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NHS Improvement

Cambridgeshire & Peterborough

Complex Discharge Demand and Capacity Modelling

March 2019

NHS Cambridgeshire and Peterborough Clinical Commissioning Group

Cambridgeshire and Peterborough NHS Foundation Trust

NHS Cambridgeshire Community Services NHS Trust

Cambridge University Hospitals NHS

NHS North West Anglia NHS Foundation Trust

NHS Royal Papworth Hospital NHS Foundation Trust

Cambridgeshire County Council

Peterborough City Council

East of England Ambulance Service NHS Trust

Summary

The Scope:

- Understand the **capacity and demand gap** for post hospital care provision; and
- Develop **recommendations for addressing** capacity shortages

Summary Conclusions:

- We have adequate capacity at a global level, with the exception of reablement and intermediate care at home, where additional capacity is required.
- The issue is the way in which 'demand' presents itself. This means that we don't have the right capacity in the right place at the right time (**capacity mismatch**). There are a number of reasons for this, including:
  - Flow in and out of services isn't 'average' or 'steady', we discharge in bunches.
  - Geographical variations.
  - Patient choice (e.g. male carers, time of calls)
  - Not all patients are eligible (e.g. ward design, entry criteria, mixed sex wards etc.)
  - Flow out services impacts on blockages in short term provision
- 'Capacity' is hiding 'Process Delays' in some instances

Demand and Capacity Modelling – The Approach

The Approach:

- **Reviewed demand:**12 months of complex discharge activity from the Patient Tracker Lists (PTL) across Addenbrookes, Hinchingbrooke and Peterborough City Hospital was reviewed. This showed significant demand for post-hospital services across the Cambridgeshire and Peterborough patch, projecting demand at 4.14% increase per year*.

- **Identified post hospital care services with highest demand:** reviewed the coding applied to complex discharges to identify which types of post hospital discharge care have highest demand. Highlighted three key areas*:

    - **Reablement**
    - **Domiciliary Care (including both social care and NHS)**
    - **Further non-acute NHS Care – including intermediate beds, intermediate care at home, residential and nursing care**

These three areas formed the basis of the capacity and demand deep dive.

**See Appendix 1*

Capacity & Demand Modelling – Issues and Assumptions

During the course of the capacity and demand modelling, we identified a number of issues and made the following assumptions:

- There was a **large discrepancy between PTL data and actual referrals** into services ('service demand')*, *e.g. reablement figures showed 100% variance between PTL and service demand data.*

- Need to understand the discrepancy between PTL and service demand data, as **the PTL drives daily discharge behaviours** and decisions.

    - Coding incorrectly – e.g. are we hiding 'process delays' as 'capacity delays'
    - Some patient cohorts not being included in PTLs

- We have **used service demand data** wherever possible for the purposes of this analysis.

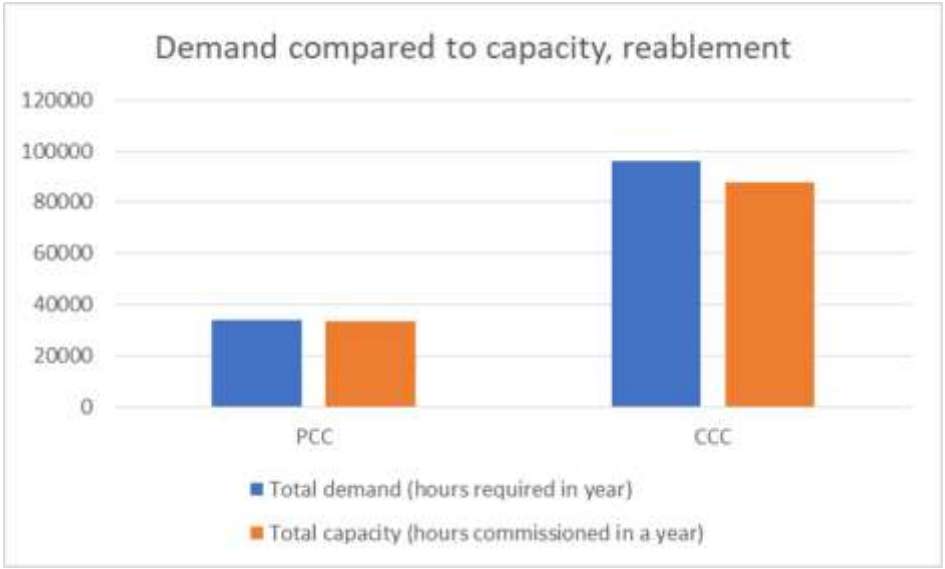
- **Mean averages were used** for analysis purposes, which doesn't take account of peaks in demand and specific patient cohort differences.

