Buckinghamshire County Council

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Health and Adult Social Care Select Committee
14 March 2017

Agenda Item **Page No**

Report to Cabinet, Buckinghamshire Healthcare Trust and Clinical Commissioning Groups

Hospital Discharge

A Report of the Health & Adult Social Care Select Committee

Contact Officer: Liz Wheaton, Committee & Governance Adviser

Message from the Inquiry Chairman

“On behalf of the inquiry group, I would like to pass on our sincere thanks and appreciation to all those people who gave up their valuable time to talk to us and allow us to gain a deeper insight into this important area of work.

The inquiry group and the wider Health & Adult Social Care (HASC) Select Committee continues to be impressed by the dedication and professionalism shown by all those working within the health and social care sector.

Whilst recognising there is no simple solution to this very complex area, the inquiry group hopes that this report will help to improve current ways of working”.

Brian Roberts, Chairman of the inquiry group and the Health & Adult Social Care Select Committee

Members of the Inquiry Group:

- Brian Roberts (Chairman), County Councillor
- Brian Adams, County Councillor
- Noel Brown, County Councillor
- Julia Wassell, County Councillor
- Thalia Jervis, Healthwatch Bucks
- Sandra Jenkins, District Councillor (Aylesbury Vale)
- Nigel Shepherd, District Councillor (Chiltern)

Purpose of the Inquiry

- To seek the agreement of Buckinghamshire County Council's Cabinet, Buckinghamshire Healthcare Trust and the Clinical Commissioning Groups to the report and recommendations of the Health & Adult Social Care Select Committee.

Glossary of terms

Acronyms used within this report:

- BHT - Buckinghamshire Healthcare Trust
- CCGs – Clinical Commissioning Groups
- ACHT – Adults Community Healthcare Team
- ASC – Adult Social Care
- BCC – Buckinghamshire County Council
- HASC – Health & Adult Social Care
- CQC – Care Quality Commission
- DToC – Delayed Transfers of Care
- TTOs – Tablets to Take Out
- PTS – Patient Transport Service
- SM Hospital – Stoke Mandeville Hospital
- MuDAS – Multi-disciplinary Day Assessment Service
- SCAS – South Central Ambulance Service
- STP – Sustainability and Transformation Plan

Contents

Recommendations (1)

1. **That BCC, BHT and the CCGs continues to work together to drive forward improvements to the patient discharge pathway. The Inquiry Group recommends that this includes the following:**

    a. **Developing a seamless patient pathway with standardised and computerised paperwork across the whole system;**
    b. **Jointly leading on a piece of work with care providers to develop and implement the "Trusted Assessor" model to an agreed timescale;**
    c. **Undertaking a piece of work to gain qualitative patient feedback on their experience of discharge process – before and after their discharge from the Hospital setting. The results to be used by those involved in the discharge process;**
    d. **Strengthening the mechanisms for recording and sharing patient and family conversations to minimise the risk of misunderstanding and duplicate conversations taking place;**
    e. **Introducing a module within the induction programme (and ongoing training programme) to increase the Hospital nursing staff's understanding of the community teams and to aid closer working;**

Recommendations (2)

f. **That commissioned services specify seven day cover within the contracts and access to services is 7 days a week;**
g. **That a question on patient transport be included as part of the joint assessment form;**
h. **That the process for TTOs is streamlined to speed up the issuing of TTOs.**

2a. That Buckinghamshire Healthcare Trust removes the requirement for Buckinghamshire County Council to pay reimbursement fees for social care delays.

2b. That Adult Social Care negotiates the removal of reimbursements with other neighbouring Trusts.

Recommendations (3)

3. That BCC, BHT and the CCGs strengthen and accelerate the plans for health and social care integration through the following:

a. **Co-locating the Hospital discharge team and the ASC discharge team together;**
b. **Developing a specific joint action plan for bringing the "Delayed Transfers of Care" Better Care Fund performance indicator out of "red".**

Inquiry Scope

The Inquiry was set up to:

- Review the Hospital Discharge process to include performance around delayed transfers of care.
- Explore the reasons for the highest number of delays within the acute setting, which related to:
    - Awaiting further non-acute NHS care;
    - Awaiting care package in own home.
- Inquiry scope agreed by HASC Select Committee on 29 November 2016

Microsoft Word Document

Out of scope for this Inquiry:

- Reviewing the Hospital Discharge process of patients who are cared for out of county and where the delays in the system occur due to this and Bucks patients being transferred back into the Buckinghamshire system.

