HEREFORDSHIRE COUNCIL

REDUCTIONS IN DELAYED HOSPITAL DISCHARGES

PROGRAMME AREA RESPONSIBILITY: SOCIAL CARE AND STRATEGIC HOUSING

CABINET **28TH APRIL, 2005**

Wards Affected

Countywide

Purpose

To receive a report on the reduced numbers of delayed discharges from hospitals.

Key Decision

This is not a key decision.

Recommendation

That the report be noted.

Reason

To inform Members of the improved position on delays in hospital discharges related to social care services.

Considerations

1. A hospital admission is an unwelcome event at the very least for most people: however, for an older person it can be an extremely disruptive experience. Usual routines and informal support mechanisms are interrupted and may not easily be reinstated. It is therefore important that hospital admissions are avoided wherever possible, that appropriate services are available and that discharge arrangements are well co-ordinated. It is generally agreed that acute hospitals should only be used for the delivery of services that cannot be provided as effectively elsewhere in the health service, social care or housing system.

2. Discharge from hospital is a process and not an isolated event. Planning for discharge should start prior to admission for planned admissions, and as soon as possible for all other admissions. It should involve the development and implementation of a plan to facilitate the transfer of an individual from hospital to an appropriate setting for on going support. The individuals concerned and their carers should be involved at all stages.

3. Effective and timely discharge requires the availability of alternative, and appropriate, care options to ensure that any rehabilitation, recuperation and continuing health and social care needs are identified and met.

4. A number of government initiatives have been put in place that require close

collaboration and joint planning across the health and social care system to deliver improved outcomes for patients.

5. From January 2004 authorities with Social Care responsibilities were required to reimburse acute hospitals the sum of £100 for every day that a patient is delayed in hospital waiting for social care services. This policy was intended to encourage local authorities, acute and primary care trusts to work in partnership to ensure that individuals receive the care they need, when and where they need it. Herefordshire received a grant of £352,499 in 2004/5 to support the development of services to avoid the need to pay reimbursements, part of which was used to introduce the administration and audit trail for the system.

6. During 2004/5Herefordshire Council reimbursement payments to HHT were £9,300 (93 days @ £100). These were complex discharges with very particular individual or family circumstances and should be seen in the context of the majority of discharges being made in an appropriate and timely manner.

Improved trend in delayed discharges

7. The attached appendices indicate an improved trend in delayed discharges associated with social care services.

   Appendix 1 - People whose discharge was delayed in acute beds (Hereford Hospitals Trust). The numbers of delays associated with social care are comparatively low.

   Appendix 2 – People whose discharge was delayed in Community hospitals. From a high position in August 2004 (33 people) delays have reduced to a current position where social care contributes less to delays than those associated with health.

   Appendix 3 – Numbers of beds available in community hospitals during each month. Concern has been expressed that delayed discharges in community hospitals were contributing to the capacity issues in the acute sector. The availability of beds within community hospitals each week indicates that other factors may be more significant.

8. A number of local initiatives have contributed to ensuring the discharge process is robust:

   - A jointly agreed protocol across health and social care has been developed which maps the respective roles and responsibilities of agencies and individuals groups of staff in the discharge process in Hereford Hospitals and Community Hospitals.

   - In 2002 a Social Care assessment team moved into an office base within HHT. The new team provides a clear referral point for hospital staff and ensures that social care is part of the wider discharge planning team.

   - Hillside Intermediate Care Centre opened in Nov 2003. Jointly funded by Herefordshire Primary Care Trust and Herefordshire Council the centre provides residential rehabilitation for 22 people for a period of up to six weeks. Intermediate Care is a term used to describe a range of services designed to promote the independence of older people by promoting faster recovery from illness, preventing hospital admissions and supporting discharge.

     During the first year from opening 386 people were admitted - having an average length of stay of 17days. It is estimated that 6362 bed days were saved from the acute hospital. 82% were discharged to their usual home address with only 3% being

admitted directly to a care home setting.

- The Councils in-house home care service has developed a reablement service providing 800 hours across the county of short-term support. The service is designed to promote the independence of older people at home and following a hospital admission.

- The Reimbursement grant was invested in interim care home beds. On occasions either funding or choice issues have delayed an individuals discharge. Having an agreement with specific care homes for quick access to beds means these issues can be resolved after discharge.

Future initiatives planned

- A revised care pathway to be piloted to ensure best use of the capacity within community hospitals for rehabilitation, and to adopt a principle that no older person should be admitted direct to a care home from an acute bed.

- A jointly funded intermediate care co-ordinator to ensure co-ordinated approaches to developments across agencies.

- Partnership Grants for Older People provide an opportunity for improving proactive admission avoidance services. The indicative grant allocation for Herefordshire is £500,000 for 2006/7.

- LPSA 2 includes a target of reducing emergency bed days occupied by people over 65 through identifying older people at risk and connecting them with appropriate services.

Risk Management

Risks associated with the reimbursement scheme have been minimised by the initiatives described.

Consultees

Hereford Hospitals Trust and Hereford Primary Care Trust.

Background Papers

None identified.