London Borough of Brent

Executive - 8th December 2003

Report from the Director of Social Services

HOSPITAL REIMBURSEMENT GRANT PROPOSALS

For Action **Name of Wards Affected**

1.0 SUMMARY

1.1 This report outlines the purpose of the delayed discharge budget to reimburse Hospital Trusts where users are delayed for social care reasons, in hospital beds. It explains the background and conditions of the grant and action taken in Brent to implement the new hospital discharge requirements. It proposes ways of spending the budget to avoid delays and 'fines', projects potential expenditure to build capacity, and proposes consideration of a pooled budget arrangement to ensure any fines are used to meet shared objectives between Social Services and Health, in line with DoH requirements.

2.0 RECOMMENDATIONS

2.1 To note the implications of the Community Care 9 delayed Discharges etc) Act 2003 and the Delayed Discharges (England) Regulations 2003 and the proposed expenditure of the delayed discharge grant of £273K for October 2003 – March 2004

2.2 To agree to the implementation of the option of an 'up front' investment approach (described at 3.2 of the report) with our health partners within the Primary Care Trust and North West London Hospital Trust for the delayed discharge grant, subject to any necessary formal agreements being approved by the Borough Solicitor

2.3 To note that there will be a further report in respect of the expenditure of the delayed discharge grant for 2004/5 as part of the budget planning process.

3.0 FINANCIAL IMPLICATIONS

3.1 DoH guidance allows for a 'pooled budget' arrangement using the Health Act 1999 flexibilities which allows the partners to combine agreed sums from individual partner budgets, which would include the Delayed Discharges Grant, to establish a fund that is focused on improving community care services with the aim of reducing delayed discharges. This would require formal and legal written agreements between the partners that would identify the objectives of the fund, the agreed contributions, who is authorised to

spend from it, and that the partners agree to reinvest any funds arising from reimbursement charges into Prevention and Whole Systems Capacity.

3.2 DoH guidance also allows for an 'up front' investment approach that allows social services to offset reimbursement liabilities to a Trust against an initial sum invested in services. This could mean that Social Services, with the agreement of our local partners, could immediately look to invest a sum from the delayed discharge grant (say £200K) into additional Intermediate Care Capacity. This would require a formal written agreement that the first £200K of reimbursement payments to the Trust(s) that would otherwise have been entitled to receive them can be offset against that investment. This would enable a quicker response to develop effective local service capacity.

3.3 If either of these routes is adopted any payments that became due under the legislation to trusts not part of an agreement with the Council would still have to be paid so some resource must be retained to fund this potential liability.

3.4 The delayed discharge grant for Brent for the period October 2003 to March 2004 is £273K. The preferred option for using this grant is that detailed in 3.2 above as it is considered that this approach will enable a quicker response to develop effective local service capacity. It is proposed that over the next few months consideration be given to the use of pooled budgets in the longer term and that this be included in a future report to the Executive about the use of pooled budgets to ourchase services more generally.

It is proposed to allocate the grant for 2003/2004 as follows:-

North West London Hospital Trust		£ 70K
St Mary's Hospital Trust		£ 16K
Social Services staffing		£ 73K
Amount for fines		£114K
	Total	£273K

The initial plan would be to use the grant to purchase social care beds within the hospital sites. However if the hospsitals were under pressure for additional acute beds or unable to provide the additional capacity then it will become necessary for Social Service to purchase addition transitional beds in the private.sector.

The above arrangements will be reviewed in February 2004 to confirm the allocation of the full year grant of £546 for the year 2004/2005.

3.5 Bed-blocking fines are being trialled from October to December 2003. They come into full operation from January 2004. Any acute hospital bed that is blocked by council delay in placing a patient who has been assessed as needing local authority social care will result in a £120/day fine. A four-part growth bid for 2004-2005 to 2006-2007 to avoid paying any fines is currently under consideration. Based on November 2003 Department of Health data, reimbursable days account for between 5% and 10% of acute bed days in

North West London. But given the uncertainties of an untested regime and the possibility of winter pressures, a worst case assumption might be 25%.

3.6 The growth bid assumes a central case of a 10% increase in (new) residential placements over pre-bed blocking or 2003-2004 base budget levels. Similarly for new homecare packages. It is expected that the purchase of 8 transitional beds (new hospital beds that don't count as bed-blockers), and bigger assessment teams in local hospitals with better administrative support can be funded from the £546,000 specific grant for 2004-2005 notified by Department of Health. The forecast allows for client income.

