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Date: 20 January 2017

Dear Member

CABINET - MONDAY, 23 JANUARY 2017 – URGENT ITEM

There is significant concern nationally about the ability of the NHS to cope with increased numbers of patients this winter. Consequently the Leader has asked for an urgent update (copy attached) on how Social Care in Kent is working with the NHS, and what is being done to manage the high demands placed upon Integrated Discharge teams in hospitals and the Enablement services.

Agenda Item No

8 **Update on Hospital Delayed Discharges in Kent and Social Care Activities (Pages 3 - 10)**

Yours sincerely

John Lynch
Head of Democratic Services

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By: Paul Carter, Leader, Kent County Council

Andrew Ireland, Corporate Director Social Care, Health and Wellbeing

To: Cabinet – 23 January 2017

Subject: **UPDATE ON HOSPITAL DELAYED DISCHARGES IN KENT AND SOCIAL CARE ACTIVITIES**

Classification: Unrestricted

Electoral Divisions: All

For: Information

Summary: This matter has received a great deal of media attention therefore Cabinet may wish to consider that everything possible is being done by health and social care services to care for local residents. This paper is intended to update Cabinet on related issues including the hospital delayed discharges position in Kent.

Recommendation Cabinet is asked to **NOTE** how KCC and NHS organisations in Kent are working to better address the needs of local people being discharged from hospitals against challenging care market conditions.

1. Introduction

1.1 It is normal that the health and social care systems generally come under increased pressure in the winter, and that the level of overall demand on GP services, accident and emergency and social care provision rises significantly.

1.2 Cabinet will be aware that nationally the NHS and social care systems are under huge pressure and that this has received recent concentrated attention by Ministers, including the Prime Minister. Therefore, it is appropriate for the Cabinet to consider how well health and social care organisations are doing against the measures put in place to address the main issues as Kent is no exception to the national position.

1.3 The current state of affairs is against the backdrop of hard work being done by KCC and NHS, in partnership with care providers across a wide range of service areas, all directed to help people recover from illnesses, to return home from hospitals and regain their ability to look after themselves, wherever possible. This partnership occurs at multiple levels, from the staff working in the hospital based Integrated Discharge Teams, through locally managed surge resilience and the area A&E Delivery Boards up to the county wide work that is being done on the whole system through the Kent & Medway Sustainability & Transformation Plan (STP) Board.

1.4 This report pulls together a number of connected strands of work to demonstrate the particular efforts being made to overcome some of the entrenched challenges of the

existing health and social care system. The issues detailed in this paper cover matters such as current performance on Delayed Transfer of Care (DTOC), joint working with the acute trusts/CCGs and the Kent and Medway STP, the state of the domiciliary care market, contribution of key KCC services and strategies. The report also touches on the need for a more sustained social care funding system which is still not in place.

2. Pressure on hospital admissions

2.1 Kent has a rising population and particularly, as the population ages, a rising population of older people. Against this demographic pressure the county's hospitals have not expanded over the last 5 years as the government hasn't kept up with the pace of growth in capital programmes as a result of austerity savings.

2.2 This pressure has been further compounded by county authorities such as Kent having the largest and fastest growing elderly populations, but receiving the least funding per head for over 65s compared to any other local authority type, due to the outdated and inequitable Relative Needs Formula (RNF). For example, on average shire county authorities receive £261 per head funding compared to inner London councils who receive £553 per head.

2.3 Additionally, this winter the number of people with virulent flu viruses is slightly higher than at this time in previous years putting pressure on hospitals. This is actively being monitored by Public Health England and KCC staff are liaising closely with them. The current national admissions data suggests that one variety is the cause of more Intensive Care Unit (ICU) admissions for flu in the over-65s, compared with other age groups. These trends are being monitored closely and plans are in place if the situation continues. These include continuing to promote uptake of flu vaccinations in more vulnerable groups.

2.4 Consequently, with increased pressure on acute hospital admissions there is also increased pressure on safely discharging people from acute settings in a timely manner. When an individual is medically fit to be discharged from a hospital bed but there is not yet a suitable place for them to move to they are stuck in the system. These are the delayed transfers of cares (DTOCs) that the media has been referring to as bed blockers.

