**Agenda Item No: 8**

# DELAYED TRANSFERS OF CARE AND WINTER PLANS

| | |
|---|---|
| *To:* | **Adults Committee** |
| *Meeting Date:* | **14th September 2017** |
| *From:* | **Executive Director People and Communities** |
| *Electoral division(s):* | **All** |
| *Forward Plan ref:* | **For key decisions Democratic Services can provide this reference** *Key decision:* **No** ***(See Appendix 1 for Guidance)*** |
| *Purpose:* | **What is the Committee being asked to consider?** To examine the issue of delayed discharges from hospital, focussing on current performance, key challenges and system wide plans to meet demand and improve outcomes. |
| *Recommendation:* | **What is the Committee being asked to agree?** To consider the details set out and to comment on current circumstances and plans**.** |



| | ***Officer contact:*** | | ***Member contact:*** |
|---|---|---|---|
| **Name:** | Richard O'Driscoll | **Name:** | Cllr Anna Bailey |
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## 1. BACKGROUND

### 1.1 What is a Delayed Transfer of Care?

1.1.1 A delayed transfer of care from acute or non-acute hospitals (including community and mental health) occurs when a patient is occupying a hospital bed after they have been identified as fit, and determined by a multi-disciplinary team to be safe to be discharged. The causes of delay are variable ranging from process issues such as poor communication from wards to gaps in capacity among key professionals and services such as Home Care, Care Homes and Community Health services such as District Nursing. Delayed transfers of care are also affected by changes in demand, such as increased hospital admissions, particularly of over 85 year olds. Such spikes in demand are relatively common occurrences and are particularly noticeable during winter months and at peak times such as holiday periods. In the case of the latter there is a strong linkage to staff availability. A weekly validation process-involving hospital and social care managers- is in place to determine the cause of each delay and whether it is attributable to the NHS or the local authority. Cambridgeshire County Council has also established a process to interrogate this data to identify the main causes of delay and to monitor and improve performance. The causes of delay are often multi- factorial and a key requirement for effective hospital discharge is integrated planning and co-ordination between Health and Social Care partners both at an individual operational level as well as strategically.

## 2. MAIN ISSUES

### 2.1 Performance

2.1.1 The key measurement for delayed transfers of care is the total delayed days during the month for all patients delayed throughout the month. (Prior to April 2017, data on the number of patients delayed on the last Thursday of each month was also collected). These numbers are agreed through a formal validation process, and involve attributing the cause of the delay to the responsible organisation. The numbers are then reported by the Hospitals, on a monthly basis, to the Department of Health, through a system called UNIFY. They are subsequently collated and published nationally. This data is used by the County Council to produce the “DTOC dashboard”. (See Appendix 1). This tool has enabled the Council to have a much better understanding of performance and trends as well as the main causes of delay. It has also been shared with regional partners as an example of good practice.

2.1.2 The dashboard shows that there is considerable fluctuation in the number of validated delays. Performance in Cambridgeshire has (including both adult social care and NHS attributable delays) remained comparatively stable, fluctuating between 480-600 bed day delays per 100,000 people per month on average over the year. In health and social care systems nationally, performance has steadily worsened over that period. Some elements of the system have performed well; in Cambridgeshire, at the end of 2016/17, the rate of people delayed that were attributable to adult social care was below the England average.

2.1.3 In Cambridgeshire, around a quarter of the delays from April 2014 to date were attributed to adult social care only (24%), and nearly a third (31%) were attributable to adult social care and NHS. The majority therefore were attributed to NHS. The general picture in relation to patient flow, both locally and nationally, is one of a system under great pressure. Table 1, below, shows current system performance and national comparators:

Table 1

**ASCOF 2C Part 1. DTOC Rate per 100,000 (NHS and ASC all reasons)**

| Year | Cambridgeshire Average | England Average |
|---|---|---|
| 14/15 | 17.9 | 11.1 |
| 15/16 | 14.7 | 12.2 |
| 16/17 | 17.9 | 15.0 |

**ASCOF 2C Part 2. DTOC Rate per 100,000 (Adult Social Care)**

| Year | Cambridgeshire Average | England Average |
|---|---|---|
| 14/15 | 5.8 | 3.7 |
| 15/16 | 4.4 | 4.7 |
| 16/17 | 5.3 | 6.4 |

**DTOC Accountable Organisation by % April 2014 to date**

| NHS Trust | NHS | Adult Social Care | Both |
|---|---|---|---|
| CUHFT | 65 | 26 | 9 |
| N.W. Anglia (Hinchingbrooke and Peterborough) | 61 | 25 | 14 |
| CPFT (Community and MH) | 77 | 23 | 0 |
| **AVERAGE** | **67** | **24** | **7** |

## 2.2 Causes Of Delay

2.2.1 **Categories of Delay.** These are set out below in the tables 2.1 and 2.2 showing the causes of delay and the number of lost bed days, by attributor, for the acute hospitals in Cambridgeshire;

Table 2.1 Addenbrookes Hospital

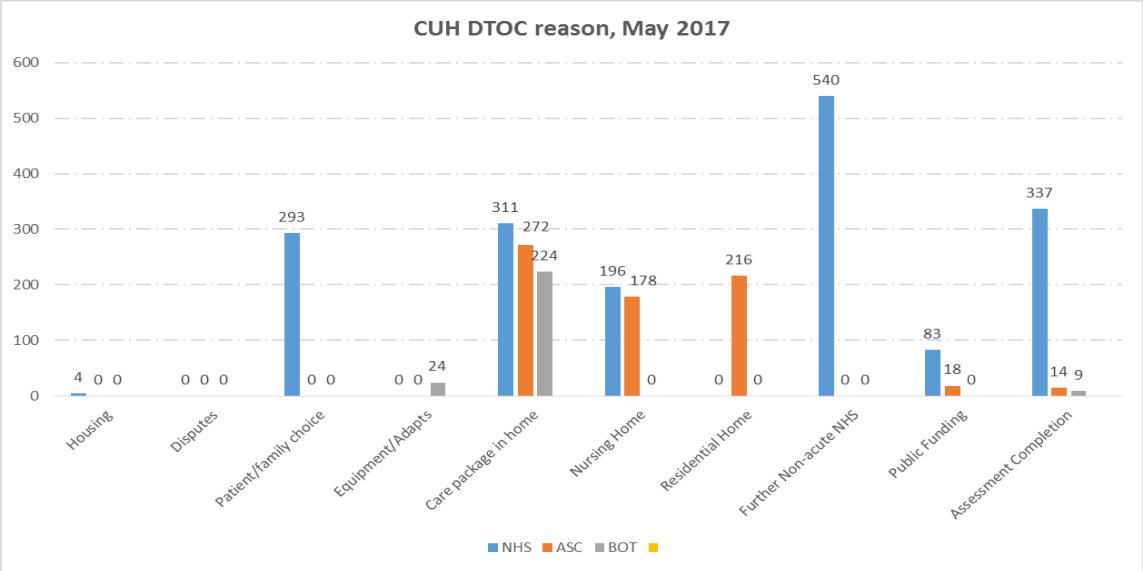
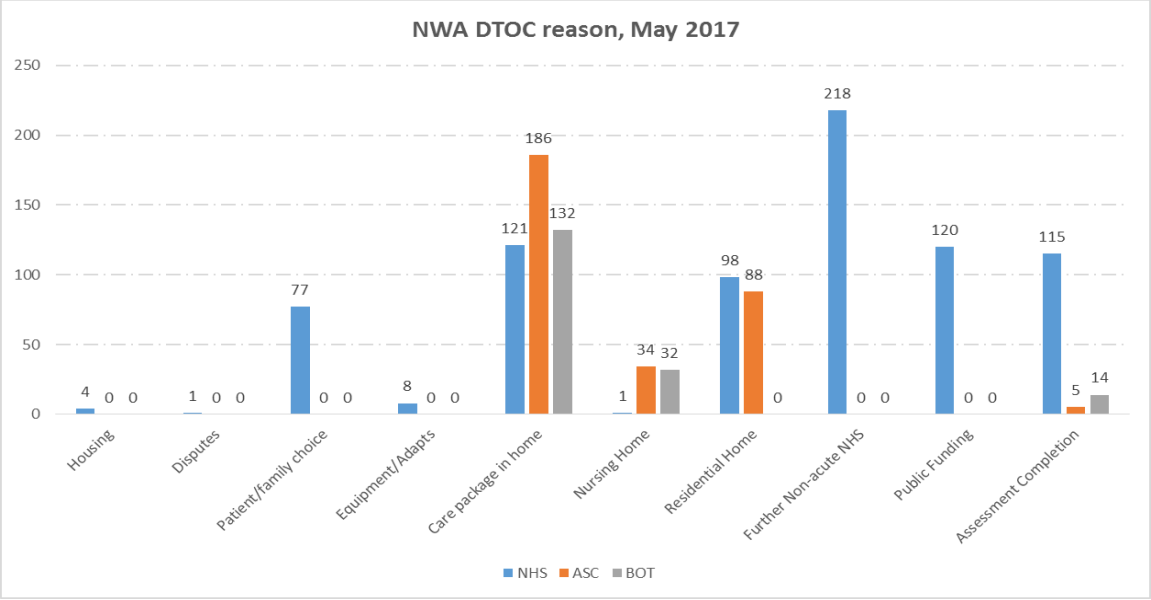



