

Summary Report

What this study is about and why we chose to do it

From January 2003, councillors from Essex County, Southend Borough and Thurrock Councils will be given the power to look at health and related social care services in order to identify why things aren't working as well as they might do. This new power is called 'overview and scrutiny of health'.

We decided to test out our new role by looking at delayed discharges from the five acute hospitals in the Essex strategic health authority area, with a particular focus on older people. We set up a joint panel to do this. The panel looked at acute hospitals as these deal with accident and emergency cases, whose after-care planning can often take a lot of time; and it focused on older people who, because of their complex needs, are more likely to experience delayed discharge.

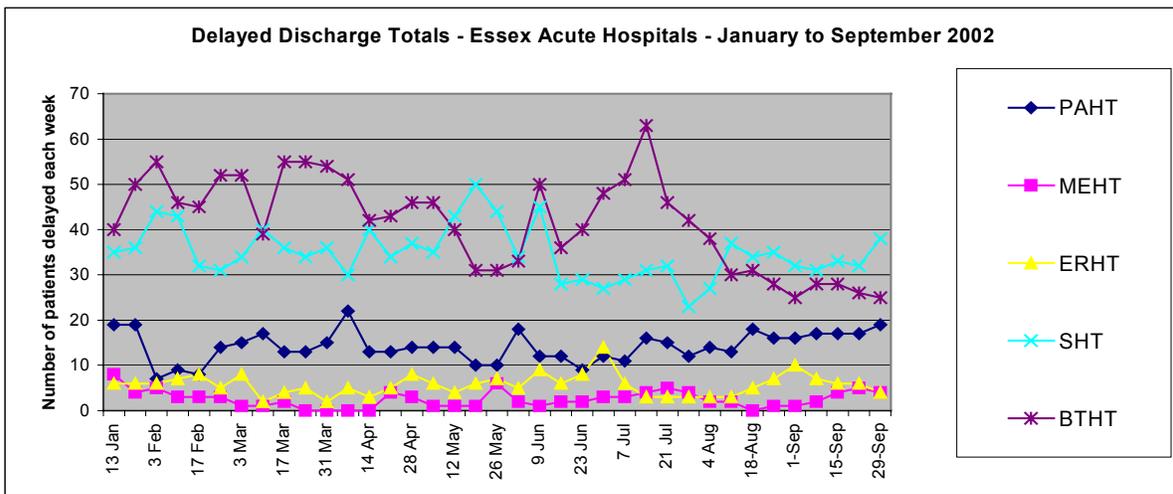
When people are admitted to hospital, they expect to stay until they are well and then to be able to leave promptly. Most people would be able to return home without any additional help, but some – older people in particular – may need extra care of various kinds. Delayed discharges occur when a patient is ready to go home from hospital, but the on-going support they need is not yet available.

We wanted to find out how much delayed discharge there is in Essex, what causes it and what can be done to reduce it. We therefore gathered facts and figures, talked with a range of people involved in health and social care and sought the public's views on the topic.

What we found

The state of delayed discharge

We looked at information from July 2001 to September 2002 to get a picture of what was happening. Figure 1 shows the levels of delay at the five acute hospitals in Essex.



(Note: PAHT = Princess Alexandra Hospital Trust; MEHT = Mid Essex Hospital Trust; ERHT = Essex Rivers Hospital Trust; SHT = Southend Hospital Trust; and BTHT = Basildon & Thurrock Hospital Trust)

Delayed discharges are really only a problem at three of the five hospitals, namely, Princess Alexandra in Harlow, Southend and Basildon. The hospitals in Colchester and Broomfield have far fewer delays.

The main reasons for delay in the three hospitals that concerned us were:

- Princess Alexandra – Awaiting NHS provided after care - 30%; and residential and nursing home places - 17%
- Basildon – Waiting for social services assessments - 62%
- Southend – Waiting for social services assessments - 37%; and awaiting residential and nursing home care places - 30%

Clearly, each area has its own challenges and needs different solutions.

