Briefing Note for
Health in Dacorum Committee Meeting
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Delayed Discharges from Hospital / 'Bed-Blocking'

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Over recent months, a number of Hospital Trusts nationally have stated that hospital performance has worsened because of 'bed-blocking', where people who need adult social care cannot leave the hospital safely because care is unavailable. This causes congestion on hospital wards and lack of patient-flow through A&E.

This is a more complex picture than might appear at first. There are a number of factors that lead to poor patient flow through hospitals, only part of which relates to adult social care:

1. Around 15% of people who are discharged from hospital need assistance to go home (either from social care, the NHS or the voluntary sector). We call these 'complex patients'. The other 85% are not complex and leave under their own steam or with help from their families. It is therefore important that hospitals are enabling large numbers of patient discharges independently of social care. When this does not happen efficiently, the hospital themselves can be a cause of congestion.

2. Some hospitals are better than others at preventing admission to hospital altogether when people present at A&E. Each Trust is monitored on these 'non-elective admissions' (NELS) where people are admitted for a stay in hospital after a 999 call or being brought in unplanned by family or friends. NELS are monitored and can be high when compared to similar trusts. There can also be a high number of people who only stay for one night (often a sign they should not have been admitted in the first place) – and there can be unusually high cohorts of people from particular groups which indicates a wider problem. There can also be high numbers of 'GP heralded calls' where the GPs themselves phone the ambulance. So hospitals should be working with local GPs, adult social care and other partners to design services that keep people at home, or allow them to return home if they appear at A&E and need no acute treatment. The CCG also has the added problem that it pays the hospital a tariff if people are admitted (even if only for one night) – so this can be expensive for commissioners.

3. Around half of the people need an on-going NHS service when they leave hospital, rather than adult social care. Examples are intermediate care, visits from a district nurse or a specialist community health service like stoma care, continence or physio.

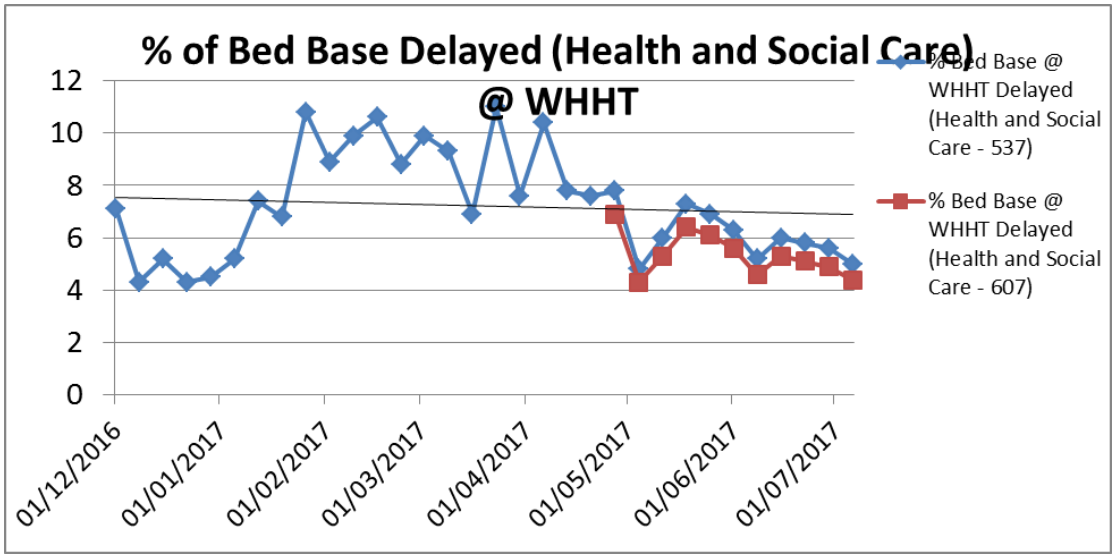
   They may also need a 'continuing healthcare assessment' to check eligibility or they may need the hospital to facilitate transport or specialist pharmacy. Therefore, around half of delays nationally are down to the NHS themselves.

