

Community capacity mapping

Enabling timely
discharge

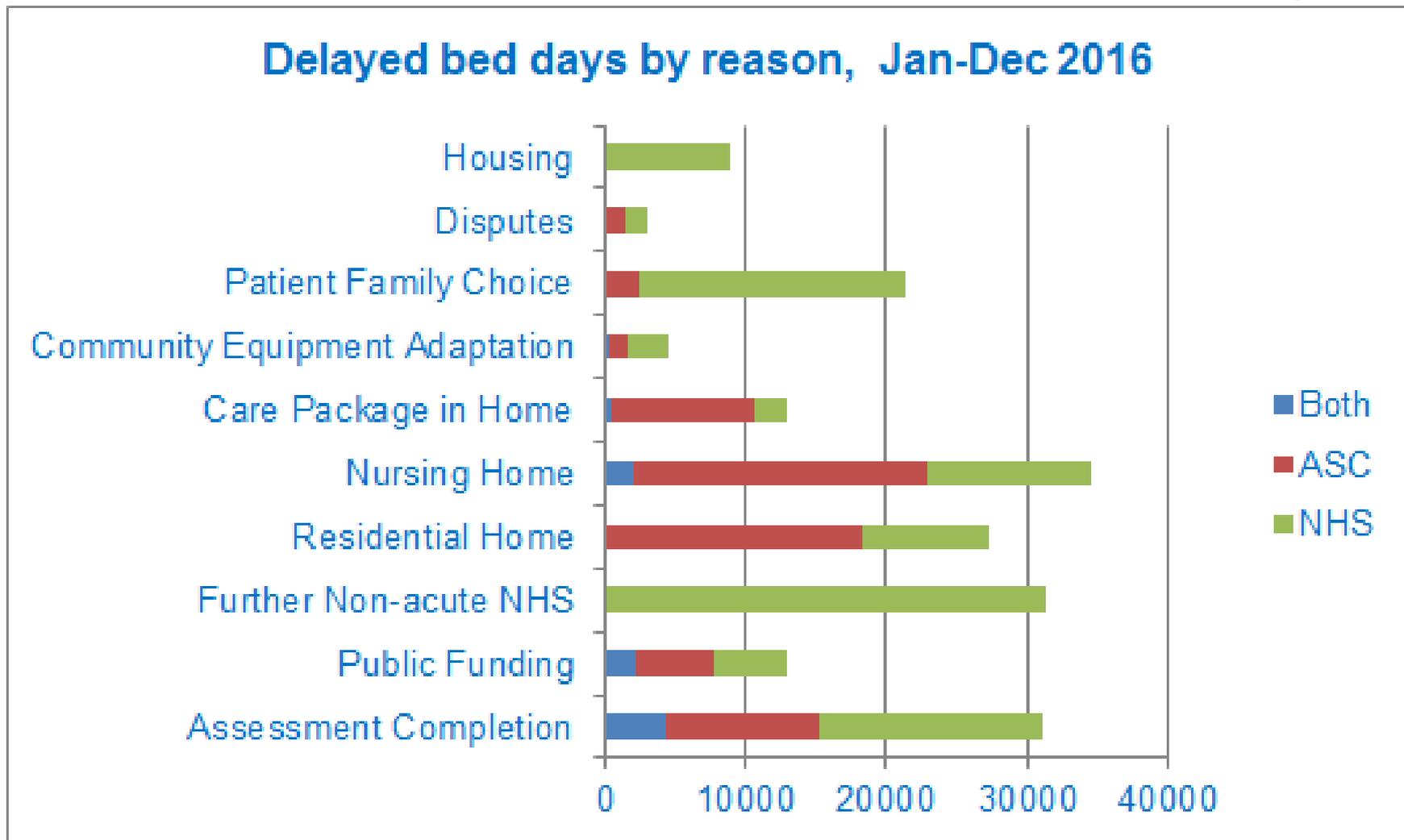
