

**AGENDA MANAGEMENT SHEET**

**Name of Committee**                      **Adult & Community Services Overview & Scrutiny Committee**

**Date of Committee**                      **16 February 2006**

**Report Title**                                **Discharge of Older People from Hospital: The interface between Hospital (Acute) Trusts, Primary Care Trust and the Social Services Department**

**Summary**                                      This report provides an up to date trend analysis of hospital discharge performance across all key agencies.

**For further information please contact:**                      John Bull  
Head of Adult Services  
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**Would the recommendation decision be contrary to the Budget and Policy Framework? [please identify relevant plan/budget provision]**                      No

**Background papers**                      None

**CONSULTATION ALREADY UNDERTAKEN:-**

Details to be specified

- Other Committees
- Local Member(s)
- Other Elected Members
- Cabinet Member                            Cllr Colin Hayfield
- Chief Executive
- Legal                                            Jane Pollard
- Finance                                          Philip Lumley-Holmes
- Other Chief Officers
- District Councils

Health Authority  3 Acute Hospitals

Police

Other Bodies/Individuals

**FINAL DECISION Yes**

**SUGGESTED NEXT STEPS:**

Details to be specified

Further consideration by  
this Committee

To Council

To Cabinet

To an O & S Committee

To an Area Committee

Further Consultation

**Adult & Community Services Overview & Scrutiny Committee –  
16 February 2006**

**Discharge of Older People from Hospital:  
The interface between Hospital (Acute) Trusts, Primary Care  
Trust and the Social Services Department**

**Report of the Interim Director Adult Social Care**

**Recommendation**

1. Members note the current position and positive trends since April 2005 and the continued efforts to promote safe and effective discharge of Older People from Hospital by:
  - Revisiting the action plan resulting from the reimbursement audit action plan to ensure hospital social work teams have implemented agreed actions
  - Ensuring that the joint arrangements to address delayed discharges continue to work in the interests of the patients being discharged
2. Secure early involvement with the Change Agent Team in the roll out of reimbursement across community and mental health beds.
3. Agree with health colleagues a continued investment strategy using the reimbursement grant to fund additional capacity.

**1. Introduction**

- 1.1 The purpose of this report is to advise and update elected members and respective health non-executive directors, of Warwickshire's current performance on delayed discharges and the trends associated with those delays.

**2. Background Information**

- 2.2 Monitoring and review of delayed discharge information continues on a weekly basis. Reporting arrangements account for individual trust positions and the Warwickshire position. Information is collated across all beds acute, community and mental health beds and illustrates delays by health social care and other agencies.

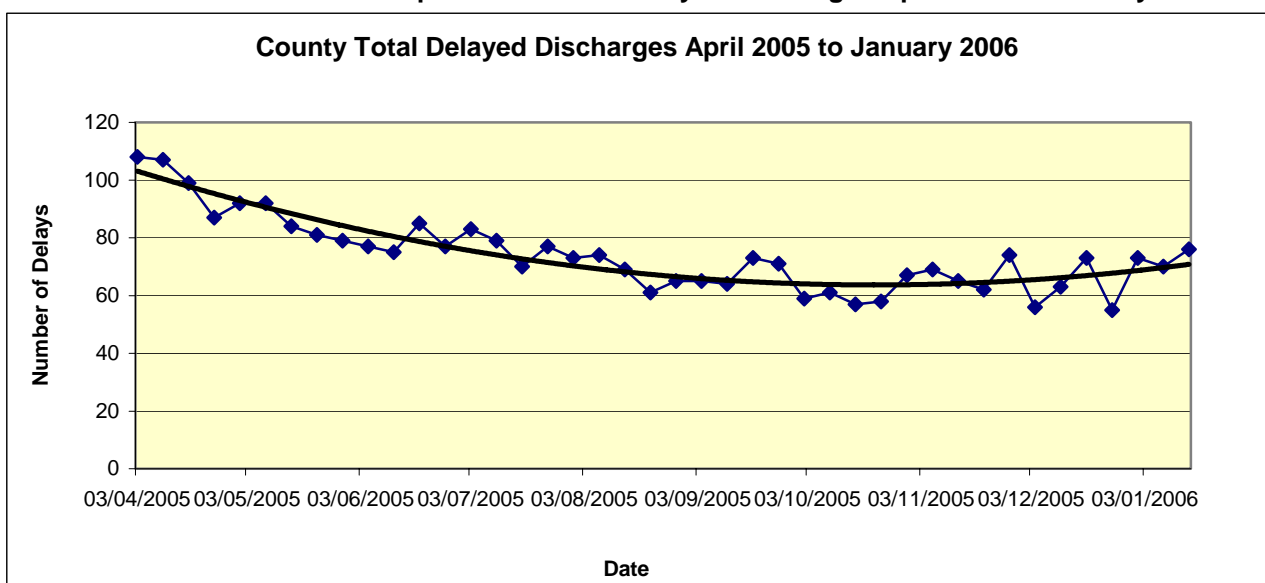
2.3 The introduction of the Community Care (Delayed Discharge) Act 2003 required Social Service Departments to reach clear agreements with health colleagues over fines due to social care delays in an acute setting. Across Warwickshire the Social Services Department reached agreement with acute providers and PCTs to invest the reimbursement grant in areas that could jointly relieve and reduce the pressure on acute beds rather than imposing a fines system. The reimbursement grant was initially intended to be paid for a period of three years from 2003/04 up to and including 2005/06. This has subsequently been extended for a further two years to the end of the current Spending Review period in 2007/08. The total amount of the Grant will remain at £100m for all years, and no decision has yet been made on whether the Grant will be continued beyond 2007/08.

