

Oxfordshire Adult Health and Social Care Board Detailed performance report

1. Details

Strategic Priority 6: Support older people to live independently with dignity whilst reducing the need for care and support

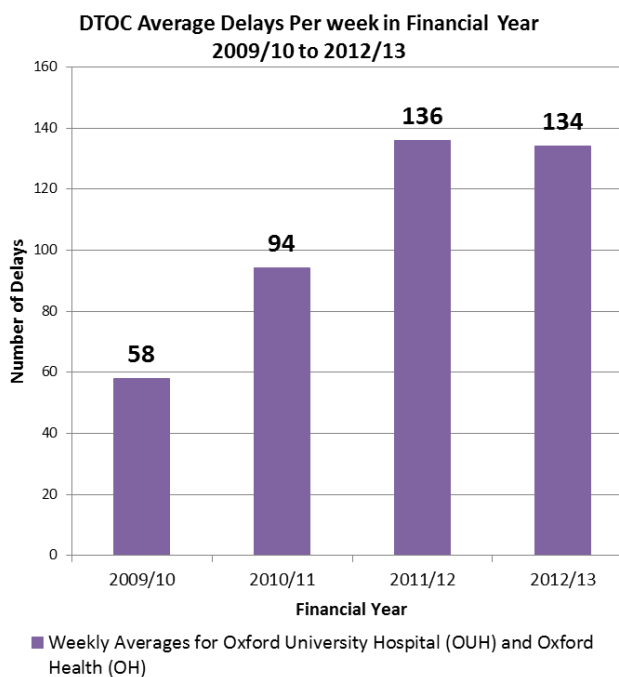
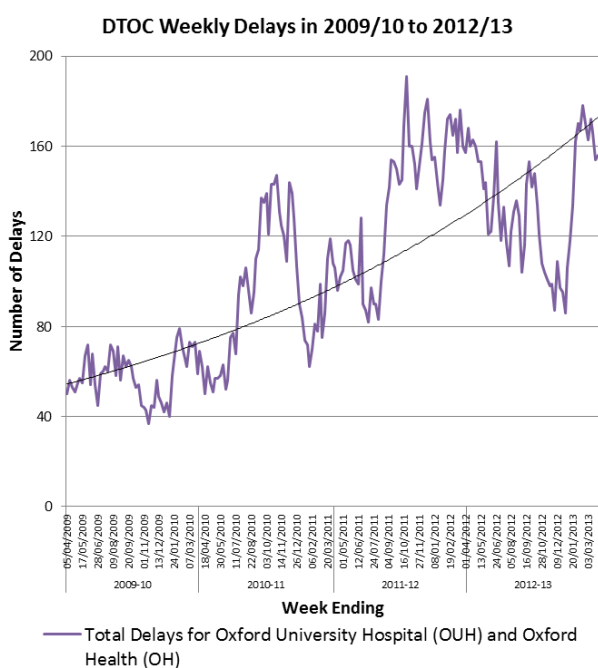
Last updated: 13 May 2013