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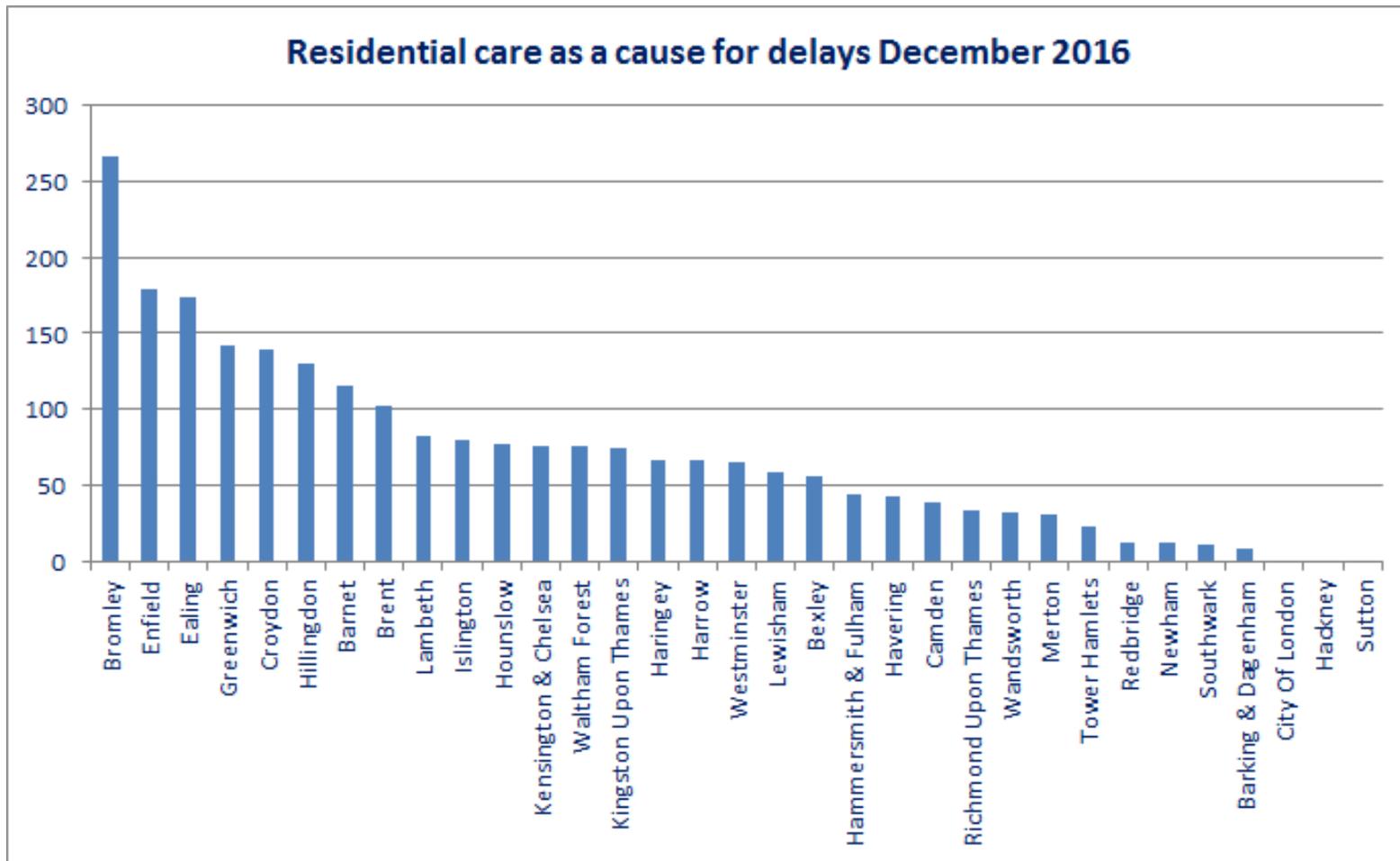
Enabling timely discharge