### 3. Performance Review

3.1 Warwickshire has made significant reductions in delays across medical, community and mental health beds. The reductions have occurred across all providers. Exhibits 1-6 illustrate the trends from 3 April 2005 to 3 January 2006. Exhibits are grouped by acute provision and also Primary Care Trust. Rugby PCT does not appear in this group of Exhibits separately, as community and mental health beds are provided by North Warwickshire PCT.

3.2 Exhibit 1 shows the overall, countywide position. The total number of delayed discharges across the County from April 2005 to January 2006 has shown a significant decrease from 108 to 76. The period from November to February is traditionally pressurised in terms of increased emergency admissions and delays. In addition, the delivery of elective care targets is critical in the final quarter for acute trusts. Although weekly increases can be seen between 3 December 2005 and 3 January 2006, teams have responded quickly to these increases. Maintaining this position is particularly important in the next two months.

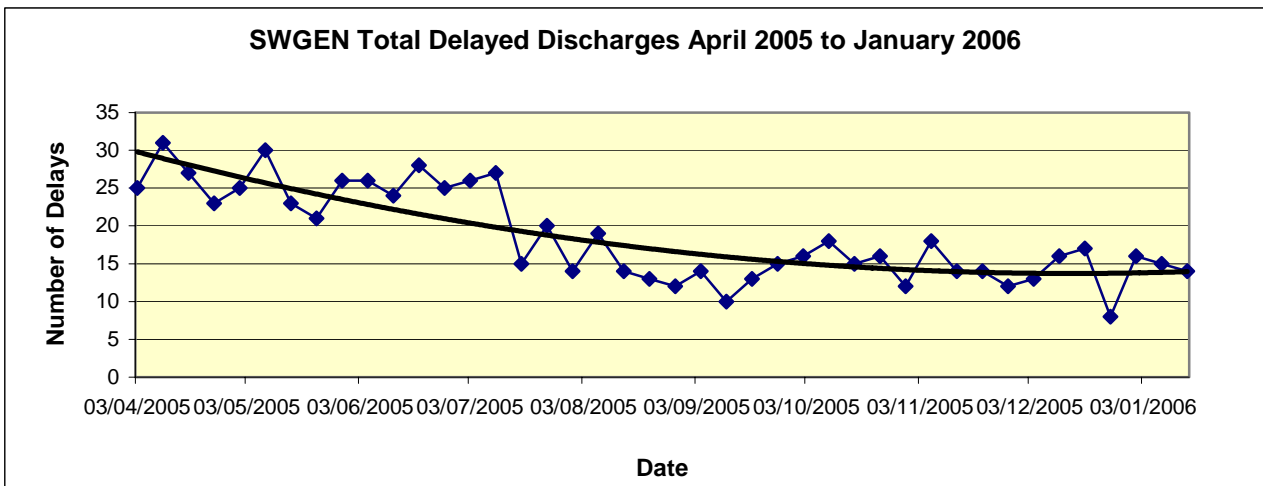
**Exhibit 1. Warwickshire's overall performance on delayed discharges April 2005 to January 2006.**



Source: Weekly information profiles from all providers.

