

ICB Kent Delayed Discharge update

Situation

Overnight admissions from Emergency Department (type 1) have continued to remain high with activity peaks in mid-December and mid-February. Patient flow has been restricted due to the increasing number of patients staying longer than 21 days in hospital. Regionally the percentage of plus 21-days length of stay (LoS) is currently to 20.9% occupied beds and in Kent and Medway this is 21.9% (4-week average and ↓20.6% wc 17th April). The complexity of many of the admissions has increased with presentations of respiratory symptoms rising in December and a high proportion of frail elderly patients (+85 years) attending hospital and being admitted when compared to the other parts of the South East.

The ICB is continuing to lead the work to reduce the of number of patients across Kent & Medway with a long length of stay, addressing NHS delays as well as working in partnership with Adult Social Care colleagues.

Background

The ICB's Operational Plan describes actions to improve discharge with 3 key ambitions:

- improving joint discharge decision making processes and providing additional workforce to support this function
- scaling up intermediate care capacity with an additional 90 plus beds
- scaling up Home Care capacity

The release of national funds for the NHS and Local Authorities to support delivery of timely discharges to the right care setting and stabilise the home care market. Kent and Medway received circa £15m funding in December as part of the Adults Social Care (ASC) fund and an additional funding opportunity was made available in January from NHS-E via the Discharge Fund (DF) of up to £6.3m. The ICB has worked with Local Authority colleagues via the Kent Joint Commissioning Management Group (JCMG) to maximise the ASC and DF investment for both health and social care.

This funding has delivered reductions in the number of patients who do not meet the criteria to reside, as well as improvements in patient flow which in turn helps reduce waiting times in emergency departments and ambulance handover delays.

The ICB and LA have focused ACS and DF schemes supporting the Home Care market, Care Home capacity and enablers to support discharge and flow including ASC workforce, clinical staff, integrated discharge teams (IDT) and assessment staff.

Assessment

It is important that we sustain the positive gains made in Kent and Medway over the last couple of weeks, maintaining consistent and sustainable discharge processes with associated partners. Since December we have seen an increase in the Home Care (PW1) discharges by approximately 6 per day and 3 per day for Care Homes (PW3). The focus has been to discharge the longest lengths of stay (LLOs) patients, placing a number within care homes with capacity brought online by the ICB and in collaboration with a community provider. We continue to work with several care homes, offering additional support and enablers to allow the care home staff to manage more complex discharges.

The NHS-E LLoS data for Kent & Medway highlights since January a reduction of.

138 patients with a +21 day LoS

196 patients with a +14 day LoS.

The ICB continues to work with each Health & Care Partnership to fully understand the local challenges and the cause of the variation across Kent and Medway, such as a shortage in capacity of domiciliary care in parts of Kent. The Kent JMCG is leading on the development of a Kent Integrated Health and Care Placement Team which will provide a solution to the challenges seen in the home care market in Kent.

Actions undertaken

- Transformation event held 5th April supported by NHS Elect - Our Ageing population in Kent and Medway
- Review all the NHS schemes funded by the Adult Social Care and Discharge Fund, ensuring we are delivering interventions that can flexibly best help discharge patients to the most appropriate location for them, with a focus on reablement and independence.
- Develop a jointly commissioned Adult Social Care and Health Home Care model to greatly improve the integrated care across this pathway. This will involve both the NHS and Local Authorities working in partnership at all stages of the commissioning process, from the assessment of needs, the planning and procuring of services, and the monitoring of outcomes.
- The ICB continues to work with all stakeholders including local authority and voluntary agencies to implement a shared pathway and service delivery, reducing health inequalities. This will focus on:
 - homeless patients
 - patients with dementia
 - patients with learning disabilities