2004-2005	5%	**10%**	25%
New placements	111,000	**222,000**	555,000
Homecare	14,000	**29,000**	71,000
Assessment and care management	561,000	**561,000**	561,000
Transition beds	251,000	**251,000**	251,000
Grant	(546,000)	**(546,000)**	(546,000)
Totals	391,000	**517,000**	892,000

4.0 STAFFING IMPLICATIONS

4.1 The Hospital Discharge Team is based in Brondesbury Road, Kilburn, they undertake the assessments and make discharge arrangements for Brent residents who require social care assistance on discharge.

4.2 The current staffing levels in the Hospital Discharge Team are:

- I Team Manager
- 2 Senior Practitioners
- 7 Care Managers

4.3 Northwick Park Hospital

In 1997 an arrangement was made with Harrow Social Services and the Brent and Harrow Health Authority for the simple assessment of individuals going home from Northwick Park Hospital to be undertaken by the onsite social work team managed by Harrow Social Service. With the introduction of the Delayed Discharge Act and fines Harrow Social Services have formally notified us that they will not longer carry out this area of work on our behalf. We estimate that there withdrawal from the arrangement, the number of complex and simple discharges and the requirement for users to be moved from their acute hospital bed will require an addition 3 full time social work posts. This extra capacity would allow for an additional 250 assessments to be completed, undertake discharge planning, purchase services and review the effectiveness of the care.

4.4 **Central Middlesex Hospital**

In 1999 the on site social work team at Central Middlesex was disbanded and three of the 9 staff employed were transferred to Brondesbury Road. With the current levels of staffing we are unable to undertake assessment and arrange a package of care within the required timescales and anticipate that unless additional care managers are employed we will fail to discharge users within the timescales allowed. Based on the current numbers of referrals and the complex nature of the discharge planning and care packages we have assessed that we need a further 3 full time care managers are required. This extra capacity would allow for an additional 250 assessments to be completed, undertake discharge planning, purchase services and review the effectiveness of the care.

4.5 **St Mary's**

Brent residents who live in South Brent are generally taken to St Mary's Hospital, Paddington. Westminster and Kensington and Chelsea both have on site social work teams. Around third of the discharges come from St Mary's and with our existing staffing levels we are unable to meet the demands placed upon us to discharge within the required timescales. This is further compounded by the number of patients that are transferred from St Mary's to St Charles and Princess Louise for re-habilitation. Based on the current levels of activity and the complex nature of these discharges we have assessed that we require an additional 3 care managers to work across the three sites. This extra capacity would allow for an additional 250 assessments to be completed, undertake discharge planning, purchase services and review the effectiveness of the care.

4.6 **Willesden Hospital**

Central Middlesex and Northwick Park Hospitals transfer all patients who require re-habilitation to Willesden Hospital where they undertake varying levels of physiotherapy. To enable acute beds to be freed up in the main hospitals it is essential that we maintain active work on discharging these users to appropriate care settings. There are currently 26 users awaiting discharge from this hospital and with the current staffing levels we are unable to discharge then quickly enough to avoid acute beds being blocked. Based on the current waiting list and the complexity of the care arrangements we require an additional 2 care managers to undertake this work. This extra capacity would allow for an additional 135 assessments to be completed, undertake discharge planning, purchase services and review the effectiveness of the care.

4.7 **Out of Borough Hospitals**

Any Brent resident who is in hospital outside of the immediate location and who requires a package of care will need to be assessed and their discharge arrangements agreed. The responsibility for any acute delays will be Brent's responsibility. An additional Care Manager will be required to cover this area

off work as the hospitals may be some considerable distance from Brent. This extra capacity would allow for an additional 75 assessments to be completed, undertake discharge planning, purchase services and review the effectiveness of the care.

4.8 The posts described above are included in the growth bid for 2004/5. Recruitment of agency staff to a small number of these posts started in October 2003, and these staff will be in post until April 2004 they will be funded from the delayed discharge grant as described in paragraph 3.4

5.0 LEGAL IMPLICATIONS

5.1 The Community Care (Delayed Discharges etc.) Act 2003 and the Delayed Discharges (England) Regulations 2003 together require a social services authority which have been notified in accordance with the requirements of the Act of the need for provision of appropriate community care services before an acute medical care patient can be discharged to promptly assess the patient's needs and decide which care services (if any) it will make available to the patient. The Act allows a daily penalty to be charged by the hospital if it has not been possible to discharge the patient from hospital on the due date because the social services authority has not assessed the patient's care needs or set up the required community care service for the person. The prescribed daily penalty for Brent is set at £120 per day and continues until NHS body is notified by the social services authority that it has complied with its statutory duties under the Act.

