MIDDLESBROUGH COUNCIL

APPENDIX 2

SCRUTINY REPORT

OVERVIEW AND SCRUTINY BOARD

04 NOVEMBER 2013

WINTER PRESSURES – HOSPITAL DISCHARGE

Purpose of report

1. To provide the panel with an overview of hospital discharge with reference to specific points of information requested.

Hospital discharge – key legislation

2. There is a broad range of primary legislation that is applicable to the provision of a Social Work service but the key legislation around hospital discharge is the Community Care (Delayed Discharges etc.) Act 2003. The Act places duties upon the NHS and councils with social services responsibilities in England relating to communication between health and social care systems around the discharge of patients and communication with patients and carers. The NHS is required to notify councils of any patient's likely need for community care services, and of their proposed discharge date. The act establishes timescales, dependant on the proposed discharge date of the patient, but not less than 72 hours, within which social services must assess need and effect discharge from hospital.

3. The Act makes provision for a system of reimbursement for delayed hospital discharges. If a patient remains in hospital because the council has not put in place the services the patient or their carer need for discharge to be safe, the council can be fined a charge per day of delay by the NHS body. This charge is currently £100 per day. Agreement was reached locally that the provision for the levying fines would not be implemented; this has remained the case to date but the legislative basis for fines remains in statute. This provision was intended to provide a financial incentive for councils to promptly assess and transfer people from an acute ward (where they are at risk of losing their independence) to a more appropriate community setting as soon as they are ready for discharge, and provide an appropriate range of support. The Act does however place significant administrative demands on partner organizations and implementation of fines would arguably run the risk of creating an adversarial environment where partnership working is perhaps most likely to bear fruit.

What is a delayed discharge?

4. It is important that we are precise about what constitutes a delayed discharge. A clinician on a busy ward may consider that a person that they assess to be no longer in need of an acute bed constitutes a delayed discharge if the bed is not immediately

available for other more needy patients; this is certainly a major practical concern for a hospital and one which the local authority should support them in resolving where possible. From the local authority's perspective however, the formal definition under the Act states that the health body must give the appropriate statutory notification (and accompanying minimum time period) to the local authority to allow assessment, that there must be a multi-agency decision that the person is ready to be discharged and that the final formal notification should then be sent giving 24 hours for the Social Worker to facilitate discharge. Within the terms of the Act the case only becomes a delayed discharge if all of the procedures have been followed, the 24 hours have elapsed and the patient still remains on the ward. This occurs very infrequently, while delays of this nature do occur from time to time, the vast majority of delayed transfers of care result from causes other than a failure on the part of local authority staff to meet their statutory target.

5. The definition above gives a context to the role of Social Workers within the hospital but there is an absolute acknowledgement that in practice the job is concerned with supporting the hospital to facilitate timely discharges wherever possible; Social Workers work to discharge people home in as timely a fashion as possible as it is the correct thing to do in support our dual customers: the service user and the hospital.

6. During the winter period last year a great deal of time was committed by staff from all related agencies in tracking delayed transfers of care on a daily basis at JCUH. What became clear however, in the writer's opinion, was that because of differing perceptions as to what constitutes a delayed discharge, and differing understandings of where responsibility lies for the various steps in the process, attributions of "blame" were frequently inaccurate. Consequently, the process of cleansing the data to accurately establish, for instance, the cases where a failure on the part of a Social Worker to comply with a set timescale did indeed result in a delayed discharge, became almost impossible. While there were certainly delays caused by failures on the part of Social Workers, there were also delays reported in the daily documentation as being attributable to social care where no referral had been received or where, for instance, the individual was awaiting assessment by another health resource. While considerable learning has been drawn from the experience of tracking delays during the winter period last year, the focus across partners has firmly shifted away from attempting to attribute responsibility and on to a shared emphasis on developing our joint processes more effectively.

The Act in practice

7. In practice the Act outlined above places the responsibility on ward staff to identify an individual in hospital whom they feel may be in need social care services. Once they have identified such a patient and their obtained consent, the hospital staff member completes a referral from and passes it by fax to the social work team based at James Cook University Hospital. If the case is already open to a Social Worker in a community based team then it will be passed on to them, otherwise the piece of work will be allocated to one of the hospital based Social Workers. It is significant to note that the Act states the health body should pass the referral once they form the opinion that the person may be in need of social care services – this is in advance of the person being ready for discharge, it may even be in advance of admission in some planned instances.

