Department of Health & Social Care

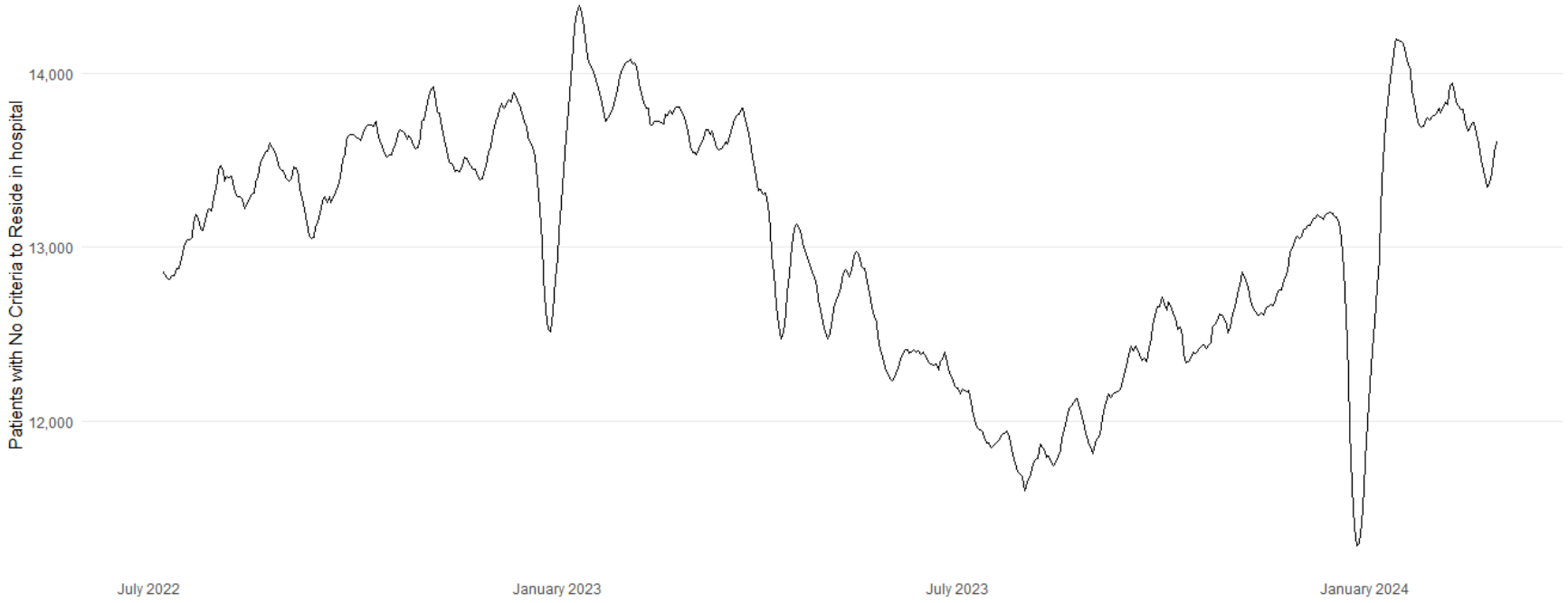
Hospital Discharge Programme

Helpforce webinar: How to weave volunteers into discharge support and admissions avoidance pathways

