

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Safe and Healthy Select Committee
Date:	18 th September 2013
Title:	Delayed Transfers of care
Reference:	5188
Report From:	Director of Adult Services

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1. Purpose of Report

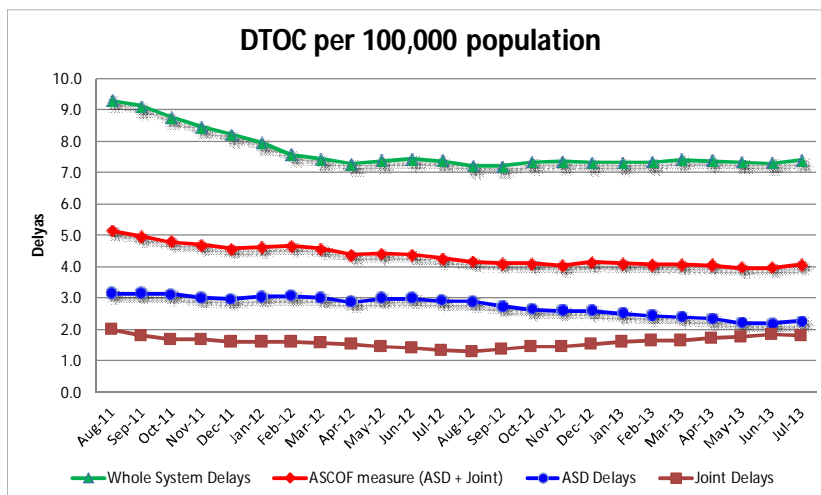
- 1.1. The purpose of this report is to brief the committee on how Hampshire County Council is improving performance on Delayed Transfers of Care (DTC).
- 1.2. To provide an overview of Hampshire's performance in relation to acute Hospitals.
- 1.3. To brief the committee on the services that support discharge from Hospital
- 1.4. To brief the committee on the impact of the additional money being offered by the government to Accident & Emergency (A&E) departments.

2. Contextual Information

- 2.1. There has been significant investment from the Council in staff and services that support safe and timely hospital discharge across all acute hospital sites in Hampshire. The Council have Social Work teams in four of the main acute Hospitals and have a discharge team in Frimley Hospital, Surrey. There are 70 staff working in the Hospital discharge teams across Hampshire.
- 2.2. Hampshire has reimbursement agreements (i.e. Hospitals do not fine the council for delays) with all Hospitals in Hampshire with the exception of Basingstoke Hospital. This enables the council to provide additional support in terms of investment into Hospitals and services. For example Hampshire County Council has directly funded two additional Social Workers in Queen Alexandra Hospital at weekends. This approach has also improved partnership working.
- 2.3. Hampshire's performance has improved significantly in the last five years in terms of its Delayed Transfers of Care.

3. Delayed Transfer of Care performance

3.1. Hampshire County Council and the NHS are required to jointly report to the Department of Health (DoH) on a monthly basis. The Social Care Delayed Transfers of Care figures are 2.22 people delayed per 100,000 population. This figure is decreasing monthly. Below is a graph explaining this.



3.2. The Council has to report its delays jointly to the Department of Health. So the figure reported are Social care and Health delays together therefore the figure reported to the DOH is 4.11 people per 100,000 of Hampshire's population are delayed.

3.3. Hampshire County Council has developed a scorecard to capture Social Care Hospital activity. This enables the Council to understand the activity in relation to demographic changes, the levels of activity in each Hospital and the type of services provided .

4. Services that support hospital discharge

4.1. In 2012/13 the Hospital teams had over ten thousand contacts by NHS staff concerned that people might be in need of social care of these, the five Hospital discharge teams supported over six thousand patient discharges with formal support from Social Care. These patients would have met the critical and substantial social care criteria. The majority of people who were discharged from Hospital have had either a reablement service from the Councils Domiciliary Reablement Team called the Community Response Team (CRT) or bed based Re-ablement service. People are also offered support from the Welcome Home Scheme or returned to their existing care provider.

5. Reablement

5.1. Re-ablement has been defined as an active period (typically up to 6 weeks) of intense activity and support, designed to promote a persons independence. The approach has been used to prevent and / or reduce the individuals need for both acute hospital care and can help people live at home for longer.

5.2 Re-ablement opportunities are therefore:

- Targeted at people who would otherwise face unnecessarily prolonged hospital stays, long-term residential care or continuing NHS inpatient care;
- Provided on the basis of a comprehensive needs assessment, resulting in a structured individual care plan that involved active therapy, support, opportunity for recovery and restoring confidence;
- Involving inter-professional working, with a single assessment framework and shared protocols;
- Time limited, normally no longer than 6 weeks;
- Adopting intermediate care guidance of being free at the point of delivery up to 6 weeks.

The expected benefits of the intervention were:

- preventing an unnecessary admission to hospital;
- reducing the length of a persons length of acute inpatient NHS care;
- supporting a longer period of recovery and regaining of independence;
- providing a managed care secondary prevention programme reducing the risk of hospital readmission;
- Ensuring that long-term decisions are taken "Right Time Right Place" with the full and timely involvement of the individual, carers and family members as appropriate.