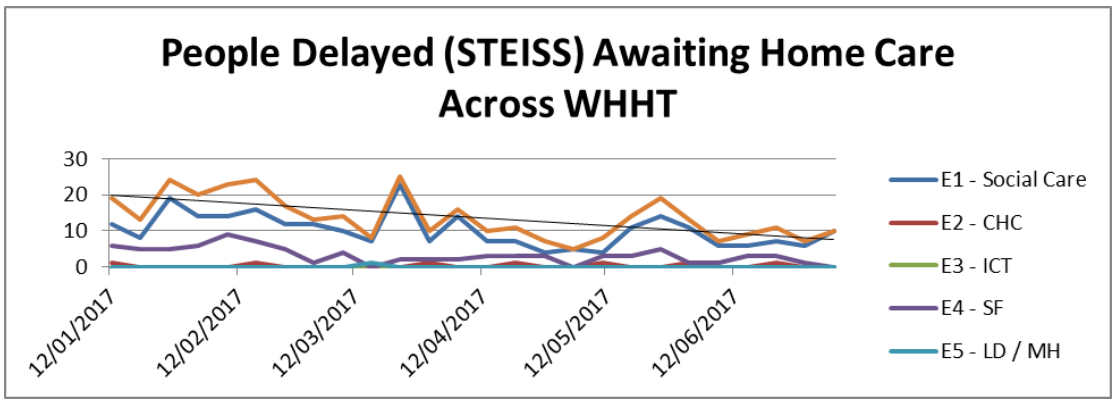
4. Further cohorts of people refuse to leave the hospital until arrangements are made for their onward journey. Every hospital has a document called a 'patient choice policy' which states that when someone no longer needs acute hospital care, they must leave. Some families / people refuse to leave until their care home of choice is available, until their social care charges are resolved, until their CHC assessment is done - or because they want further treatment from the NHS. This can account for 5-10% of delays and needs to be managed closely by all partners to cope with people's expectations.

5. When someone is in hospital and they will need assistance from adult social care to get home safely, the hospital must send a referral to social services known as a 'Section 2 Notice'. This gives the patient's details and an 'expected discharge date' when the person is likely to be medically fit to go home. Good hospitals deliver this Section 2 Notice promptly to social care so we can assess the patient and work with them on a discharge plan in good time (perhaps more than a week before they are fit to go home). Guidance states social services should facilitate someone's discharge no more than 48 hours after the expected discharge date. When this takes longer – that is the definition of a 'delayed discharge'. In some hospitals, we receive the paperwork in good time and the EDD is accurate. In other hospitals we are given 48 hours' notice and the EDD is unreliable. Many delays occur because of this process failure, leading to limited time for social services to arrange care and/or a failed discharge because all elements to make someone's discharge safe (e.g. transport, pharmacy) do not happen.

6. Finally, I would not want to underestimate the delays that are caused by the lack of available social care in the person's chosen area. In Hertfordshire, we have a shortage of nursing homes who accept the fees the local authority is able to pay; we have a shortage of homecare in some geographical areas and especially for people who need double-up care from two carers for moving and hoisting. We also struggle to recruit and retain social workers in some hospitals because of the working environment or higher salaries in other London hospitals. However, if given enough notice, we can often work around these shortages to provide solutions, both long and short-term.

As at August, Hertfordshire had average numbers of acute hospital delayed discharges overall when compared nationally. Delays in East & North Hertfordshire are small. Delays in West Hertfordshire are higher and this has been a focus of activity for us.





The numbers of social care assessments and resulting care package activity has increased throughout 2016/17 – with an 11% increase in the workload of our hospital teams. The council's adult social care budget overspent by £7m last year, with a large proportion of this attributable to increased demand from people leaving hospital.

Pro-active Approach in West Hertfordshire

HCC have invested in two joint assistant director posts with each CCG and a team of project managers to implement a number of schemes to improve performance. In addition, we have loaned a senior manager to West Herts Hospital to operationally set up a new integrated discharge team and have permanently employed an additional senior operational manager to oversee resources servicing all hospitals on the West, including out-of-county.

New Monies from the Chancellor – iBCF £2bn nationally

In March 2017, the Chancellor announced new monies for three years for adult social care pending a full public consultation on the way the system was funded. This equates to £13m for Hertfordshire in 2017/18 with £11m and £6m provided for the next two years respectively. Hertfordshire County Council has agreed a plan to spend these monies with the CCGs and hospitals and is now commissioning these services. They include:

1. Plugging the gap in adult care budgets left by CCG decisions to remove money from adult social care (£8.5m from Herts Valleys CCG over two years).

2. £1m for new 'Discharge to Assess' schemes where people are discharged home into new services, pending a full review of their needs.

3. £1m for a navigator scheme operated by the voluntary sector to assist people with lower level needs to get home and build confidence.

4. £1m for 'prevention of admission' schemes, training care providers on alternatives to calling 999, and on schemes to prevent people falling at home.

5. £500k for a pay rise for homecare workers, to enable care organisations to compete in a full-employment area with competition from the retail, hospitality and service sectors.

We have also worked collaboratively with West Herts Hospitals Trust to improve processes and systems to expedite people's discharge from hospital:

- Formation of an Integrated Discharge and Assessment Team (IDAT) using existing staffing resources with faster processes. In its first six months, the team halved the numbers of delays at Watford General.

- We have social workers working over the weekend at Watford General and the Lister to facilitate weekend discharges with care providers. We have written to care homes and homecare providers asking them to accept referrals for new cases at weekends. Numbers of discharges are still low as hospitals build up their clinical provision.

- The director and senior managers take part in regular meetings regarding delays and are active members of the Local A&E Delivery Board.