT, the Council and Voluntary sector and carer representatives.	Draft Joint Commissioning Strategy for Older People currently being consulted upon. New Joint Commissioning Board currently being established for June. Sec 31 agreement for this in draft form.	Establishing a Health and well-being partnership board to set out shared health and well-being strategy for older people. New multi-agency Older People Programme Group developing a joint strategy.
<b>3:</b> Establishing a series of joint events to establish jointly agreed objectives for the development of the care system <sup>1</sup>	A variety of local events have taken place relating to older people's service objectives.	This is being handled by consultation around joint commissioning strategy and the Joint Commissioning Board.	A number of events have been held in the development of the Local Area Agreement for South Gloucestershire. Further joint events will follow Home Care Services and Day Care consultations.
<b>4:</b> Production of a rolling 3-year joint activity and investment plan	Awaiting concrete guidance following the recent White Paper (Our Health, Our Care, Our Say) which promises to align financial planning processes across health and social care.	See Joint Commissioning Strategy <sup>2</sup> which will also align health and social care processes under auspices of Joint Commissioning Board and under white paper recommendations.	New Local Area Agreement will: Help more vulnerable people live at home. Provide targeted health promotion. Increase provision of community services. Improve older people's quality of life. Increase the number of people having a single assessment.

<sup>1</sup> This is in addition to the ongoing work of the multi-agency project board which meets regularly to monitor and develop the health/social care systems.

<sup>2</sup> The Joint Commissioning Strategy aims to outline key drivers for Health and Social Services in the area and set a joint strategic direction to improve care. For a copy of the document contact Kay Russell, Head of Strategic Planning, Bristol Social Services tel. 9037944.



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## Monitoring

The Social Services Impact Assessment report called for system performance meetings and monitoring to take place. The multi-agency project board now meets regularly to review monitoring data and act on changes if necessary.

We have provided below an analysis of the key data - full monitoring data forms Appendix 1 of this report.

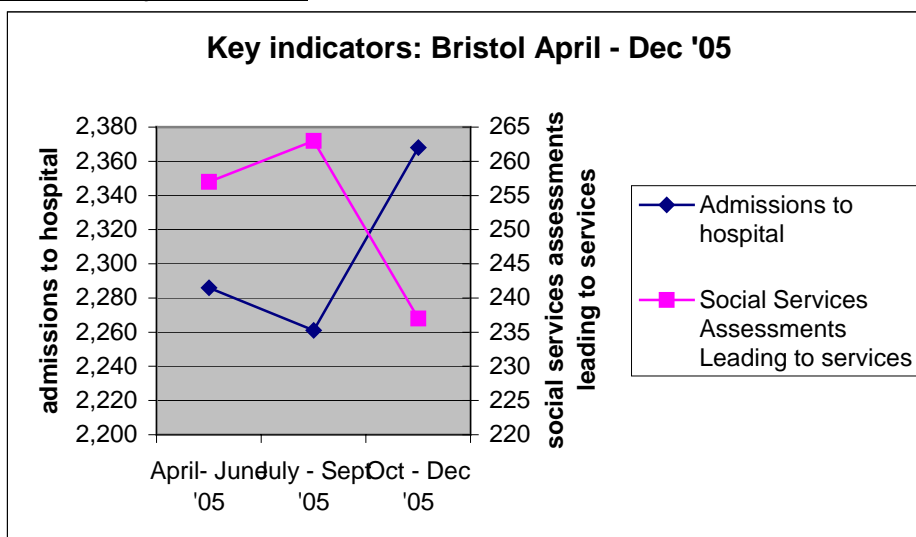
Definitions used in the collection of data have now been agreed across Bristol, North Somerset and South Gloucestershire enabling consistent collection of data for future monitoring. For details of definitions used please see Appendix 2.

The key monitoring data are:

- **number of hospital admissions** (total admissions 75 years and over)
- **average length of stay** (patients of 75 years and over and excluding lengths of stay of less than two days<sup>3</sup>)
- **social services assessments leading to service** (either an assessment or a review that results in a new service being provided)

These key indicators have been chosen as they provide a clear overview of whether any reduction in admissions or length of stay is having an adverse impact on Social Services. It should be noted when viewing this data that % changes are fairly small and, as data collection is still at an early stage, it is difficult to discern long-term trends. The increases in admissions during winter shown in the data are expected.