Table 2.2 Hinchingbrooke and Peterborough Hospitals

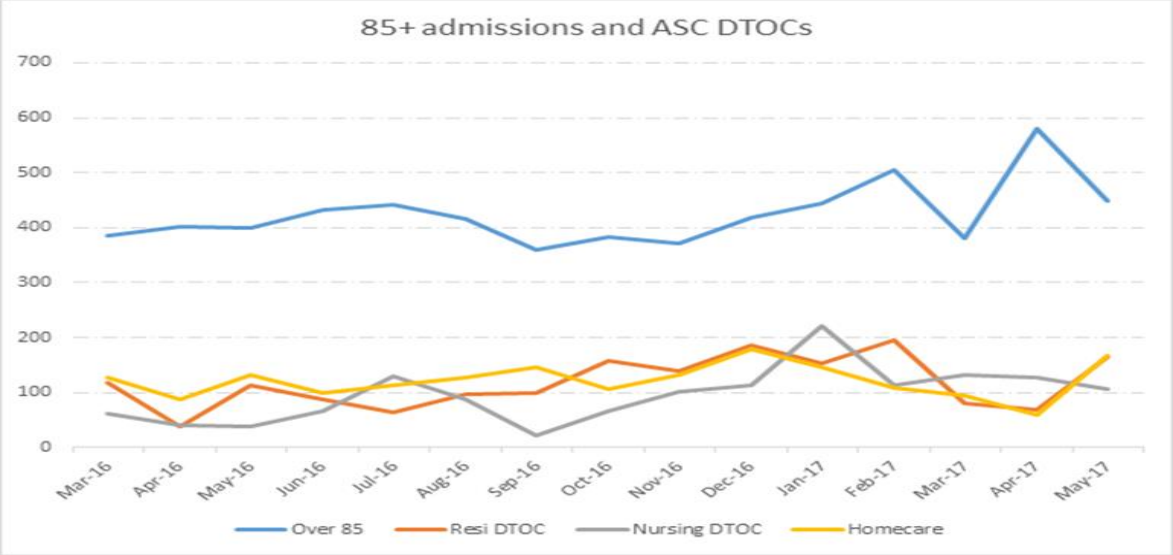



2.2.2 It can be seen that a number of these causes relate to both process and capacity necessitating service redesign as well as additional capacity. A number of mitigation measures have been introduced to meet these challenges. These are set out in Table 4 in Section 2.3.2. Additionally, there are a number of further measures in development as part of our planning for this winter, and beyond, under Section 2.3.4 on Strategic Planning.

## 2.3 Demand

2.3.1 **Increases in Admissions:** An increase in admissions of older people, particularly those aged over 85 years, has a direct impact on patient flow through the hospital and discharge arrangements. Table 3 below shows the recent trend in relation to such admissions in Cambridgeshire hospitals. The top line of the graph shows a steep increase in demand from November 2016, following a period of relatively consistent admissions and the lines below show the impact on delayed transfers of care awaiting community services. Interestingly between February 2017 and May 2017 we see both a sharp increase in hospital admission and considerable fluctuation month to month. Both conditions are difficult to manage in terms of core community capacity, as these services are largely static. It is, therefore, necessary to create some flexibility to step up resources at points of high demand. This area will be addressed in more detail later in the report when current mitigation is set out. It is also important to note that it is often not just an increase in the number of patients that needs to be considered, but also an increase in the needs of those individuals. For instance the demand for nursing care and dementia care is on the increase reflecting a general rise in the acuity of those requiring care.

Table 3

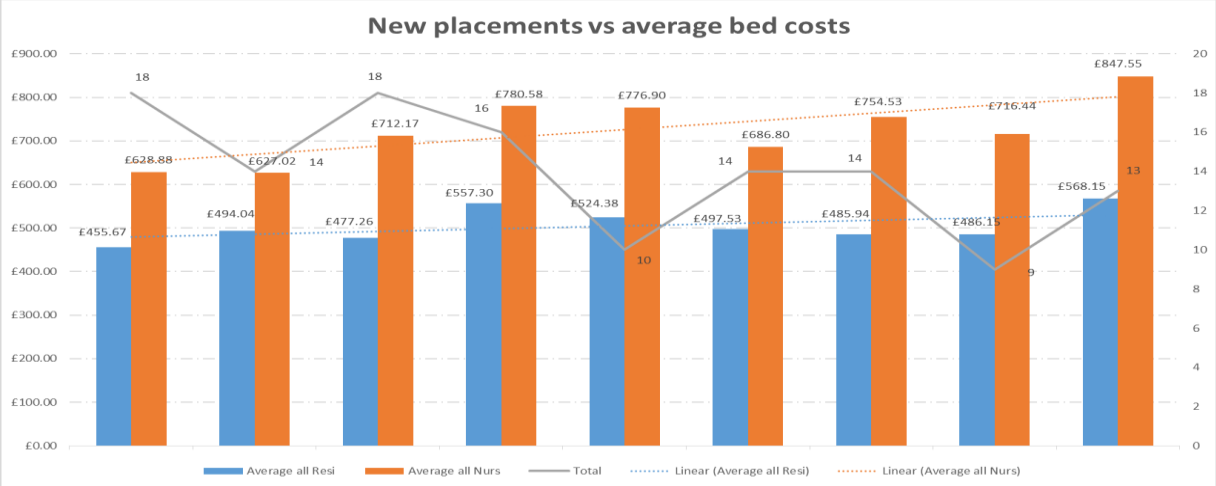



## 2.4 Market Conditions:

2.4.1 **Care Homes**: There are challenges relating to both Care Homes and Home Care. In the case of the former, the main issues are the lack of physical capacity in nursing and residential care, specialist dementia care and rising prices. The council estimates that there is currently a shortfall of 400 beds in the Cambridgeshire system. This is also coupled with a high proportion of self-funders in Cambridgeshire, at approximately 50% of the whole care home sector. This has the effect of reducing the Council's bargaining power and inflating prices. The graph below (Table 4) illustrates the rising cost of residential and nursing care between February 2016 and May 2017. While generally, placement decisions, for patients awaiting discharge, are not delayed for financial reasons, there is some evidence that following particularly high increases

in the cost of care, delays can take place while affordable provision is being sought. The Council has sought to mitigate the process and financial risks by establishing a brokerage that identifies placements, and negotiates the cost on behalf of the NHS as well as the Council. Further steps taken to reduce the impact of this time frame is the introduction of short-term interim beds to facilitate long term care and a doubling of the Council's block contract for long-term Care Home placements to 387.