**See Appendix 2*

Key Findings
Reablement

- Since April 2017, the local authority has commissioned a **42% increase in reablement capacity** across **Cambridgeshire***.
- To continue to meet demand, **10% more capacity is needed** in the reablement service.
- Circa. **25% of capacity** is being used to **bridge mainstream domiciliary care** packages. If we reduced bridging, we would increase capacity in the reablement service.

- **In Peterborough, capacity is sufficient** to manage demand.



(n.b. Graphs exclude bridging mainstream domiciliary care hours delivered)

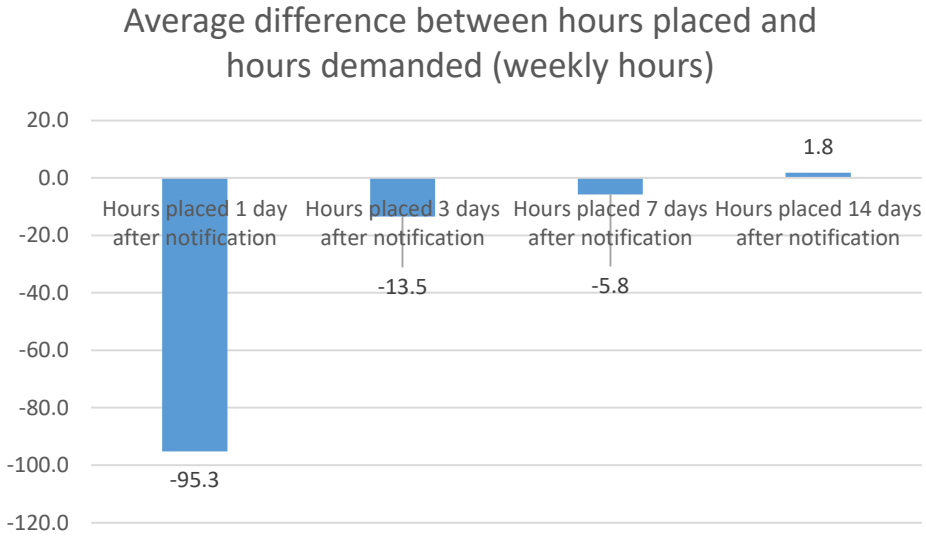
*(*See Appendix 5)*

Key Findings
Social Care Domiciliary Care

Cambridgeshire:

Peterborough:

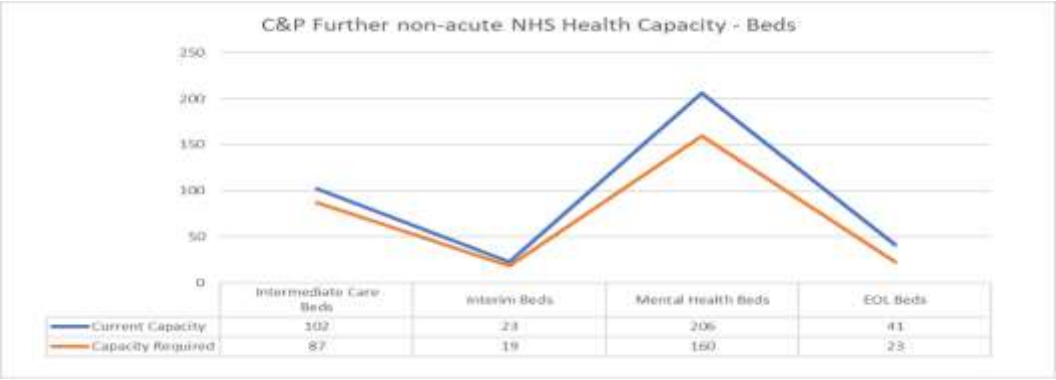
- Since April 2017, the Local Authority has commissioned **13% more capacity** across **Cambridgeshire** and **10% more capacity** across **Peterborough***.
- Demand varies a lot from week to week, but on average there is **sufficient global capacity** to meet demand across the system**.
- The issue is a **capacity mismatch issue** – i.e. the right capacity in the right place at the right time (e.g. breakfast/lunch time calls or geographical location).
    - On average, **all demanded hours have been placed within 14 days** of notification.
    - If we wanted to place all demanded hours within 1 day following notification, we would need up to as much as four times more capacity to match demand with capacity.



