

Decision Maker: HEALTH SCRUTINY SUB- COMMITTEE

Date: 25th February 2016

Decision Type: Non-Urgent Non-Executive Non-Key

Title: Urgent Care Update (Winter Resilience)

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Chief Officer: Stephen John, Assistant Director of Adult Care, ECHS

Ward: Borough wide

1. PURPOSE OF THIS REPORT

- 1.1 This report provides the committee with an update on the LBB winter resilience schemes (The evaluation of 'Discharge to Assess' beds at Orpington hospital /Sloan – to be provided by Richard Lloyd Booth, Director of Transfer of Care Bureau). It explains the key success criteria and the related issues in meeting the performance targets, and gives reassurance that the schemes have been effective in supporting hospital discharges and preventing readmissions.
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2. RECOMMENDATION

- 2.1 The Health Scrutiny PDS committee is asked to note the issues relating to urgent care pressures in the local health and social care system, and support the recommendations to fully utilise the unallocated winter resilience grant to maintain the year-round service delivery, and sustain service continuity and system resilience.

Corporate Policy

1. Policy Status: Existing policy
 2. BBB Priority: Supporting Independence
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Financial

1. Cost of proposal: £974,000 for the period from October 2015 to March 2016
 2. Ongoing costs: Non-recurring cost
 3. Budget head/performance centre: Adult Care Services
 4. Total current budget for this head: N/A
 5. Source of funding: Winter Resilience Grant from NHS England
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Staff

1. Number of staff (current and additional): 18 FTEs additional social care staff in various grades are funded by Winter Resilience grant
 2. If from existing staff resources, number of staff hours: N/A
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Legal

1. Legal Requirement: Section 74 and Schedule 3 to the Care Act 2014 and the Care and Support (Discharge of Hospital Patients) Regulations 2014
 2. Call-in: not appropriate
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Customer Impact

1. Estimated number of users/beneficiaries (current and projected):
Current: 107
Projected: 288
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Ward Councillor Views

1. Have Ward Councillors been asked for comments? No
2. Summary of Ward Councillors comments: None

3. COMMENTARY

3.1 In September 2015, Bromley ECHS received a NHS Winter Resilience Grant of **£974,000** for 2015/2016 to increase capacity to support hospital discharge and prevent patients' readmission.

3.2 The funding are being used to implement the following schemes:

LBB Winter Resilience Schemes	Allocation
Scheme 1 - Increasing care management staffing capacity within Kings College Hospital (Princess Royal University Hospital - PRUH) by 30% to undertake timely assessments of patients and provide 7 day working arrangement. Providing additional social care staff by 10% in the community teams to identify people with urgent care needs, undertake timely interventions to prevent admissions and support continuity of care following discharge. <u>Planned target: additional 18 FTEs staff</u>	£521,600
Scheme 2 - Offering Fast Response Personal Care Services to facilitate discharges for up to 4-6 patients per week to reduce delay. <u>Planned target: 150 users in 6 months</u>	£201,600
Scheme 3 - Offering Intensive Personal Care Services to facilitate speedy discharges of patients with high complex care needs (up to 4 patients per week) <u>Planned target: 100 users in 6 months</u>	£160,000
Scheme 4 - Setting up additional 4 Step-down Units in Extra Care Housing Scheme to facilitate discharge of patients in need of community based reablement, rehabilitation and interim care. <u>Planned target: 38 users in 6 months</u>	£91,000

3.3 **Four** key performance indicators (KPIs) are used to measure the success of these schemes:

- a) Additional number of social needs assessments undertaken by staff facilitating discharge/ number of planned discharges,
- b) Reduction in delayed transfer of care
- c) Number of users/patients discharged with schemes 2, 3 and 4,
- d) Reduction in the number of patients admitted to residential and nursing care

3.4 A total of 12 FTEs staff were recruited but were appointed at different times during the past 4 months (October 2015 to January 2016) with a further 4 FTEs in process. At the time of reporting, **(£178,539)** of the allocated fund has been spent on agency staff to increase capacity. Data extracted from the CareFirst Business Object reports indicate that **(£85,789)** of the allocated funds for schemes 2, 3 and 4 have been used to support **107 patients** returning home.