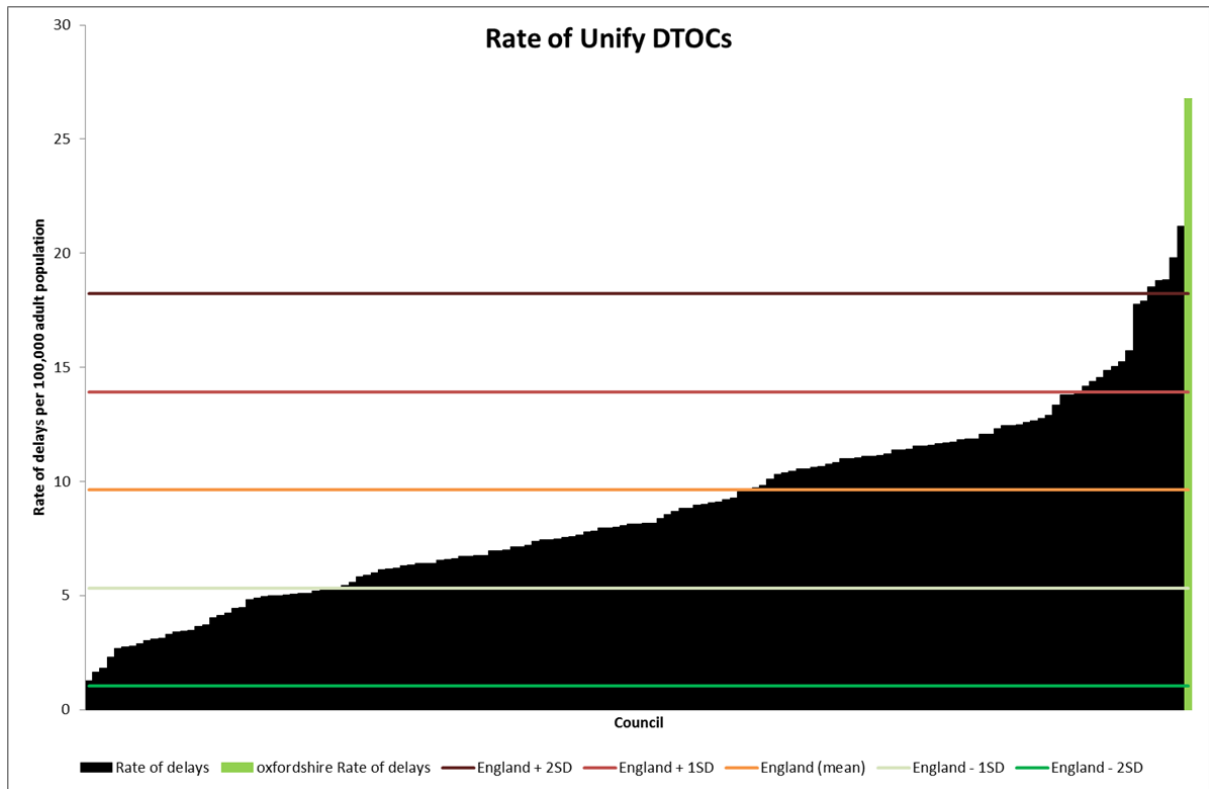
PROGRESS MEASURE: A reduction in delayed transfers of care so that Oxfordshire's performance is out of the bottom quarter. (It was estimated that 72 delays or fewer would mean that Oxfordshire would be out of the bottom quartile. At the end of the year there were 182 delays, and comparative performance was the worst in the country)

Current indicator RAG Rating RED

2. Trend Data

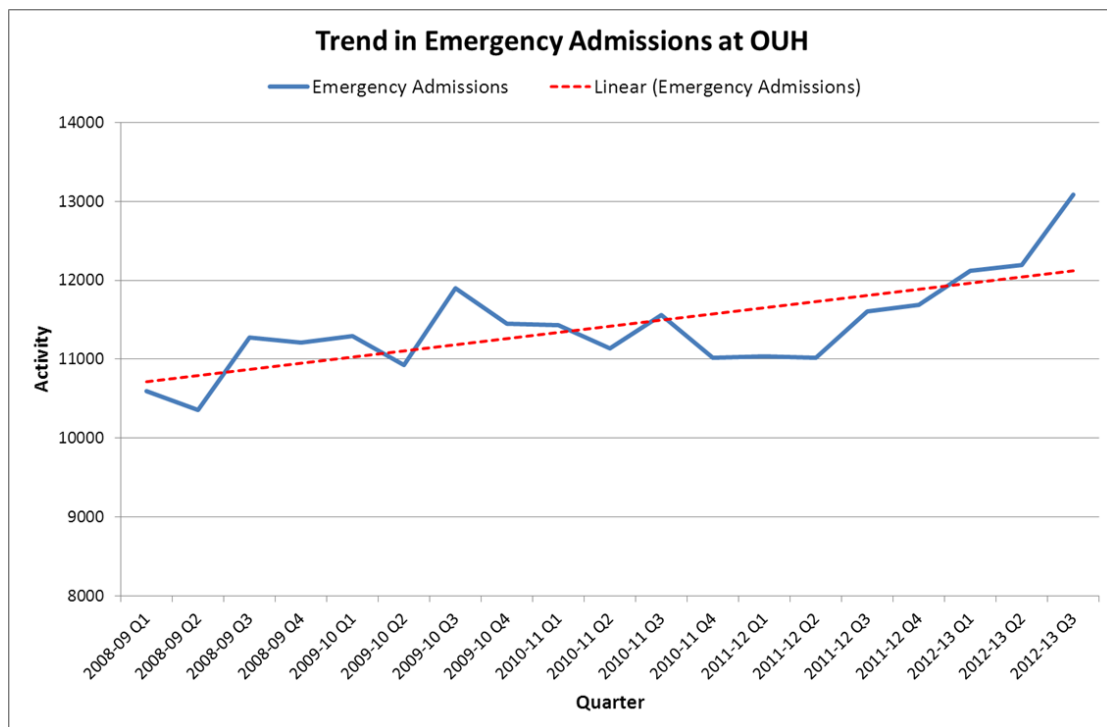
Oxfordshire has the highest rate of recorded delayed transfers of care in the country. This reduced in 2012/13, but not significantly. Within this, delays from acute hospitals increased while delays from community hospitals fell.