Table 4




2.4.2 **Home Care:** The biggest single cause of delay to hospital discharge is the availability of Home Care. The total number of older people, supported by the Council, receiving Home Care is approximately 3,500. There are also approximately 200 people awaiting home care packages- of which 50 are not in receipt of care. The main Home Care challenges relate specifically to workforce recruitment and retention issues and increasing needs-such as double up care- for those requiring home based care. As a consequence capacity is not keeping up with demand. A key feature of the service is the large number of staff recruited from overseas, with an estimated 24% *(ref. Skills for Care)* of the total workforce coming from the European Economic Area. Clearly uncertainties about Brexit increase the risk of sustainability. The Council recognises both the short and longer- term challenges. These are exacerbated by a particularly high cost of living in the South of the County, coupled with well-paid alternative employment. The Council is seeking to meet the challenge by increasing the range of providers it currently commissions, focussing its delivery model on outcomes, and embarking on a development programme that includes new models of care including the establishment of micro-enterprises and community based services linked to the Dutch Buurzorg model as captured in the Neighbourhood Cares Pilots. As part of this work the Council will commission services on behalf of the NHS and it has plans in place to establish a single brokerage for all Home Care services by November 2017. In addition the Council is engaged with NHS partners to establish a programme to meet the short and medium term recruitment and retention challenges we face. Examples of the work being looked at include the establishment of integrated care roles, apprenticeships and the use of new media to expand the potential candidate base.

## 2.5 Demand Management

2.5.1 **Current Initiatives:** As indicated there are significant challenges facing the Council and NHS Partners both in terms of demand and the capacity necessary to meet this. Table 5 below provides a summary of some of the initiatives deployed to date to minimise delays.

**Table 5 Current Hospital Discharge Improvement Measures**

| Need | Measure | Lead | Cost | Impact |
|---|---|---|---|---|
| **Reduce assessment delays by establishing "discharge to assess" pathway for home based care.** | Develop and expand the reablement service to facilitate early discharge home without assessment | CCC | £5.5 million | New pathway established in all hospitals. Significantly reducing, assessment delays and home care requirements. |
| **7 day working** | Discharge Planning Teams and Reablement now working 7 days p.w. | CCC | (Additional 7% on DPT staffing budget) £150,000 | Virtual elimination of Adult social care assessment delays |
| **7 day working** | Discharge Planning nurses now working 7 days p.w**.** | CUHFT | N/K | Some reduction in NHS assessment delays |
| **Care Home Placements.** | 17x interim beds to manage transition (Discharge to Assess)<br><br>10xReablement Beds at Doddington Court<br><br>14 x Respite Care Beds | CCC<br><br>CCC<br>NHS (CCG) | £618,000<br><br>£83,200<br>£83 200<br><br>£364,000 | Reduction in placement delays and in overall placement numbers |
| **Care Home Placements** | Increase the block contract to secure timely and cost effective placements | CCC | Gross: £13 million | Doubled block contract to 387 long term placements |
| **Home Care-capacity** | Developed Home Care transition | CCC | £2.5 million | Reduced Pending list for |

| | | | | |
|---|---|---|---|---|
| | service, while permanent care sought | | | Home Care |
| **Home Care Capacity** | Establish Home Care Brokerage | CCC | £156K<br>Inc. add'l £70K | Implement November 2017 |

2.6 **Strategic Planning:**

2.6.1 **Sustainability and Transformation Plan:** Delayed Transfer of Care are a symptom of a health and social care system that is operating under huge stress. The Council has worked closely with NHS partners, Peterborough City Council and District Councils to address the twin challenges of increasing demand and diminishing resources that are at the root cause of the challenges we face. There is a strong recognition by all partners that traditional approaches to demand management and efficiency will not deliver the required change. Therefore, a transformational approach is required that is prepared to radically change services and care pathways to improve outcomes and efficiency. In response to national drivers such as the 5 year Forward Plan, the NHS leadership locally published the Cambridgeshire and Peterborough Sustainability and Transformation Plan, in November 2016, setting out its objectives for the next five years. In so doing it recognised the dependency on Local Government and voluntary and community services to deliver its aims. Key features of the plan include supporting more people to live at home, safe and effective hospital care, partnership working and developing a high quality and sustainable workforce. The County Council and Peterborough City Council are represented the over-arching strategic leadership group and on a number of the working groups taking forward these initiatives. Two key outputs in which the Council have been significantly involved include:

- The establishment of a multi-agency workforce planning group, with a strong focus on unregistered staff, such as home care and health care assistants
- Acceptance of a business case to invest £5.6 million in the expansion of intermediate care. This will include employing 140 intermediate care workers supported by occupational and physio therapists. The new service will involve the establishment of jointly managed NHS and Social Care multi-agency co-ordination hubs and the development of an integrated care pathway including reablement and the Voluntary Sector

2.6.2 **Better Care Fund:** One of the approaches used by central government to promote integrated working, and improve system flow, has been to establish the Better Care Fund. Although, this does not involve the provision of any new money, it does require the NHS and Social Care to work together, pooling resources where appropriate, to provide joined up solutions to meet operational and Strategic challenges. It has a strong focus on prevention and involves a transfer of resources across public bodies, where changes to approach could result in the achievement of better outcomes or greater efficiency. The Better Care Fund also recognises the importance of Housing and other community activities to the delivery of Integrated care, and as a consequence District Councils play a significant role in the planning and delivery of the Better Care Fund in Cambridgeshire. The overall governance is managed through

the Integrated Commissioning Board which includes strategic leads from the CCG, the County Council, Peterborough City Council, and the Voluntary Sector. The ICB reports to the Health and Well Being Board, who are responsible for signing off Better Care Fund Plans. Key initiatives have included:

- The development of an integrated pathway for home improvement for disabled adults and children
- Social Prescribing and the co-ordination of voluntary and community services
- Intermediate care development
- Older Peoples Accommodation Strategy

2.6.3 **Improved Better Care Fund:** In the 2017 Spring Budget, in recognition of severe pressure in the Adult Social Care System, the government agreed to provide additional funding to Local Authorities to support Adult Social Care. The main contributory factors were increasing delayed transfers of care in hospitals and growing capacity and financial pressures in the independent sector. The resulting grant for Cambridgeshire amounted to £8.65 million in 2017/2018. However, this grant is time-limited for 3 years, and diminishes in value in years 2 and 3. This clearly places considerable restrictions on potential use in terms of on-going revenue commitments. Subsequent to the announcement a number of additional caveats- directly relating to NHS flow and delayed transfers of care- have been added as grant requirements. These have been aligned to Better Care Fund requirements and been re-badged as the "Improved Better Care Fund." As such the plans for utilisation are subject to sign off by Cambridgeshire and Peterborough Clinical Commissioning Group. The four requirements are that they must:

- Meet Adult Social Care Needs
- Reduce Pressure on the NHS
- Stabilise the Care Provider Market
- Meet a national requirement to work with the Clinical Commissioning Group to reduce delayed transfers of care to 3.5% of hospital bed base. There is also a specific requirement to implement the 8 High Impact Change Model, developed by the Department of Health. The latter is set out in more detail below.