3.5 The establishment of the Transfer of Care Bureau in November 2015 has strengthened the integrated 7-day working between health and social care staff at the PRUH. There has been an increase of planned discharges facilitated by social care staff that are available at weekends and bank holidays and by health professionals who have been trained to undertake integrated health and social care assessment. This helps maintain a 'consistent flow of patients' daily through the system and improve 'Discharge to Assess' processes. There has been no delayed transfer of care due to 'awaiting care package in own home' for the past four months.

- 3.6 The planned 4 additional extra care housing flats have not materialised, because of legal and other reasons to secure a tenancy. There has still been a 40% reduction (on average 6 LBB funded placements a month in the past 4 months and the baseline figure is 10) in the number of patients discharged to long-term care homes. High quality Fast Response and Intensive Personal Care schemes have provided a more responsive and patient-centred care to meet individual complex needs upon discharge. These two schemes have also improved the timeliness and appropriateness of discharge and reduced patient's length of stay in hospital.
- 3.7 Due to the difficulties in recruiting appropriate staff to fill the WR funded temporary posts, the hospital and community social care teams have not had the full capacity to make a noticeable impact on the number of assessments and timing of intervention to prevent hospital admissions/readmissions. This work will be taken forward and will be discussed with our community partners.
- 3.8 There have been management issues with the quality of reliable data for winter resilience monitoring. For example, health and social care IT systems are not fully integrated, this gives rise to inaccurate or inconsistent data recording. In order to address this, 2 FTEs were urgently recruited during November and December 15 to undertake this task manually. We are now collecting the required data and systems are beginning to work reliably.

4. LEGAL IMPLICATIONS

- 4.1 Joint and integrated working is embedded in the Care Act 2014; for example, the duties to promote integration of care and support with health services in section 3, the duties to co-operate in sections 6 and 7 and the provisions as to the integration fund in section 121 of the Act. The Council's is looking to promote more collaborative working between health and social care, and is required to have a plan by 2017.
- 4.2 Section 74 and Schedule 3 to the Care Act make provisions for promoting co-operative working to secure the safe discharge of patients in England from NHS.
- 4.3 The policy position remains that no one should stay in hospital longer than necessary. The NHS and local authorities must continue to work together to ensure people have the correct support they need on leaving hospital.

5. FINANCIAL IMPLICATIONS

- 5.1 The allocated winter resilience grant for scheme 1 and scheme 4 have not been fully utilised and only (£264,328) of the total grant was used in 4 months. Although there is sufficient evidence to demonstrate that the LBB winter resilience schemes have been effective in supporting hospital discharges and preventing readmissions, the full impact of the grant has yet to be realised, and will run until March 31st. Other operational joint arrangements and service options funded by the winter resilience fund to facilitate timely hospital discharge need to be further explored. Any drawdown of winter resilience money will need to be evidenced by thorough tracking and auditing of the expenditure on each of the 4 schemes.
- 5.2 There are ongoing demands in service provision and social care intervention to support urgent care and hospital discharge. The unallocated grant would best be rolled over and used to maintain the year-round service delivery and to sustain service continuity and systems resilience. A small percentage of it may be reserved as the Council's contingency fund to support NHS's responses to other incidents and emergencies that could affect health or patient care. These could be anything from severe weather to an infectious disease outbreak or a major transport accident.

6. PERSONNEL IMPLICATIONS

- 6.1 There was a continuous turnover of staff in 4-6 months, as agency staff were recruited to fill these winter resilience funded temporary posts. This has a significant impact on the consistency in practice and service delivery.
- 6.2 There is a nationwide issue with the recruitment and retention of staff within social work and occupational therapy professions. We are working with HR on developing a local recruitment and retention package that is more competitive and would encourage agency staff to apply for permanent positions.

7. POLICY IMPLICATIONS

- 7.1 Further work is required to develop a local shared planning protocol to promote joint working arrangements between NHS urgent care and social services when planning for and responding to disruptions and winter pressure. This partnership approach should focus on achieving the best outcomes for patients and not the performance targets of each organisation.

Non-Applicable Sections:	
Background Documents: (Access via Contact Officer)	<ul style="list-style-type: none">• The Care Act 2014 – Section 74 and schedule 3• The Care and Support (Discharge of Hospital Patients) Regulations 2014• NHS England Monthly Delayed Transfer of Care Situation Reports -Definitions and Guidance• NHS Five Year Forward View• Delivering the Forward View: NHS Shared Planning Guidance 2016/17 – 2020/21