Agenda Item No: 6

DELAYED TRANSFERS OF CARE

To:	**Adults Committee**
Meeting Date:	**9th November 2017**
From:	**Wendi Ogle-Welborne, Executive Director People and Communities.**
Electoral division(s):	**All**
Forward Plan ref:	**N/A** *Key decision:* **No**
Purpose:	**To update the Committee on the County Council's performance on Delayed Transfers of Care.**
Recommendation:	**To Consider and comment on the report.**

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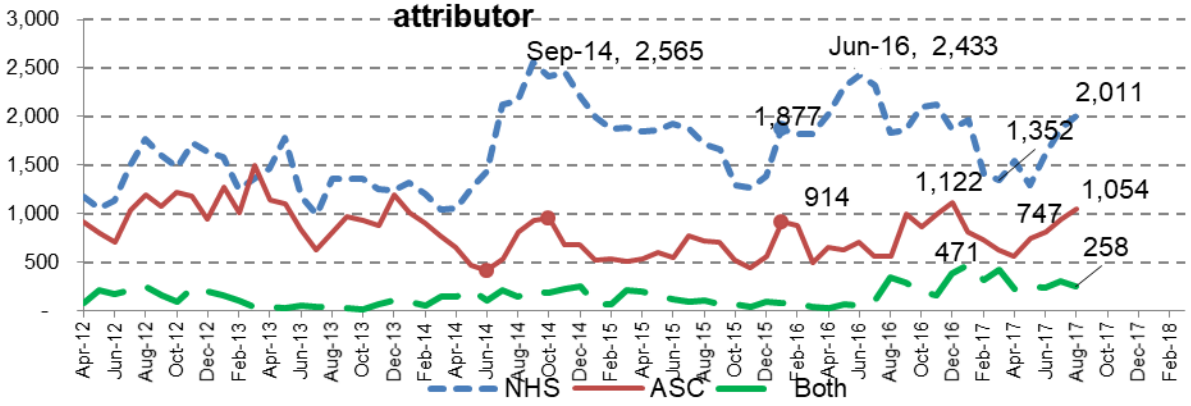
1. BACKGROUND

1.1 In the Report to Adults Committee in August, concerning Delayed Discharges of Care, the Committee were advised that the local health and social care system was under considerable pressure, and that in spite of these challenges The County Council had maintained its relatively good performance in this area. However, since that time new data has been received which shows that there has been an increase in lost bed days, resulting from delayed transfers of care, since April 2017, attributable to both the NHs and adult Social Care. This deterioration correlates with a significant rise in the number of older Cambridgeshire residents being admitted to two acute hospitals, Addenbrookes and queen Elizabeth. The consequence of the performance deterioration has been significant for the Council. In line with 31 other local authorities, a letter signed by the Secretaries of State for both Health and Communities and Local Government was sent to the leader of the Council on the 10th October. In addition to acknowledging the positive efforts being made by the Council to work with NHS partners, through the Better Care Fund, it also expressed concerns about the current number of lost bed days, within acute hospitals in Cambridgeshire, attributable to the local authority. Concern was also expressed about a decline in performance relating to lost bed days, in the three months prior to the July figures being published by the Department of Health. As a consequence, the Secretaries of State have indicated that additional measures will be put in place to monitor the Council's performance, and that a review will take place in November to consider whether the Improved Better Care Fund allocation in the current financial year of £8.5 million, should be re-directed. The letter has indicated that details of the additional monitoring arrangements will be sent in October; these have not yet been received. It has also been suggested that the Cambridgeshire Health and Social Care system may be subject to a formal review, by the Care Quality Commission in the New Year.

2. MAIN ISSUES

2.1 In spite of the recent deterioration, Cambridgeshire County Council has been on an improvement journey in relation to delayed transfers of care since April 2013. During that time we saw the rate of delayed transfer of care (i.e. patients) attributable to social care, reduce from 10.7 per 100,000 of population to 3.3 by March 2017. Between July 15 and April 17 the Cambridgeshire performance was better than the England average (the England average in March 17 was 6.8). In April 2017 the Department of Health changed the measurement arrangements to focus on "lost bed days" per 100,000 population. While, this is not the cause of our current challenges, it is worth noting that we have seen a deterioration in our position since April 2017. This is illustrated in the graph below.