2.6.4 While the requirements of the grant are broad, the area relating to delayed transfers of care has been highlighted as particularly significant. It has also been suggested, by the Department of Health, that failure to make progress in this area could result in withholding future grant. Additionally, The Care Quality Commission have been tasked with undertaking whole system reviews of patient flow from hospital in 20 local authority areas this winter. Therefore, while the Council is keen to meet all four requirements, there is a particularly sharp focus on working with the NHS, Peterborough City Council and others to achieve the required progress in relation to DTOCs. An outline plan has been shared with the CCG, and has been supported in principle by their Chief Executive. The proposed distribution is as follows:

- £3 million investment in housing for vulnerable people who place higher cost demand on the NHS and Social Care
- £0.15 million support to Sustainability and Transformation Plans around public health initiatives (including falls prevention)

- £2.3 million contribution to a joint NHS and Social Care plan to reduce delayed transfer of care
- 2.89 million supporting social care investment and pressures

2.7 **8 High Impact Changes**

2.7.1 The 8 High Impact Change Model, developed by the Department of Health, identifies the key system changes that are understood to have the greatest impact on reducing delayed discharge. Specifically:

- early discharge planning
- systems to monitor patient flow
- multi-disciplinary/multi-agency discharge teams, including the voluntary and community sector
- home first/discharge to assess
- seven-day services
- trusted assessors
- focus on choice
- enhancing health in care homes

2.7.2 The County Council, Peterborough City Council and the Clinical Commissioning Group have been working on a system wide self- assessment. As part of this process, it is recognised that good progress has been made in a number of the key areas. Additionally, the following initiatives have been identified as a priority for improvement:

- Home First /Discharge to Assess
- Choice

2.7.3 In relation to “discharge to assess”, it is recognised by all partners that- while much has been achieved in delivering “discharge to assess”- through services like reablement- there remains a particularly significant challenge relating to Continuing Health Care, which is a major contributor to delayed transfers of care. Work has commenced between local authority partners and the Clinical Commissioning Group to redesign the current hospital discharge pathway for people who may be eligible for Continuing Health Care. There is also a very significant challenge relating to delays in processing Continuing Health Care assessments in the community that has the risk of undermining plans to introduce “discharge to assess” for this group.”. The Council has engaged in a formal process, establishing a Joint Commissioning Unit with the Clinical commissioning Group-to try to resolve these long-standing issues.

2.7.4 In the case of “Choice,” each hospital has a policy in place advising patients that once their acute episode is ended, longer term decisions about their future needs should be made at home or in an interim bed. Unfortunately, however, these policies are not implemented consistently, and “choice” has also become one of the major causes of hospital discharge delay. In order to meet the 3.5% delayed transfer of care target it will be essential to make significant advances in both of these areas, while continuing to strive to improve performance in all change areas.

2.7.5 **Winter Planning:** The new 3.5% delayed transfer of care target, will require a coordinated effort on the part of all parties to deliver immediate operational improvements focusing, where we can, on quick wins. The two immediate priorities identified, within the High Impact Changes, fit that description. Additionally discussions have been taking place across NHS and local authority partners on other strategic investments and service developments that could be made to contribute to the progress required. As part of this process, it has already been recognized that there needs to be immediate large scale expansion of NHS intermediate care. As part of this expansion the Council is committed to increasing its complimentary services including reablement and discharge planning social workers. This will also be accompanied by stronger alignment and integration with the NHS particularly in the establishment of multi-agency coordination hubs (Single Points of Contact).

2.7.6 The Council is working with both Peterborough City Council and the Clinical Commissioning Group to formulate its winter plan. As indicated this needs to build on the wider strategic activity, but must be focused on early delivery, in order to have immediate impact. A commitment of £1.6 million has been made, by the Council and will, primarily, seek to support "Discharge to Assess" through provision of:

- Additional Reablement
- Interim Bed provision
- Discharge Planning Social Workers

2.7.7 In addition the STP intermediate care business case does include some provision for social workers and Physio and Occupational therapists.

## 3. ALIGNMENT WITH CORPORATE PRIORITIES

Report authors should evaluate the proposal(s) in light of their alignment with the following three Corporate Priorities.

### 3.1 Developing the local economy for the benefit of all

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

- Adult Social Care and the NHS are major sources of local employment in Cambridgeshire. The planned expansion of community services will create additional employment opportunities.

### 3.2 Helping people live healthy and independent lives

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

- There is a strong evidence base to suggest that timely discharge from hospital to home, with appropriate community support, will enhance health, wellbeing and independence.

3.3 **Supporting and protecting vulnerable people**

The report above sets out the implications for this priority in paragraph 3.2

4. **SIGNIFICANT IMPLICATIONS**

Report authors should evaluate any further significant implications using the seven sub-headings below. These significant implications should also be evaluated using the questions detailed in the table below. Each specific implication must be signed off by the relevant Team within the Council before the report is submitted to Democratic Services.

Further guidance and a checklist containing prompt questions are included at Appendix 2.

4.1 Resource Implications

The report above sets out details of significant implications in paragraph 2.7

4.2 **Procurement/Contractual/Council Contract Procedure Rules Implications**

There are no significant implications within this category

4.3 **Statutory, Legal and Risk Implications**

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

- There is both a financial and reputational risk if sufficient progress is not made against the new 3.5% delayed discharge target

4.4 **Equality and Diversity Implications**

There are no significant implications within this category

4.5 **Engagement and Communications Implications**

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

- Delivery of the progress required by the Department Health will need very close engagement and co-ordination of activities with NHS partners, voluntary organisations and other public and independent bodies.

4.6 **Localism and Local Member Involvement**

There are no significant implications within this category

4.7 **Public Health Implications**

The report above sets out details of significant implications in paragraph 3.2

| Implications | Officer Clearance |
|---|---|
| | |
| **Have the resource implications been cleared by Finance?** | **Yes** or ~~No~~<br>Name of Financial Officer: Tom Kelly |
| | |
| **Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by Finance?** | **Yes** or ~~No~~<br>Name of Financial Officer: Chris Malyon |
| | |
| **Has the impact on statutory, legal and risk implications been cleared by LGSS Law?** | **Yes** or ~~No~~<br>Name of Legal Officer: Fiona McMillan |
| | |
| **Have the equality and diversity implications been cleared by your Service Contact?** | N/A |
| | |
| **Have any engagement and communication implications been cleared by Communications?** | **Yes** or ~~No~~<br>Name of Officer: Christine Birchall |
| | |
| **Have any localism and Local Member involvement issues been cleared by your Service Contact?** | N/A |
| | |
| **Have any Public Health implications been cleared by Public Health** | **Yes** or ~~No~~<br>Name of Officer: Tess Campbell |

| Source Documents | Location |
|---|---|
| **DTOC Dashboard** | Patrick Kilkenny.<br>1st Floor, octagon,<br>Shire Hall,<br>Cambridge<br><br>\\ccc.cambridgeshire.gov.uk\data\CYPS Datastore\Adult Social Care\Older People & Mental Health\DTOC |