3. Challenges of the Hospital Discharge Systems

3.1 DTOCs place a significant pressure on the whole system and NHS England uses them as a clear indication of how the health and social care systems are operating together to produce the best outcomes for patients. Concern over the effects of DTOCs has led to them being a major focus of attention for the Department of Health and NHS England over many years with a number of initiatives being introduced to ensure their numbers are as low as possible. Currently DTOCs are of great importance to both the Better Care Fund (BCF) and the Kent and Medway Sustainability and Transformation Plan (STP).

3.2 The headline depiction of DTOC in the media generally fails to convey the true state of affairs and can give the impression that the problem is down to inability of social care to arrange care packages at home. In fact, health and social care both have responsibilities for this area. The national position indicates that only 34.8% of all

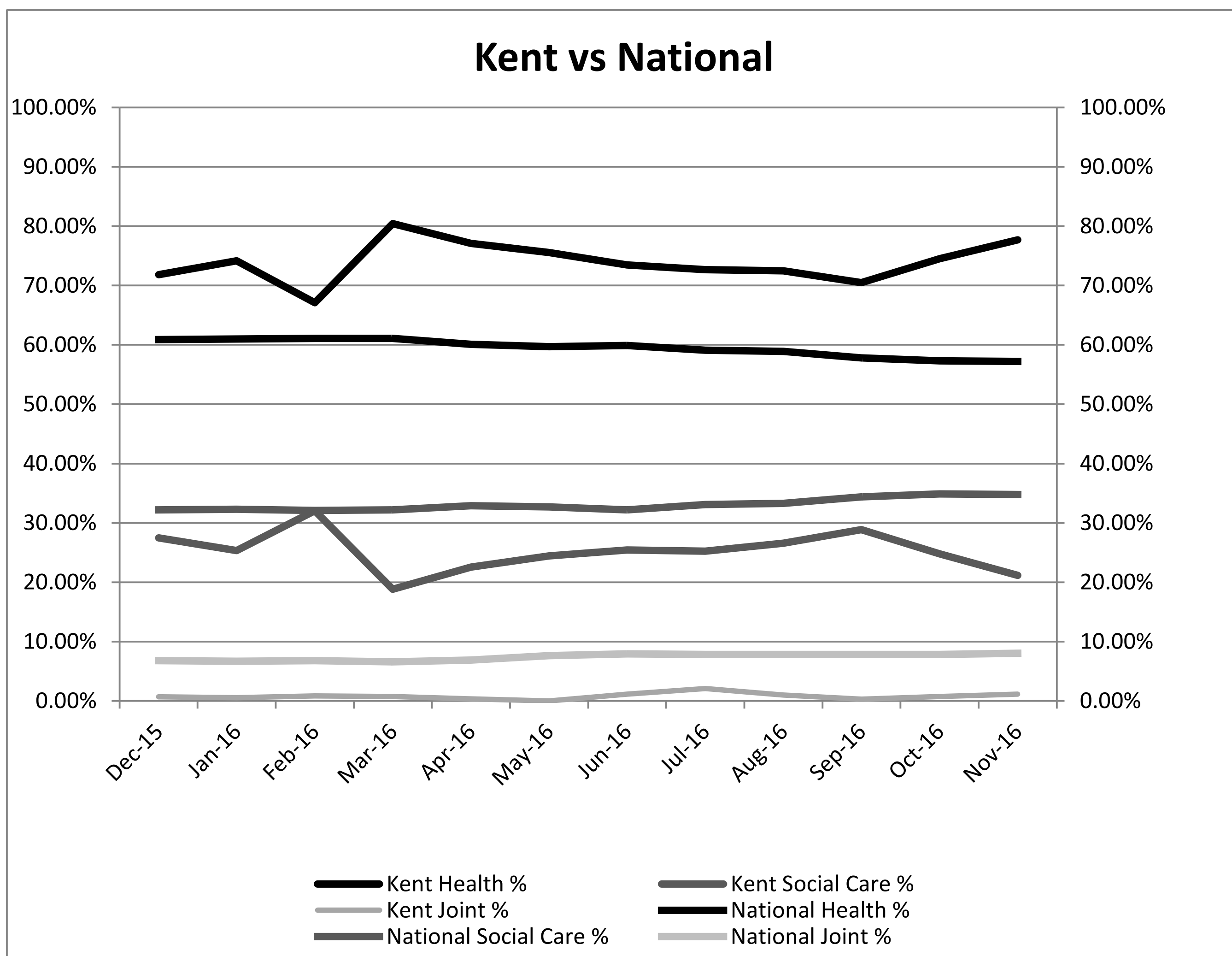
delays are attributable to social care, and that only 36.3% of those are due to waiting for a care package at home. This is just 12.6% of all the hospital DTOCs.