**Fig. 1: Bristol key indicators**



	April - June 05	July - Sept 05	Oct - Dec 05
Admissions to Hospital	2,286	2,261	2,368
Social Services assessments leading to service	257	263	237

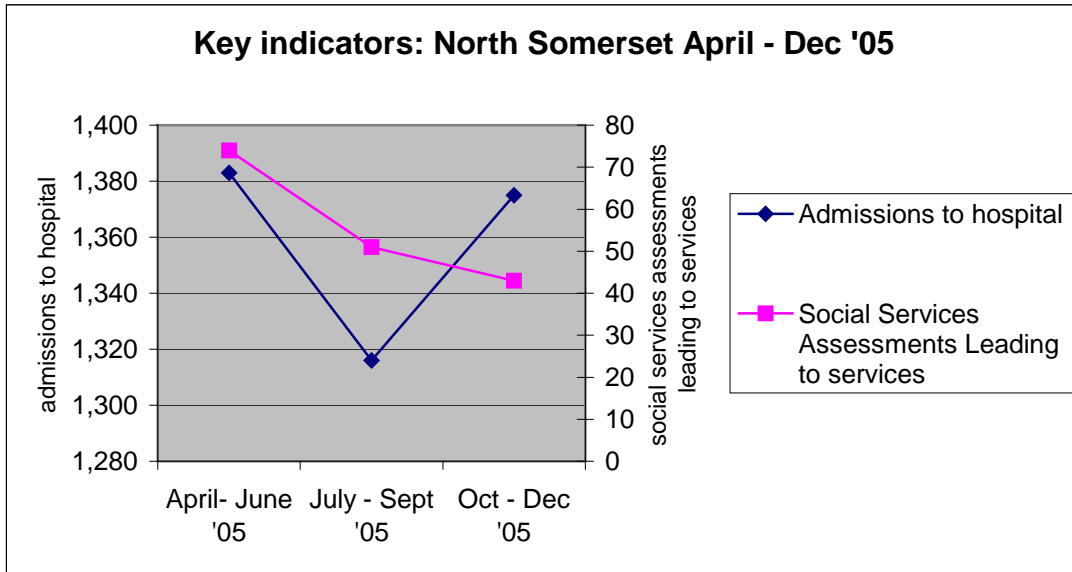
<sup>3</sup> There are a large amount of 0 and 1 day length of stays partly because of the Clinical Decision Unit which performs very efficient diagnosis, treatment and discharge at A&E. We have excluded these figures from the average to provide a more accurate picture of the inpatient length-of-stay situation.



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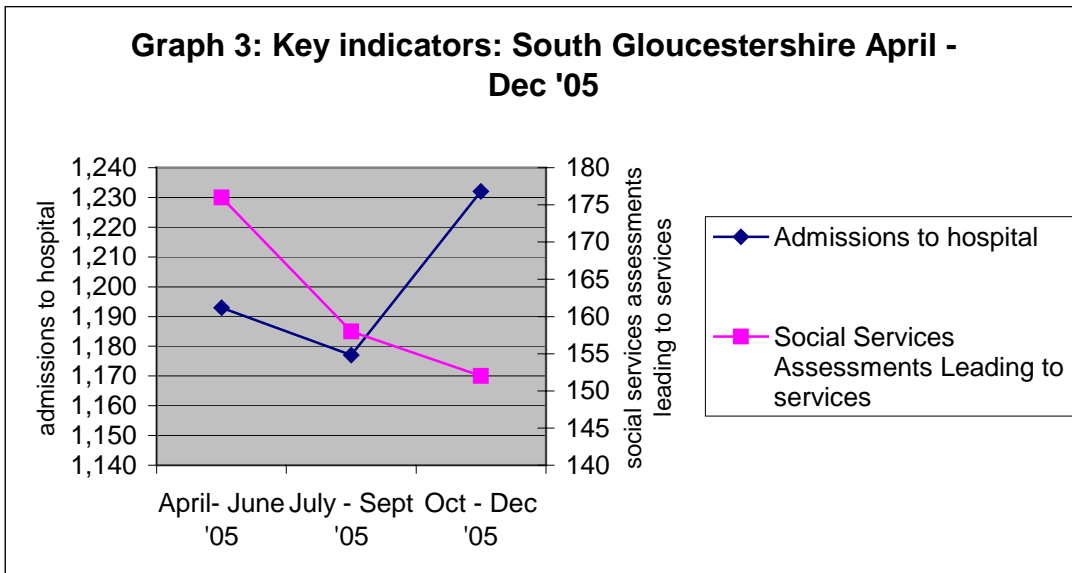
Average Length of Stay	16.15	15.22	15.04
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**Fig. 2: North Somerset key indicators**



	April - June 05	July - Sept 05	Oct - Dec 05
Admissions to Hospital	1,383	1,316	1,375
Social Services assessments leading to service	74	51	43
Average Length of Stay	15.90	14.41	14.06

**Fig. 3: South Gloucestershire key indicators**



	April - June 05	July - Sept 05	Oct - Dec 05
Admissions to Hospital	1,193	1,177	1,232
Social Services assessments leading to service	176	158	152
Average Length of Stay	22.55	17.39	18.04



Although data collection is still at an early stage, making it difficult to discern long-term trends, the data for Bristol, North Somerset and South Gloucestershire shows a downward trend in the number of social services assessments leading to a new service being provided.