- England's urgent and emergency care services have faced **severe challenges over winter 2016/17. High levels of demand have** impacted on A&E performance and systems have found it challenging to free up sufficient beds for patients
- Evidence shows that unnecessarily long hospital stays have an adverse impact on recovery and there is a need to **make hospital beds available for those with the most urgent clinical need.** There is therefore a need to **reduce delayed discharges .**
- Data shows that **over a third** of delayed bed days in London were caused by a **wait for residential or nursing home placements, while a further 10%** relate to awaiting **care packages in patients' own homes**
- There is also a need to ensure that **medically optimised patients** receive therapy and assessments in the most appropriate environment
- This will involve further work to implement **Discharge to Assess** and **Trusted Assessor** models and ensuring that **Continuing Health Care Assessment processes** do not lead to unnecessarily delays
- **Appropriate services** and **pathways** need to be in place to support this work

Reasons for delays by responsible commissioner over a 12 month period

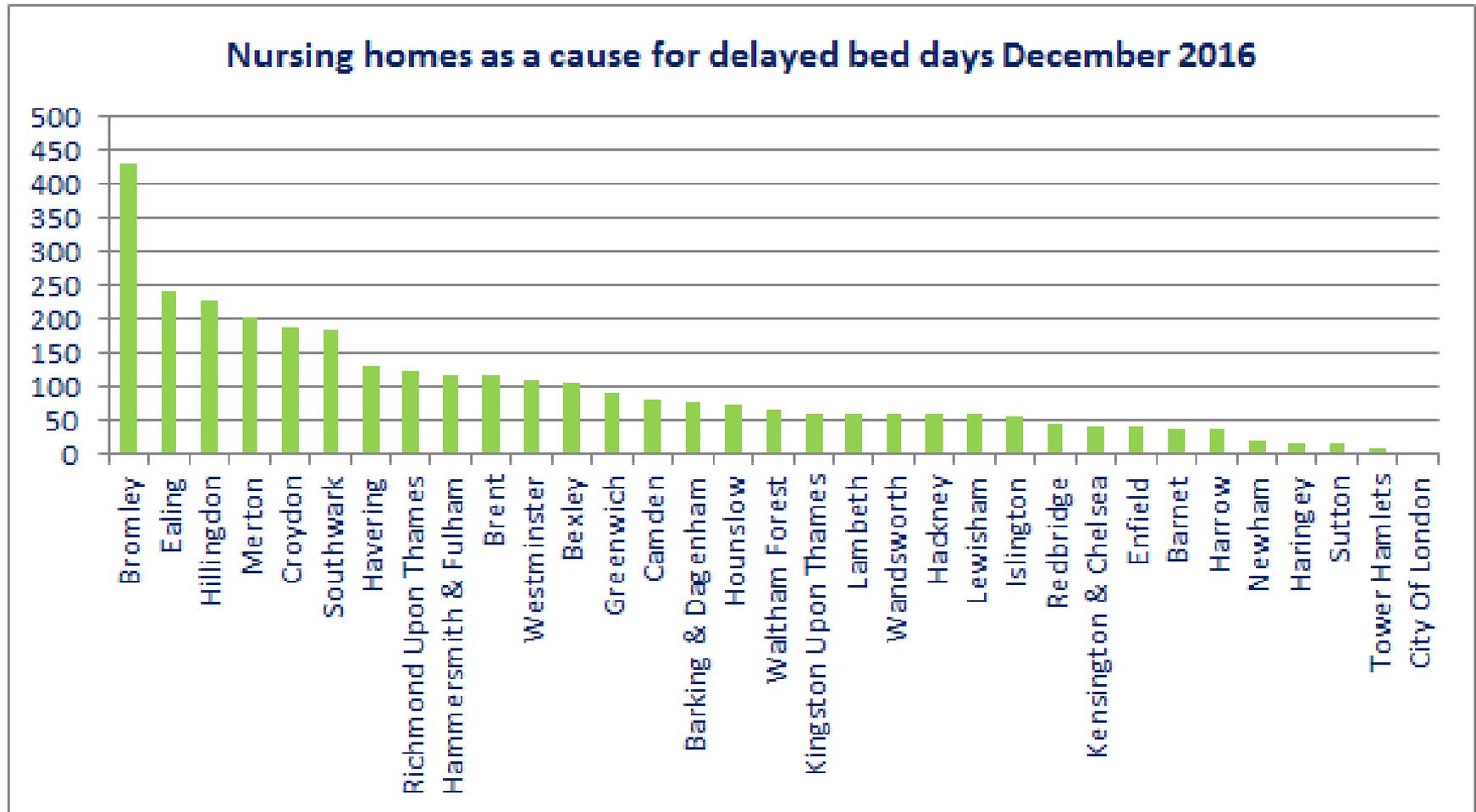


Spread of Residential Care as the reason identified for delayed bed days December 2016

