

Agenda Item 6

Health and Adult Social Care Scrutiny Board

31 March 2016

**Overview and Scrutiny Committee briefing note on
people who have a delayed transfer of care**

Looking backwards:

1. Sandwell MBC and SWBH have worked jointly to try and address issues of patients who are delayed in hospital because they are waiting care elsewhere. Although every hospital has a volume of patients who are medically fit, only a proportion of those patients are awaiting community packages of care, either funded by the NHS, or Local Authorities, or part paid for by families themselves.
2. In 2014-15 we reorganised services for the year ahead to try and achieve two aims, which reflected both clinicians, social work, and family feedback:
 - To ensure that we could rapidly move patients from a hospital phase into a more social care based phase, by creating the Rowley Regis based 'Seva-care' project
 - To begin to address discharge issues very rapidly on admission, by applying a model we called the ADAPT pathway.
3. There remains much to be done to improve further. However, the Health Service Journal recently analysed national data and concluded that Sandwell residents had seen the second largest fall in bed days lost to delayed transfers of care anywhere in England, as a result of the efforts of the team.
4. In outlining what had worked we explained that there had been a combination of innovation (the ideas above) and disciplined implementation of some basic good practice. The latter, for some media outlets, led to a focus on the process of alerting patients to their need to move, and their rights and responsibilities. Like every hospital and LA we have a series of letters which are given to families to set this position out. The file of such letters is appended for the OSC. In practice, only one

[ILO: UNCLASSIFIED]

ILO - Unclassified

person in the last 12 months has received the final stage letter, and we did need to proceed to the conclusion outlined therein.

5. Health-watch have raised with us their opinion about language in these issues, and creating a climate of conflict which none of us wish to do. However, in supporting staff and in balancing needs of current and future patients, it is sometimes important to be explicit with families about the legal basis for remaining in hospital beyond the clinically necessary period.
6. Our overall aim is to begin conversations with patients and families at the very outset of their stay with us. Typically it is apparent at that point what the final discharge destination may be. Using the elapsed time of the hospital stay can be helpful in ensuring people have time to make decisions about next steps and are focused on those decisions ready for discharge.

Looking forwards:

7. There remain some foreseeable major challenges in our system, which we seek to manage as a senior officers group each Thursday morning. Community bed availability is a challenge, and the Living Wage will place further pressure on the local supply market, and may reduce supply. Current occupancy levels means that even small changes in supply will have big effects on discharge volume and pace.
8. Uncertainty over funding flows around emergency care and the better care fund mean that models of service are operating on short term contracts. This can mean that improvements in delivery are not achieved because there is no stability from which to work.
9. We have not yet succeeded in establishing first 48 hour involvement for every patient in discharge planning. This is despite excellent moves to create 7-day working by social care. The Trust continues to strive to deliver on this, and has a full time clinician leading on this priority project.
10. Demand continues to rise. We need to ensure that we have a shared view of future demand to 2020 and have put in place resources to meet need.
11. The Trust has to reduce its bed base. In winter 2016 we had 60 beds open (largely at Sandwell) for which funding was not available, and which BCF plans said would not be needed. Moreover, in 2016-17 we expect to try and reduce our acute bed base further. This means that we have to tackle length of stay, re-admissions and DTOC bed days. Our current focus is on the “pending list” of patients who become delayed.

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Conclusions suggested to the OSC:

12. To recognise the successful joint work being done in SMBC/SWBH to address delayed transfer of care.
13. To note the fairly daunting risk profile presented for the next two years, and request that it is tracked closely, perhaps via either the Better Care Fund programme or HWB, or both.
14. To ask for a data set on performance in 2016-17 Q1 and Q2 to be shared with the OSC for its mid-year / pre-winter meeting.

Toby Lewis
Chief Executive, SWBH.

Accompanying Documents;-

Letter One

Letter Two

Letter Three and Check List accompanying letter three.

Letter One

Dear

Your Discharge From Hospital: Future Plans

We hope that you are starting to feel better. We are writing to you now to tell you what may be happening to you from this point on. Our aim is to help you to recover as fully as possible and to minimise any loss of independence.