In addition to the key monitoring data, South Gloucestershire has raised some area of concern over the numbers of over 65s placed into permanent residential and nursing care funded by the council from all locations (community and hospital referrals). Figure 4 below shows a 10% increase between 2004 and the same period for 2005. South Gloucestershire Council and the multi-agency project board will be monitoring this and are working to get a better understanding of the cause of the rise.

**Fig. 4: Numbers of people aged 65 and over permanently admitted to residential and nursing care homes for South Gloucestershire from all locations**

	<b>April – June Quarter 1</b>	<b>July - September Quarter 2</b>	<b>October - December Quarter 3</b>	<b>Total</b>
<b>2004</b>	104	88	91	283
<b>2005</b>	126	100	89	315

## **Conclusions**

- Definitions for monitoring data have now been agreed across Bristol, North Somerset and South Gloucestershire which ensures consistent and representative monitoring of Health and Social Services key indicators.
- As data collection is still at an early stage, it is difficult to discern long-term trends on services and consequently we have not yet found evidence of whether the BHSP is having any significant impact on Social Services.
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## Appendix 1 Monitoring Data

### Health Activity Indicators

**Table 1.1: Total admissions**

		2005-06 Quarter 1	2005-06 Quarter 2	2005-06 Quarter 3	
<b>Bristol (Bristol North + Bristol South &amp; West)</b>	Total admissions, 18yrs & over	NBT	12,692	13,118	12,769
		UBHT	11,137	11,113	11,983
		Others	519	571	530
	Total admissions, 65yrs & over	NBT	6,071	6,207	5,839
		UBHT	4,407	4,428	4,885
		Others	128	152	151
	Total admissions, 75yrs & over	NBT	3,792	3,965	3,613
		UBHT	2,457	2,505	2,815
		Others	71	76	71
	Non-elective admissions, 65yrs & over	NBT	1,645	1,660	1,724
		UBHT	1,923	1,852	2,000
		Others	58	73	47
<b>North Somerset</b>	Total admissions, 18yrs & over	11,412	11,506	11,930	
	Total admissions, 65yrs & over	5,974	5,939	6,197	
	Total admissions, 75yrs & over	3,605	3,621	3,799	
	Non-elective admissions, 65yrs & over	1,998	1,886	2,038	
<b>South Glos</b>	Total admissions, 18yrs & over	12,185	12,780	13,099	
	Total admissions, 65yrs & over	5,738	5,853	5,932	
	Total admissions, 75yrs & over	3,118	3,233	3,286	
	Non-elective admissions, 65yrs & over	2,024	1,983	2,081	

**Table 1.2: Number of admissions (excluding length of stay of less than 2 days)**

This data excludes day cases or quick turnarounds, such as those caused by the Medical Assessment Unit, and therefore only shows admissions for a length of stay of 2 days or more.

			2005-06 Quarter 1	2005-06 Quarter 2	2005-06 Quarter 3
<b>Bristol (Bristol North + Bristol South &amp; West)</b>	Total admissions, 18yrs & over	NBT	3,161	3,084	3,144
		UBHT	3,359	3,340	3,509
		Others	210	215	195
	Total admissions, 65yrs & over	NBT	1,657	1,637	1,745
		UBHT	1,728	1,697	1,820
		Others	82	90	91
	Total admissions, 75yrs & over	NBT	1,128	1,108	1,156
		UBHT	1,111	1,102	1,167
		Others	47	51	45
	Non-elective admissions, 65yrs & over	NBT	1,214	1,152	1,256
		UBHT	1,424	1,358	1,474
		Others	41	46	33
<b>North Somerset</b>	Total admissions, 18yrs & over		3,382	3,334	3,423
	Total admissions, 65yrs & over		2,029	1,961	2,027
	Total admissions, 75yrs & over		1,383	1,316	1,375
	Non-elective admissions, 65yrs & over		1,510	1,397	1,490
<b>South Glos</b>	Total admissions, 18yrs & over		3,456	3,552	3,634
	Total admissions, 65yrs & over		1,917	1,870	1,929
	Total admissions, 75yrs & over		1,193	1,177	1,232
	Non-elective admissions, 65yrs & over		1,435	1,341	1,382