3.3 Additionally a significant number of people who are coming out of hospital do so without any ongoing social care involvement from the council. For example, the council only funds the care for 37% of those individuals who need residential care due to the wealth and income thresholds set out in the Care Act. A similar situation also occurs with domiciliary care. The remaining percentage of individuals are responsible for organising their own care packages. Consequently, there is a sizeable proportion of the delays for which the council has no or a much more limited responsibility.

3.4 Care markets have been under sustained pressure for a number of years and they are contracting, with some providers exiting the market. There are areas of the county where it is now becoming increasingly difficult both for self-funders and for the council to be able to arrange care packages at short notice for out of hospital discharge. There is an urgent need for central and local government to come together to find sustainable funding arrangements for social care.

3.5 However despite this locally in Kent, performance information shows that the total number of delays has been declining since September 2016 for both health and social care. At the time of writing (17 January 2017), the number of DTOC stood at 25. This was made up of three in East Kent (two at Kent & Canterbury Hospital and one at Queen Elizabeth Queen Mary Hospital); ten in West Kent – (five at Maidstone General Hospital and five at Tunbridge Wells Hospital); seven in North Kent (Darent Valley Hospital) and seven Kent residents who are in Medway (Medway Hospital).

3.6 A number of local services play a key role in the management of delayed discharges including integrated discharge teams, discharge to assess service, increasing numbers of enablement and rehabilitative care services following a stay in hospital and the effective use of OT expertise to support people to live more independently. Kent as an economy also compares favourably against the national position as is shown in the chart below.



3.7 The number of people about to be discharged and waiting for care packages in their own home or community remains the most visible aspect of the challenge that the Local Authority faces. The Council continues to maintain a clear focus on DTOC and current performance demonstrates that Kent has maintained a strong position which bucks the national trend. Although the data focuses on the acute hospitals across Kent, the DTOC in community settings is also monitored. The community settings are where the more complex assessments take place including of mental capacity. This is one reason why delays will occur. The Kent and Medway Partnership Trust DTOC activity is also monitored.

3.8 It should be noted that the headline DTOC figures for social care also include people who had previously paid for their own care and support and are known as former self-funders. As at the end of November 2016, of the 2,365 number of people in residential care, 191 (8%) of them were former self-funders.

4. Challenging Domiciliary Care Market Conditions

4.1 The most pressing issue for KCC in this regard is the capacity of the domiciliary care market to respond to demand, in particular, in ways which help us to respond to demand from acute hospitals. The issue is made even more challenging when rural factors and the spread of the population are taken into account. In addition, the market capacity to meet needs relating to people with dementia who require nursing

care in certain parts of the county compounds the challenge. The net result is that, the authority has seen the 'cost of care' rise and whilst we have not reached the point where it may be unaffordable, we must double our efforts to improve on the situation.

4.2 Added to this, some home care providers are reporting real difficulties to recruit and retain staff, especially in parts of the county where the economic environment is such that providers are not able to compete with other employers (for instance supermarkets) who can make a more attractive offer to employees. The situation is most acute in the West Kent South area and the North Kent area.

4.3 In response to this the council has invested heavily in enablement, which provides intensive but time limited support of up to 6 weeks to help all those who can to recover and maintain as much independence as possible. This is overseen by Occupational Therapists and helps individuals to do more for themselves at home, by learning or re-learning skills that make them feel safe and comfortable. This also includes where necessary making minor adaptations to people's homes or installing suitable telecare. This is done by the Kent Enablement at Home (KEaH) service. Over the last year over a thousand more people have benefited from this service and, compared to previous years, more than 610 of these individuals have then needed no ongoing social care support. This has both benefited the individuals but also enabled more people to leave hospital sooner and directly reduced the ongoing demand on the wider domiciliary market. This has been possible through £8.7m funding to KEaH, with £3.0m coming from KCC's direct funding and £5.7m from the Better Care Fund (BCF).

