

**HERTFORDSHIRE COUNTY COUNCIL
ADULT CARE SERVICES SELECT COMMITTEE
THURSDAY 4TH OCTOBER 2001 AT 10.30AM**

Agenda Item No.

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HOSPITAL DISCHARGE ARRANGEMENTS

Report of the Director of Adult Care Services

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1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide information on hospital discharge arrangements in Hertfordshire particularly those affecting vulnerable older people.

The report looks at the activity of the hospital social work teams. It focuses on the concerns around the number of “delayed discharges”, and the joint work by Health and Adult Care Services to address this.

2. BACKGROUND

- 2.1 Many older people being discharged from hospital will need further help once they are discharged. This might be help at home for them and their carers, or it might mean support and care in residential and nursing homes. Hospital discharge arrangements are key to ensuring that older people and their carers receive the help they need.
- 2.2 For the Hospital Trusts, discharge arrangements are crucial to the smooth running of the hospital - beds are required for new admissions, and waiting list targets set by the government need to be met. Together with Adult Care Services, the Hospital and Primary Care Trusts are developing services to strengthen hospital discharge services and prevent inappropriate hospital admissions.
- 2.3 There are hospital social work teams based at the major acute hospital sites in Hertfordshire, and in Princess Alexandra Hospital (Harlow). Other hospitals based outside the county but used by Hertfordshire residents, eg Chase Farm and Barnet General, are covered by social workers based in Area Teams.
- 2.4 Hospital social workers receive referrals from hospital staff of patients who

may need support on discharge. Hospital social workers carry out assessments of need, including carers assessments, and share these with other health colleagues who will have carried out medical and other assessments. These are all then discussed with the patient and the family.

This may lead to Adult Care Services commissioning residential or nursing care for those who cannot return home, or home care and/or specialist equipment for those who need support at home. Details of the care arrangements are set out on CAR 300 form which is given to client and carer. Advice and information is also given to patients or carers who are making their own arrangements. The arrangements for assessment and discharge planning, including the expected timescales for this are set out in the jointly agreed Discharge of People in Hospital policy (*a copy is available on request*).

2.5 Home care is arranged by hospital social workers contacting District Commissioning Officers in the Area Teams to set up or restart a home care package. The level of care is reviewed at the two and six week point. Residential and nursing care is commissioned by hospital social worker team from their monthly placement allocation. Placements are reviewed at 6 weeks, and then annually.

2.6 A summary of the hospital social work team activity (for older people) is shown below.

Hospital	Number of Assessments of Hospital Patients 2000/1*	Placements into Residential and Nursing Homes 2000/2001	Home Care Packages arranged for patients on discharge**
Lister Hitchin/Royston	1535	170	298
QE II (WGC) QVM	1365	151	379
Watford General	1619	117	357
Hemel/St Albans	2426	78	320
Princess Alexandra/Herts and Essex	403	23	100
Barnet General/Potters Bar	720 est	29	n/a
Chase Farm	520 est	31	n/a

* *Assessments carried out by social work staff based at the hospital.*

** *Information drawn from SSIS. Data underestimates real position. Further work required to clarify actual numbers of patients receiving home care on discharge.*

3. POLICY CONTEXT

- 3.1 Whilst in hospital, a person's care will be the responsibility of a named doctor. This doctor is responsible for the decision that a person no longer needs care and can be discharged. Normally the decision to discharge is taken by the doctor in discussion with others involved in the assessment process including hospital social workers.

As part of the NHS Plan, and the National Service Framework (NSF) Older People, the Government want to see a number of improvements to discharge arrangements, and has set some key targets that must be achieved.

