

The Case for reopening Benjamin Court as a centre for post-hospital reablement

By the Save Benjamin Court campaign, for the ICB Public Engagement Exercise, July 2024

ON MARCH 22nd 2024 a meeting was held to discuss the future of Benjamin Court, where the Save Benjamin Court campaign presented a case for reopening the Benjamin Court as a centre for post-hospital discharge care and reablement. We also presented a dossier of personal testimonies and case studies from members of the community in North Norfolk, which we believe reinforces that case.

We consider that the case we made in March is just as valid now as it was then, so we are presenting it in its original form as a contribution to the Public Engagement Exercise, along with an updated version of the dossier, with statements which have come in since March 22nd.

Having said that, we also have new information which we consider makes our case even more urgent. Firstly: figures from NHS England reveal disturbing detail about the impact of delayed hospital discharges at Norfolk and Norwich University Hospital (NNUH), the principal acute hospital serving North Norfolk. These show that the number of additional days in total that patients remained in hospital for over 21 days since the criteria to be discharged decision was made was 1,624 for the last week of May. Additionally, a weekly snapshot average of the total number of people per day with length of stay of 14 days or over who no longer met the criteria to reside but were not discharged, broken down by the reasons why they continued to reside, showed by pathway:

1. Pathway 1: awaiting availability of resource for assessment and start of care at home: 21 (out of 108)
2. Pathway 2: awaiting availability of rehabilitation bed in community hospital or other bedded setting: 42 (out of 108) – the highest in the region.
3. Pathway 3: awaiting availability of a bed in a residential or nursing home that is likely to be a permanent placement: 25 (out of 108).

No information specific to North Norfolk appears to be publicly available, unfortunately (we believe the ICB should be collecting such information), but clearly a significant proportion of those stuck in hospital beyond their discharge date are likely to be from this area, considering the exceptionally high number of elderly and dependent people living in North Norfolk.

Secondly, in the ICB document for the public engagement exercise, considerable stress is laid on the 'current financial climate', and the need to

make proposals which can be funded on an ongoing basis. Our response to that is that a thorough cost-benefit analysis needs to be conducted, comparing the costs of reopening Benjamin Court for post-discharge reablement, compared to the costs of keeping it closed.

We understand the difficulty of establishing exact figures for the cost of not reopening Benjamin Court, but they must include the ongoing costs of keeping patients in hospital beyond their discharge date, the knock-on costs from ambulance delays and delays in admitting patients due to a lack of beds, the costs of readmitting patients who have been discharged without sufficient resources to support them, and the cost of sending patients to care homes until being able to return home. There is also the cost to the community, with more pressure on carers and travel and other costs incurred by removing a reablement facility from North Norfolk.

This point was made powerfully by North Norfolk District Council CEO Steve Blatch, following the March 22nd meeting (which he attended): 'North Norfolk District Council therefore had concerns about the distance from large parts of North Norfolk to acute hospitals by ambulance for older people with strokes, heart attacks, falls etc and the difficulty partners and family members had visiting and supporting patient recovery at the NNUH which was difficult and costly to get to from North Norfolk by public or personal transport and the same would apply to the new Willow ward at the Norwich Community Hospital.

'The District Council was therefore concerned about the loss of the reablement or rehabilitation unit at Benjamin Court which had provided support for patients who were medically fit for discharge from the NNUH but for who might not be confident or able to go home straight away or be comfortable with a virtual ward model of care. NNDC would therefore want to understand the system wide costs locally of older people's health services in terms of ambulance response, repeated ambulance calls, repeated admissions of older people, and the costs of social care placements, virtual ward and the outcomes of home visit care in the District compared to the services previously provided at Benjamin Court.'

In conclusion, we say that this is clearly a vital service which needs to be locally based to be truly effective, and which we believe should never have been taken away in the first place. We urge the ICB in the strongest possible terms to reinstate reablement at Benjamin Court, as an NHS-led integrated service which we are confident will prove to be cost-effective as well as highly beneficial to the population of North Norfolk.