

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

17 MARCH 2016

JOINT FOLLOW UP BRIEFING ON DISCHARGE PLANNING

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Summary

This briefing is a follow up to the report on the complete care pathway that was presented to Overview and Scrutiny Committee on 17 December 2015. It provides the Committee with the latest update on the situation relating to discharge planning.

1. Budget and Policy Framework

1.1 The frameworks within which this report is set include:

- Care of patients being discharged from hospital is covered by the Care Act 2014 and the Care and Support (Discharge of Hospital Patients) Regulations 2014.
- The national guidelines for the recording of Delayed Transfer of Care (DToC) revised October 2015 which can be accessed by following this link: <https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2015/10/mnth-Sitreps-def-dtoc-v1.09.pdf>
- The collaboration across the whole health and social care system¹ to deliver improvements encompassed within the Better Care Fund.

¹ The “health and social care system” is short-hand for all those organisations that contribute to the whole “health economy” across Medway.

2. Background

- 2.1 When the report went to this Committee in December, three Emergency Care Implementation Programme groups (ECIP) had just been set up. The three groups comprise work streams focussing on admission prevention and avoidance, internal patient flow and discharge and community support.
- 2.2 This briefing will highlight the work that continues to be undertaken across the health and social care system to ensure that people are discharged from Medway Foundation NHS Trust (MFT) in a safe and timely manner.
- 2.3 The work to review and address Delayed Transfer of Care (DToC) is outlined in detail in the December report. The data is collated by NHS England and released on a quarterly basis; we are at the end of a data collection cycle which means that the December return is the most recently validated data set available.
- 2.4 Since that time, the focus on understanding the reasons behind DToC and how these can be addressed continues. The mobilisation of the hospital based Discharge Team has begun to see better communication within MFT thus ensuring the communication channels are more effective and patient waiting times or failed discharges due to components of the discharge mechanism being out of place have been reduced.
- 2.5 In addition, a series of local agreements is being explored to understand whether these can further reduce the delays for people ready for discharge who are waiting for other processes, such as assessments and agreements about ongoing funding, to be resolved. These are outlined in section 4.
- 2.6 The development of the Home to Assess and Intermediate Care models continues, which will include continuing assessment of capacity outside of the Acute Trust. The Council and Medway Clinical Commissioning Group are currently tendering intermediate and reablement services in line with the Strategy that came to this Committee on 11 August 2015. New services will be in place in October 2016.

3. Options

- 3.1 It is clear that the ECIP work is having an impact on how the local health economy reacts to the pressures of DToC and other related challenges. The development of Home to Assess and Intermediate Care work streams will also impact on the ability to provide stability across the system and affect the rate of discharges.

Work continues to better understand the internal pinch-points within MFT. An ECIP MADE (Multi Agency Discharge Event) in January provided further momentum and direction to improve discharge. This provided a deep dive review of length of stay patient by patient on selected wards.

- 3.2 Work is also underway to stimulate the local market, engage with national providers to develop increased local capacity and encourage the development of care services where there is presently a lack of provision or ability to achieve timely discharge. This includes the development of a market position

statement and will specifically include older people with mental health needs who require nursing care.

- 3.3 As part of BCF planning for 2016/17 there is a requirement for all local partners to develop, agree and implement a Medway DToC reduction plan.

4. Advice and analysis

- 4.1 It is clear that the issue of DToC remains a challenge. The data indicates that nationally DToC is increasing and Medway reflects this national trend although it is unclear whether this is due to increased numbers or an improved understanding of the process which is leading to more consistent reporting.
- 4.2 What is clear is that the increasing numbers seen at the weekly validation meetings and subsequently reported in the monthly return are being driven by a steady increase in the category of family and patient choice.
- 4.3 The issue of patient and family choice is complex. Better recording by MFT of the process is providing an increased understanding of the trends behind these delays. The issue of increasing numbers of delays due to patient and family choice is also a national concern and Medway is in line with the national numbers.
- 4.4 In many cases patients and families sometimes struggle to respond to the requirement to choose a placement. At a time when careful consideration about the next stage in someone's life is being decided, the options can sometimes appear daunting.
- 4.5 Support from Adult Social Care is available to those where additional care needs have been identified and those qualifying for Continuing Healthcare receive support from that source. Patients/service users resourcing their own care (known as self-funders) sometimes struggle to find a suitable placement and this applies especially to elderly relatives who find physically getting to view homes a challenge. Discussions are underway with an organisation in the voluntary sector to see what support, if any, might be available to support that process.
- 4.6 Another aspect of DToC is when there is a person at MFT who comes from outside the Medway or Swale area. At present there is no formal policy requiring repatriation of people in this situation to their local Acute Trust or reimbursement where the person is eligible for social care.
- 4.7 The published DToC figures also include those Medway residents who are DToC reportable in other Acute Trusts. At present the understanding of the liaison between Acute Trusts over this issue is unclear. This requires further investigation as it impacts on Medway's figures yet the issue is outside of Medway's control or influence.
- 4.8 The weekly validation meetings continue to push forward changes that speed up the processes which support safe and timely discharge: a local agreement with Medway Housing has smoothed the pathway for those without a return address; the internal discharge team now has a recording system for the choice process which indicates where the patient is on the process.