**Appendix 1**

## DTOC Dashboard

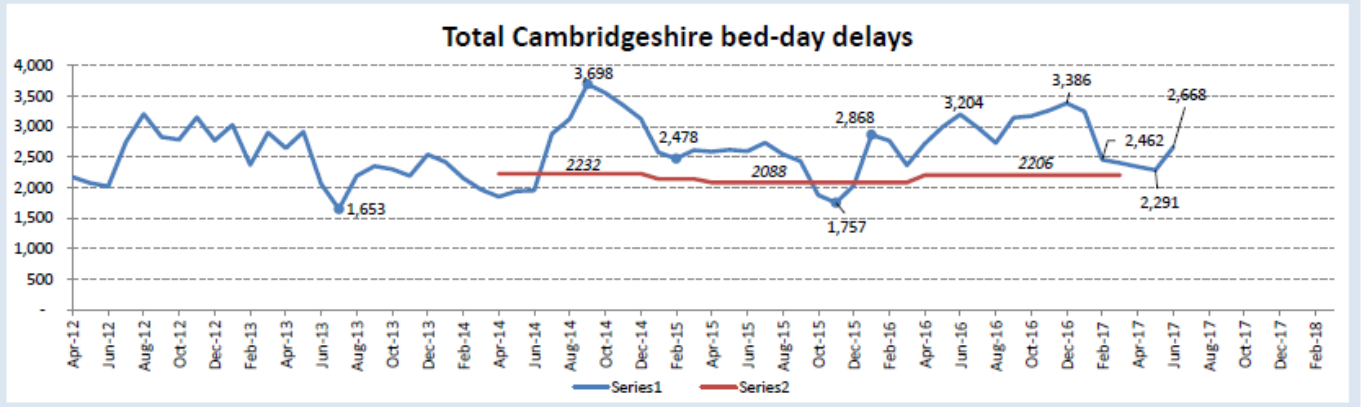
Cambridgeshire County Council

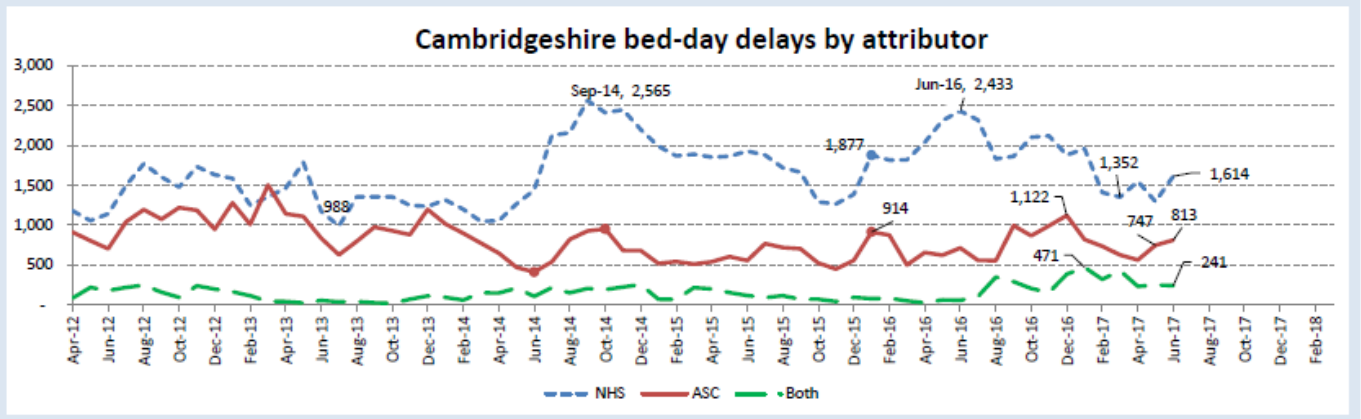
**DTOC**

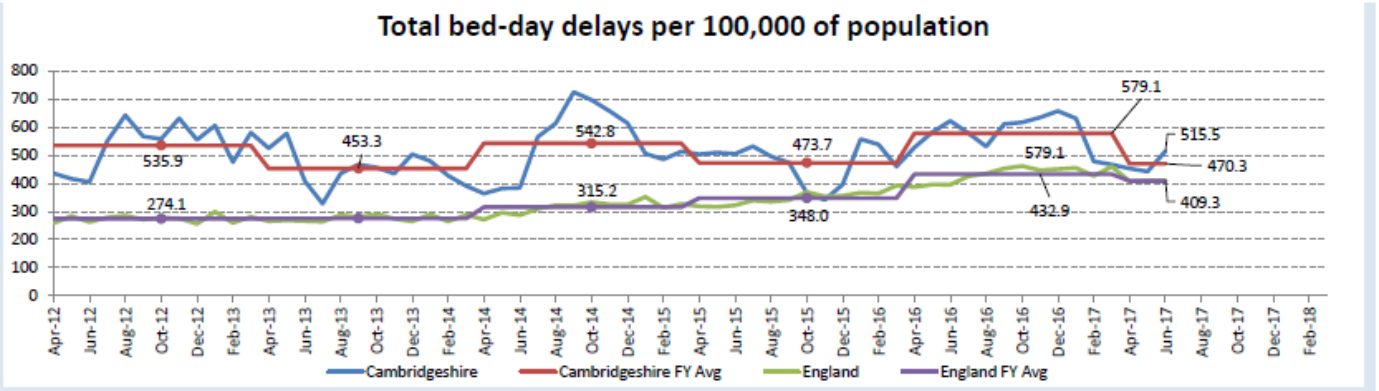
Dashboard - 2017/2018

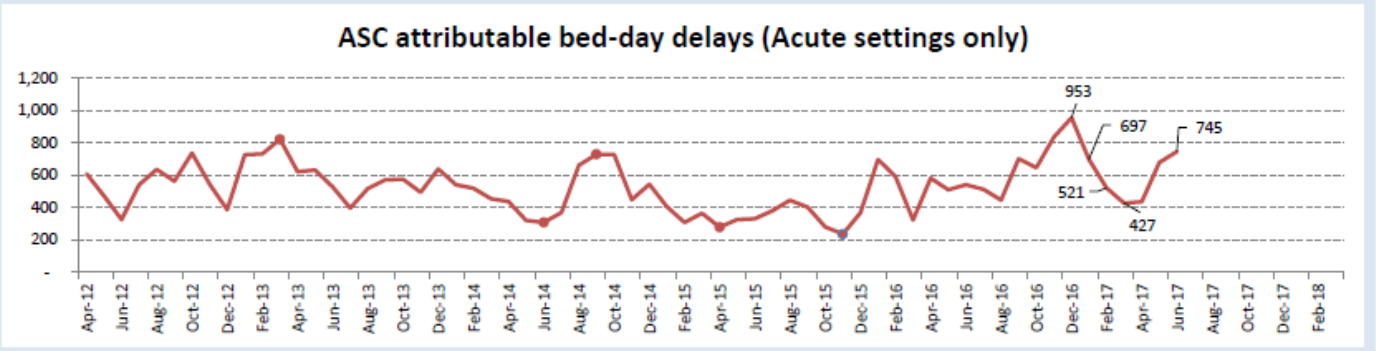
| | |
|---|---|
| Avg. no. of bed-day delays p/month: | 2434.3 |
| BCF Target: | #N/A |
| Variation: | #N/A |
| RAG Rating: | #N/A |

| | |
|---|---|
| Cambridgeshire - Average monthly bed-day delays per 100,000 (18+ pop.) | 470.3 |
| England - Average monthly bed-day delays per 100,000 (18+ pop.) | 409.3 |