Table 1 Cambridgeshire bed-day delays per month by attributor



One immediate observation, from this data is that there is considerable variability by month, and that therefore, caution needs to be taken at looking at any three month period in isolation. It should also be noted that there is a very strong correlation between the number of hospital admissions by older age and complex hospital discharge. With this in mind the following admission data, for over 80 year olds has been provided by colleagues in the NHS.

Table 2. Admissions of over 80 year olds from April 2017 to August 2017 compared to the same period in the previous year

Hospital	Increase 2017/2018	% Change
Addenbrookes (CUHFT)	245	+7.9%
HINCHINGBROOKE	34	+2.2%
Peterborough City Hospital	-79	-3.4%
Queen Elizabeth Hospital (Kings Lynne)	119	+24%
TOTAL	335	+4.4%

These figures show a significant increase in the number of over 80 year olds admitted. The numbers are particularly high in Addenbrookes, and also in Queen Elizabeth Hospital in Kings Lynn, the catchment hospital for parts of the Fenland area. However, as Addenbrookes is a much larger hospital the number of additional patients here is particularly important, as it has a very big impact on demand on social care and

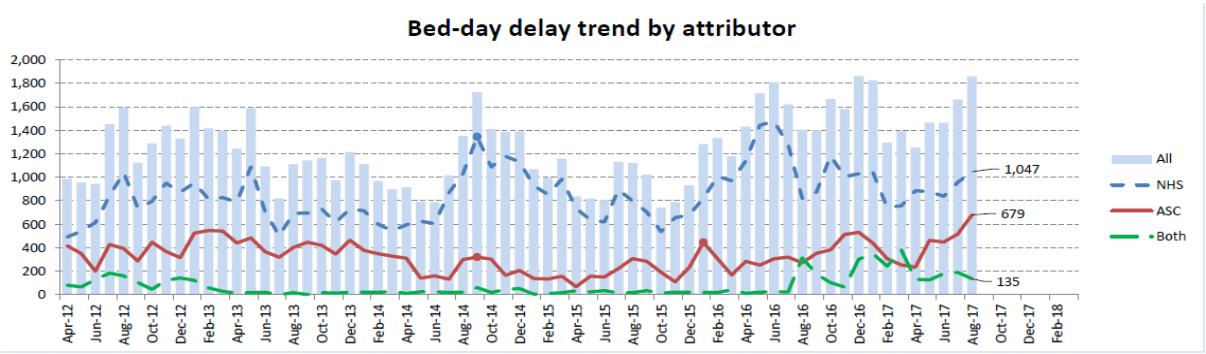
community services post discharge, as well as on the overall performance figures for Cambridgeshire. Recent analysis shows that social care teams were receiving on average 100 contacts a week from the acute hospitals. By the end of August 2017 we were receiving around 150 a week – a significant increase given the budget and staffing pressures we are facing.

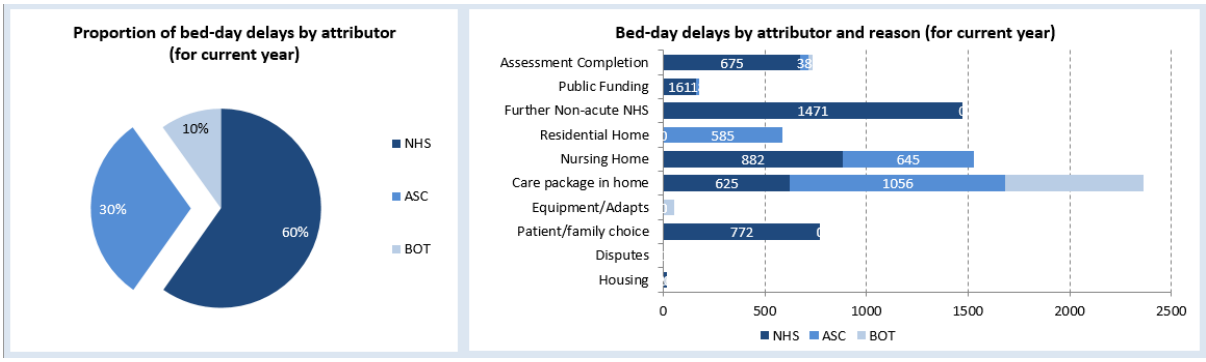
Interestingly, Table 3 below shows both NHS and Adult Social Care lost bed days (for delayed transfer of care) steeply rising during the first 5 months of the year, in line with the increase in hospital admissions for over 80year olds. In the Addenbrookes system it can be seen that the main causes of delay are:

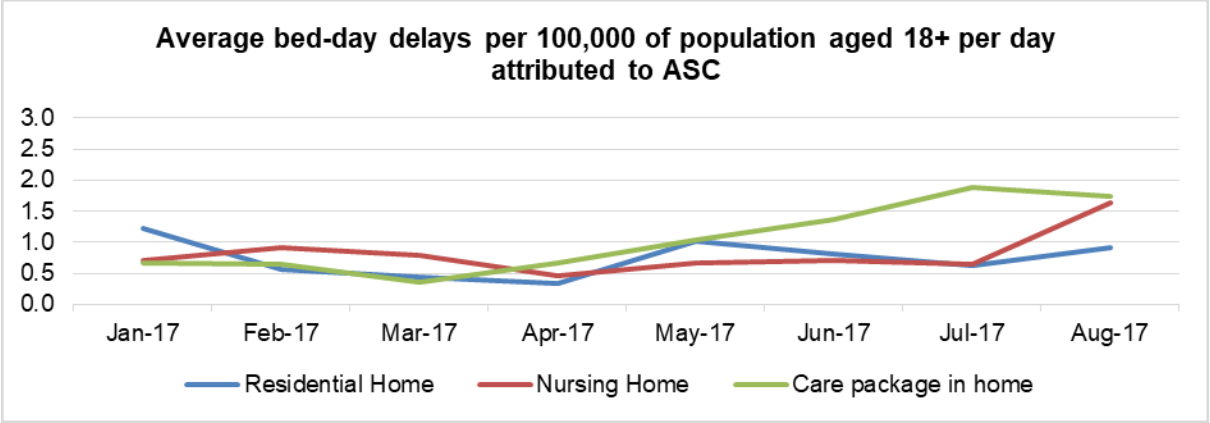
- Non-acute NHS Care
- Nursing Home Care
- Home Care

This is set out graphically below and for comparative purposes there is similar data for the Hinchingbrooke/ N.W. Anglia Hospital where there was no such increase. It can also be seen that the delays attributable to "both" the NHS and Adult Social Care in the Addenbrookes system are higher than Hinchingbrooke/ N.W. Anglia. However, this is an anomaly in Addenbrookes, where delays in NHS intermediate care are counted as reablement and attributed to both the NHS and Adult Social Care. This is inconsistent with all other hospitals in the region. The consequence, of this approach to counting data, has been to adversely impact the Social Care performance, quoted in the Ministerial letter, although clearly there are also other causes.