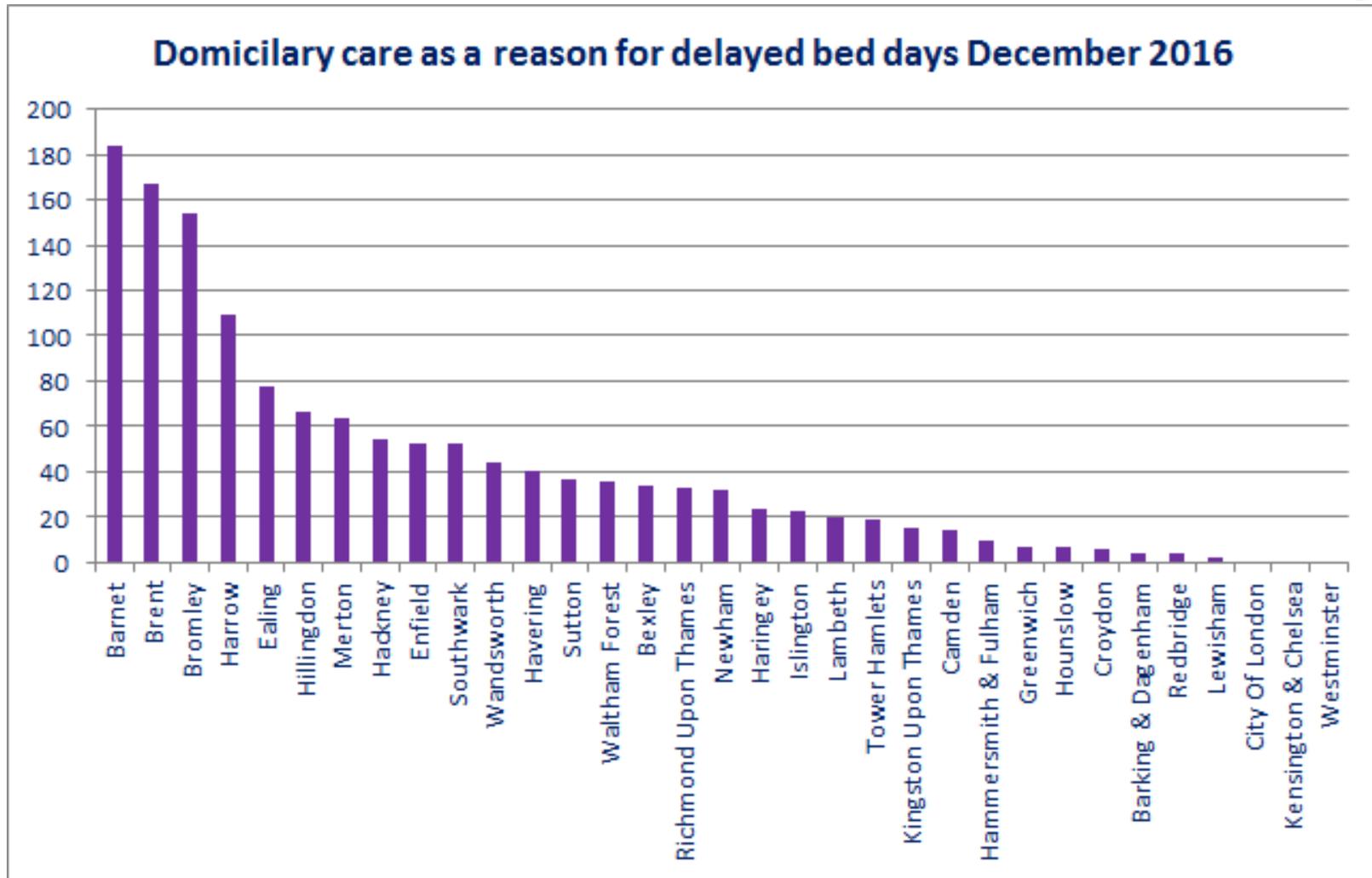


The areas with the highest number of bed days delayed were: Bromley, Enfield, Ealing, Greenwich, Croydon, Hillingdon, Barnet and Brent

