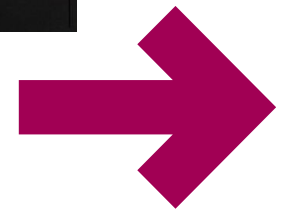


Better Use of Care at Home Events

North: 22 February 2016
South: 2 March 2016
London: 10 March 2016



Margaret's Story





Setting the Scene



Delayed Transfers of Care

- Media and political focus
- 26% increase in England since 2011 for all DTOC
- 1/10 beds in use by someone fit to leave

Hospital bed-blocking 'costs' NHS England £900m a year

By Nick Triggle
Health correspondent

5 February 2016 | Health

NEWS

Shock figures show patients stuck in north hospitals for more than a year despite being fit to leave

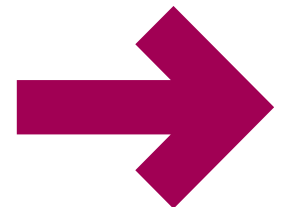
27 January 2016 by Andrew Liddle

www.england.nhs.uk

NHS and social care must not play the
blame game on delayed discharges

Paul Burstow

Only by focusing on the needs of patients and carers can we end long, damaging
waits in hospital

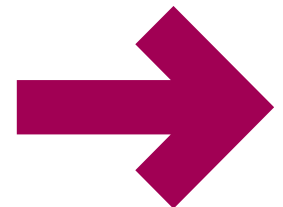


Problems for the individual

- Further deconditioning
- Risk of hospital based infection
- Risk of delay to other support services
- Disconnected from community

Problems for the hospital

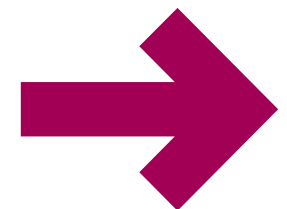
- Fewer available hospital beds
- Added pressure on A&E and wider system
- Significant expense



Scale of the issue

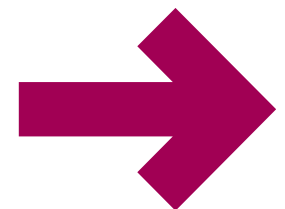
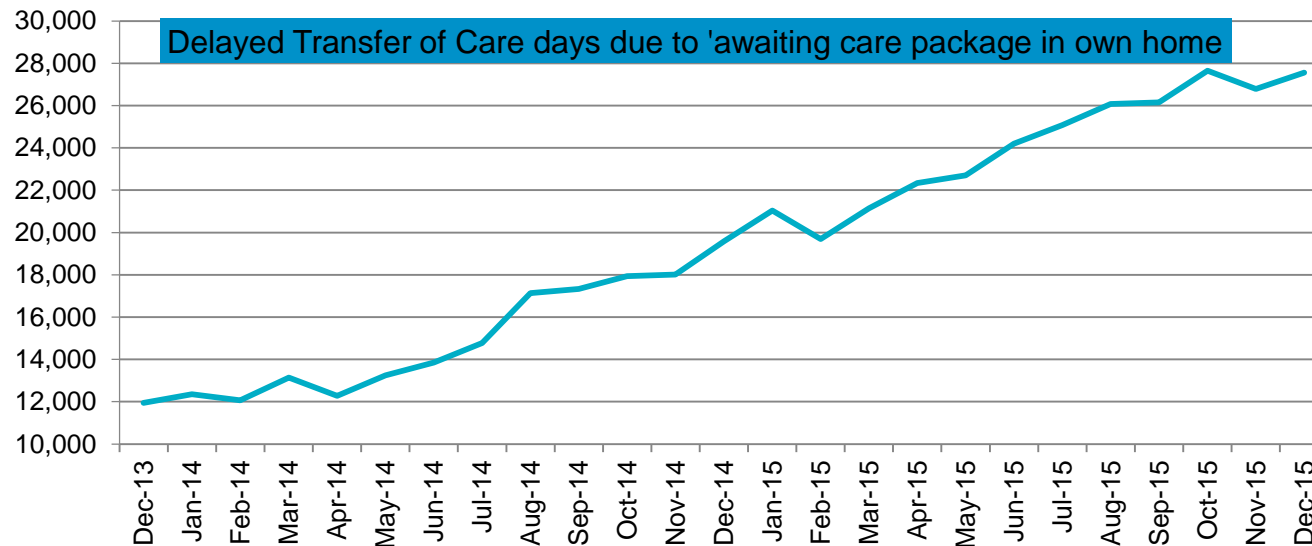
- 1,746,973 delay days in 2015
- 154,000 in December alone