4.4 However the limited capacity in the domiciliary care market in some parts of the county, has impacted on KEaH as some people who had completed their period of enablement remain with the KEaH service because of the lack of suitable ongoing provision. As at 16 January 2017, of the 73 people that had finished the programme of enablement support, 63 were waiting for ongoing care packages, five of them were self-funders and another five had been deemed eligible for NHS Continuing Healthcare – a fully funded package of care solely paid for by the NHS.

4.5 Out of the 73 people mentioned above, 27 were from the Dartford, Gravesham and Swale area;13 were from the West Kent South areas; and 12 were from Shepway. This profile strongly correlates with the areas where homecare provision remains challenging. Consequently, the supply of homecare capacity has a limiting effect on KEaH, if a high number of people remain with the KEaH service longer than they need to be whilst alternative long-term care packages are arranged. In addition to this there is an additional pressure in West Kent South and North Kent due to recruitment difficulties mentioned in 4.2.

5. Responses to the Challenges

5.1 Measures designed to further reduce DTOCs are a central part of the Kent Better Care Fund (BCF) plan that have been implemented across the county in partnership with the CCGs. In addition to KEaH, these include the introduction of 7 days a week working (at a cost of £1.6m) and schemes such as Discharge to Assess and the Integrated Discharge Teams (at a cost to KCC of £1.8m). The discharge to assess philosophy is that people should be discharged once they are medically fit and they should have an assessment of possible ongoing social care needs with the appropriate members of the social care and community intermediate care teams in

their own home. Where these are in place they have been very successful in supporting prompt discharges.

5.2 The council is developing an integrated workforce strategy and new models of career opportunities for care staff funded and supported by NHS England to help address the recruitment issues of care providers. As part of this the council is also looking at changing our domiciliary purchasing strategy to respond to the market and workforce issues through our Adult Social Care Transformation Phase 3 Programme. This is already starting to move to an outcome focused (block hour contracted) model, which allows providers to give contracts to their staff, increasing the attractiveness of care work as a career.

5.3 Additionally in terms of physical places to move to, all the new Extra Care schemes that have opened have included Intermediate Care flats which allow a new housing model of hospital discharge. This enables people to see how much independence they can regain in a suitably adapted environment. This then builds a basis for them to subsequently return to their own home with suitable adaptations. As a short term solution the council is also block purchasing 30 additional short term Dementia Nursing beds to create throughput for dementia hospital and acute hospital beds. For this to be a long term solution it will need joint NHS and social care investment in specialist support teams for care homes, however the council is not in a position to fund this alone.

5.4 Arguably, “winter pressures” are becoming a feature all year round and there have been other periods of escalation particularly round bank holiday periods. All parts of the system (East, West, North and Medway) have active A&E delivery boards with representation from NHS England and NHS Improvement which oversee the A&E recovery action plan against five priority areas. Prior to the Christmas period KCC made a concerted effort to support the acute trusts in achieving the NHS England’s stated 85% bed occupancy levels. In addition, KCC teams contributed to ‘super discharge’ weeks across the county with good effect. KCC, through the Director for Older People and Physical Disability (OPPD) and the Lead Assistant Director for Urgent Care in OPPD lead on this for KCC during the pre and post the Christmas period.

5.5 KCC teams on the ground have good working relationships with acute trusts across the county and the healthy relationship means that even when the system is under pressure difficulties can be managed and the appropriate escalation instigated where required. KCC has an Assistant Director who has a lead responsibilities for Urgent Care and is responsible for the oversight of the whole system and keeps the Directors and Corporate Director up to date. The role includes working with all of the systems at a chief operating officer level, supporting the A&E delivery boards in East Kent, West Kent and Dartford, Gravesham & Swanley and Swale. The Assistant Director also represents KCC on conference calls, has total control in flexing service resources where required to meet emerging pressures and supporting decision making.

5.6 KCC has also commissioned a range of short term beds in care homes in order to support both hospital discharge for those who are medically fit and, more recently, beds specifically for people where care packages cannot be secured to get people back home. These beds require increased resource from Occupational Therapists, or other external sources, to make sure that people are continually enabled in a different way from the way care homes traditionally operate. One facet of this is that it puts

pressure on the availability of beds for people who require long term care and does impact on local bed availability for the whole system.