27/03/2024

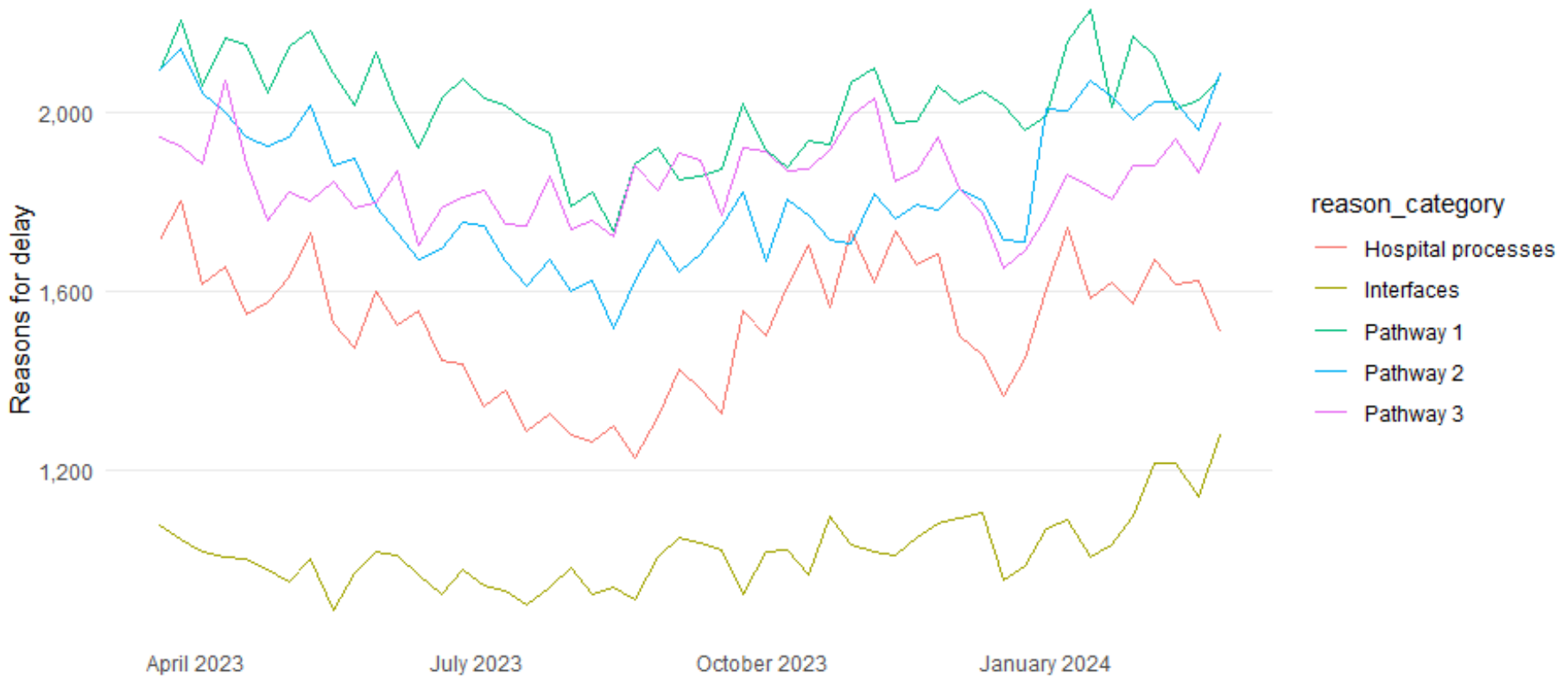
Over the last year we have seen more people admitted to hospital but also more people discharged with support. There's been a small reduction in the number of people experiencing a delayed discharge

Patients with no criteria to reside in hospital



- On 29 February 2024, the 7-day average number of patients with delayed discharges (no longer meeting criteria to reside but remaining in hospital) was 13,609.
- This is 110 (1%) lower than the 7-day average on 28 February 2023.
- Over the same period, the number of supported discharges for patients assessed as NCTR has increased by 10%.

Nationally, many people experience a delayed discharge because of delays relating to hospital processes or delays arranging home care



Primary reason for delay for people with a **length of stay of 14+ days** who no longer met the criteria to reside and had not been discharged by the end of the day (weekly snapshot average:

- Hospital Processes: **18%**
- Interfaces: **17%**
- Pathway 1: **23%**
- Pathway 2: **22%**
- Pathway 3: **21%**

The Hospital Discharge Programme aims to increase appropriate and timely discharge of patients from acute trusts, mental health trusts and intermediate care services in order to improve hospital flow and support optimal patient outcomes.

Programme objectives

- To develop overall strategy on reducing delayed discharges and oversee deployment of funding to improve discharge into adult social care and reablement services.
- Work jointly with NHSE to improve discharge processes across health and social care, particularly for those cohorts facing the longest delays (including patients experiencing homelessness, dementia and mental health needs); and improve data on discharge at a local and national level.
- To oversee local performance on delayed discharge, arrange support for challenged local systems and distil learning from local systems on effective solutions to delayed discharge.

This is being delivered through four workstreams:

Improving discharge processes

- UEC recovery plan

Funding & capacity building

- Discharge Fund
- Better Care Fund
- UEC LA support fund

System support and oversight

- Discharge Oversight and Support Group (DSOG)
- Better Care Fund support programme

Data & metrics

- Data coverage and quality
- New Discharge Ready Date metric

The role of volunteers in supporting hospital discharge

The voluntary sector and volunteers play an important role in supporting the Better Care Fund's objectives to:

- **Enable people to stay well, safe and independent at home for longer**
- **Provide the right care in the right place at the right time**

We're keen to hear your thoughts:

1) Which schemes…
   …help people to stay out of hospital?
   …reduce delays once people have been admitted to hospital?

2) What actions at national and local level can help volunteers play a role in…
   …keeping people out of hospital?
   …reducing discharge delays?

3) What obstacles do volunteers face when supporting these aims?

Age UK: Evidence related to reasons for hospital admissions

Unable to cope at home

- Malnutrition
- Dehydration
- Dementia and cognitive impairment
- Poor mental health
- Social isolation and loneliness
- Unsuitable housing

Confusion

- Urinary Tract Infection
- Delirium

Falls and Fragility Fractures

Also

- Unable to care for self or others
- Poor general health
- Impaired mobility
- Carer breakdown

Potential preventative services

- Nutrition and hydration support
- Health coaching
- Support at home (shopping, cleaning)
- Mental health and wellbeing support
- Transport support
- Activity groups and
- Social support (groups and befriending)
- Information and advice
- Support for carers
- Day centres
- Winter/ seasonal health support
- Dementia support
- Personal Independence Coordinators
- Care coordination and navigation