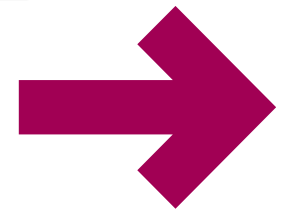
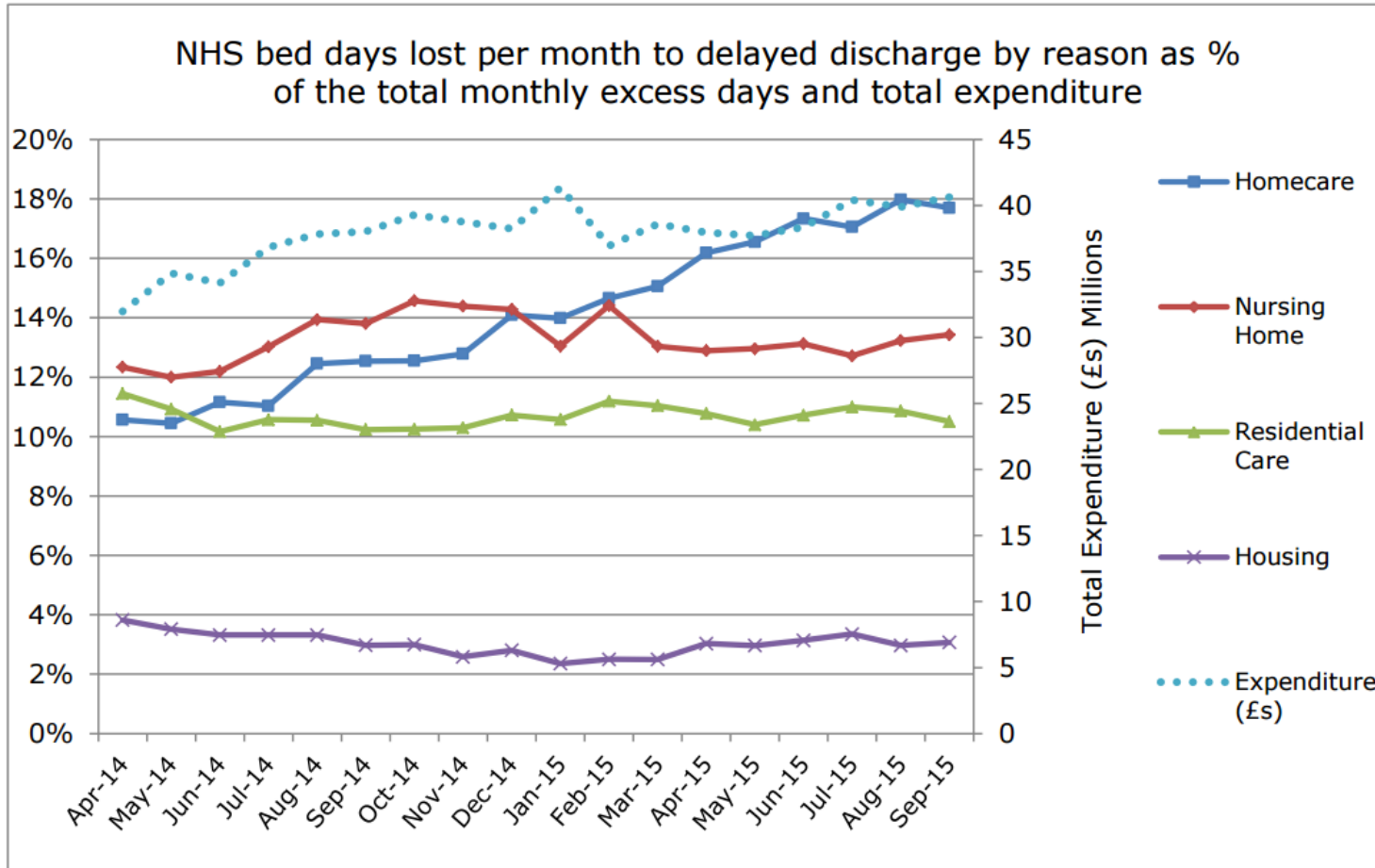
	% of total delays – homecare package	% of total delays – adaptations to home	Combined % of total – ‘care at home’
December 2013	10.6	2.6	13.2
December 2015	18	2.3	20.3