5.2 The delayed discharge grant is a special grant paid under Section 88B of the Local Government Finance Act 1988 and can therefore only be used for its specified purpose.

5.3 The Department of Health has issued Guidance for Implementation of the Community Care (Delayed Discharges etc.) Act which emphasises the importance of the NHS and councils working together to identify the causes of delay in discharge locally and in deciding where best to invest to find solutions.

5.4 Sections 26-31 of the Health Act 1999 require local authorities and NHS bodies to work together to improve health and health care and provides for flexible funding and working arrangements to be established by agreement to facilitate this. This would include, but is not limited to, a pooled budget arrangement.

5.5 If either the pooled budgets or “up front funding” options discussed in the body of this report are proceeded with detailed legal advice will be required in respect of compliance with the statutory provisions and any written agreement to be entered into.

5.6 The delayed discharge grant has become available since the Council agreed the current budget and is therefore not covered by it. Under the Transfers

and Virements Scheme in the Constitution officers can commit new spending where additional resources arise during the years which are limited for a specific use provided the Director of Finance certifies that reserves remain at a prudent level and no unfunded commitments arise in future years and other criteria set out in the scheme are met. The Director of Finance has confirmed that the conditions of the scheme have not been breached.

6.0 DETAIL

6.1 The Community Care (Delayed Discharges etc.) Act 2003 placed new duties upon the NHS and Local Authorities relating to communication between health and social care partners around the discharge of patients and the introduction of a system of reimbursement for delays in discharges. This applies initially to adult patients receiving acute medical care only.

6.2 All Hospital Trusts, the main ones for Brent being Central Middlesex, Northwick Park and St Mary's Hospitals, are now required to notify Brent of any patient's likely need for community care services and of their proposed discharge date at a minimum of at least 3 days before discharge. If the patient remains in hospital because the council has not put in place the services needed for a safe discharge then Brent will have to pay the Hospital Trusts a charge of £120 per day of delay.

6.3 The new duty to pay a reimbursement for delays comes into force on 5th January 2004 and provides a financial incentive for Brent to promptly assess and transfer patients from acute beds to a more appropriate community setting as soon as they are ready for discharge. The Act promotes the independence of older people and means that more people should be cared for in the most appropriate setting for their needs.

6.4 Although the Act applies to Adults the majority of patients in the NHS are Older People and the aims of the Act are closely tied to the aims of the National Service Framework for Older People. It therefore focuses on the goal of increasing independence and supporting people to find care that meets their needs, at home where possible.

6.5 The Act was accompanied by a transfer to Local Authorities of £100 million for each full year of the reimbursement scheme. Grant allocations have only been announced for 2003/04 and 2004/05 it is still unclear whether there will be any further grants beyond that date. Brent's portion of the grant is £546K, to help in tackling delayed discharges. The purpose of the funding is to assist a whole systems approach to increasing the range and volume of services to reduce delayed transfers of care. The grant was allocated on a simple calculation of the daily average of attributed Brent Social Services delays for last year and then multiplied by 365x120.

6.6 Reimbursement helps to focus on the importance of finding alternatives to acute beds for patients once they are no longer in need of acute care. Remaining in an acute care bed can present a risk of infection and a loss to independence for a patient. However no patient will be moved until they have

been assessed as being medically stable and safe to transfer. Reimbursement can be an incentive to improve services and develop capacity in partnership across the whole of health and social care by the investment of the new funding into ways to reduce delays and improve capacity across the whole.

6.7 Across the whole of Brent's Health and Social Services financial limitations means that capacity is limited for all the agencies involved and puts a severe restraint on the ability to move people from an acute bed without incurring substantial reimbursement penalties. Lack of Care Home capacity also adds to this pressure and there is no sign of any rapid increase in capacity in this sector with the result being an increase in the fees most of the homes charge.

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6.8 Although the grant can only be made to Brent, the authority can, with the PCT and Hospital Trusts, agree that a pooled budget bears the cost of reimbursement or as an alternative all or part of the anticipated reimbursement sum be invested up front on additional capacity, with any actual reimbursement which occurs being called off against the sum invested. Any joint agreement will need to have a clear understanding of any potential risks for each partner, be explicit about the outcomes expected and the management of risk if these are not delivered.