Methodology

- Evidence gathering meetings were held between 9 January - 8 February 2017 with the following people/teams:

  - Neil Macdonald, Chief Operating Officer, BHT
  - Marcia Smith, Head of Business Improvement, ASC
  - Cythnia Tapping, Business Manger, ASC
  - Natalie Fox, Divisional Director, Integrated Elderly Community Care
  - Debbie Richards, Director of Commissioning & Delivery, CCGs
  - Lee Fermandel, Interim Managing Director (Bucks Care)
  - Ali Bulman, Service Director (ASC Operations)
  - Dr Syed Hasan, Consultant Geriatrician, BHT
  - Jo Birrell, Consultant nurse for older people, BHT
  - Focus group with the Discharge team, BHT
  - Discharge team, ASC
  - Focus group with the ACHT, including Reablement team
  - Sandra Cotter, Assistant Director, Urgent Care
  - Jayne Ballinger, Chief Pharmacist

- Desk top research to provide national context alongside local intelligence and examples of Hospital Discharge from other authorities

Background – the Context

National context

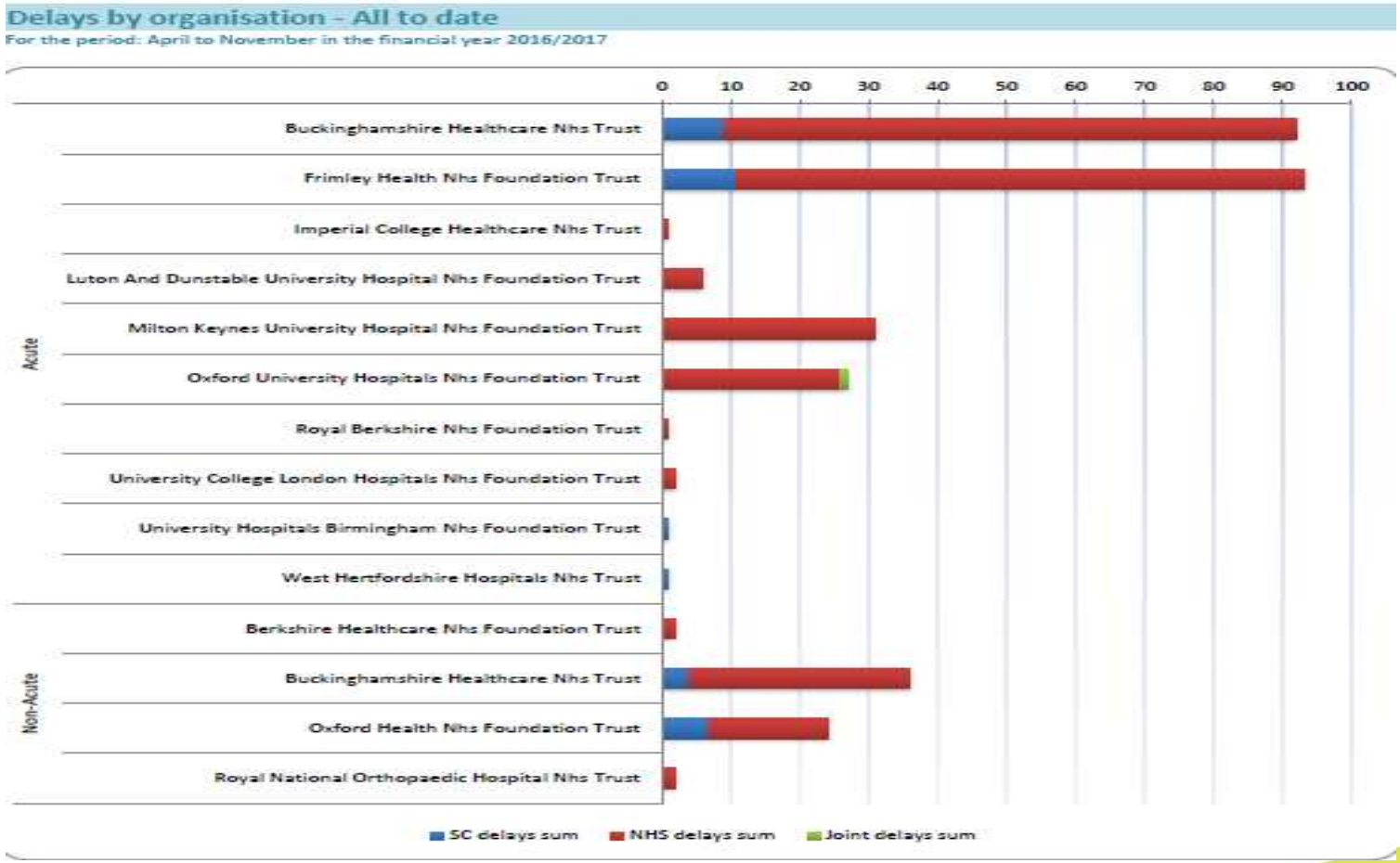
- The Care Act 2014 – sets out statutory duties for ASC
- National Audit Office – Heath and Social integration report (February 2017) – highlighted concerns on the progress made with integration to date.
- 195,300 total delayed days in December 2016 compared to 154,000 in December 2015
- “Care package in home” and “Completion assessment” were the two main reasons nationally for delays in 2016
- Better Care Fund was introduced by the Government in June 2013 to support health and social care integration
- Government plans for full integration by 2020