The rise of community care related delays

- 131% increase in two years – lack of homecare
- 27,552 homecare days, 3,568 adaptation (Dec'15)





Cost per
delay day to
the NHS:
£303

Reference costs 2014-15



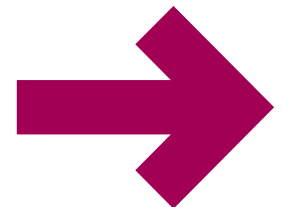
Cost of delays
due to lack of
'care at home'
Dec 15:
£9.5million

Cost per hour of
homecare at National
Living Wage
£16.70

(UKHCA, 2015)



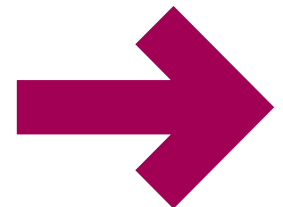
Hours of homecare
£9.5mil could pay for:
570,000



Why are there delays?

Recorded 'Reasons' for delays include:

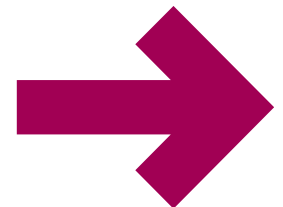
- Awaiting care package in own home
 - Awaiting community equipment & adaptations
 - Awaiting nursing/residential home placement
 - Waiting further non-NHS acute care
-
- Local authority budget cuts – fewer services commissioned
 - Constricted eligibility criteria for care
 - Demand on A&E
 - Workforce – recruitment and retention issues
 - Property stock unsuitable



Progress to date

- Independent Care Sector Programme (Sept '15)
 - Better Use of Care at Home
 - Improving Hospital Discharge
 - Better Use of Care Homes
 - Local Commissioning Practice

- Quick Guide published October 2016: Better use of care at home



Outcomes for the day

1. To identify and discuss the key issues surrounding care at home, particularly in relation to good hospital discharge;
2. Develop a list of solutions to help tackle the issues identified;
3. Create a space to share innovation and new ideas;
4. To begin to scope pieces of work that can be taken forward over the next 18 months.

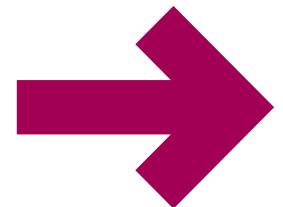
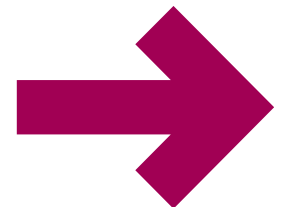
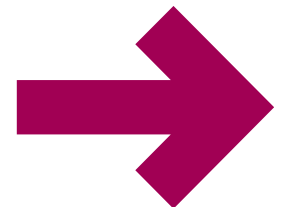


Table Session 1 – Exploring the Issues



Exploring the Issues

- Facilitator at each table
- Discuss on your tables the key issues affecting health, homecare and housing working together to:
 - Support planning for discharge home on arrival at hospital
 - Enabling people to go home with appropriate support from hospital
 - Helping people stay at home (and avoid emergency admissions)
- Be ready to share the top 5 issues discussed





Quick Guide: Better use of care at home



Development of the Quick Guide



TRANSFORMING URGENT AND EMERGENCY CARE SERVICES IN ENGLAND



This is one of a series of quick, online guides produced by NHS England with partners providing practical tips and case studies to support health and care systems.