6.9 Guidance to the Act quite clearly identifies that acute care means 'acute medical care' and defines that as 'intensive medical treatment provided by or under the supervision of a consultant which is for a limited time after which the patient no longer benefits from that treatment'. The definition is also based upon the patient and not the ward or bed. This means that a patient receiving acute care may be placed on a non acute ward because of lack of bed capacity.

6.10 It should be noted that the Act also applies to the council's obligations to Asylum seekers, other foreign nationals and to people of no fixed abode where the council is responsible for providing community care services. The postcode of the place from where they are admitted to hospital should identify the council responsible and that council is liable for reimbursement if the person is delayed due to failure to assess them or provide services to enable them to leave hospital safely. If the patient is only needing accommodation then reimbursement would not apply as housing is not a community care service.

6.11 The Act requires the NHS bodies to notify social services, through a Section 2 notice, of a patient's likely need for community care services after discharge and of the anticipated discharge date. A section 2 can only be issued with the informed consent of the patient that they wish to be referred to social services for assessment of need for care services. This will give a minimum of two days and be followed by a Section 5 notice which gives a confirmed date of discharge and a minimum of 24 hours for the discharge to take place.

6.12 At present Sundays and Bank Holidays are excluded from the days counted in the Section 2 and Section 5 arrangements, but this will change in April 2005 when all days will be counted. It is the government's intention that no patient should have to remain in hospital over the weekend due to the unavailability of either NHS or Council assessment or provision. To this end the council should note that it needs to consider moving towards a 7 day extended hour service by April 2005.

6.13 Section 2 and Section 5 notices can be withdrawn or re-issued at any time according to the fluctuating condition of a patient and the Hospital Trusts and social services have been involved in arrangements and protocols that identify processes and recording systems to be able to monitor changes that will have an effect upon reimbursement charging.

6.14 Within social services we have established a recording and monitoring system that will enable us to record when we receive Section 2 and Section 5 notices, when a patient is assessed, and when a discharge takes place. This will enable us to be able to monitor our response times, our service delivery and provide information to able to challenge any reimbursement charge which we think we are not responsible for.

6.15 A pilot programme has been started in all the hospitals since the beginning of October and this will run until the start of full implementation of the Act in January 2004. The pilot started in some selected wards and will run out into all the wards taking acute patients during the end of November and all of December. This will enable the partners to identify any necessary changes required and to see how the process is running and of any further training that may be required.

6.16 The Council should note that if a patient is clear that they do not want the involvement of social services and that they will not accept the services arranged for them then the patient becomes responsible for arranging their own onward care. Once social services have made all reasonable efforts to offer an assessment and services and these are unreasonably rejected then social services are not liable for any reimbursement charges if the patient delays their discharge.

6.17 Patients being assessed as needing a care home do have a right to indicate their preference under the Direction on Choice about the home they wish to be admitted to. However, where there is no immediate vacancy in that home, social services will take reasonable steps to gain a patient's agreement to provide an interim care package or interim placement in another home that is based on the patient's assessed need. Again, if the patient continues to unreasonably refuse the interim care offered then they will need to make their own arrangements for safe discharge and social services cannot be liable for reimbursement.

7 PROJECT GROUP TO IMPLEMENT NEWGUIDELINES

With key partners a Strategy Group has been established, chaired by the Assistant Director Community Care, to determine how the reimbursement grant can be effectively used and to oversee operational developments in terms of the day to day running of the scheme. This group will also examine the development of resources to enable quicker and safe discharge as well as resources required to enable interim care arrangements. These may include Intermediate Care, NHS step down care, extra Home Care support, more integrated Community Services.

8.0 BACKGROUND INFORMATION

The Community Care (Delayed Discharges etc.) Act 2003
D.O.H Guidance for Implementation
D.O.H Reimbursement Protocols
D.O.H. Confidentiality – Protecting and using patient information
D.O.H Safe to Transfer Protocols
D.O.H Reimbursement Notification Guidelines
D.O.H Guidance on Direction of Choice
D.O.H Reimbursement Systems for Planning and Investing
Charging for Residential Accommodation Guidelines
National Service Framework for Older People

For further information please contact Ros Howard, Service Unit Manager, Older People Services on 020 8937 4030 or by e-mail to ros.howard@brent.gov.uk

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