*(*See Appendix 5)*
*(** See Appendix 3)*

Key Findings

Further non-acute NHS Care – Interim Beds & Intermediate Care at Home

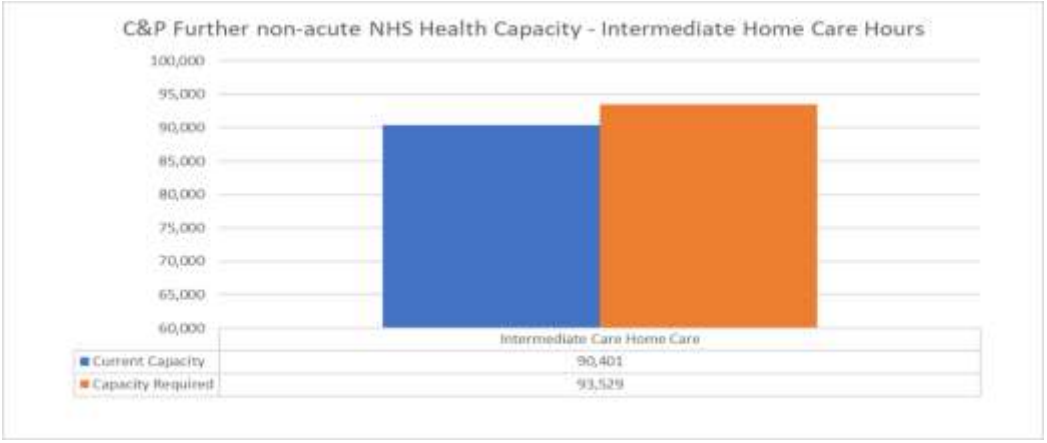


Interim Beds:

- Based on 90% occupancy rates and average length of stay, there is **sufficient bed capacity to meet demand***.

Intermediate Care at Home:

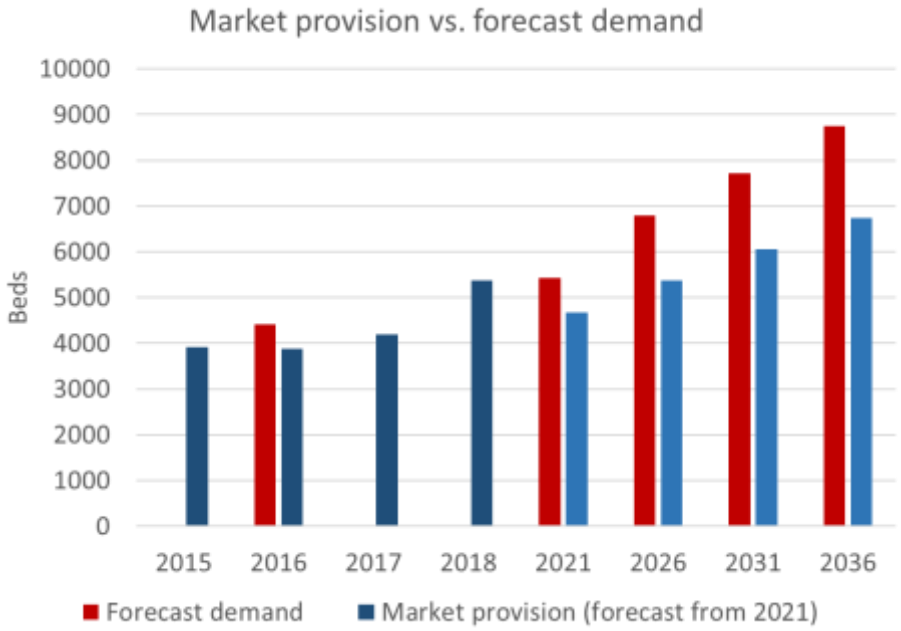
- We need **6% more capacity for intermediate care at home**. The chart shows that the current level of commissioned NHS and private provider homecare hours are just short of the level required to meet demand*.