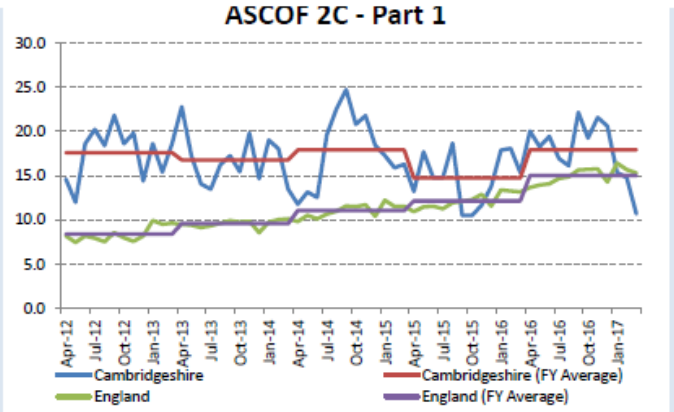



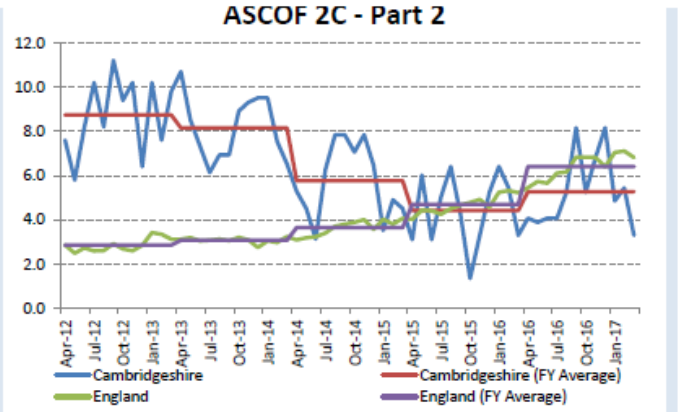

**ASCOF 2C: Delayed transfers of care per 100,000 of 18+ population (part 1), and those attributable to adult social care (part 2).**

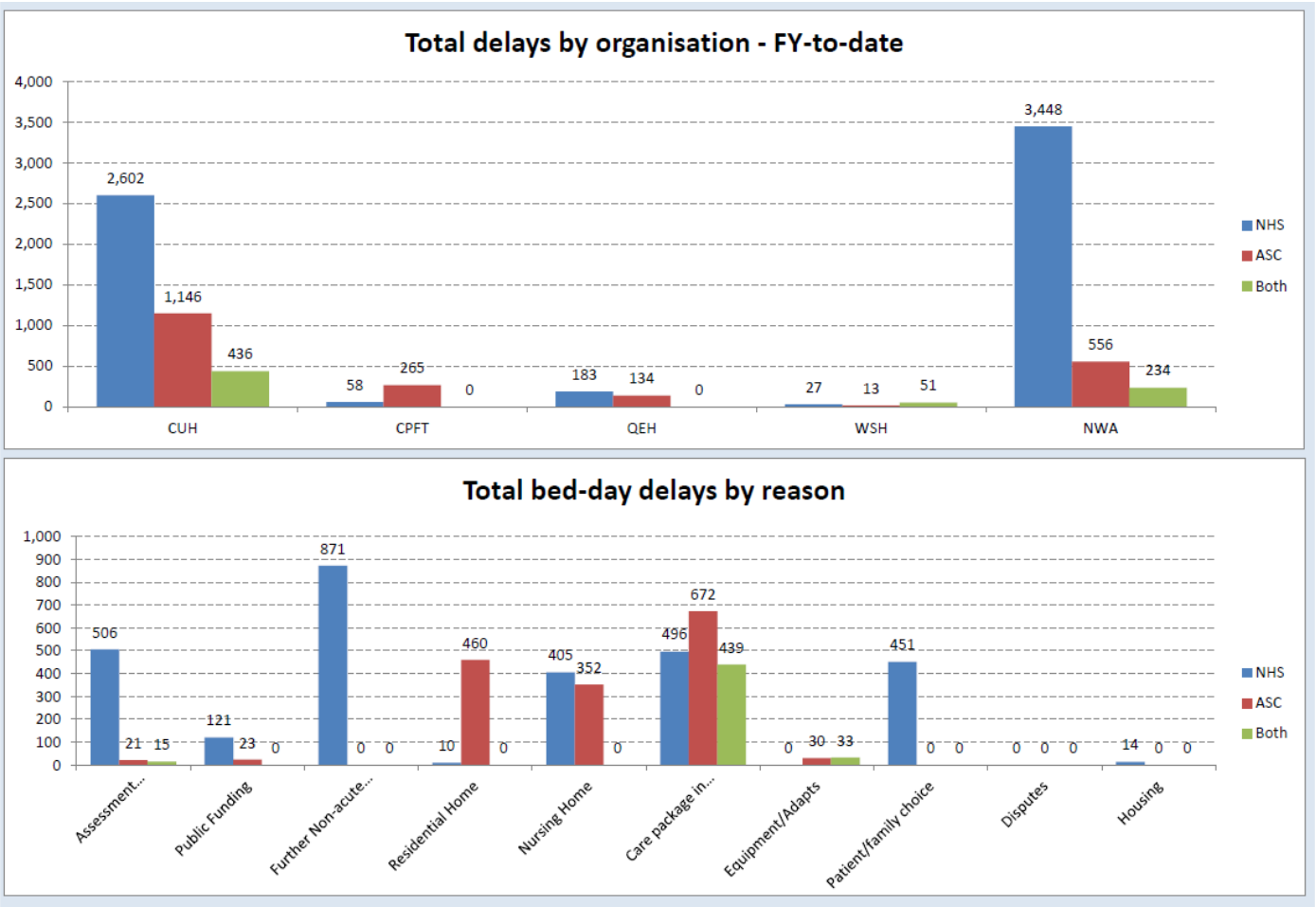
| ASCOF 2C - Part 1 (All delays) | | |
|---|---|---|
| | Cambridgeshire | England |
| **2015/2016** | **14.7** | **12.2** |
| 2014/2015 | 17.9 | 11.1 |

*Cambridgeshire current year target is equal to the previous year's England figure.

| ASCOF 2C - Part 2 ("ASC" + "Both" delays) | | |
|---|---|---|
| | Cambridgeshire | England |
| **2015/2016** | **4.4** | **4.7** |
| 2014/2015 | 5.8 | 3.7 |




Total delays by organisation - FY-to-date
4,000
3,500
3,000
2,500
2,000
1,500
1,000
500
0
2,602
1,146
436
58
265
0
183
134
0
27
13
51
3,448
556
234
CUH
CPFT
QEH
WSH
NWA
NHS
ASC
Both


Total bed-day delays by reason
1,000
900
800
700
600
500
400
300
200
100
0
506
21
15
121
23
0
871
0
0
10
460
0
405
352
0
496
672
439
0
30
33
451
0
0
0
0
0
14
0
0
Assessment...
Public Funding
Further Non-acute...
Residential Home
Nursing Home
Care package in...
Equipment/Adapts
Patient/family choice
Disputes
Housing
NHS
ASC
Both

