

Hampshire Health and Adult Social Care
Select (Overview & Scrutiny) Committee
27 January 2015

Adult Services Delayed Discharges



Hampshire
County Council

www.hants.gov.uk

Background

- Performance against the 4 hour access to Emergency Care Services (A&E) has been deteriorating nationally and locally since early Winter 2014/15. This has led to understandable concern in;
 - maintaining safe services (A&E) access including planning for and arranging onward care/discharge from acute hospital settings.
 - understanding ways in which local health and social care systems are performing and maintaining safe outcomes for local people.

The local authority duty / role in acute hospital discharge

Adult Services have a duty to assess for Community Care services and where necessary support people to successfully leave acute hospital settings safely where;

- Notice is given to the local authority (S.2) by the NHS of the likely need to undertake an assessment of (eligible) needs. A minimum of 2 days and maximum of 8 days notice must be given.
- A referral for assessment (S.5) should be issued by the NHS once a discharge date has been identified, the person / their carer have been consulted on the referral and an assessment and decision has been made by the NHS on Continuing Health Care eligibility.
- There is a minimum assessment period of 2 working days. Thereafter, if eligible care / support from the local authority has not been arranged a Delayed Discharge has occurred.
- the local authority can be 'fined' £100 per person, per day for each delay that occurs.

Our local system(s)

- Hampshire County Council works collaboratively across four systems;
 - North East Hampshire and Fareham CCG / **Frimley Health NHS Foundation Trust**
 - North Hampshire CCG / **Hampshire Hospitals NHS Foundation Trust – Basingstoke site**
 - South East and Fareham and Gosport CCG / **Queen Alexandra Hospital, Portsmouth**
 - West Hampshire CCG / Hampshire Hospitals NHS Foundation Trust – **Winchester & Andover sites, University Hospital Southampton NHS Foundation Trust, Salisbury Foundation NHS Trust, Bournemouth & Christchurch NHS Foundation Trust**