8. The role of the Social Worker thereafter, irrespective of whether they are based in the hospital or in the community, is to conduct a timely assessment of need, ensuring the

contribution of other relevant professionals, and to facilitate the design and timely implementation of a support plan that meets the eligible needs of the individual and their carers.

9. The timescales for the conduct of assessments and care planning are stipulated within the Act. This serves to provide a minimum time period to allow the Social Worker to complete the task and a maximum time period within which it is expected the task will be complete. The date stamp on the faxed referral form at then hospital based social work team starts the clock.

10. In most instances the assessment task is a complex one. By definition of their presence in hospital all of the people seen are unwell or recovering illness or injury and the Social Worker must rapidly gain an understanding of how they were prior to admission, what their home environment is like and how they are, or were, supported to live within it and what will be required once they leave. Most referrals relate to vulnerable elderly people, may of them have impaired cognitive capacity, many are unrealistic about their capabilities and in many cases there are disagreements about what is for the best within broader families. The Social Worker must navigate these tensions and support the individual to arrive at a suitable plan within the timescale afforded by the referral. In the vast majority of cases this is achieved successfully.

Hospital discharge related work undertaken since last winter

11. As a result of the pressure experienced last winter by all agencies within the health and social care economy, a substantial programme of joint working has been undertaken between the hospital social work team, the acute trust and the South Tees CCG. This has included:

- Participation in the work of the hospital's Discharge Steering Group to review and streamline the hospital's discharge processes. This has resulted in the updating and simplification of referral paperwork and the streamlining of referral processes. These changes have been rolled out by the trust in workshops with acute wards. Social Workers have participated in all of these workshops.

- A change has been made to the hospital social work team's allocation system for incoming referrals to ensure that Social Workers have the maximum level of time available to plan for an individual's discharge. The previous system was within the legal guidelines, and the new system does carry a slightly increased administrative pressure for Social Workers, but it is anticipated that it is likely to shave a day, or sometimes days, off some hospital stays and will reduce the incidence of delayed discharge.

- An increase in the team's complement going into the winter period compared with last year.

- A review has been undertaken of arrangements for annual leave over the Christmas and New Year periods. This will ensure sufficient staff to deal with anticipated referral rates.

- Participation in the IMProVE (Integrated Management and Proactive Care for the Vulnerable Elderly) Advisory Group which is co-ordinated by the South Tees CCG.

The group's aim is to support health and social care partners in working together, using a series of principles, to build a new service model for joined up services for older and vulnerable adults which fully reflects national strategy and clear guidelines from the Department of Health and meets the needs of the patients and service users in South Tees. The work of this group has a direct bearing on the local health and social care system and strives to create effective pathways for vulnerable elderly people where admissions to hospital are minimized and where individuals are successfully discharged from hospital into settings where their wellbeing can be sustained.

- Participation in the Urgent Care Workstream which again is co-ordinated by the South Tees CCG. This group's work has a focus on developing local health services that allow urgent access to the correct level of health care and, as such, its work directly both the number of individuals who may arrive at the front door of Accident and Emergency, and may subsequently be admitted, and the systems by which people may have access to other urgent medical resources within their community. Delayed discharge is of direct relevance to this group as without timely discharge the hospital system becomes clogged and effectiveness is impaired.

12. These workstreams have been perceived as being increasingly positive with a clear focus on finding joint solutions to problems rather than expending energy in establishing who to blame for perceived shortcomings. I believe that as a result of this work there is a much broader, shared understanding of the pressures on all systems and how we can continue to tackle them together.

Areas for future work

13. There continues to be work undertaken in developing the discharge processes at the hospital both in direct partnership between the Council, Redcar and Cleveland Borough Council and the hospital trust and in the forums afforded by the CCG as mentioned above. These are considering such possibilities as all admission being dealt with by Social Workers from the hospital based team and whether there is merit in additional linking of Social Workers to individual wards.

Conclusion

14. As we approach the winter period, we are able to say that we have much improved referral and allocation processes, a confident expectation of more effective partnership working and a greater degree of confidence in our ability to respond to pressures than was the case a year ago. It would be naïve to approach the winter with anything but extreme caution but we do have greater capacity within our service and a greater ability to respond flexibly than we have possessed in past years. Work on delayed discharge feels to have become increasingly collegiate as the year has gone on and there now appears to be a much greater acceptance that we must rely on joint solutions to tackle issues relating to delayed discharge.

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