A busy hospital ward is not the best place to fully assess what you need to manage or to give you the time and support you might need to recover. We may need to arrange a period of care in a residential or nursing home to give you more time to regain your strength and confidence to consider any future needs you may have.

If it is decided that you would benefit from a short period of time in a care home, we will help you to find a suitable placement. The team will give you all the information you need to help you make the right decision. Your social care professional will continue to work with you whilst you are in your placement to review your progress and ongoing care needs.

If it is decided you need a longer term placement in a care home, we know that it can take time to find the right place and make the necessary arrangements. Your social care professional will work with you and help identify suitable placements. Remaining in hospital for long periods of time while you wait for a bed to become available at your first choice home is not an option. You may therefore, be asked to select another care home on a temporary basis. This can be until a place becomes available at your first choice of home.

We hope you will understand that it is not be appropriate for you to stay in hospital any longer than you need for your medical treatment.

We will do our best to help you to move as quickly as possible and take full account of your personal circumstances. We will also consider any follow-up care and support in the place where you will live.

Should you have any concerns about this letter or anything else during your stay, please discuss them with our staff who will be happy to help you. You can also ask to speak to our Patient Advice and Liaison Service (PALS) who are here to support patients or relatives with any concerns or queries. You can contact PALS on 0121 507 5836.

We would like to take this opportunity to thank you and your family for your co-operation.

Yours sincerely,

Rachel Barlow
Chief Operating Officer
Sandwell & West Birmingham
Hospitals NHS Trust

David Stevens
Executive Director
Adult Services and Health
Sandwell MBC

Letter One

Date:

Dear

YOUR DISCHARGE FROM HOSPITAL

We hope that you are starting to feel better. We are writing to you now, to tell you what may be happening to you in future. We shall allocate you a social worker and/or a discharge nurse, if we have not done this yet.

We need to see if you can return home once your medical treatment is completed. If you cannot return home, even with help, you may need a period of care in either a care home or a care home with nursing. The process we use to decide what care you will need is called a community care assessment. Your discharge nurse or social worker will help to complete this assessment with you.

If it is decided that you will require a period in a care home, we shall help to find a home with a vacancy. You will find that our team will give you all the information to help you make the right decision.

We know that it can take time to find the right place for you. It can also take time to make the necessary arrangements. At the same time, patients cannot stay in hospital for long periods of time while they wait for a place at their first choice of care home. Consequently, you may need to move into another care home on a temporary basis. This Interim Home will be until a place comes up in your first choice home.

It will not be appropriate for you to stay in hospital any longer than you need for your medical treatment.

We can give a copy of this letter to your carer, or the main person helping with your arrangements, if you want us to.

Please do not hesitate to ask your nurse or social worker any questions you want about these arrangements.

Yours sincerely

Rachel Barlow
Chief Operating Officer
Sandwell & West Birmingham
Hospitals NHS Trust



Adults & Communities
Birmingham City Council

Sandwell and West Birmingham Hospitals 
NHS Trust

Letter Two 26.03.14

Dear William Allbutt / Next of kin

Your Discharge From Hospital – Next Steps

Our goal is to help you return home. We are pleased that the team caring for you feels that you are now well enough to leave the acute hospital bed that you are in.

As a result of your recent discussions with health and social care professionals, it has been agreed that your needs would be best met by your moving to a residential care home / a care home with nursing support / home with some carer support. We shall make every effort to help you obtain your placement of choice. If however, you are not able to move to this straight away you may need to choose an interim placement while waiting for your preferred option to become available.

We do not wish to cause you or your family undue anxiety or distress but you will be aware that there are many people needing acute hospital care and we need to be able to offer treatment to them as soon as is possible. Remaining in an acute hospital bed is not an option.

Should you have any questions about these arrangements you can discuss them with the ward manager / discharge liaison team / senior trust manager. You can also ask to speak to our Patient Advice and Liaison Service (PALS) who are here to support patients or relatives with any concerns or queries. You can contact PALS on 0121 507 5836.

Yours sincerely,

Rachel Barlow
Chief Operating Officer
Sandwell & West Birmingham
Hospitals NHS Trust

David Stevens
Executive Director
Adult Services and Health
Sandwell MBC

Letter Two

Dear

YOUR DISCHARGE FROM HOSPITAL

We are pleased that you are now well enough to leave hospital.