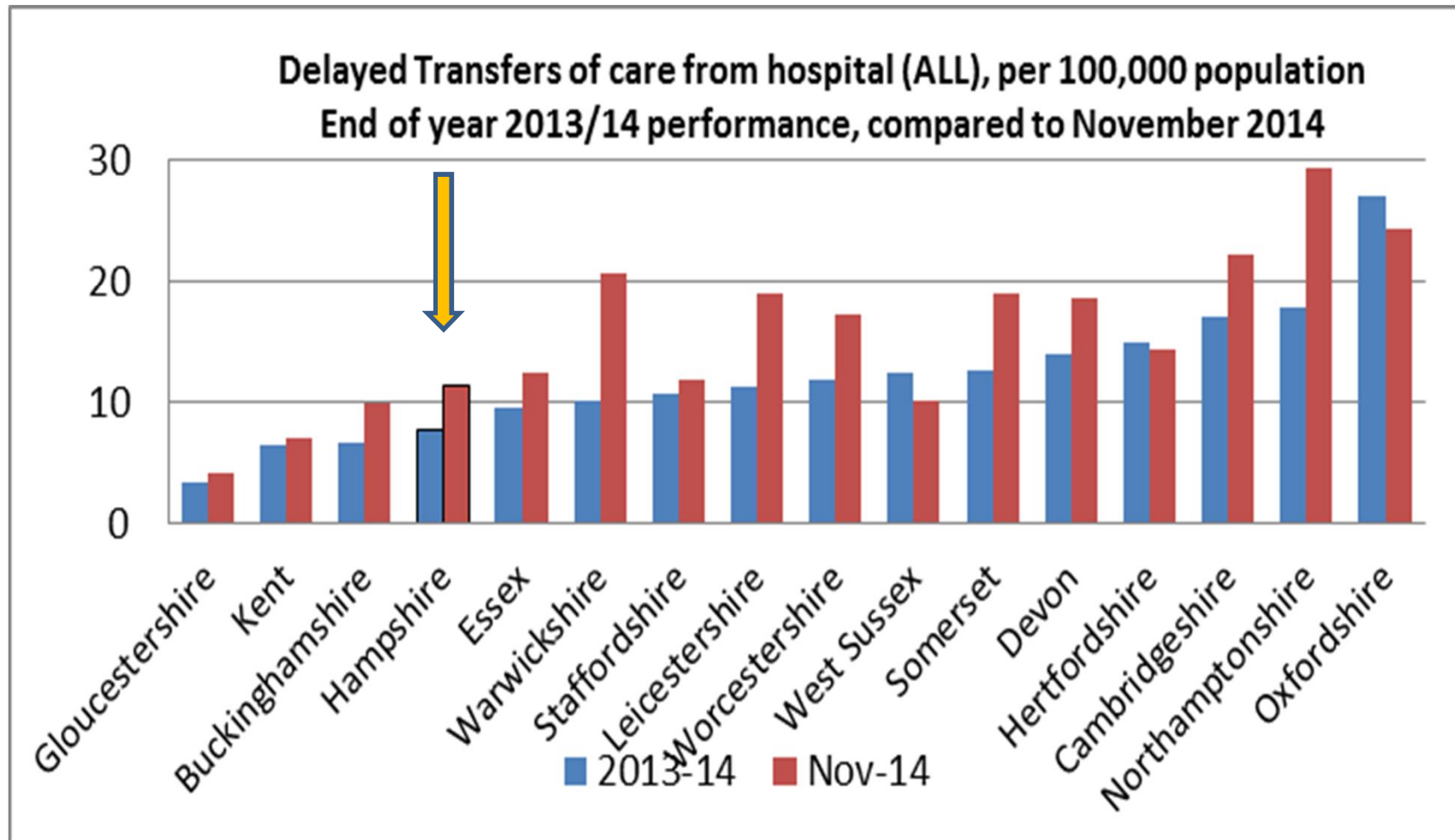
Our system challenges

- Significant increases in the numbers of people requiring support, many with complex needs requiring an increasing amount of care after they leave hospital
- Whether provision is the remit of the NHS, Social Care, Joint NHS / Social Care or self-funded there have been:
 - **Delays / difficulty in accessing packages of care as a result of market constraints / capacity**
 - **Delays / difficulty in sourcing and securing care home placements to meet complex / increased needs at a fair, sustainable price**
- Multiple competing pressures emerging across the whole system(s), a surge in demand against a back-drop of finite resources - resulting in simultaneous escalation and requiring significant attention and actions to respond / de-escalate.

Adult Services – demand and activity

- During the 12 month period to November 2014;
 - HCC Adult Services Hospital Teams supported more than 14,000 people to leave hospital (Of the requests for Adult Services assessment 31% are for people in hospital)
 - 80% of all the referrals to HCC Hospital Teams are for people over the age of 75, with 44% for people over 85 years
 - Over 5,500 people benefitted from a reablement service following a hospital admission
 - 73% of all 'new' hours of domiciliary care commissioned each week are to support people being discharged from hospital
 - On average it costs £39 per week more to support an older person following an admission to hospital, in comparison to people not admitted to hospital
 - The Hampshire Equipment Service (HES) operated by HCC provided more than 6,000 items in the six months up to December 2014; 18% of all people receiving community equipment. The service also supplied more than 1,000 hospital beds, mattresses and other specialist items ordered by hospitals to support people upon discharge.

Our performance



Performance – the facts

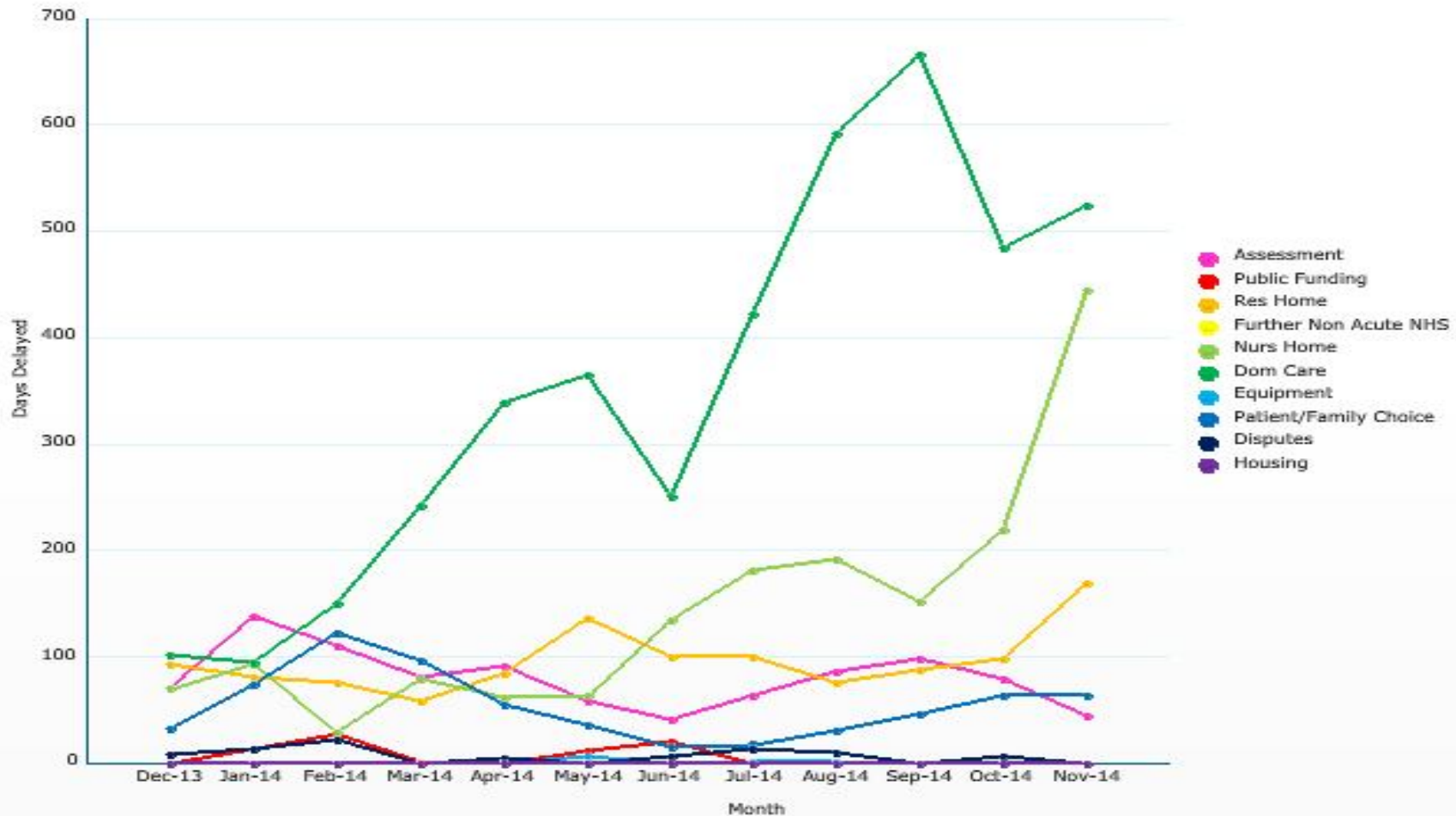
- Average delays in the current year (up to end of November 2014) are 30% higher compared to the 2013/14 average*
- Out of the 16 Local Authorities in Hampshire County Council's comparator group, information suggests our performance has potentially moved from fourth best performing in 2013/14 to fifth place.
- The total number of people delayed per 100,000 of population has also increased – up from 4 in the 2013/14 to 6.4 in November 2014.
- The current pressures are likely to continue as we are still in peak winter pressures season; usually brought about by seasonal illness, but so far there has been no major influenza outbreaks.