5.3 Performance outcomes for re-ablement

5.3.1 In 2012/13 5,028 patients referred to an Adult Service Hospital Integrated Team went on to receive a re-ablement service after being discharged from Hospital, benefiting from the following services:

- 3,160 (62.8%) Community Response Team (CRT)
- 513 (10.2%) Bed based re-ablement
- 1,355 (27%) Welcome Home

5.3.2 Local performance monitoring of the Integrated Hospital Team shows that in 2012/13 on average 42% of patients referred to Adult Services went on to receive a re-ablement service; in the highest month 47% of patients accessed re-ablement with 35% being the lowest.

6. Community Response Team (CRT)

6.1 The Community Response Service is Adult Services short term assessment and re-ablement service which operates across Hampshire to provide short term interventions (for a maximum of 6 weeks) to enable people to maintain their independence in their own home. The service operates between 7am and 10pm 365 days a year and is delivered by a dedicated team consisting of 289 members.

6.2 In 2012/13 the service supported 3,160 people across the county, primarily following a period in hospital.

6.3 Key Facts and achievements

- 80% of all the clients accessing CRT are over 75 years old, with 55% of these aged 85 or over
- On average a clients receive a service from CRT for 27 days
- 83% of the clients using CRT in 2012/13 were still living at home 3 months later. For clients living with in the NORTH EAST CCG area performance was equal to the Hampshire average at 83%.
- On average CRT delivered 13.6 hours of care during the clients first week of reablement, reducing to 7.1 hours a week during their last week of care; an overall average reduction of 6.5 hours (52%).

7 Bed Based Reablement

7.1 Across Hampshire the 101 re-ablement beds supported 513 clients who were at risk of being admitted into long term permanent residential or nursing care following directly on discharge from hospital.

7.2 Key Facts and achievements

- 93% of the clients accessing a re-ablement bed are over 75 year old, with 58% of these aged 85 or over
- On average clients spend 37 days in a re-ablement bed
- 58% of the clients using a re-ablement bed in 2012/13 were still living at home 3 months later.

8 Hampshire Equipment Service

8.1 The Hampshire Equipment Service (HES) that supports the Hospitals in Hampshire is high performing. There is a huge demand for the provision of equipment from Hospitals. HES generally delivers the vast majority of equipment within 24/ 48 hours from the original hospital request. This service supports quick and timely discharge from hospital and reduces DTOC considerably.

8.2 During 2012/13 there was an approximate increase in Adult Services referrals of 6-7%. This increase is believed to be partly due to the rate of rapid hospital discharge increasing with equipment referrals occurring post-discharge date and also as a consequence of increases in Adult Services Re-ablement provision;

Referral Source % of referrals

Primary Care (GPs, Community Health Teams)	18%
Secondary Care (Hospitals and Health Departments)	55%
Adult Services Departments	27%

8.3 The equipment that the store will deliver will vary from simple equipment to support independence to more complex items such as Hospital beds, hoists, slings and raiser chairs. The equipment service delivers all other items ordered within its contract timescales which is 7 days.

9. Additional investment from central government

9.1 There are additional monies from Central Government to support specific Hospitals in their A & E function this winter. This is non recurrent funding. There are a number of pre-defined priorities set out by NHS England as part of the conditions. QA Hospital Trust and Hampshire Hospitals Foundation Trust are part of two systems who are eligible for this funding.

9.2 There are 53 high risk systems across the country that have been specifically identified who would benefit from the allocation of this resource. Following a formal submission process the identified systems have been asked to prioritise actions/ bids to be implemented over the winter period in order to deliver the national standards for A & E waiting times. On the 16 September the Secretary of State will be informed.

9.3 Submissions could include bids to improve services and unscheduled care for those people with Dementia in need of unscheduled care, the elderly frail in need of urgent care. People with Mental health problems in need of urgent care, and people with long term conditions who need urgent term care.

10 Conclusions

10.1 Hampshire County Council continues to maintain strong performance in relation to Delayed Transfers of Care through to investment in services that support hospital discharge.

10.2 Hampshire County Council continues to work in partnership with the Acute Hospitals and CCG's to improve pathways and outcomes for people being discharged from hospital.

CORPORATE OR LEGAL INFORMATION:**Links to the Corporate Strategy**

Hampshire safer and more secure for all:	yes
Corporate Improvement plan link number (if appropriate):	
Maximising well-being:	yes
Corporate Improvement plan link number (if appropriate):	
Enhancing our quality of place:	yes
Corporate Improvement plan link number (if appropriate):	

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

DocumentLocation

None

IMPACT ASSESSMENTS:

1. Equalities Impact Assessment:

7.3 Services from Hospital are equitably provided in as much as all services discussed in the briefing are available throughout the county. To whom these services are available to, equality and difference will be taken into account to ensure that if service provision not be appropriate because of age, disability etc alternative service provision will be sought to meet the need.

8 Impact on Crime and Disorder:

8.3 N/A

9 Climate Change:

9.3.1 How does what is being proposed impact on our carbon footprint / energy consumption?

9.3.2 How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

N/A