Meeting: **Overview and Scrutiny**

Date: **28 March 2011**

Subject: **Shared Services-patient flows from Acute hospitals to Central Bedfordshire**

Report of: **Julie Ogley Director of Social Care, Health & Housing**

Summary: The report analysis the patient flows from acute hospitals into Central Bedfordshire between June and December 2010 and highlights the role of social care in managing these.

Contact Officer: Stuart Mitchelmore, Head of Service for Older Persons & Physical Disability

Public/Exempt: Public

Wards Affected: All

Function of: Council

CORPORATE IMPLICATIONS

Council Priorities:

The recommendations contribute to the Central Bedfordshire Councils aim of supporting & caring for an ageing population.

Financial:

None

Legal:

None

Risk Management:

None

Staffing (including Trades Unions):

None

Equalities/Human Rights:

None

Community Safety:

None

Sustainability:

None

RECOMMENDATION(S):

1. that the committee be asked to;

(a) Note the intention for the role of the current manager of the Central Bedfordshire Social Care Hospital Team will include an overview of all discharges from hospitals.

(b) Note that the existing service level agreement with Bedford Borough for Bedford Hospital will be continued and that monitoring patient flows will be undertaken as part of the contract review.

(c) Note the intention to make arrangements to designate posts that will be linked with Milton Keynes , Stoke Mandeville and Addenbrookes Hospitals

(d) Note the intention to strengthen closer alignment of social care services with health to facilitate expedient and effective discharges from hospital.

Background

1.1 For most patients, being discharged from hospital to their home is straightforward. Most are unlikely to need the support of Social Services, though some may be referred for information or simple services. However some people have ongoing health and social care needs which require detailed assessment. Staff from Health and Social Services will work together to plan and deliver a safe and timely discharge.

1.2 Arrangements for providing social workers in hospitals was part of major reforms made during the 1970's. Ordinarily the local authority in which the hospital is based is responsible for providing the social work service.

1.3 In 2003, following a select committee report on delayed discharges, previous discharge guidance was updated to ensure local authorities operated and managed joint discharge arrangements with health colleagues in a more cohesive way.

1.4 Central Bedfordshire Councils Social Care, Health and Housing Directorate provides social work staffing resources in to the Luton and Dunstable and Lister Hospitals

1.5 Staff who work in the Luton & Dunstable Hospital are currently based at the Disability Resource Centre, Dunstable and total 12.11 whole time equivalents. There is a designated Team Manager. The staffing Budget totals £404,796.

1.6 For the Lister Hospital there is currently one post based within the Biggleswade Older Peoples Social Care Team that provides the focal point of contact for discharges from the Lister Hospital.

1.7 The Council has a service level agreement for the provision of Hospital Social Work Services for Central Bedfordshire residents from Bedford Borough Council. This is to the current value of £121,656. This equates to 42% of the total hospital team budget. The Team has 9 whole time equivalents and has a designated Team Manager.

1.8 There are three other key hospitals which residents of Central Bedfordshire access services – Milton Keynes, Stoke Mandeville and Addenbrookes. There is no direct CBC social work link with these and reliance is on the host authorities, Buckinghamshire and Cambridgeshire to undertake all assessment and discharge work relating to CBC residents.

1.9 The care pathway for patients being discharged from hospital can include intermediate care services provided by the NHS or Reablement Services provided from CBC. Work is on-going to develop an integrated approach to these pathways.

1.10 Hospital Social Workers only hold cases for the time people are in hospital. Following discharge all cases are transferred to the appropriate locality based team. The length of time spent on each case averages two weeks but this is dependent on variables such as complexity and discharge destination.

1.11 In keeping with community care guidelines assistance is available to those customers who fund there own care and support. This can include undertaking an assessment of need, providing advice and information to customers and families whom require care services. Such signposting information includes details of care agencies, financial booklets and Care Quality Commission (CQC) inspection information. Where required assistance will be offered to families in arranging provision.

1.12 Advice and information is also available to those customers who may not require services but would benefit from such information to retain their independence.

1.13 The Community Care (Delayed Discharges) Act 2003 places a number of duties around the discharge of patients. The Act requires the Hospital Trust to notify councils if a patient is ready for discharge. There is a defined timescale (72 hours) for social services to complete assessments and make arrangements for appropriate services. For any delayed discharge the Council can be fined. The current charge is £120 per day. Luton and Dunstable, Lister, Milton Keynes and Addenbrookes Hospitals impose this sanction and the cost of these to date for this financial year is £9.2k.

Patient Flows

2.1 The following table details the patient flows from hospitals in to Central Bedfordshire from June 2010-December 2010 (7 months).

Luton & Dunstable	354	Stoke Mandeville	12
Bedford	149	Addenbrookes	7
Lister & QE2	73	Harefield	2
Milton Keynes	25	High Wycombe	2

2.2 The activity supports the current resource arrangements proportionally allocated to the Luton & Dunstable Hospital, Bedford Hospital and Lister Hospital.

Improving the discharge process for Central Bedfordshire residents

3.1 As part of the reconfiguration of the Older Persons and Physical Disability management structure, a designated post of Team Manager has been created for the Luton and Dunstable Social Work Team. The remit of this post is to be extended to overview the discharge process from all the other hospitals. This will ensure good practice is shared and there is consistency in the discharge pathways.

3.2 Within the social work hospital team for Luton and Dunstable Hospital the post of the hospital discharge facilitator has been created. This role will specifically fulfil the tasks outlined in paragraphs 1.11 and 1.12.

3.2 The activity for Bedford Hospital is significant and Central Bedfordshire has been involved in the work around the care pathway within this area. The monitoring of the Service Level Agreement with the hospital has recently moved to the contracts department to ensure activity information is more closely monitored and scrutinised.

3.3 The remit of the current post for Lister Hospital will be extended to include the link to Addenbrookes Hospital.

3.4 A post is to be designated that will be link to Milton Keynes and Stoke Mandeville Hospitals with the intention of improving the discharge experience for those residents accessing those hospitals.

3.5 Under the various work streams formulated as part of the NHS QIPP(Quality, Innovation, Productivity and Prevention) Central Bedfordshire has been actively involved in shaping the future closer alignment of NHS and Social Care. This will focus on assessment & case management and intermediate care/reablement services. This strategic direction has been evidenced nationally as improving the patients discharge experience and ensures a more cost effective response to need.

Conclusion

4.1 The patient flows into Central Bedfordshire are predominately from three hospitals, Luton & Dunstable, Bedford and the Lister Hospitals.

4.2 Central Bedfordshire Social Care, Health and Housing directorate is actively involved with its NHS colleagues to ensure patients are appropriately and safely discharged following a hospital stay.