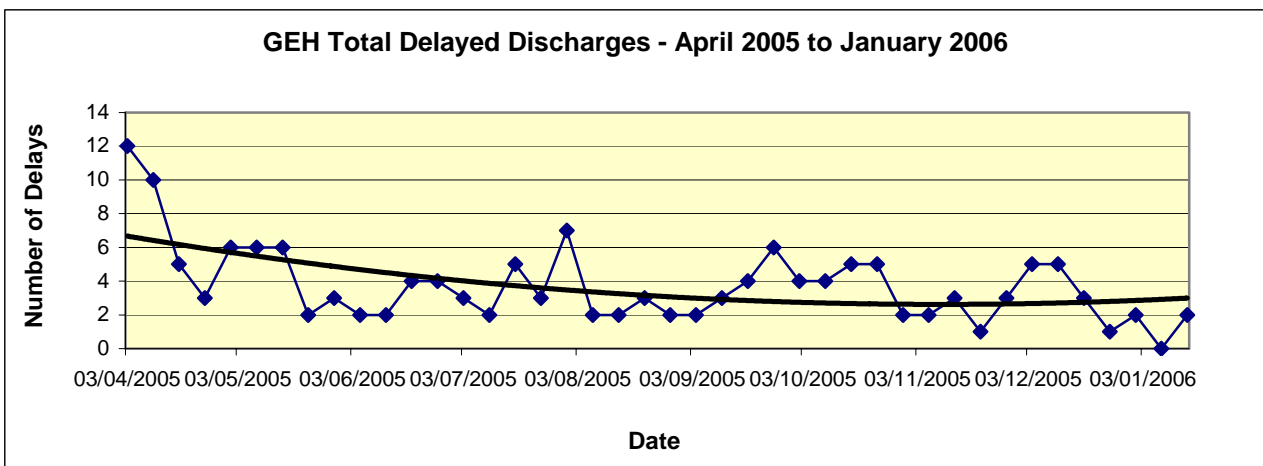
- 3.3 The following three graphs in Exhibits 2-4 show the Acute Trusts total number of delayed discharges from April 2005 to January 2006. All show a similar downward trend to Exhibit 1. Rugby St Cross performance is monitored by Warwickshire although it is part of UHCWT.
- 3.4 Notable issues from the Exhibits across acute providers are that generally any spiked increases within the trend are short lived, and illustrate a combined responsiveness by teams to redress those increases. Rugby St Cross shows more prolonged increases as beds are managed by UHCW.

**Exhibit 2: South Warwickshire General NHS Trust on delayed discharges April 2005 to January 2006**



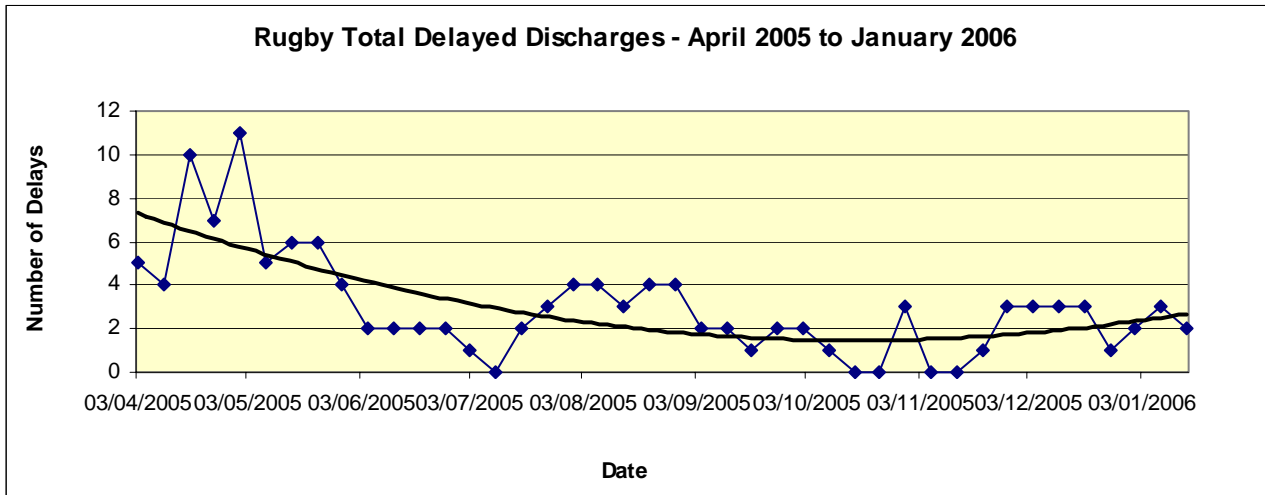
Source: Weekly information profiles from all providers