Cambridgeshire County Council

# DTOC

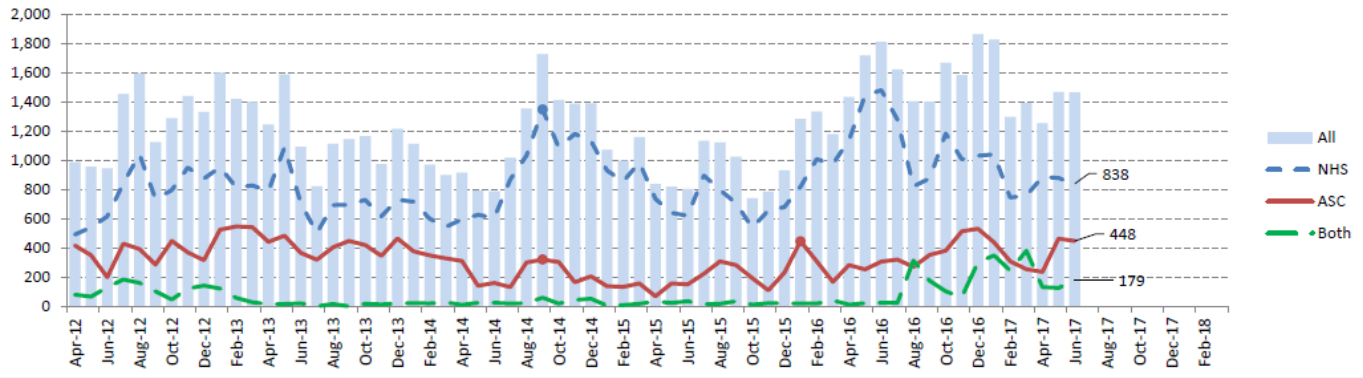
Hospital System Breakdown

% change of monthly average number of delays compared to previous year

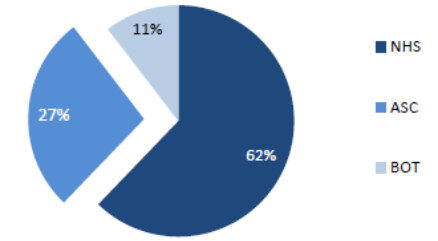
| | | | | | |
|---|---|---|---|---|---|
| CUH: | -12% | QEH: | -32% | NWA | -16% |
| CPFT: | -64% | WSH: | -48% | | |