The hospital discharge process

Hospitals do not work in isolation. Many different organisations such as primary care trusts, social services and housing associations need to work in co-operation with acute hospitals to reduce delayed discharge. This is known as a 'whole system approach' to the problem.

The whole system approach should start when a person enters hospital or even before if possible. We can see that if discharge planning starts early, there is less chance of delay. Key stakeholders told us so during the study. Where there is less time available to plan discharge, eg, when a person is admitted in an emergency, we found there were more delays; though at Princess Alexandra Hospital there are also delays in discharging patients whose admissions had been planned. 69% of all acute hospital admissions are emergencies, but 92% of all delayed discharges are emergency admissions.

We found that where discharge planning was carried out jointly by health and social services staff in a formal team arrangement, as at Colchester Hospital, there were fewer delays. Where there was no formal team arrangement, as at Southend, there were more delays.

One problem in getting effective joint working is that the computer systems the various organisations use, including government departments, do not allow staff to share information. This gets in the way of having a single shared assessment process, and many of the people who spoke to us said that this was a real barrier to closer working.

Any decision about whether a patient is ready for discharge is meant to be made by both health and social care staff, to ensure that both sets of needs can be taken into account. We found that this was not always so, and that where decisions were not jointly made delays were more likely.

Sometimes, we found that when social services staff had assessed a patient, a member of their family or other carer might disagree with the assessment. Whilst this does not happen very often, people can be delayed in hospital for a very long time when families have concerns.

Where people go after hospital

There are basically three places where people who need support can go:

- Intermediate care - a short term support package lasting up to six weeks, provided in a person's home or a residential setting; it might also include an interim placement between hospital and a residential or nursing home, such as cottage hospitals.
- Residential or nursing homes – supported accommodation, where a person is given 24 hour support in a specially designed home.
- Domiciliary care – care provided in a person's home; this might include meals, nursing or personal care.

Intermediate care

It was hard to quantify how much intermediate care was available to patients waiting for discharge from the five acute hospitals. There is some evidence, however, that low levels of delay from Colchester and Broomfield Hospitals may be related to past investment in intermediate care. In addition, extra help in the community from crisis intervention teams or cottage hospitals can help to avoid people being admitted to the acute hospitals in the first place. We found that the health agencies neighbouring each main hospital have been working on 'capacity

plans' recently, and these map what type of provision is needed in particular areas.

Residential and nursing care

We acknowledge that working with the independent companies that provide the majority of nursing and residential care homes in Essex is essential to increasing the number of places available. A lack of spaces is particularly a reason for delay in Southend and Princess Alexandra Hospitals. During the study it became clear that in some areas of the county, Essex residents could not be cared for in some residential homes because residents from London Boroughs were taking up places. London Boroughs have more money to spend on fees for residential places than Essex, Southend or Thurrock. The panel and many of the people we spoke to were very worried about this.

Domiciliary care

Providing care in the home is a real priority for Essex, Southend and Thurrock. However, a lack of carers and difficulties in putting packages in place promptly has led to delays, especially in the Essex area. Thurrock has no problems in recruiting to carer positions. In some parts of Essex, where unemployment is low, recruiting to carer jobs is very difficult. During the study, we found out that some health agencies in the more difficult to recruit areas do not have any problem in recruiting to similar positions if they offer higher salaries.

Reimbursement

During our study, the Government moved to introduce a new system of charging for delayed discharges. From April 2003, any delays caused by the social services departments in Essex, Southend and Thurrock will give rise to a charge of £120 per patient per day. We have looked at the implications of this newly proposed reimbursement charge on joint working between health and social care partners, and are concerned that it will make good team working much more difficult. A 'blame culture' might evolve. Hospitals will need to change the way they collect information about delays, and greater clarity will be needed about who is responsible for delays caused by family disputes.

In conclusion, we recognise that the issue of delayed discharges is a complex one. Delayed discharges are a symptom of an intricate health and social care system that isn't always working as effectively as it might. However, we hope that the good work already in place in some parts of the county can be

maintained and spread to the other areas. We also hope that our own recommendations will help to produce real improvements in the situation.

What we recommend for the future

Our recommendations may be found in section 5, below.