Local context

- Pressures are put on the whole system as a result of delays in getting patients, who are medically fit for discharge, moved to the right place for ongoing care. These delays are categorised as either a health delay, social care delay or both.
- In Buckinghamshire, the main reasons for delay are due to “further non-acute NHS” and “care package in the home”
- In Buckinghamshire, the Better Care Fund performance metrics are monitored by the Health & Wellbeing Board. One of the metrics relates to Delayed Transfers of Care and continues to be on “red”.

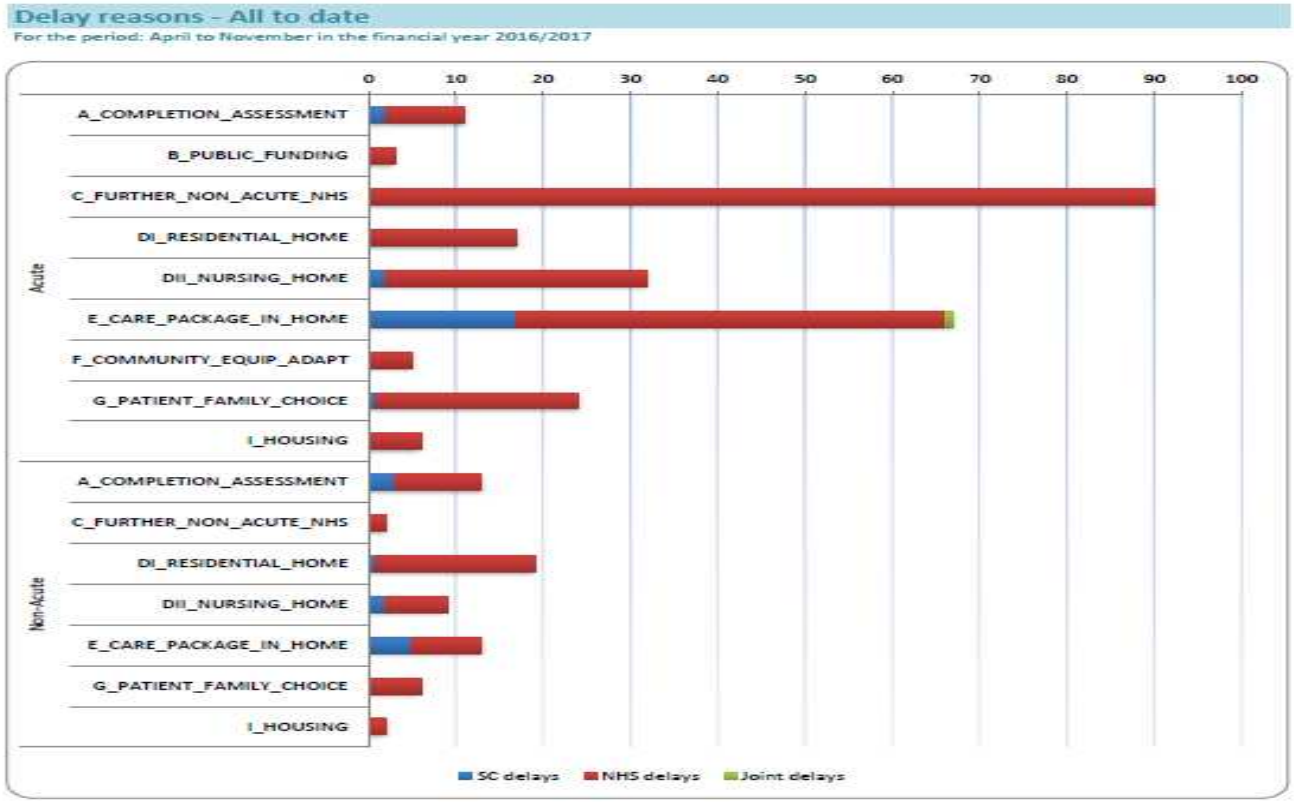
Extract from latest DToC's report – delays of Bucks residents by Hospital Trust