As a result of your recent discussions with key nurses, doctors and social workers, it has been agreed that your needs would be best met by your moving to a care home/care home with nursing.

It is very important for your future health and well-being that you are given help to move out of hospital as soon as possible to a place that can offer you the right level of care and support.

One of our team of social workers and complex discharge nurses should have provided you with information to help you choose an appropriate care home or care home with nursing and make arrangements within the next few days. If this has not happened please ask one of the nurses to contact them.

We shall make every effort to assist you in finding a home of your choice. However, if you have not chosen a home in the next week, or the home you prefer has no vacancies, we shall help by giving you a list of suitable homes where there are current vacancies. As you will not be able to remain in hospital you will need to choose one of these to move into – until a place in your home of choice becomes available.

Please do not hesitate to ask your social worker, nurse or consultant if you have any questions about these arrangements or the decision that you no longer require care in hospital.

If you wish, we can give a copy of this letter to your carer, or the main person helping with your arrangements.

Yours sincerely

Rachel Barlow
Chief Operating Officer
Sandwell & West Birmingham
Hospitals NHS Trust

Adults & Communities
Birmingham City Council

Letter Three

Ref: DCC3

Date:

Dear

Your Discharge from Hospital – Immediate Action Required

You were admitted to **XXX** Hospital on the **date** due to **XXX**.

Since that time, you have received treatment for your condition and are now on **XXX** Ward. As you are aware, you were deemed fit for discharge on **[INSERT DATE]** and you have failed to leave the hospital despite our reasonable request for you to do so and arrangements being made by the Local Authority to assist you with your return home.

You are no longer in need of medical care and, as such, you have no right to occupy an NHS bed or remain within the hospital. We need to make your bed available to patients with acute medical needs. We repeat our request that you leave the hospital immediately. Should you need assistance with transport, please speak to the nurse in charge.

Should you fail to leave the hospital by **TIME** and **DATE**, we will begin the process of formally removing you. We may, without further notice, seek a court injunction for trespass and/or use reasonable force to remove you from the premises. We believe that your refusal to leave is a criminal offence under section 119 of the Criminal Justice and Immigration Act 2008 and that your forcible removal under section 120 of the same Act would be justified.

We hope that we will not have to have recourse to legal means to remove you and hope to work with you to enable you to return home. However, should you continue to refuse to leave, we will act in order to protect other patients who are in need of the bed that you are occupying unreasonably.

As your treatment has concluded, should you continue to remain within the hospital we shall levy a charge for the provision of accommodation to you. We would also like to inform you that being an in-patient within a hospital is likely to have a negative effect on your entitlement to certain benefits such as disability living allowance and housing benefit.

Please note that should legal action be required, the Trust will seek to recover the legal costs incurred in respect of removing you from hospital, including the costs of formal legal proceedings, should they be necessary. It is likely that these costs will be substantial.

Yours sincerely

Rachel Barlow
Chief Operating Officer
Sandwell & West Birmingham
Hospitals NHS Trust

SANDWELL & WEST BIRMINGHAM HOSPITALS NHS TRUST

CHECK LIST ACCOMPANYING ISSUE OF LETTER THREE

For Office Use Only (not issued)		
CHECK LIST TO BE COMPLETED PRIOR TO ISSUE OF LETTER THREE		
PATIENT NAME:	WARD:	
	YES / NO	DATE
Date of Section 2		
Funding in Place		
Interim/Transitional, Long/Short Term Placement / Home Care Package Available		
Date of Section 5		
Offer of interim/transitional placement DECLINED by patient/family (pls note reason as well)		
Name(s) of staff aware when offer made and declined)		
SW confirmed in med notes or on Look Forward regarding offer and decline.		
Choice Letter one issued		
Choice Letter two issued		
Choice Letter three triggered		
Consultant agreement to issue Letter 3 (insert name)		
Social Work Team Manager agreement to issue Letter 3 (insert name)		
(Deputy) Head of Nursing/Matron agreement to issue Letter 3 (insert name)		
Head of Capacity agreement to issue CL3		
Choice Letter three issued for Chief Operating Officer signature		
Name of person completing this checklist.		
Additional Comments: ie. declined four placements		