- discharge is planned from the time of admission and built upon any assessment undertaken prior to admission
- by 2004 no patient should stay longer than 4 hours in A+E before transfer or discharge
- reductions in the average rate of delayed transfers (*delayed discharges*) of care for people aged 75 and over
- reductions in rate of emergency admissions and re-admissions of people aged 75 and over

- 3.2 The NHS Plan envisages that the development of intermediate care services will enable the above targets to be met. Intermediate care services are to be jointly developed by Primary Care Trusts (PCTs) and Local Authorities. They are targeted at people who may face unnecessarily prolonged hospital stays or avoidable admissions to acute hospital or long term residential care. The service will be designed to promote independence and enable patients to remain or resume living at home through appropriate treatment and rehabilitation.

The NHS Plan sets out requirements in terms of:

- year on year increases in intermediate care beds and services
- additional provision of equipment and integration of equipment services
- additional home care services to support people at home
- additional respite services to benefit carers
- a single assessment process for health and social care

The plans for achieving these requirements in Hertfordshire must be set out in future Joint Investment Plans and through the development of the joint Intermediate Care Strategies within each PCT.

4. HOSPITAL DISCHARGE – KEY ISSUES FOR ADULT CARE SERVICES

Concerns re the numbers of delayed discharges

- 4.1 The number of delayed discharges of each of the main acute hospitals is monitored in a weekly meeting of social workers and hospital managers. The purpose is to establish why patients are waiting, and to take measures to

resolve them. Information from these meetings is monitored by senior managers and also fed through to the Dept of Health as part of the Situation Report* (SITREP) process.

4.2 The number of patients whose discharge is delayed varies across Trusts. Traditionally the numbers are higher in East and North Hertfordshire and lower in the West. However, even relatively low numbers of delayed discharges can have a severe impact on the overall performance of the hospital, dependent upon the overall bed and nursing availability.

4.3 The table below shows the number of delayed discharges in each of the main sites as of 14th September 2001 and the length of time people have been waiting. The table shows the number of delayed discharge patients in acute and non acute beds.

Hospital	No of Delayed Discharge patients waiting on acute/general hospital ward				No of Delayed Discharges patients waiting on "community hospital" sites				Total
	0-14 days	15-27 days	28+ days	3 months	0-14 days	15-27 days	28+ days	3 months	
<i>North</i> Lister Hitchin/Royston	1	2	6		8	5	17	6	45
<i>East</i> QE II QVM	16	3	1			5	14	2	41
<i>South West</i> Watford General	13		1			3	1		18
<i>North West</i> Hemel/St Albans	6	3			5				14
<i>Out County</i> Princess Alexandra/Herts and Essex	3	1	1		1	6	8	2	22
<i>Out County</i> Barnet General/Potters Bar	2	5			2	5			14
<i>Out County</i> Chase Farm	2	5	4						11

* Hospital Trusts will also be reporting information on emergency admissions, trolley waits.

The table below shows for what reason the discharge was delayed. The categories used are those set by the Department of Health.

Hospital	Awaiting Completion of Assessment	Awaiting SSD Funding	Awaiting NHS/Intermediate Care	Awaiting Residential /Nursing Vacancy	Awaiting Domiciliary Care	Family Patient exercising choice	Other	Total
Lister Hitchin/Royston		23		10		12		45
QE II QVM	6	15	2	8	2	8		41
Watford General	9			5		3	1	18
Hemel/St Albans	3			4		6	1	14
Princess Alexandra/Herts and Essex	4	4	3	7		4		22
Barnet General/Potters Bar	3	2	2	3		4		14
<i>Out County</i> Chase Farm	2		2	3		4		11
Total	27	44	9	40	2	41	2	165

4.4 The table shows that very few people are waiting for home care services. This sector has been further strengthened by new contracting arrangements. The biggest area of concern continues to be the relatively high numbers of people who are unable to return home and who require a place in a residential or nursing home.

As the table shows some people are awaiting funding, whilst others are waiting for vacancies or are still choosing. The numbers in this latter category will include people who will be self-funding. The numbers in these categories have risen for a number of reasons.

Lack of Affordable Beds

There is the lack of affordable beds within the residential and nursing care sector in Hertfordshire. Currently in Hertfordshire there are very high occupancy levels in residential and nursing homes. A recent market analysis (July 2001) reported this to be 95%.