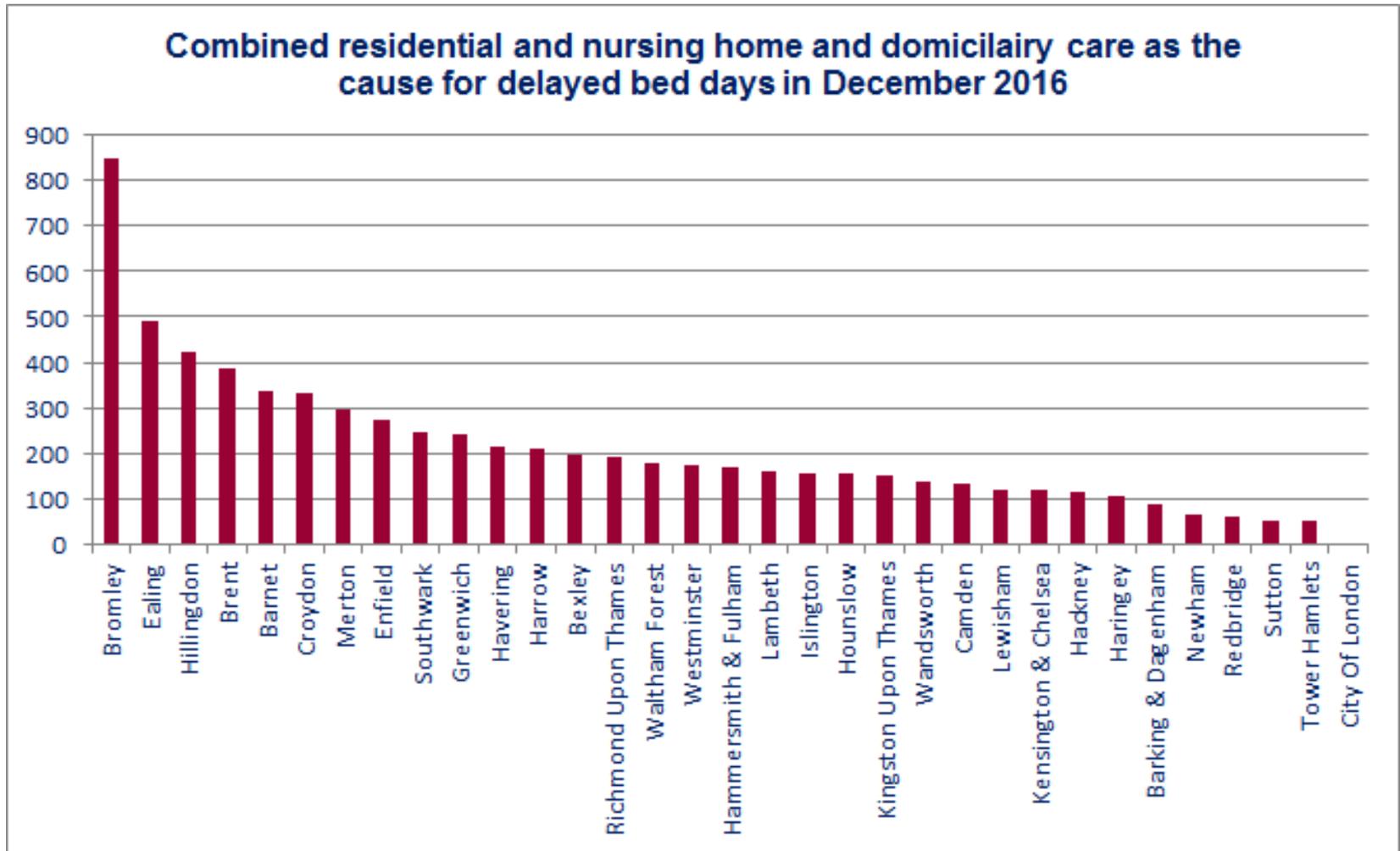
Spread of Nursing Care as the reason identified for delayed bed days December 2016



Spread of Domiciliary Care as the reason identified for delayed bed days December 2016



Spread of Residential, Nursing and Domiciliary Care as the reason identified for delayed bed days December 2016



Top 10 Boroughs for delays December 2016

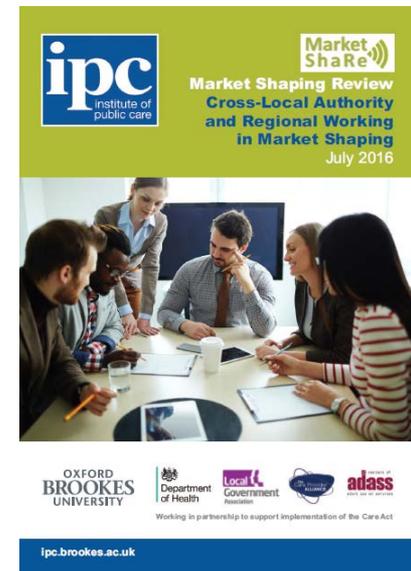
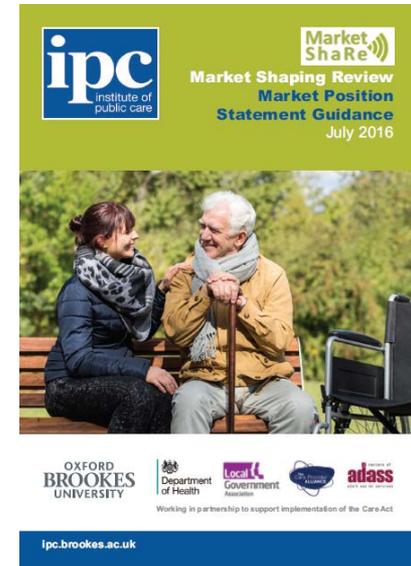
Residential	Nursing	Domiciliary	All
Bromley	Bromley	Barnet	Bromley
Enfield	Ealing	Brent	Ealing
Ealing	Hillingdon	Bromley	Hillingdon
Greenwich	Merton	Harrow	Brent
Croydon	Croydon	Ealing	Barnet
Hillingdon	Southwark	Hillingdon	Croydon
Barnet	Havering	Merton	Merton
Brent	Richmond Upon Thames	Hackney	Enfield
Lambeth	Hammersmith & Fulham	Southwark	Southwark
Islington	Brent	Enfield	Greenwich

