

**REPORT TO:** Health Policy and Performance Board  
**DATE:** 9<sup>th</sup> November 2010.  
**REPORTING OFFICER:** Strategic Director, Adults and Community  
**SUBJECT:** Integrated Hospital Discharge Teams.

**1.0 PURPOSE OF REPORT**

1.1 The purpose of this report is to inform the PPB of the outcomes of the project to develop and implement Integrated Hospital Discharge Teams across both Warrington and Whiston Acute Trusts.

**2.0 RECOMMENDATION**

**RECOMMENDED: That**

- i. The Board note and comment on the report.**

**3.0 SUPPORTING INFORMATION**

3.1 Most people spend a very short period of their lives in hospital; their discharge follows a fairly predictable pattern and they usually return home. For those people already in the care system, or for those who will need ongoing support when they leave hospital, discharge process should ensure continuity of the right care in the right place first time.

Achieving safe and timely discharge from hospital is a complex activity. The pressure to discharge or transfer patients and release beds, together with a trend towards shorter lengths of stay, means there is less time for assessment and discharge or transfer planning.

Effective discharge and transfer planning is essential as:

1. Premature discharge can leave the patient:

- ✚ With some unmet needs
- ✚ Poorly prepared for home
- ✚ At risk of readmission
- ✚ Using inappropriate or more costly social care services (such as intensive home care or residential care)

2. A protracted length of stay increases the risk of:

- ✚ Infection
- ✚ Depression/low mood
- ✚ Boredom

- ✚ Frustration
- ✚ Loss of independence/confidence
- ✚ NHS resources being used inappropriately

3.2 It has been recognised Nationally that the current process and system in relation to hospital discharges is an area that should be explored and improved across the whole system.

3.3 A couple of areas of concern have been highlighted in relation to the safe and timely discharge of patients from both of our acute hospitals, therefore a project group was established, in 2009, across the wider partnership, including Halton Council, Warrington & Halton Hospitals NHS Foundation Trust (“WHHFT”), Whiston Hospital, NHS Halton & St Helens, NHS Warrington, St Helens Council and Warrington Council, Knowsley Council and Knowsley PCT.

3.4 This group, were asked to review the current systems and processes in relation to Hospital discharges with the overall aim of identifying ways to ensure safe, timely and high quality discharges of patients with complex needs, whilst reducing average length of stay, excess bed days, re-admissions within 28 days and discharges direct to long term care.

#### 4.0 **KEY ISSUES**

4.1 Work carried out by the project team suggests that the current process is:

##### ***Complex***

The existing system for supported discharge is highly complicated. Numerous teams and individuals can be involved in the process. Ward staff have to deal with very different systems across the different Boroughs. As length of stay reduces and throughput increases, it becomes increasingly challenging for ward staff to navigate the discharge process in a timely manner.

##### ***Reactive***

The current discharge system is inherently reactive since it relies on the “push” of bed pressures. Discharge planning within the hospital may not become prioritised until the hospital comes under capacity pressure.

***Sequential*** Social Care becomes involved usually after the patient becomes medically fit, which again builds in delays in the system.

##### ***Duplication and Hand offs***

There is significant duplication in the system. A number of teams are involved in the identification and tracking of supported discharge patients. There are a significant number of handoffs between teams

to achieve even straightforward discharges.

### ***Performance***

- 4.2 Social care performance, Halton have not had any delays from hospital attributable solely to Social Care for a number of years.

WHHFT performs fairly well on average length of stay, being within the best 25% of NHS trusts in the North West, however an analysis of relative performance on readmissions shows that WHHFT are in the top worst 10% performers in England.

Whiston Hospital length of stay performance is slightly better than the NHS North West average; in addition analysis of relative performance on readmissions within 28 days is consistently high.

Readmissions can be used as an indicator of the quality of discharges from Hospital.

## 5.0 **RECOMENDATIONS**

- 5.1 The proposal from the project group is that an Integrated Discharge Team is developed in each Hospital. The team will consist of employees from each of the partners organisations; Warrington and Whiston Hospitals, NHS Halton and St Helens, St Helens Council, Knowsley Council, Knowsley PCT, Warrington Council, Warrington PCT and Halton Council.

This team will operate as a single point of referral for all patients within the Hospital, irrespective of which Borough they are resident in, the persons discharge will then be planned irrespective of whether this is a health or social care discharge.

The integrated team will comprise of discharge workers, discharge team specialists and support staff, all working under a senior team manager. Staff would be drawn in from both Health and Social Care (within existing resources) to create a multidisciplinary team. The Staff within the existing teams will be integrated to form this single team, however they will not be requested to change employers, instead an management agreement will be drawn up and signed off by all the partners.

The key benefits of this approach would be:

- ✚ Only one team will be coordinating and “tracking” patients within the hospital, whereas currently there is duplication between teams. Allocation of resources to this team will be based on assessment of workload for each Borough.
- ✚ There will be earlier engagement with patients and families to better manage need and expectations, therefore reducing

delays.

- ✚ More effective use of resources, with reductions in length of stay realising efficiencies, reduction in admissions to long term care, more effective use of staff resources with a potential for cashable efficiencies (to be determined).

The new structure and streamlined processes will bring significant benefits in increasing efficiency, reducing delays, improving the patient experience, introducing a consistent approach and changing the culture to one of joint ownership and strong partnership working.

#### 4.0 **POLICY IMPLICATIONS**

- 4.1 The proposed development of Integrated Hospital Discharge Teams are consistent with the health economy objectives to improve quality, productivity and prevention using whole system solutions and promoting person centred approaches.

In line with the new white paper efficient use of resources is promoted by the integration of services across Health and Social Care.

#### 5.0 **FINANCIAL/RESOURCE IMPLICATIONS**

- 5.1 Any costs associated with the implementation of the integrated Discharge Teams will be met within existing resources.

There will be potential for efficiency savings across the system, these will be identified within the implementation process.

#### 6.0 **RISKS IDENTIFIED**

- 6.1 Governance, contractual and funding arrangements will be identified as part of the overall implementation of the team, and overseen by the project board.

#### 7.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

##### 7.1 **Children and Young People in Halton**

None identified.

##### 7.2 **Employment Learning and Skills**

None identified

##### 7.3 **A Healthy Halton**

The development of Integrated Hospital Discharge teams will impact positively on the Health of the population, by ensuring effective and

appropriate discharge support following a hospital admission.

7.4 **A Safer Halton**

The Integrated Teams will ensure Safe timely and supported discharge from hospital.

7.5 **Halton's Urban Renewal**

None identified.