(See Appendix 4)*

Key Findings

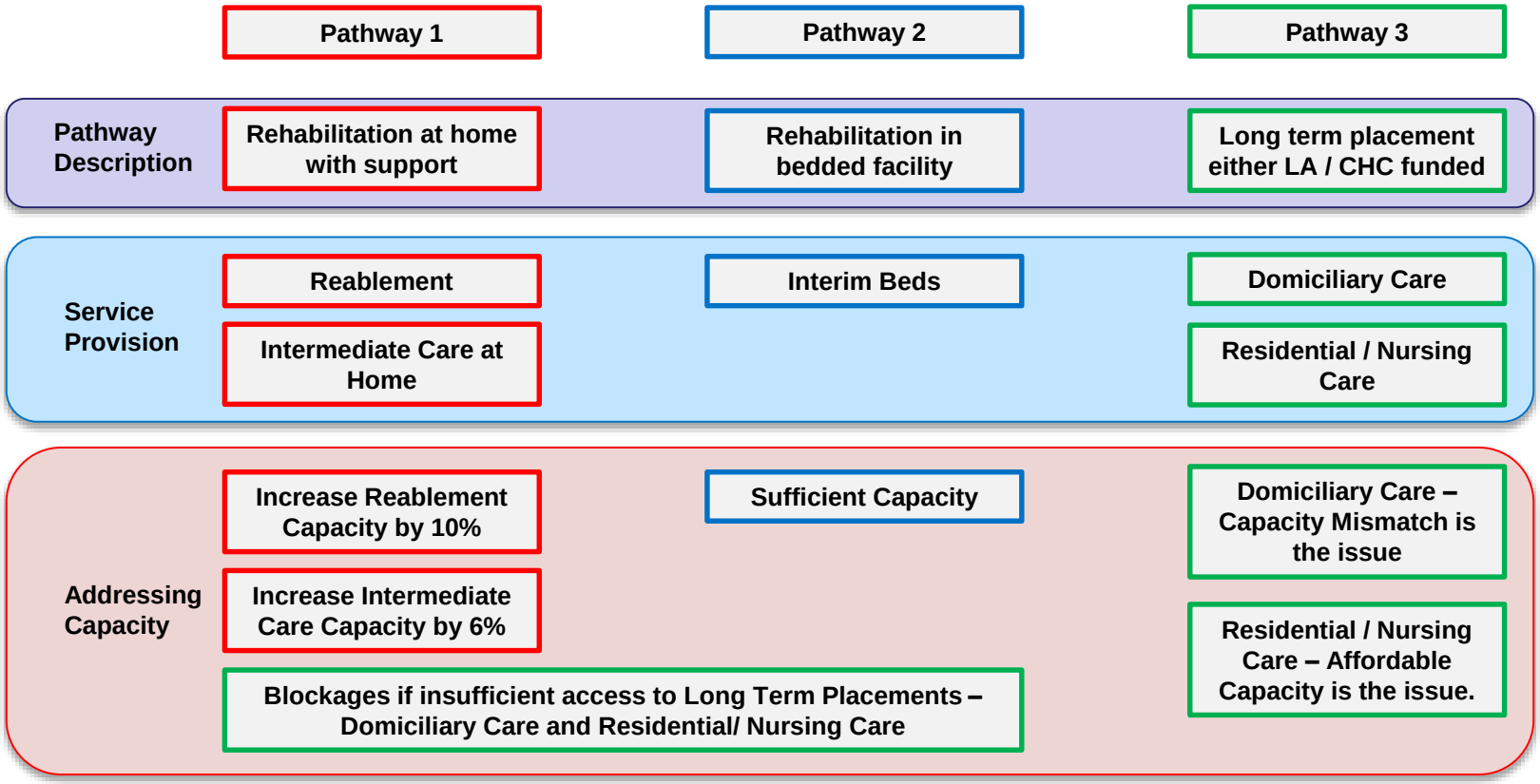
Further non-acute NHS Care - Nursing and Residential



- Cambridgeshire's residential care home bed capacity grew by 5.6% between April 2015 and April 2018. Peterborough's capacity grew by 11.2%*.
- Cambridgeshire's nursing bed capacity reduced by 5.2% between April 2015 and April 2018. Peterborough's nursing bed capacity remained static*.
- Currently, there is **adequate capacity**, but there is mixed impact (e.g. 40% of the Cambridgeshire market is purchased by self funders*)
- **Affordable capacity is the problem**. Costs have been inflating due to self-funders, national living wage costs and exchange rates etc. We need to commission together to manage the market costs more effectively.