**Exhibit 3. George Eliot NHS Trust – Performance on delayed discharges April 2005 to January 2006**

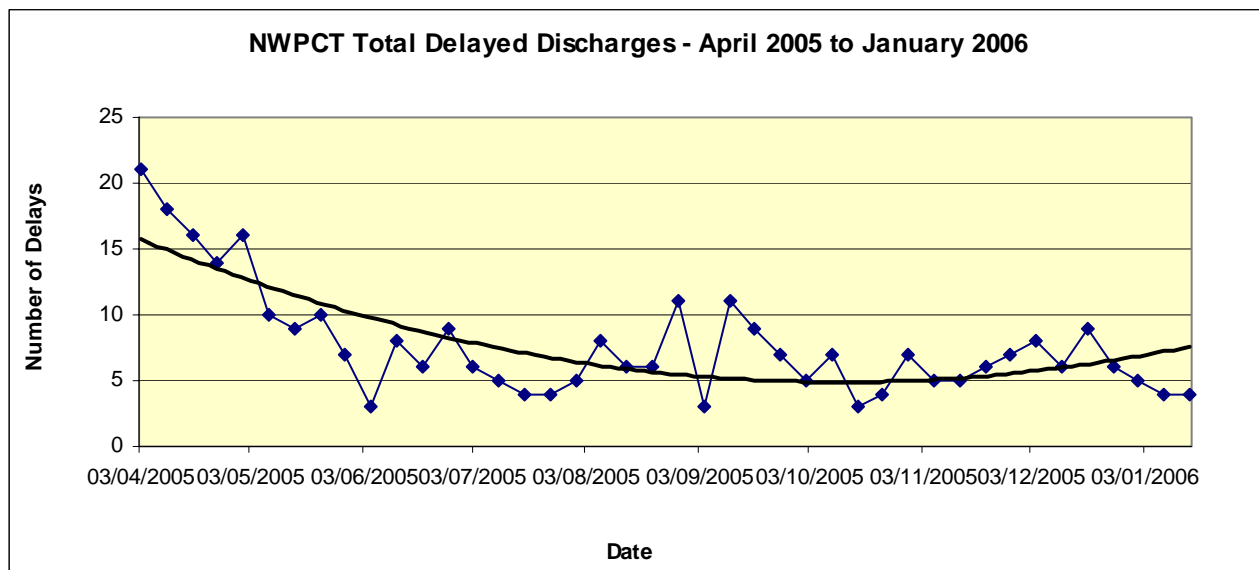


Source: Weekly information profiles from all providers

**Exhibit 4. Rugby St Cross - UHCW Trust – Performance on delayed discharges April 2005 to January 2006**



## Exhibit 6: North Warwickshire PCT - Performance on delayed discharges April 2005 to January 2006



Source: Weekly information profiles from all providers

## 4. Planning Ahead

- 4.1 The Department of Health are currently consulting on the extension of the reimbursement principles to the community and mental health sector. Following the success of health and social care partners in reducing delayed transfers of care in acute services, the Department of Health has set up a project to consider the practical steps, support materials and policy levers (including reimbursement) to secure effective discharge practice in non-acute and mental health services. In part, this reflects concerns raised with the Department from health and social care communities that because the reimbursement arrangements do not extend to those areas, mental health and non-acute patients may currently be disadvantaged in terms of attention and resources.
- 4.2 Any extension of the reimbursement arrangements will not be considered until at least April 2007 and is more likely to be later than this date.
- 4.3 Further comments and feedback to the Department of Health is invited based on these reports by 28 February 2006. As noted in the Department of Health reports, work on the project to improve discharge practice continues.

## 5. Conclusion

- 5.1 A local programme of work will need to commence on the implications of the extension of reimbursement principles to the community and mental health provision informed by the current consultation documents.
- 5.2 Warwickshire were closely involved with the national change agent team in developing the approaches to reimbursement for acute trusts and this allowed early development and understanding of the practical implications of the Act to

Warwickshire. A similar approach and involvement to the roll out of reimbursement across community and mental health beds would be beneficial.

- 5.3 The protocols Warwickshire agreed and implemented in response to the Community Care (Delayed Discharge) Act have worked well, have been thoroughly audited (Summer 2005) and action plans agreed with social services managers. These plans will need to be revisited with teams to ensure all actions have been implemented and continued support for improvement is maintained
- 5.4 Agreements with health colleagues need to be reaffirmed from April 2006 over the continued investment strategy and use of the reimbursement grant to fund additional capacity.

Michael Hake  
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Care

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