Themes relating to capacity issues

- Placements for **older patients perceived to have challenging behaviour** are cited as a **common concern in most areas**.
- Care staff skills have been cited as a limiting factor and schemes are in place in some areas to skill up care home staff and to provide skilled specialist input, eg consultant geriatrician in-reach
- **CQC care home closures** and **embargoes** have exacerbated supply issues
- Commissioners are working to develop the market and to address the unintended consequences of cost containment work
- There is a recognition that Health and Social Care need to work more closely to avoid inadvertently competing with each other
- The D2A model is designed to support assessment in patients' own home and has been found to result in **lower rates of long term residential admissions**. Agreeing funding for care at home while assessments are carried out is crucial to successful implementation and resource pressures can jeopardise this joint working
- **Mental Health** Commissioners have also fed back **gaps in specialist capacity** and **delays caused by panel processes**

Commissioning for Residential, Nursing and Domiciliary Care

- The **majority** of Residential, Nursing and Domiciliary Care is **commissioned by Local Authorities**
- Local authorities carry out work to understand market needs and gaps and publish **Market Position Statements**.
- A **Market Shaping Review** has been undertaken by Oxford Brookes University for the Department of Health, LGA and ADASS and includes a Market Position Statements data base
<http://ipc.brookes.ac.uk/market-position-statement-database.html>
- The above have also developed **guidance for cross local-authority and regional market shaping**
- Where patients are eligible for **Continuing Healthcare Funding**, care is **commissioned by the NHS**. In London, there is a team leading commissioning of care home placements on behalf of 29 of the 32 CCGs.
- There is a national NHSE workstream to support links with the Independent Care Sector and three London CCG/LA partnerships are receiving support to further develop local networks.



Proposed model

- It is proposed that A&E delivery boards be asked to provide a view on the key capacity gaps and pressures in their areas
- The work will draw on expert knowledge within the system
- Scoping will include working with key stakeholders to understand the parameters
- The work will take into account the **dynamic nature** of this area and will inform recommendations for rapid actions to improve London's capacity and capability in advance of winter 2017/18
- It is proposed that more detailed conversations take place with the areas with the highest level of delays caused by waits for Residential, Nursing and Domiciliary Care as part of the first stage of the work

Key stakeholders

- CQC
- London ADASS Health, Contracting and Safeguarding Leads
- Directors of Adult Social Services
- NHS Trust and CCG Chief Officers
- A&E Delivery Board Chairs
- NHSE regional CHC clinical and commissioning leads
- Independent Care Sector Providers
- NHSI - ECIP

Questions for stakeholders

- What existing information is available in relation to strengths and gaps in provision?
- What solutions are already in progress
- What are the key interdependencies, in ensuring the local health and social care economy can meet people's needs?
- Where are there opportunities for sharing development work across the regional footprint
- What are the other opportunities for regional work to add value?

Questions for A&E Delivery Boards

- Where and how does community capacity impact on your ability to discharge patients in a timely manner?
- Does your local system have an indicative overview of the demand and capacity issues and where they lie?
- What are the identified issues?
- What actions are being undertaken at local and STP level to resolve these issues?
- How have capacity gaps informed your operational, STP and Better Care Fund planning?
- How could regional support best enable improved provision

Timeline for implementation

- NHSE and London ADASS have worked together to identify an **approach**
- The draft approach and questions will be agreed by 17 March and **work with stakeholders completed by 31 March**
- During April and May, NHSE and LondonADASS will engage with A&E delivery boards to **determine key strengths and gaps in provision and generate recommendations**
- Recommendations will translate to **actions in the out of Hospital Urgent Care Programme**