(Source: BCC's Monitoring Report)



Extract from latest DToC's report – delay reasons (Buckinghamshire)

(Source: BCC's Monitoring Report)



The Discharge process

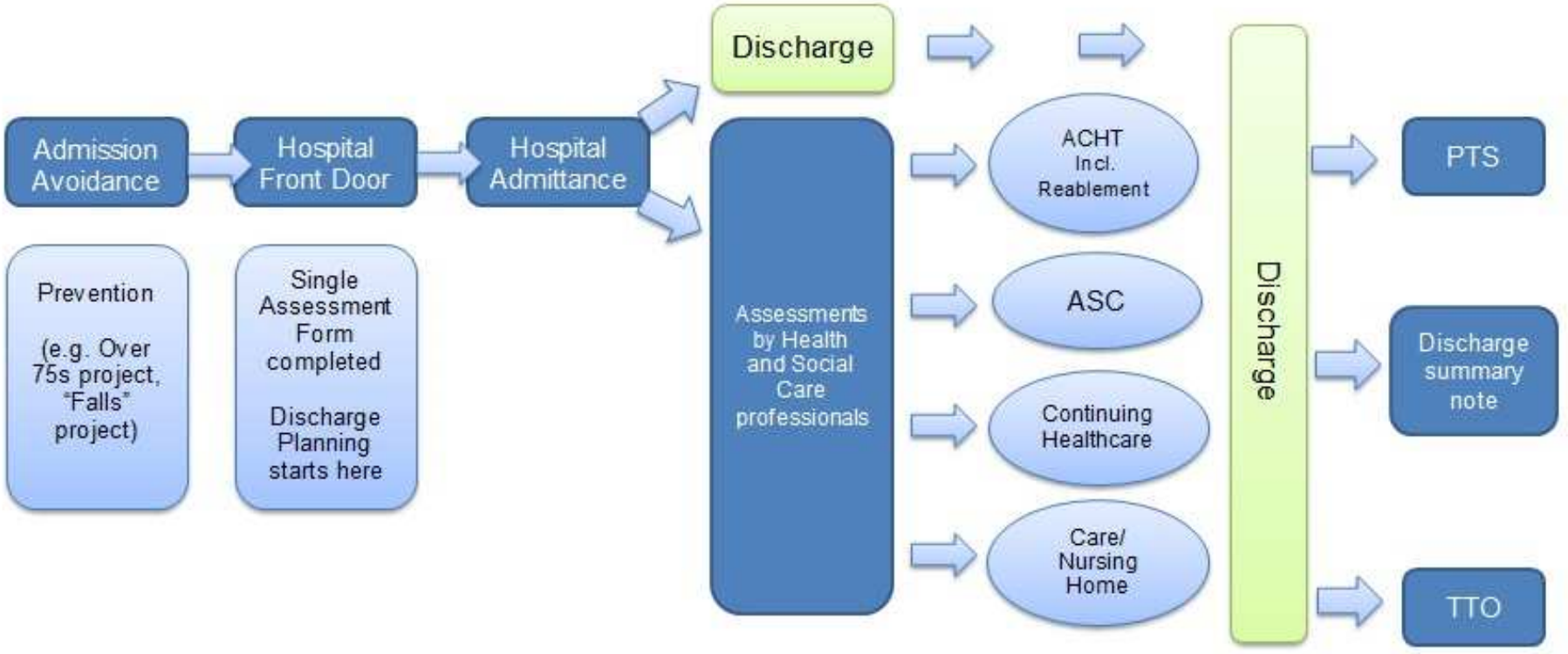
The discharge process is complex and challenging and a multi-disciplinary team is required to ensure a safe and timely patient discharge from the Hospital setting.