Click below to view

- Clinical input to care homes
- Identifying local care home placements
- Improving hospital discharge into the care sector
- Sharing patient information
- Technology in care homes



www.nhs.uk/quickguides

1. July 2015 – Independent Care Sector Programme launched
2. September 2015 – Better use of care at home work stream launch
3. Mapped through high level issues and solutions with:

1. UK Home Care Association
2. Department of Health
3. Public Health England
4. Sitra
5. 2Gether NHS Foundation Trust
6. Housing LIN
7. The Good Care Group
8. Bluebird Care
9. Care and Repair England
10. Home Healthcare Ltd.
11. ADASS
12. Royal Stoke University Hospital

Structure of the Quick Guide



Planning for discharge home on arrival at hospital

1. Informing and empowering patients as early as possible
2. Set expectations about discharge on admission on hospital
3. Involve those who know the person best in early discharge planning
4. Create ways to improve relationship and communications between health and social care professionals and simplify the discharge process
5. Care at home has a role in flagging those at risk of admission

Enabling people to go home with appropriate support

- Review and assess baseline and contingency homecare capacity
- Inform homecare and housing providers as soon as possible about discharge arrangements
- Where appropriate continue or quickly restart current packages of care on discharge
- Use discharge to assess processes when and if appropriate
- Be creative with transport home options
- Local health and social care economies should consider the availability and capacity of home improvement, repair and adaptations services, fast-track schemes, suitability of housing and telecare
- Make best use of reablement and rehabilitation services

Helping people to stay at home

- Share information safely, quickly and easily
- Arrange a swift follow up call / visit following discharge
- Agree a joint care and support plan and identify a link / coordinator
- Review care packages regularly
- Recognise the value of continuity in care relationships
- Use what resources are already accessible and know what is available
- Expand the role of homecare provision in end-of-life care pathways

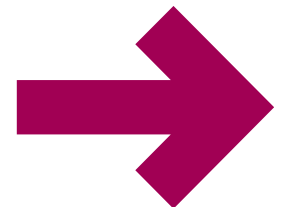


Better use of care at home- the forward plan



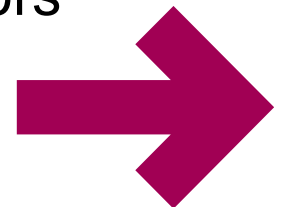
What do we want to achieve

- Practical resources for use across the year
- To assist across community care
- This might include:
 - Templates
 - Models based on best practice
 - Factsheets
 - Further events for shared learning



Workstream ideas so far

- Local 'care capacity toolkit' for commissioners
- CCG Engagement Programme – Health and Housing
- A method, with trials, to measure cost savings of helping people home when ready
- Guidance on co-ordinating discharge across sectors
- Model 'care passport' – sharing vital info across sectors



Workplan to be shaped by you

- What would make the most difference in your experience?
- Be as specific as possible
- What is achievable?
- All ideas will be used to inform the workplan
- Everyone's opinion is equally valuable

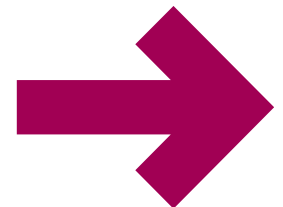
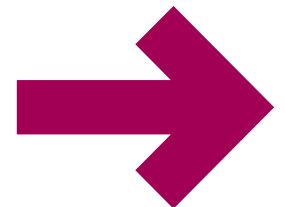


Table Session 2 – Exploring the Solutions



Exploring the Solutions

- Choose one (or more) of the issue themes brought out from Table Session 1.
- Please identify the solutions that could be taken forward nationally, or supported locally, choosing the top 3 for sharing.
- Please include:
 1. The solution / product / idea description
 2. Briefly how it would be achieved
 3. What difference would it make / benefits would it give?
- Be ready to share the agreed top 3 solutions identified

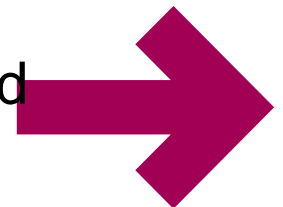
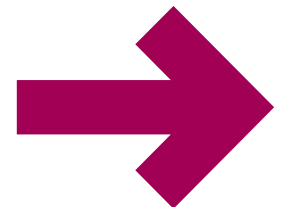
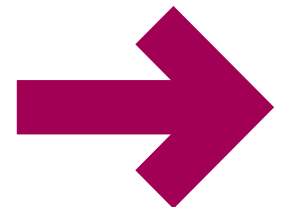


Table Session 3 – Exploring next steps



Exploring the Solutions

- Facilitator at each table
- Each table will be given one of the solutions identified in the last session
- Please scope out the solution(s) in order to identify:
 1. Who should lead the work
 2. The 3 initial steps
 3. Timescales
 4. Where the impact will be greatest
 5. Why the solution is critical
 6. Ideas to ensure achievement



Chairs' Closing Remarks