3. What is the story behind this trend? - Analysis of Performance

- There has been an increased number of non-elective admissions to hospital. These are the people that are most likely to need onward care. There has been a 10% rise in 2012/13.



- Delays dropped through 2012/13 until December and were close to hitting the target within the year. The subsequent rise over the winter was against a backdrop of an increase in demand of around 30 per cent.

- The subsequent rise also coincided with the change in discharge arrangements, whereby people were moved out of hospital to be assessed rather than being assessed in hospital. The system is still being piloted, with staff learning the new system, and this will cause some short term delays.
- However it is not clear that the rise was caused by the change in arrangements, as delays normally increase in winter and additional funding is used to support people leaving hospital. This did not happen in the last year.
- In April 2013 the number of delays dropped from 182 to 127 (30%).
- The average delay is 15 days from an acute hospital and 22 days from a community hospital. This means that around 50% of a delayed person's time in hospital is due to the unnecessary delay.
- Despite the high level of delays, the average length of stay in Oxfordshire hospitals (for all episodes) remains below those nationally and for the health authority – for example, the average stay in acute hospitals is 60 days. There are also differing interpretations of delays across the country which will impact on comparative figures.
- There appears to be sufficient capacity to facilitate discharge but
 - There can be delays in accessing it
 - People are often sent down the wrong pathway.
 - It cannot always be appropriately flexed for spikes in demand (eg winter pressures) or geographical differences

4. What is being done? - Current initiatives and actions

Actions

Oxford University Hospital are reviewing why admissions have increased and what can be done to change this trend

Revised discharge arrangements were piloted in November 2012. The pilot is still continuing.

Commentary

We are working hard across the system to ensure we continue to focus on timely discharge even as pressure eases at the front door. The Council and Oxford Health are agreeing a joint data set with Oxford University Hospital for people presenting at emergency departments. The aim is to establish client profile and identify types and capacity of services which may reduce admission. A report and recommendations will be produced by August 2013.

We continue to develop and improve the Oxfordshire discharge pathway and single point of access for community services

Hospitals are not the best places to make decisions about the long term future of patients. In Oxfordshire more people than elsewhere were leaving hospitals and moving permanently to a care home. The pilot discharges people as soon as they are fit, with a care package and ideally to their own home, where they will then be assessed for long term care.

5. What needs to be done now? - New initiatives and actions

Action	By Whom & By When
Profile demand at the acute hospitals and so be able to better match that demand by flexing capacity within community health and social care services	OCC, OCCG, OUH, OHFT date to be confirmed
Review the current admissions avoidance pilot at Sonning - see what lessons can be applied elsewhere	OCC, OCCG, OUH, OHFT date to be confirmed
Re-design the referral process out of acute hospitals (including reviewing the effectiveness of the Discharge Pathway Team)	OCC, OCCG, OUH, OHFT by end of June 2013
Review and identify ways to better deal with the most complex cases and speeding up the re-start pathway and ensuring people get the chance of reablement where it might help.	OCC, OCCG, OUH, OHFT by end of July 2013
Clarify capability and eligibility criteria for Community Hospitals & Therapy-led Intermediate Care Beds	OCC with OCCG & OHFT by June 2013
Re-shape the existing supply of Therapy-led Intermediate Care	OCC by March 2013
Establish direct route to permanent care home placement from acute for some, subject to controls	OCC by June 2013
Review and boost community services – address gaps and weaknesses including rapid response and intensive care packages	OCC & OCCG date tbc