We recognise the different statutory duties of both health providers and social care providers and that each component works within its own operating framework in order to meet these duties.

The Inquiry Group believes that the move towards more integrated health and social care services provides an opportunity to review the current discharge process to see which areas require more focus and resource in order to create a seamless patient pathway in the future.

Patient Journey

Below is a very simple flow-chart showing a possible patient journey through the “system”



Key Finding – Paperwork & Assessments

Throughout all evidence gathering meetings, we were told about the amount of different paperwork involved in the discharge process.

Currently, the IT systems used by health organisations (including community teams) and social care teams are not compatible. Patient information is not accessible to the whole system and needs to be recorded more than once by health and social care professionals which results in duplication at many levels depending on a patient's pathway.

The discharge teams felt that there needed to be more trust and confidence in the accuracy of the patient paperwork to avoid duplication.

Recommendation 1a – Developing a seamless patient pathway with standardised and computerised paperwork across the whole system

Key Finding – Patient Voice

As part of the evidence gathering, the inquiry group spoke to a number of health and social care professionals but we were also keen to hear about the patient experience. Healthwatch Bucks was asked whether they could undertake some patient interviews, using their "enter and view" status. Unfortunately due to the short timeframe for this inquiry and their other work commitments, they were unable to do this.

We received a copy of BHT's Inpatient Survey 2015 which showed that the Trust had worsened significantly on the following questions.

	2014	**2015**
Discharge: delayed by 1 hour or more	83%	90% *
Discharge: family not given enough information to help	48%	57% *

* Lower scores are better

Key Finding – Trusted Assessor model

The Hospital Discharge team told us that care home providers undertake their own assessment for those people who are eligible to receive a placement in a care home. We heard that the timeframe for undertaking the assessment can sometimes cause delays - care homes do not carry out assessments over a weekend and new people are not admitted to their homes over the weekend – due to the CQC's requirement for a Care Home Manager to be available at the time of admitting new patients.

We heard about the Trusted Assessor model where Local Authorities, Trusts and Care Providers join forces to employ a trusted assessor on behalf of a group of care homes and the assessments can be carried out seven days a week which helps to reduce delays in the system. Hertfordshire has introduced the Trusted Assessor model and has seen a 45% reduction in delayed transfers with 305 bed days saved over a 6 month period (source: BBC local news report, 9th February 2017)

Recommendation 1b - That the Council, Buckinghamshire Healthcare Trust and the Clinical Commissioning Groups jointly lead a piece of work with care providers to develop and implement the Trusted Assessor model to an agreed timescale.

Key Finding – Patient Voice (2)

We felt that there should be a more in-depth qualitative study undertaken to better understand the patient experience and to help with targeting the improvements.

Recommendation 1c – Undertaking a piece of work to gain qualitative patient feedback on their experience of the discharge process – before and after their discharge from the Hospital setting. The results to be used by those involved in the discharge process.

Key Finding – Patient and Family information

Following on from this, we heard that there is a weakness in terms of documenting meetings with family members which can then result in miscommunication and misunderstanding, as duplicate conversations are then had by others. We heard that some nursing staff feel unable to have conversations with the patient and family members around their discharge plans for fear of saying the “wrong” thing.