## Cambridge University Hospitals *NHS* Foundation Trust

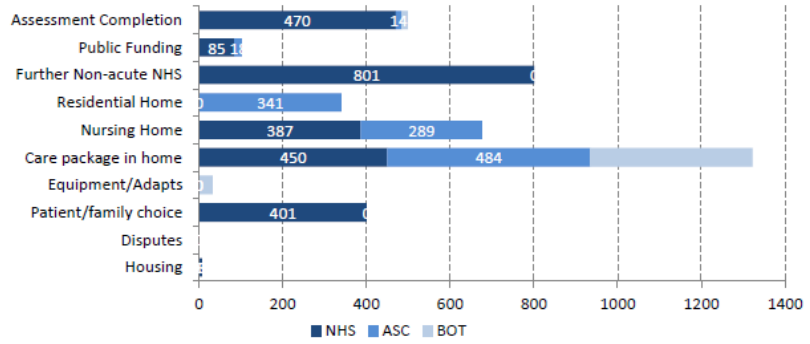
### Bed-day delay trend by attributor



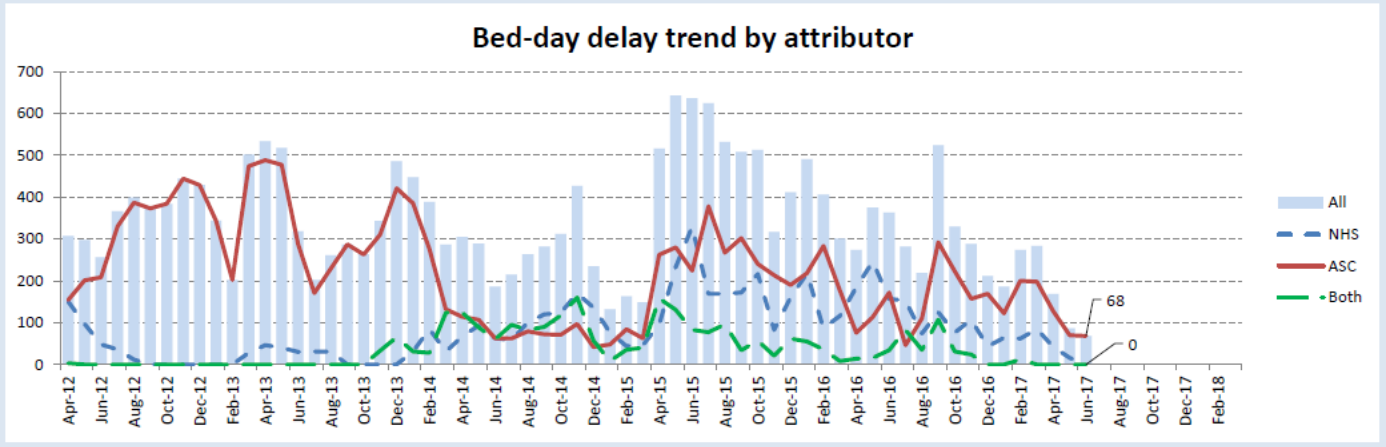

### Proportion of bed-day delays by attributor (for current year)

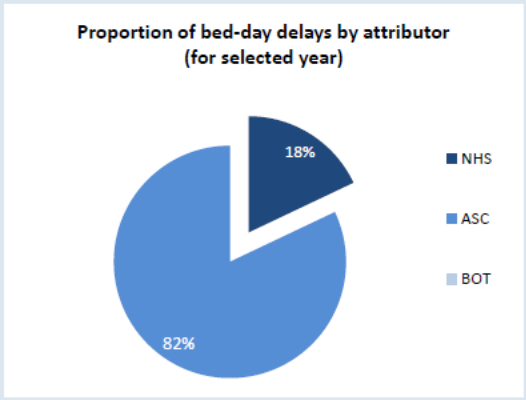


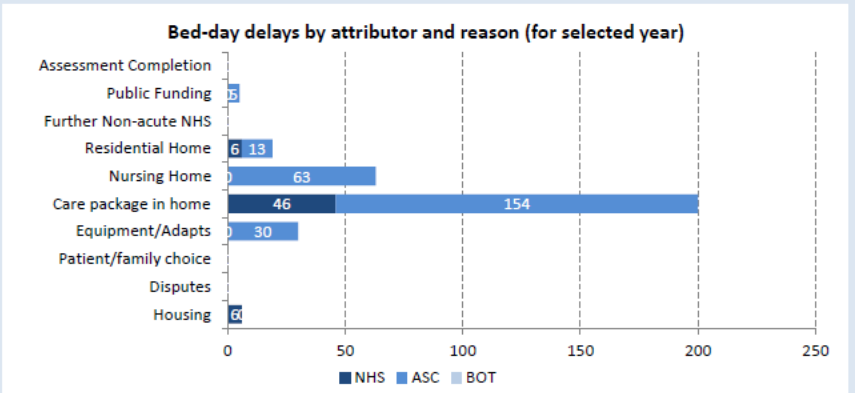

### Bed-day delays by attributor and reason (for current year)



# Cambridgeshire & Peterborough NHS Foundation Trust

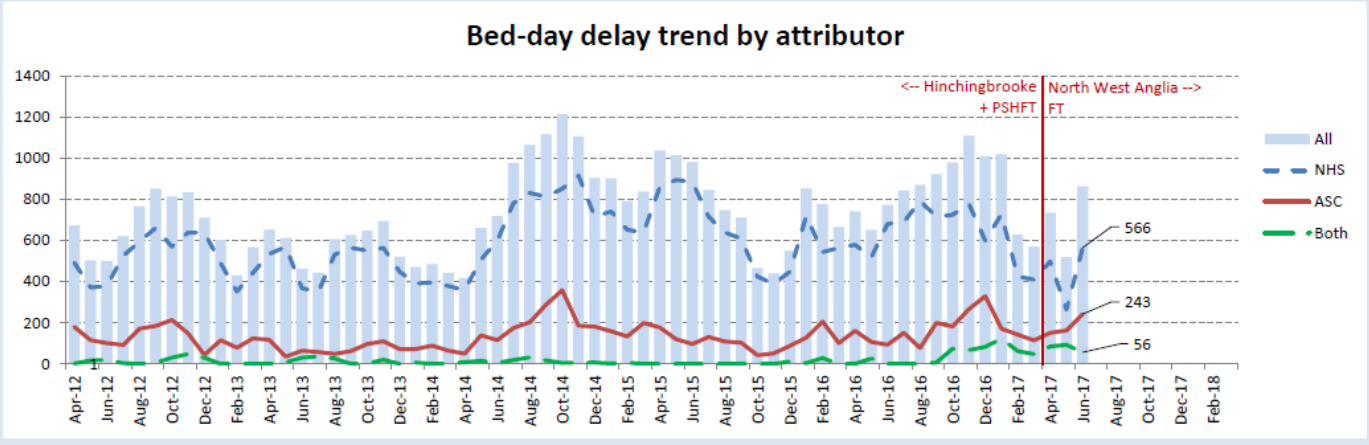


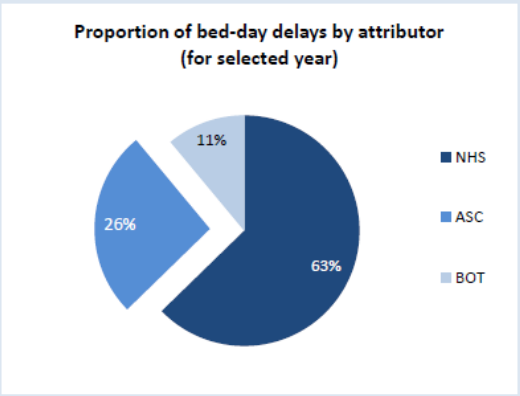



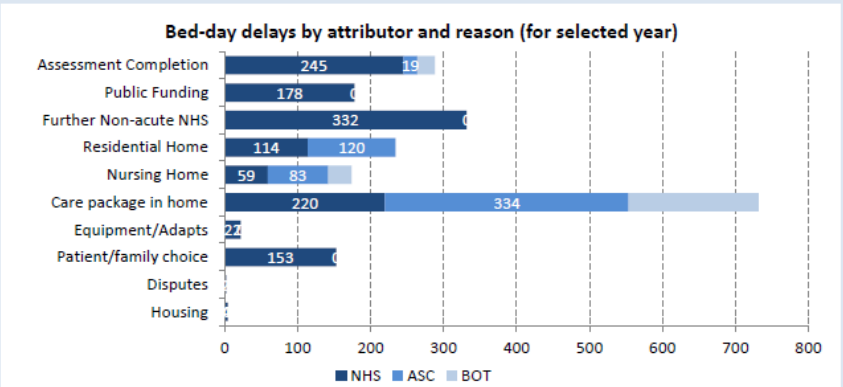



# North West Anglia NHS Foundation Trust

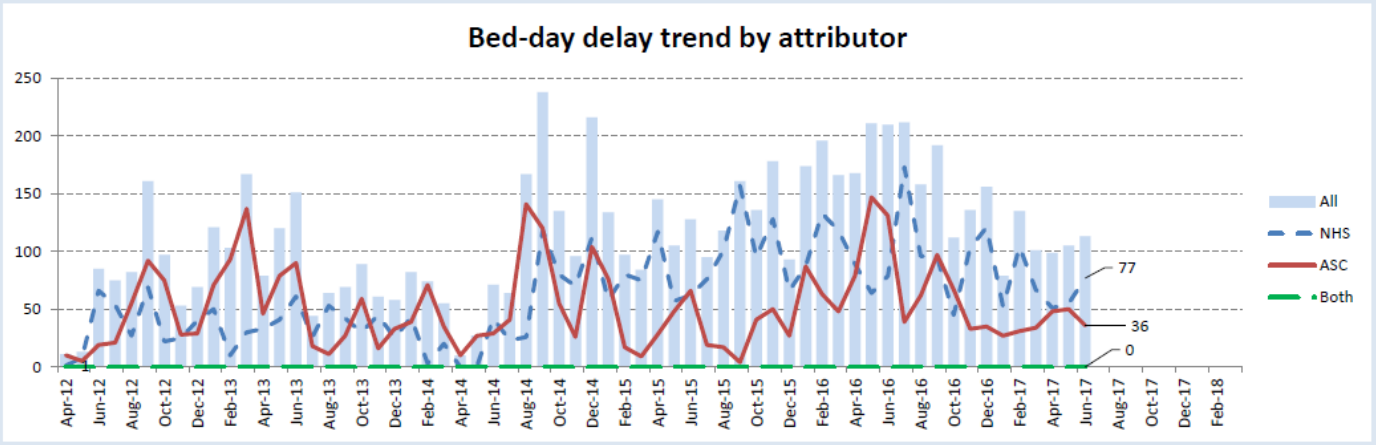
NWAFT data is reported from 01/04/2017. Data prior to this is the sum of PSHFT and Hinchingbrooke figures.

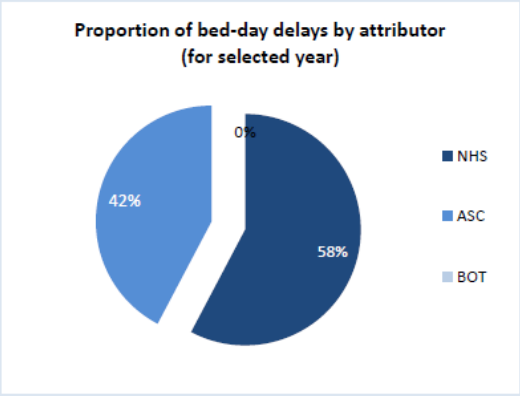


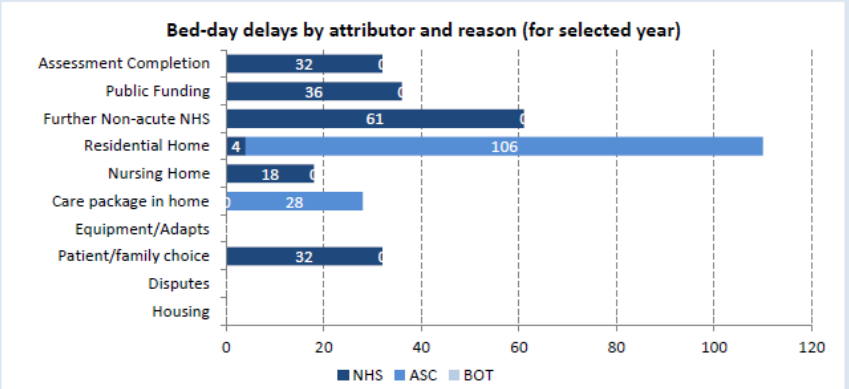



# Queen Elizabeth Hospital *NHS* Foundation Trust



# West Suffolk NHS Foundation Trust