(See Appendix 5)*

Capacity Impact on Discharge Pathways

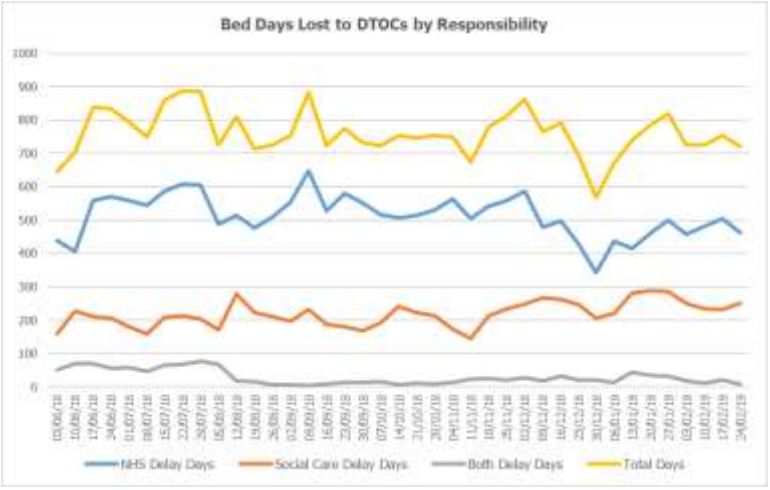


Recommendations & Next Steps

- There are three potential options to address capacity mismatch:
  - **Option 1:** Fund extra capacity and therefore the extra inefficiencies that come with this.
  - **Option 2:** Do nothing and accept the current level of DTOC performance.
  - **Option 3:** Think differently about how we match capacity to demand

Recommendations & Next Steps – Options 1 and 2

- As a system, we are **already doing elements of option 1 and 2**, including:
  - Local authority has actively commissioned additional reablement (42% increase since April 2017) and domiciliary care capacity (13% increase since April 2017)*
  - Residential care home capacity has increased by 5.6% in Cambridgeshire and 11.2% in Peterborough between April 2015 and April 2018*.
  - Additional investment in DTOCs through Improved Better Care Fund, Hancock Monies, STP etc.
  - Continue to work with the market to increase and maximise capacity (e.g. Joint Market Position Statement, Provider forums, closer working across brokerage to maximise capacity)
  - Increased focus on prevention and early intervention, to reduce the demand on domiciliary care, e.g. increasing use of technology enabled care, reducing double up packages.
  - CCG commissioned additional intermediate care worker capacity.
- There is also limited additional capacity in the system to purchase.



DTOC performance shows we continue to struggle as a system to deliver against the 3.5% target.

Cambridge and Peterborough System - Delayed Transfers of Care

	CUH			HH			PCH			CPFT - Community		
	Delay Patients (snapshot)	Total Delay Days Lost	% Performance	Delay Patients (snapshot)	Total Delay Days Lost	% Performance	Delay Patients (snapshot)	Total Delay Days Lost	% Performance	Delay Patients (snapshot)	Total Delay Days Lost	% Performance
27/01/2019	69	466	7.4%	21	183	11.1%	55	205	5.2%	15	93	14.0%
03/02/2019	53	430	6.5%	11	118	7.3%	43	201	5.1%	14	114	17.1%
10/02/2019	53	417	6.5%	17	124	6.7%	54	221	5.6%	6	74	11.1%
17/02/2019	45	364	5.7%	25	190	11.1%	42	239	6.0%	9	53	8.0%
24/02/2019	51	395	6.2%	20	190	11.3%	42	185	4.8%	8	59	8.9%

Recommendations & Next Steps – Option 3

- In order to develop approaches to **Option 3**, we need to **think differently about how we match capacity to demand**:
  - **Process and Flow**: make best use of available resources to maximise the capacity that is available to us.
    - Joint brokerage – to maximise market capacity.
    - Improving patient following assessment – e.g. trusted assessor model
    - Advanced notice for discharge
  - **Changing the conversation** with patients: patient choice, having difficult conversations earlier.
  - **Commissioning differently**, examples include:
    - Personal budgets / health budgets
    - Better use of the voluntary sector resources
    - Use of banding within commissioning contracts and assessment practice – e.g. 'time bandings' and moving away from traditional 'breakfast, lunch and dinner calls'
    - Commissioning criteria for services, e.g. eligibility
    - Mixed sex wards
    - Place based commissioning, rather than service based commissioning
  - Focusing on the front end, to **reduce flow into hospitals**, through greater investment in **early intervention and prevention** approaches in the community, e.g.:
    - Adults Positive Challenge Programme
    - Integrated Neighbourhoods
    - GP engagement earlier on in patients journey
- The role of the Discharge Programme Board:
  - The capacity issue is different to what we anticipated. How do we focus efforts in the right areas to address capacity mismatch?