As the patient approaches being discharged, there can be delays around getting patient transport organised (due to the patient’s transfer not being discussed in advance). There can sometimes be delays in processing a patient’s TTO (due to demand and workload of the junior doctors) so by setting expectations early on around what to expect, as a patient, around the discharge process would help to reduce misunderstandings.

Recommendation 1d – Strengthening the mechanisms for recording and sharing patient and family conversations to minimise the risk of misunderstanding and duplicate conversations taking place.

Key Finding – Patient and Family information (2)

Delays can occur as a result of insufficient care planning. The inquiry group heard that if families have put in place Powers of Attorney and Care Plans, it can make the process much easier and smoother.

Whilst not putting this as a formal recommendation, the inquiry group felt that there should be a public campaign set-up to encourage families to have discussions around care planning and securing the relevant legal paperwork. By working with GPs, community groups and the voluntary sector, this could be started in advance before people require acute health services.

Key Finding – Induction and Training

We heard from members of the Adults Community Healthcare Team (ACHT) that the services provided by the community teams is not always fully understood by the Hospital staff. ACHT provides vital services to patients in their own homes and the team comprises therapists, District nurses and the Reablement team. If a patient is discharged late in the day and requires equipment for their home, there can be a financial impact if the equipment has to be delivered out of normal hours.

We also heard that the ACHT used to be involved in the ward round discussions involving patients who were about to be discharged but this does not happen now which has contributed to the views of the ACHT.

Recommendation 1e - Introducing a module within the induction programme (and ongoing training programme) to increase the Hospital nursing staff's understanding of the Community teams and to aid closer working.

Key Finding – Seven Day working

The Government's drive is towards seven day working across the health and social care system by 2020.

We heard that some areas of the Hospital Discharge service work seven days a week whilst others currently do not (ie. Care Homes do not currently admit new patients over a weekend) which creates inconsistencies across the system. It also causes pressure on the system and can result in delays in getting a patient transferred to their next care placement. We believe that access to services should be consistent across the system and patients should receive a seamless discharge irrespective of the day of their discharge.

Recommendation 1f – That commissioned services specify 7 day cover within the contracts and access to services is 7 days a week.

Key Finding – Hospital Patient Transport

South Central Ambulance Service (SCAS) is responsible for the Patient Transport Service (a new contract was awarded in April 2016).

The Associate Director for Urgent Care told us that patient transport should be pre-booked by the discharge team the day before a patient is discharged but this does not always happen.

One of the key performance indicators for PTS is that 35% of patient transport journeys must be booked 24 hours in advance of a patient being discharged. The rationale being that if it is planned, then resource can be assigned it to appropriately. We heard that, on average, 20-30 patients need transport assistance per day. SCAS employs a “halo” officer who works closely with the Wards to identify the priorities and there are plans for this person to also confirm the PTS bookings to reduce the number of aborted bookings.

Key Finding – Hospital Patient Transport (2)

The patient joint assessment form, which is currently being used by the discharge teams, does not include a question about transport and we felt that this would help nursing staff confirm these details (and set patient expectations) if it were to be included as part of this form. We believe that by having the conversation with the patient well in advance of their discharge will benefit the PTS and ensure bookings are made within the specified timeframe.

Recommendation 1g – That a question on patient transport be included as part of the joint assessment form.

Key Finding – Hospital Pharmacy services

The Chief Pharmacist, who oversees a team of 86 FTE pharmacists and technicians across BHT, told us that the recently introduced "DOCGEN" electronic system has not cut down on the amount of time it takes to get TTOs processed. Prior to this system being introduced, around 25% of TTOs were received by mid-morning. Now, the TTOs are received significantly later in the day (between 2-4pm) which has an impact on the discharge process.

We heard from the hospital discharge team that it can take between 2-3 hours for consultants to finish their ward rounds and for the junior doctors to then sit down at a computer to process the TTOs for those patients being discharged that day.

Recommendation 1h: That the process for TTOs is streamlined to speed up the issuing of TTOs.

Key Finding – Reimbursing Social Care Delays

The Care Act removed the requirement for Local Authorities in England to pay reimbursement fees for social care delays.

The NHS in Buckinghamshire continues to fine Buckinghamshire County Council for reimbursable delays. The fines are low due to the low number of delayed days for ASC (Bucks is top of its comparator group). The figures below were supplied by ASC and relate to the fines paid out by the service for social care delays (not all fines were issued by BHT).