- 4.9 This detailed weekly analysis has led to a reduction in the length of stay for individual patients; in practice this means that we have moved from a situation where the lengthiest stay was over 100 days to an average of 60 days for those with the most challenging issues.
- 4.10 As a result of examining the themes causing DToC a number of locally agreed time-scales are presently being negotiated to ensure that where delays can be reduced, there is a locally agreed framework within which action will be put in place and can be audited. Some examples of this streamlining are:
- assessments by the wards for CHC checklists (“fast-track” end of life) to be completed and sent to the CHC office within 48 hours if eligible for funding
 - IDT to complete assessments for placements, packages of care, rehabilitation etc., with 48 hours of a patient being medically optimised by IDT
 - although the national timeframe for a review for Continuing Healthcare is that this should take place within 28 days, our local agreement is that a date for the review will be set and communicated within 48 hours
- 4.11 Medway, along with all other Better Care Fund (BCF) areas, is required under the new BCF National Condition 8 to develop a metric to measure DToC and put in place a plan to reduce delays in 2016-17.
- 4.12 Challenges to reduce delays remain. These include the increasing complexity of demand against some gaps in supply. In 2015 there were four unplanned home closures with one new home development in the planning stage. Although there is sufficiency in residential care homes, capacity in nursing homes is limited.
- 4.13 There are often challenges to returning a service user to a care setting if their needs have become more complex and the original setting feels it can no longer address the increased need in a safe and secure manner. This applies especially to those people whose condition has deteriorated, particularly people with dementia and especially those who are younger and who might also have other needs such as learning difficulties.
- 4.14 As stated previously, in order to stimulate the market, the Council has undertaken a Fair Cost of Care exercise to establish the Council’s price for residential and nursing care home placements for older people in 2016/17.
- 4.15 This consultation exercise was used to understand what prices should be going forward taking into consideration external factors that will be impacting on providers costs such as the increase in the National Living Wage.
- 4.16 In order to improve the sufficiency of community based services the Council has just re-tendered for Home Care Services and, as stated previously is jointly commissioning with the CCG intermediate and reablement services.

5. Risk management

5.1 The risks raised by this report are detailed below.

Risk	Description	Action to avoid or mitigate risk	Risk rating
Inability to change a complex-interdependent system	Day-to-day operational involvement from providers prevents them from making the required changes to develop a long-term integrated vision.	Commissioners will work closely with providers throughout the process and ensure that they have the necessary support and resources to deliver the essential changes in the timeframe required	Medium
Inability to change complex working practices	Inability within the timeframe required by external organisations to address the cultural and competency requirements across the whole workforce to enable integrated working to be successful	Whole system approach to change-management will be developed to ensure staff feel “safe” to change their working practices	Medium
Inability to affect the market to produce sufficient capacity in high-risk areas	The Medway market is not a stand-alone situation so encouragement to invest in provision in this area may require some specific incentivisation to bring urgently required resources into the area	Partnership Commissioning will develop a system-wide view of demand and take a joined-up approach to commissioning plans	Medium

6. Legal and Financial implications

6.1 There are no specific legal or financial implications arising from this report.

7. Recommendations

7.1 The Committee is invited to consider this report and comment.

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Appendices

There are no appendices to this report.

Background papers

<http://democracy.medway.gov.uk/mgconvert2pdf.aspx?id=29193>

Report to Committee – 17 December 2015