**Table 1.3: Number of admissions for day case procedures**

			2005-06 Quarter 1	2005-06 Quarter 2	2005-06 Quarter 3
<b>Bristol (Bristol North + Bristol South &amp; West)</b>	Total admissions, 18yrs & over	NBT	8,362	8,740	8,312
		UBHT	6,576	6,633	7,165
		Others	214	249	236
	Total admissions, 65yrs & over	NBT	4,019	4,133	3,634
		UBHT	2,334	2,370	2,658
		Others	31	43	44
	Total admissions, 75yrs & over	NBT	2,460	2,591	2,187
		UBHT	1,149	1,192	1,419
		Others	14	18	22
	Non-elective admissions, 65yrs & over	NBT	247	280	251
		UBHT	287	287	287
		Others	8	12	6
<b>North Somerset</b>	Total admissions, 18yrs & over		7,003	7,051	7,283
	Total admissions, 65yrs & over		3,575	3,565	3,692
	Total admissions, 75yrs & over		2,005	2,064	2,124
	Non-elective admissions, 65yrs & over		264	262	271
<b>South Glos</b>	Total admissions, 18yrs & over		7,530	7,843	7,989
	Total admissions, 65yrs & over		3,425	3,552	3,548
	Total admissions, 75yrs & over		1,710	1,837	1,785
	Non-elective admissions, 65yrs & over		347	370	412

**Table 1.4: Average length of stay (excluding day case and very short stays - length of stay of less than 2)**

We have excluded stays of 0 – 2 days in order to give a more accurate representation of the length of stay of patients who are not receiving day case or very short stay treatments.

		2005-06 Quarter 1	2005-06 Quarter 2	2005-06 Quarter 3	
<b>Bristol (Bristol North + Bristol South &amp; West)</b>	Total admissions, 18yrs & over	NBT	12.67	11.74	11.43
		UBHT	12.53	11.56	11.63
		Others	9.10	8.40	21.97
	Total admissions, 65yrs & over	NBT	17.39	15.54	14.44
		UBHT	16.48	15.74	15.73
		Others	10.22	8.74	9.57
	Total admissions, 75yrs & over	NBT	19.10	17.16	15.84
		UBHT	18.41	17.41	17.61
		Others	10.94	11.10	11.67
	Non-elective admissions, 65yrs & over	NBT	20.34	18.41	16.89
		UBHT	18.46	17.85	17.65
		Others	12.93	11.26	12.36
<b>North Somerset</b>	Total admissions, 18yrs & over	12.09	10.92	10.91	
	Total admissions, 65yrs & over	14.69	13.37	13.00	
	Total admissions, 75yrs & over	15.90	14.41	14.06	
	Non-elective admissions, 65yrs & over	16.83	15.63	14.58	
<b>South Glos</b>	Total admissions, 18yrs & over	14.27	11.19	11.81	
	Total admissions, 65yrs & over	19.28	15.04	15.75	
	Total admissions, 75yrs & over	22.55	17.39	18.04	
	Non-elective admissions, 65yrs & over	22.22	17.10	18.42	

### Health Performance Indicators

**Table 2.1: Number of readmissions as % of admissions (readmitted within 28 days)**

		2005-06 Quarter 1	2005-06 Quarter 2	2005-06 Quarter 3	
<b>Bristol (Bristol North + Bristol South &amp; West PCTs)</b>	Total re-admissions, 65yrs & over	NBT	2.2	2.5	2.7
		UBHT	3.0	2.7	2.7
		Others	3.1	3.3	1.3
	Total re-admissions, 75yrs & over	NBT	2.3	3.0	3.0
		UBHT	3.1	3.4	2.5
		Others	2.8	0.0	2.8
<b>North Somerset</b>	Total re-admissions, 65yrs & over	2.4	2.5	2.3	
	Total re-admissions, 75yrs & over	2.7	2.5	2.6	
<b>South Glos.</b>	Total re-admissions, 65yrs & over	3.3	3.3	3.7	
	Total re-admissions, 75yrs & over	3.4	3.6	4.5	

**Table 2.2: Quarterly average number of delays per week<sup>4</sup>**

	2005-06 Quarter 1	2005-06 Quarter 2	2005-06 Quarter 3
<b>Bristol</b>	12.6	14.3	14.2
<b>North Somerset</b>	2.3	2.8	1.6
<b>South Glos.</b>	9.8	10.5	15.3

<sup>4</sup> These figures are taken from the Commission for Social Care Inspection and include all social and health service delays – see Appendix 3 for data definitions.

