

Delayed transfers of care – part I

February 2017

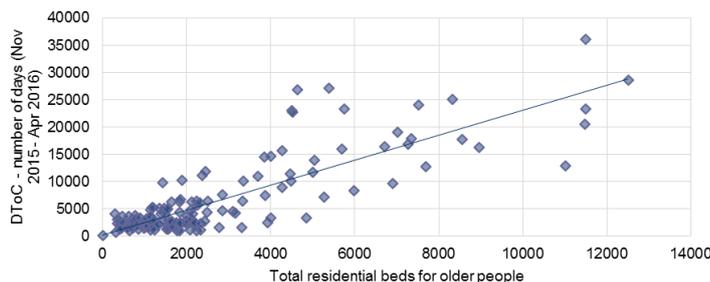
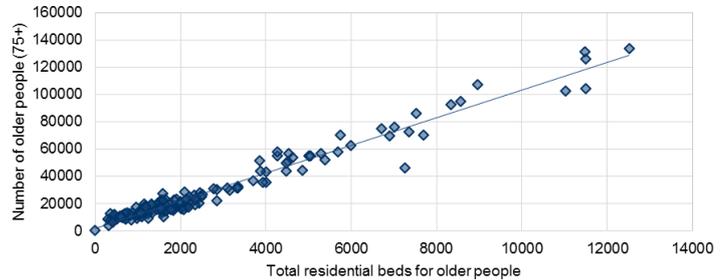


In the first of a short series of updates concerning delayed transfers of care, (DToC) we're having a look at how the number of local care home beds affects a hospital's ability to transfer patients. We find some correlation between the number of nursing beds and the ability to transfer patients swiftly.

It's often assumed that one of the key factors in transferring patients out of hospital, is the availability of care home beds. A large proportion of delays are attributable to social care challenges, so it's reasonable to think that having more care home beds will make things easier. Our analysis shows the situation is a bit more nuanced.

Local areas with a high number of older people do tend to have a higher number of residential care beds. However, they also tend to have a greater challenges regarding DToC. This graphic tells a story of local authorities with high numbers of older people being simply unable to keep pace with requirements: despite having higher numbers of care homes in place, their DToC rates remain high.

Local Authorities with a high number of older people tend to provide a higher number of beds.



Yet, a high number of beds correlates with a high number of DToC days, **suggesting that supply is failing to meet demand in high need Local Authorities.**

Sources: Office for National Statistics Population Estimates
DToC Total Delayed Days Local Authority (Nov 2015 – Mar 2016)

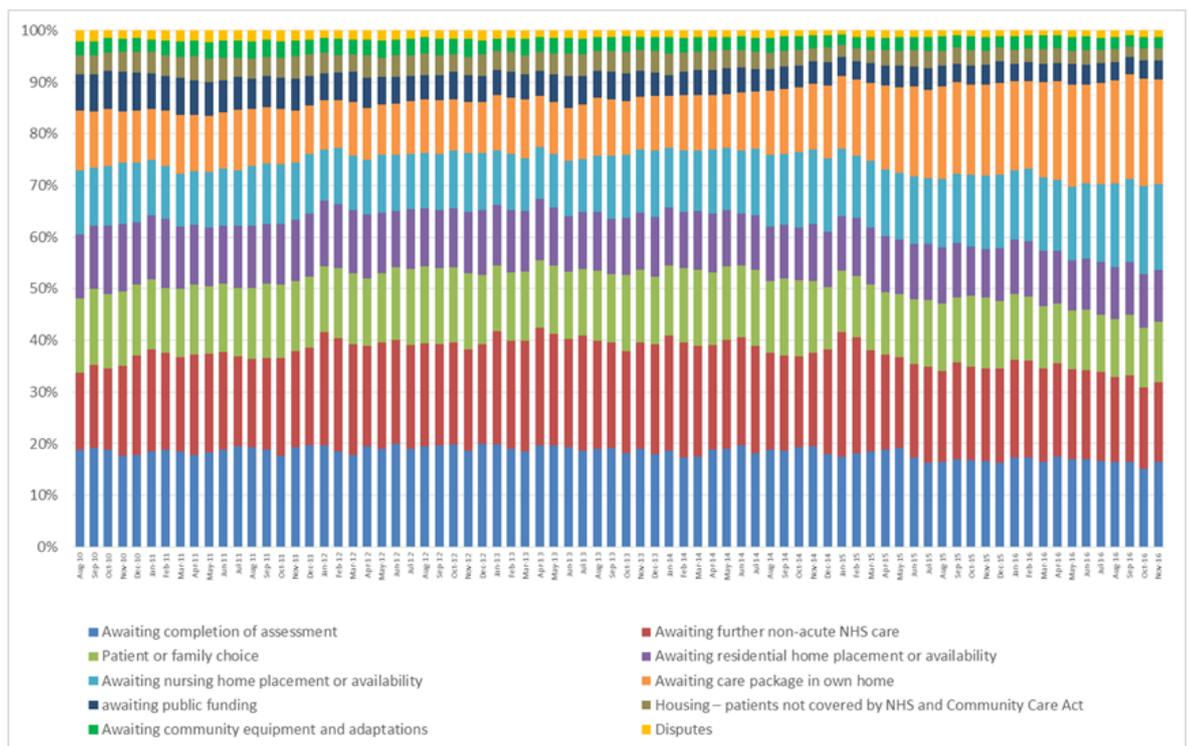
Delving a little deeper into the data, we find that those areas which are really struggling with DToC sometimes have a deficit in the number of nursing care beds available. If there is a relationship between a lack of care homes and a high proportion of DToC, it seems that the availability of nursing beds may be the specific challenge.

On average, for example, local authorities tend to have 447 nursing home beds for every 10,000 people aged 75+. Our research found that those authorities with higher rate of DToc regularly have just 300-450 nursing beds per 10,000 aged 75+.

Increasing the availability of nursing beds is not always straightforward. Increasingly our view is that the social care market (especially nursing care) is skewed away from local authorities. It's increasingly focused on meeting the needs of self-funders who have capacity to pay substantially higher bed rates. To achieve solutions which are affordable requires direct, multiple and sustained interventions in the local social care market.

There are a number of options which can be explored, from CCGs and Local Authorities establishing new provision themselves, to incentivising new nursing care providers, greater use of virtual wards and more aggressive use of reablement.

And it's important to remember that access to nursing and residential beds is just one part of the story. Increasingly, one of the most critical issues influencing DToc is the challenge in accessing domiciliary care. As the chart below shows, delays in accessing domiciliary care (shown in orange) are growing.



We'll explore all these issues in more detail in future updates.

If you have questions, queries or comments, please ring us on 0207 330 9170 or email lucyasquith@cordisbright.co.uk.