Agenda Item No: 10

DELAYED TRANSFERS OF CARE (DTOC) PROGRESS REPORT

To:	**Adults Committee**
Meeting Date:	**22 May 2019**
From:	**Will Patten, Director of Commissioning**
Electoral division(s):	***All***
Forward Plan ref:	**N/A** *Key decision:* **No**
Purpose:	**The report provides an update on progress related to Delayed Transfers of Care (DTOC).**
Recommendation:	**N/A**

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1. BACKGROUND

1.1 This paper provides an update on the system review of capacity and demand, which forms a key workstream of the Discharge Programme of work to address Delayed Transfers of Care (DTOC).

2. MAIN ISSUES

2.1 Discharge Programme

The Discharge Programme is a joint priority programme of work, which has been agreed with health and social care partners to support delivery of the 3.5% target. The programme comprises seven key enabling work streams of activity:

- Integrated Discharge Service (IDS): The IDS is a team of health and social care discharge planning experts working together to support hospital wards with discharge planning for people with complex needs, and /or who need community support after discharge. In addition, a community hub has been established to manage capacity, demand and flow through key community pathways.
- Referral Process for Complex Discharge Support: Development of new Assessment and Discharge Notification forms that contain only information needed for the IDS to triage people effectively to the appropriate discharge pathway.
- Robust Operational Management
- Discharge to Assess: Review and development of effective discharge to assess pathway to support hospital discharge and ensure people are getting the right care in the right setting.
- Demand and Capacity Modelling: Understanding the growing needs for system- wide coordination of demand.
- Reporting: Standardising data collection and reporting through joint health and social care governance structures in the system.
- Effective Partnership Working.

2.2 Outcomes of the Capacity and Demand Review Workstream

The work-stream was led by a multi-disciplinary task and finish group, with the objective of:

- Understanding the capacity and demand gap for post hospital care provision; and
- Developing recommendations for addressing capacity shortages

A detailed analysis was undertaken over a three month period to give a system view of current demand based on 12 months of historic discharge data and a future forecast. An initial review of data highlighted that there were three key areas of demand for post hospital discharge care, and these areas provided the focus for the detailed deep dive analysis;

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

In summary, the key conclusions are:

- 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

The workstream identified 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

As a system, we are already doing elements of option 1 and 2, examples include:

- 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, Sustainability and Transformation Partnership (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.
- Clinical Commissioning Group (CCG) commissioned additional intermediate care worker capacity.
- There is also limited additional capacity in the system to purchase.

In order to develop approaches to Option 3, we need to think differently about how we match capacity to demand and the ongoing work of the Discharge Programme board is being configured to support the following areas:

- 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 full capacity and demand outcomes can be found in the attached presentation at Appendix 1.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 A good quality of life for everyone

The following bullet points set out details of implications identified by officers:

- Improved provision of health and social care services that are more joined up, personalised and deliver care in the right setting at the right time supporting a good quality of life for people.

3.2 Thriving places for people to live

The following bullet points set out details of implications identified by officers:

- Increasing the provision of joined up health and social care provision, including hospital discharge support for people who need it, ensuring people have access to the most appropriate services in their communities.

3.3 The best start for Cambridgeshire's Children

There are no significant implications for this priority.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

There are no significant implications within this category.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category.

4.3 **Statutory, Legal and Risk Implications**

There are no significant implications within this category.

4.4 **Equality and Diversity Implications**

There are no significant implications within this category.

4.5 **Engagement and Communications Implications**

There are no significant implications within this category.

4.6 **Localism and Local Member Involvement**

There are no significant implications within this category.

4.7 **Public Health Implications**

There are no significant implications within this category.

Implications	**Officer Clearance**
Have the resource implications been cleared by Finance?	Yes or No Name of Financial Officer:
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes or No Name of Officer:
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	Yes or No Name of Legal Officer:
Have the equality and diversity implications been cleared by your Service Contact?	Yes Name of Officer: Will Patten
Have any engagement and communication implications been cleared by Communications?	Yes or No Name of Officer:
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes Name of Officer: Will Patten
Have any Public Health implications been	Yes or No

cleared by Public Health	Name of Officer:

Source Documents	Location
NHS England nationally published Delayed Transfer of Care (DTOC) data	https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/