Also, only 50% of homes will accept residents at the Hertfordshire rate. (Hertfordshire pays up to £400.90 for nursing home care, and pays three rates for residential care, standard £272.80, higher needs £325, MPE(mental health problems) £367. A place in a home which charges above this rate requires the family to afford a top-up.) A higher proportion of nursing homes require a top

up as only 24% vacancies are available at the HCC rate. In some areas, eg St Albans there is no local nursing home within the price range.

The general lack of affordable beds in some areas results in some patients waiting in hospital considerable lengths of time until a vacancy appears. There are also particular difficulties in obtaining EMI nursing home beds as very few such homes operate in Hertfordshire.

Budget for Residential and Nursing Home Care

The number of placements that can be afforded by Adult Care Services over the year is usually estimated at the beginning of the financial year based on our budget and the anticipated death rate. This number is then broken down into annual figures for each hospital and area team. From these figures, each hospital and area social work team is given a monthly allocation of placements.

For 2001/2 the budget for residential and nursing home care was increased in real terms to enable more placements to be funded. Also, the HCC rate for nursing home care was increased by more than inflation. This has enabled the targets for placements from hospital to match last year's figures. However, even with these measures the numbers needing residential and nursing home care from hospital each month normally exceeds the number of placements that could be afforded if vacancies were available. Because of this, the delayed discharge situation at each hospital is kept under careful review.

Patients Exercising 'Choice'

Even where there are homes with vacancies, some patients may not want to move into these, but instead may want or insist moving to their home of choice which may not have a vacancy. These patients present difficulties to hospital and social care staff as they are resistant to moving from the hospital even though they no longer require NHS care.

In order to address this, Hospital social workers work closely with hospital staff to ensure that these patients are offered alternative placements. Normally, patients and families are encouraged to choose homes which have vacancies. Should the patient and their family have already selected a home which is a popular home with a long waiting list they will be strongly encouraged to choose a home with a vacancy, as they cannot insist on waiting in hospital.

On occasion the difficulties around delayed discharges have led to:

- pressure to discharge people from hospital to homes at considerable distance from their preferred area
- people moving into a home not of their choice on a temporary basis in the hope that they will be able to move to their first choice when a vacancy occurs
- Health agreeing to pay "top-ups" in order to access places in homes which charge more than the standard Hertfordshire rate.

Alternatives to Residential and Nursing Home Care

The numbers of people waiting in hospital but needing residential placement can be linked to a number of factors in the wider health and social care economy. The pressure for early discharge, and the lack of investment in rehabilitation and more flexible community based services eg 'extra care housing,' has meant that many older people have little alternative but a care home placement.

There is also evidence that investment in admission prevention services can reduce numbers entering long term care, as many older people give up the wish to remain at home following admission to hospital.

5. NEXT STEPS

- 5.1 Dealing with problems around delayed discharges is a key priority for Health and Adult Care Services in Hertfordshire. The situation is also being closely monitored by the NHS and Social Care Region. Joint work is taking place to develop intermediate care strategies and services, and the independent residential and nursing home sector are involved in this.

Within Adult Care Services we are reviewing our commissioning strategy for older people to assess whether the priorities are to commission more residential and nursing home places or develop alternatives such as extra care housing.

Adult Care Services is also working with representatives of the residential and nursing home sector to discuss future price formula and in considering contracting arrangements for nursing home beds in order to meet demand.

Further details are set out in The Joint Investment Plan for Older People 2001/2.

Background information referred to by the author while compiling this report.

National Service Framework for Older People 2001 Dept of Health
NHS Plan 2000. A plan for investment. A plan for reform. Dept of Health
Intermediate Care Local authority Circular (LAC) (2001)1 Dept of Health
Discharge of People in Hospital Hertfordshire 1999
Market Analysis Residential and Nursing Care July 2001