5.7 To influence the market and to try and ensure that there is the right mix of care homes, nursing homes and extra care housing in the right places, the council has developed the Kent Accommodation Strategy with District and Borough Councils and the CCGs. This provides a market position statement for adult social care and is used by providers to develop their future services. It identifies the types of services, numbers and locations needed and is refreshed annually to account for services opening and closing. This does forecast increased need for dementia and nursing care homes and also significant amounts of extra care housing, a model with 24 hour care on site with flexible accommodation that should prevent falls, carer breakdown and other factors that see people entering hospital from home. Work is also progressing well with KMPT in defining the additional support required to care homes that support people with complex dementia that challenge services.

5.8 At a system wide level, the Kent and Medway STP has clearly defined objectives to deliver an integrated health and social care model that focuses on delivering high quality, outcome focused, person centred, coordinated care that is easy to access and enables people to stay well and live independently and for as long as possible in their home setting. Core to the model is the philosophy of health and care services working together to promote and support independence. The aim is to develop "Local Care" based around clusters of primary care and GP services and explicitly to "operate at a scale where it will be possible to bring together primary, community, mental health and social care to develop truly integrated services in the home and in the community". This will make a reality of building a team of professionals around the patient, led by the GP, able to access and deliver the services and support people's needs across a comprehensive pathway of health and social care interventions. Services will be integrated so that access to them is seamless without the need for repeated assessments. By providing "the right care, in the right place, at the right time", people will be able to manage their conditions within the community and significantly reduce the need for hospital attendance and admission. The STP estimates that even allowing for increased demand over the next five years the development of Local Care will allow for the NHS locally to better meet demand with better outcomes for individuals.

5.9 The latest version of the STP has been agreed with NHS England and details how the sustainability, both financial and of the quality of care, will be ensured over the next 5 years. The whole plan is predicated on transferring large amounts of hospital activity to enhanced services and facilities in the community including Primary Care. As the new models of "Local Care" such as the Encompass development in Whitstable are developed, they will be able to care for people with much more complicated and complex needs by providing the services and support required to prevent people needing to go to hospital for treatment and accept them more readily on discharge.

5.10 The case for change in the STP specifically highlights that "there are many people who are in hospital beds who could be cared for nearer to home. Being in a hospital bed for too long is damaging for patients and increases the risk of them ending up in a care home". If the aspirations of the STP are achieved there should be a significant reduction in DTOCs from the acute hospitals when the plan is implemented.

6. Towards Sustained Social Care Funding

6.1 The pressures facing adult social care are enormous, with a reported forecast funding gap which could be equivalent to 62% of the total expected budget of local councils in 2030. The Kings Fund has estimated that this would be equal to a cash funding gap to the tune of £13 billion. We know that the Local Government Association has quantified the short-term funding gap to be in the region of £2.3 billion for the period up to 2019/20.

6.2 Local authorities' work in this area has been characterised by sustained efficiency programmes and the achievement of notable savings since 2010. This has been acknowledged by a number of national independent bodies, such as the National Audit Office, House of Common Health Select Committee and respected Think Tanks. Our contention is that more needs to be done beyond the short funding support for adult social care which, the government has permitted through the adult social care precept. Consequently, Cabinet should urge the government to revisit its previous commitment to reform the funding of adult social care, with the expectation that it will be able to establish sustainable funding which appropriately balances the responsibility of the individual and the state.

7. Summary

7.1 Integration of health and social care is a stated ambition of KCC and this objective also reflects the national policy agenda for areas to seek to improve the way Councils work with the NHS through integrated commissioning and integrated provision.

7.2 In spite of the policy intentions some components of the health and social care system face tremendous challenges and DTOC can be seen as a clear sign that, the system is undergoing some difficulties.

7.3 Many of the changes KCC and health partners have made are helping to meet the rising demand. However there still remain some significant issues in parts of the social care market and in workforce availability. It is now essential that KCC, and more broadly local government, work constructively with central government to find innovative solutions that are sustainable. We need a strong and vibrant care market, with an integrated health and social care system that improves Kent's residents' lives.

8. Recommendation

8.1 Recommendation: Cabinet is to **NOTE** how KCC and NHS organisations in Kent are working to better address the needs of local people being discharged from hospitals against the challenging care market conditions.

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