Reasons for Delays in Hampshire

ASD reasons for delayed transfers of care - Acute Hospitals

All Hampshire Delays



Additional investment and capacity 2014 /15

- HCC committed an additional £500k into the South East systems to help alleviate the significant issues around QA hospital with matched funding from health partners
- Investment in HCC from national system resilience funding (£962k) in 2014/15
- Further national funding allocated to some local authorities in Jan 2015, Hampshire will receive £520k to be spent by the end of March 2015.

Additional capacity 2014/15

Community Capacity –phase 1

- **31** additional HCC directly provided 'discharge to assess' nursing home beds – available to the whole system
- **10** additional 'discharge' nursing home beds in private care homes
- Spot purchasing of **additional 'reablement'** capacity, supported by 3 additional locum physiotherapists to support accelerated recuperation and recovery in bed based resources
- A **new reviewing team** to ensure timely and appropriate care packages and community equipment is in place
- **Single tender** to enable the provision of '**double-up**' care packages in place to support the South East system
- **Additional funding** to purchase additional packages of care, community equipment and staffing

Community capacity – phase 2 additional national money Jan 2015

- Securing further interim care home placements including additional staffing to support flow through the interim bed capacity (35 additional beds secured over the last 2 weeks)
- Optimising the use of our In House nursing capacity both for Discharge to Assess and interim placements
- Continuing to secure all available capacity in the domiciliary care in the market including flexible use of in house Community Response Teams
- Increased staffing into hospital discharge teams including community hospitals.

Additional capacity 2014/15

- **Additional staffing** – a further £189k of System resilience funding has been used to;
 - Support **assessment** and care sourcing staff capacity
 - Increase **administrative support** to Care Purchasing Teams and other front-line teams, such as the Community Response Teams
 - Additional **Team Assistants** (admin support) to support hospital based discharge teams, especially to enable weekend cover
 - Strengthened arrangements in hospital settings to **link with wards** through both using locum staff and triage team developments
 - Identified **dedicated Social Workers** to enable Integrated Discharge Team 'discharge to assess' opportunities linking to additional care home capacity
 - Funded **three Care Navigator posts**
 - Increased **social work** capacity at **weekends** in hospitals
 - **Increased senior management capacity deployed** to support 7 day working and escalation response .

In summary

- Our whole health and care system remains under extreme pressure.
- Hampshire County Council and all five Clinical Commissioning Group partners have jointly acted swiftly and positively to offer and provide support to acute partners, often committing additional capacity (as described in previous slides) available within days.
- Hampshire County Council Chief Executive wrote to all acute hospital trusts in November 2014 offering full support as emerging pressures became identified.
- The Director of Adult Services, in December 2014, reprioritised work across the department to support activity around acute hospital discharges.
- The pressures within the whole system, both in terms of volume and complexity of people's needs, are likely to persist for several more months and will continue to require sustained levels of resources and management attention.