Table 3 Addenbrookes lost bed days

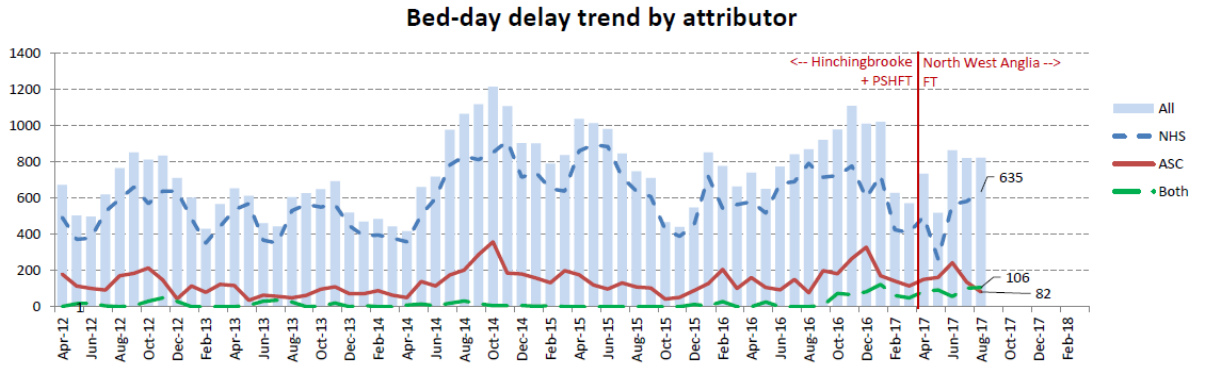


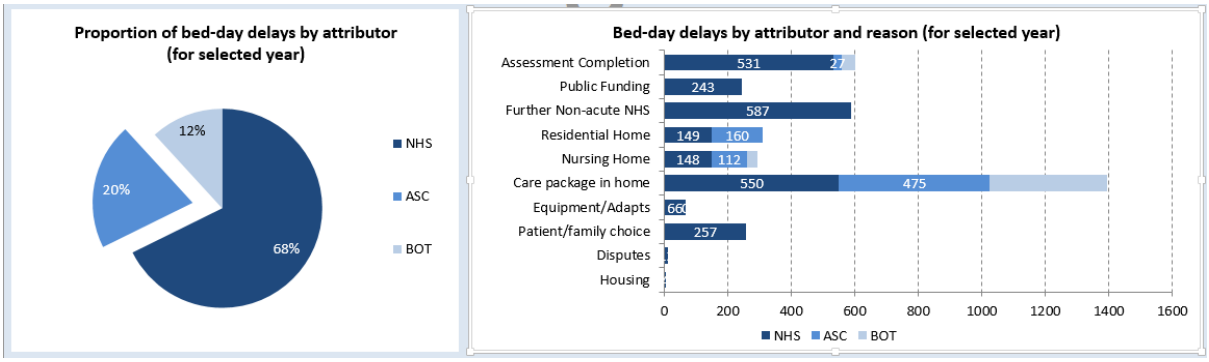




For comparative purposes below is a similar table for the Hinchingbrooke / N. W. Anglia Hospital (Hinchingbrooke and Peterborough) for the same period. In this system from April there was a slight reduction in the number of admissions. Correspondingly we do not see the same rise in DTOCS for adult Social Care, although interestingly there is a significant increase (but much smaller numbers than Addenbrookes) in the number NHS attributable lost bed days. The overall causes of delay are similar to the Addenbrookes system.

Table 4. Hinchingbrooke / N.W. Anglia Lost Bed Days





2.1.2 The County Council recognises the challenges that the Health and Social Care system faces, with a significantly growing older population in Cambridgeshire, and the impact this has on acute hospitals. We have worked in close partnership with the NHS and other public services to address the strategic and operational challenges we face. Some examples of services developed are listed below:

- **Home Care.** The Council has put in place a development programme to significantly expand Home Care Capacity. This includes re-tendering the Home Care contracts, moving from a closed framework contract to an open Dynamic Purchasing System. This has involved an integrated approach with all service areas within the County Council, and the Clinical Commissioning Group, and has led to an increase in provision from 40 to 72 Care Providers. The Contract value is £30 million p.a. and is the largest contract involving the Council this year. The new contract will be live from 1.11.17.
- **Hospital Discharge / Transition Service.** Flexible Home Care provision to provide short-term support while a longer term-solution is being arranged.
- **Care Home Provision:** The Council doubled the number of care home places in its block contracts to 383 in 2016 to support flow from the acute hospital systems. It has also embarked on an ambitious programme to increase the overall care home provision in Cambridgeshire by 500 beds.
- **Brokerage:** A centralised brokerage has been established to match care home vacancies to individual service users (both local authority and NHS) at the earliest opportunity. From November the brokerage will be expanded to include Home Care
- **ADAM,** a new software system, will be in place from January to support the brokerage function by identifying home care capacity as soon as it becomes available. It will also provide valuable management information**.**
- **7 day working:** Council Discharge Planning Teams have been working on a 7 day a week basis in order to improve performance. This arrangement is currently under review due to concerns that it isn't improving performance