Year	**Total amount**
14/15	£32,040
15/16	£72,670
16/17 to date	£14,400

Key Finding – Reimbursing Social Care Delays

The Inquiry Group feels that imposing fines goes against the spirit of partnership working and creates an unnecessary bureaucratic layer in this process. We felt that the money could be better used to support the patient discharge process.

We heard that BHT has been in discussion with ASC for sometime now about removing the fines but this has not yet resulted in its removal.

Recommendation 2a – That Buckinghamshire Healthcare Trust removes the requirement for Buckinghamshire County Council to pay reimbursement fees for social care delays.

Recommendation 2b – That Adult Social Care negotiates the removal of reimbursements with other neighbouring Trusts.

Key finding – Supporting closer working

We were surprised to find out that the Hospital discharge team and the Adult Social Care discharge team are not located together at SM Hospital.

Whilst recognising how well the teams currently work together, by locating them under one roof we believe this will increase opportunities to be more efficient and minimise the risk of duplication.

Recommendation 3a – Co-locating the Hospital discharge team and the ASC discharge team together.

Key Finding – Health and Social Care Integration

The Better Care Fund (BCF) was introduced by the Government in June 2013 to assist Local Authorities and Health organisations with their integration plans. The Integrated Care Executive Team (ICET) is responsible for driving the integration of health and social care . One of the performance metrics within the BCF relates specifically to Delayed Transfers of Care and is showing as a "red" indicator. The overall performance metrics are reported to the Health & Wellbeing Board.

We recognise the complexities around this area of work but felt that there needed to be greater visibility around the work that is currently being undertaken around DToC, which is reported as part of the BCF. We also felt that there needed to be clarity around where progress was being monitored.

Recommendation 3b - Developing a specific joint action plan for bringing the "Delayed Transfers of Care" Better Care Fund performance indicator out of "red".

Other Observations

There are no specific recommendations to be made around the following as they were not directly in scope. However during our evidence gathering, we identified the following as issues for the health and social care organisations.

- **The Growth agenda**

Work started last July to get the NHS more involved with planners. Joint meetings have taken place between BCC and the NHS to specifically look at the local plans. Both Public Health and the NHS receive all planning applications from Chiltern and South Bucks Districts and are discussing what is needed to be reviewed in relation to AVDC and Wycombe.

- **Communications**

Having identified the complexities around the discharge process, we felt that communications between the different elements is key and would like to see greater sharing of information across the system, particularly around the “Bucks” local plans within the STP.

- **Contract management**

How well are the contracts (both health and social care) being managed and reviewed in order to ensure patient needs are being met and good quality maintained.

Other Observations (2)

- **Governance**

Throughout the evidence gathering, we heard about a number of Boards and teams who are responsible for monitoring the performance and delivery of parts of the system. Whilst recognising the need for different groups to drive forward the work streams, we questioned whether the existing structure is working efficiently and whether a more streamlined structure would be more beneficial and reduce the amount of time spent in meetings. We also felt that the use of the word "Board" needed to be reviewed as this implied a board structure with a potential decision-making remit. By looking at the existing structure, we felt that it needed to be tightened up and clarification around the roles of each "board" needed to be made.

- **Celebrating Success**

Whilst recognising that there will always be areas that can be improved on and also acknowledging the financial challenges facing both the NHS and ASC, we felt that there were examples of great work being undertaken by staff within the health and social care organisations and felt that these successes should be celebrated. For example, a recent CQC inspection report (published on 16 February 2017) stated the following: "In all areas, patients and relatives were positive about the caring attitude of staff, their kindness and compassion" and "Staff worked effectively within their team and with other teams to provide co-ordinated care to patients, which focused on their needs."

Appendices

- Appendix 1 - What does “good” look like?

Appendix 1 - What does “good” look like?

All those interviewed as part of the evidence gathering were asked to describe what “good” would look like in terms of the Hospital Discharge process.

The following two slides summarise the comments made by the health and social care professionals.

What does “good” look like? (1)

What does “good” look like? (2)

What does “good” look like? (3)