### Social Care and Housing Indicators

Table 3 provides a summary of the key indicators of activity for Social Services.

**Table 3.1: Indicators of Social Care Activity: Bristol**

			Quarter 1 Total		Quarter 2 Total		Quarter 3 Total	
<b>Bristol</b> <i>NBT= Southmead + Frenchay UBHT= Bristol General Hospital + BRI</i>	Section 2 Notifications	NBT	573	1367	531	1271	508	1265
		UBHT	794		740		757	
	Assessments <sup>5</sup>	NBT	209	439	244	487	175	544
		UBHT	230		243		269	
	Assessments leading to services	NBT	133	257	138	263	114	237
		UBHT	124		125		123	
	Intensive Home Care Packages	NBT	26	52	19	49	18	34
		UBHT	26		30		16	
	Residential placements from hospitals	NBT	61	125	37	85	29	91
		UBHT	64		48		62	

<sup>5</sup> R. Lewis: Totals of Sections 5 and dummy sections 5 on PARIS



**Table 3.2:**  
**Social Care Somerset<sup>6</sup>**

Section 2 Notifications	253	138	213
Assessments	150	96	149
Assessments leading to service	74	51	43
Intensive home care packages	7	3	4
Residential placements from hospitals	21	15	6

**Indicators of Activity: North**

**Table 3.3: Indicators of Social Care Activity: South Gloucestershire**

Section 2 Notifications	383	524	531
Assessments	333	279	262
Assessments leading to service	176	158	152
Intensive home care packages*	3	1	4
Residential Placements from all locations	126	100	89
Residential placements from hospitals	75	49	49

**Table 3.4: Numbers of people 65 and over permanently admitted to residential and nursing care homes for south Gloucestershire from all locations**

	<b>April – June Quarter 1</b>	<b>July - September Quarter 2</b>	<b>October - December Quarter 3</b>	<b>Total</b>
<b>2004</b>	104	88	91	283
<b>2005</b>	126	100	89	315

<sup>6</sup> North Somerset figures relate only to Bristol Hospitals and not the Weston General.

### **Intermediate Care Indicators of Activity**

Please note: this will vary from locality to locality based on service configuration.

**Table 4.1: Number of referrals to Intermediate Care from all hospitals**

<b>Area</b>		<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>
Bristol South	No. of referrals <sup>7</sup>	125	96	88
	Ave. length of stay (days)	14.3	12.8	13.9
Bristol North	No. of referrals	263	285	265
	Ave. length of stay (days) <sup>8</sup>	28	32	18
South Glos	No. of referrals	290	316	256
	Ave. length of stay (days)	19	21	23
North Somerset	No. of referrals	97	89	91
	Ave. length of stay (days)	22	17	24

<sup>7</sup> Data does not relate to any beds. South Bristol's low number of referrals is due to a higher amount of admission prevention and smaller intermediate care teams.

<sup>8</sup> Hospital referrals and average length of service are for referrals from UBHT, Keynsham, Southmead, and Frenchay hospitals.

## **Appendix 2**

### **Monitoring Data Definitions**

#### **Social Services**

- Assessments: assessments and reviews of both patients who are already known to social services and those who are totally new to social services.
- Intensive Home Care Packages: Intensive home care packages of more than 10 hours and 6 visits referred from hospital.
- Assessments leading to services: assessments and reviews that lead to the provision of a new social care service to a patient.
- Residential placements from hospitals: All residential and nursing home placements (temporary and permanent) that are council funded and referred from hospitals (include WAHT, NBT and UBHT).

#### **Health**

- Average number of delays: The Commission for Social Care Inspection definition has been used (A0/D41). It covers the number of delayed transfers of care (both health and social services) per 100,000 population aged 65 or over.
- Key indicator: Average length of stay: The key indicator (figures 1 – 3) for average length of stay used figures for over 75s who had a length of stay of 2 days or longer. Tables in Appendix 1 represent length of stay data using various different definitions and which data is being represented is explained above each table<sup>9</sup>.

#### **Intermediate Care**

- Number of referrals to intermediate care from all hospitals: all referrals for discharges from hospital to any element of intermediate care services *excluding* fast turn around at the front door services (eg REACT).
- Length of stay in intermediate care: the total length of stay in domiciliary intermediate care (where there are different constituent teams to the service as in Bristol; rapid and planned response, we have provided the total length of stay across all these teams).

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<sup>9</sup> There are a large amount of 0 and 1 day length of stays partly because of the Clinical Decision Unit which performs very efficient diagnosis, treatment and discharge at A&E. We have excluded these figures from the average to provide a more accurate picture of the inpatient length-of-stay situation.