2.1.3 As indicated, in April 2017, the County Council was awarded £8.5 million, through

monies identified in the Spring Budget, to support social care. However, in July a number of caveats were added to this award including a requirement to support the NHS and in particular to reduce hospital delayed discharges to 3.5% of the total hospital bed base by November 2017. Although, this is an extremely challenging target, the County Council has agreed to meet the improvement trajectory required providing that services-such as intermediate care- planned by the NHS, through the Sustainability and Transformation Plan, are in place. The Council is currently working with NHS partners on the implementation of the STP funded Discharge to Assess business case and development of the intermediate tier. These plans are at an early stage and in common with BCF plans that require additional staff and new ways of working are at an early stage of implementation.

The new monies awarded to the Council became known as the Improved Better Care Fund with a requirement that plans would be signed off by both the Council and the Clinical Commissioning Group as part of the wider BCF process. The plan was developed with partners, reflecting key priorities that had been agreed as a system incorporating existing commitments made through the BCF and the new commitments made through the additional IBCF funding. It can be seen that this includes broad support to the NHS as well as a number of targeted measures to improve delayed transfers of care. The plan has now been signed off by both parties and we understand will be authorised by NHS England in the next week.

Table 5. BCF and IBCF investments.

Scheme Name	Scheme Type (see table below for descriptions)	Area of Spend	Commissioner	Source of Funding	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Scheme
CCC - Promoting independence	13. Primary prevention / Early Intervention	Social Care	Local Authority	CCG Minimum Contribution	£1,525,000	£1,525,000	Existing
CCC - Intermediate Care and Reablement	11. Intermediate care services	Social Care	Local Authority	CCG Minimum Contribution	£8,600,000	£8,600,000	Existing
CCC - Carers Support	3. Carers services	Social Care	Local Authority	CCG Minimum Contribution	£1,500,000	£1,500,000	Existing
CCC - VCS Joint Commissioning	2. Care navigation / coordination	Social Care	Local Authority	CCG Minimum Contribution	£1,950,000	£1,950,000	Existing
CCC - Discharge Planning and DTOC	9. High Impact Change Model for Managing Transfer of Care	Social Care	Local Authority	CCG Minimum Contribution	£944,000	£944,000	Existing

CCC - Social Care Uplift (protection of Adult Social Care)	16. Other	Social Care	Local Authority	CCG Minimum Contribution	£272,048	£559,500	Existing
CCC - Social Care commissioning and protection	16. Other	Social Care	Local Authority	CCG Minimum Contribution	£338,000	£338,000	Existing
CCG - Intermediate Care and Reablement	11. Intermediate care services	Community Health	CCG	CCG Minimum Contribution	£1,994,916	£2,032,819	Existing
CCG - Carers' Support	3. Carers services	Other	CCG	CCG Minimum Contribution	£350,000	£356,650	Existing
CCG - Neighbourhood Teams	10. Integrated care planning	Community Health	CCG	CCG Minimum Contribution	£17,333,769	£17,663,833	Existing
CCG Commissioning and Transformation	16. Other	Community Health	CCG	CCG Minimum Contribution	£485,000	£494,215	Existing
RiskShare	16. Other	Other	CCG	CCG Minimum Contribution	£836,000	£852,112	Existing
Wellbeing	13. Primary prevention / Early Intervention	Primary Care	CCG	CCG Minimum Contribution	£50,000	£50,000	Existing
CCG Commissioning and Transformation	16. Other	Other	CCG	CCG Minimum Contribution	£115,000	£117,185	Existing
Social Care Capacity and Investment	11. Intermediate care services	Social Care	Local Authority	Improved Better Care Fund	£2,889,000		New
Investment into housing options for vulnerable people	16. Other	Other	Local Authority	Improved Better Care Fund	£3,000,000	£517,000	New
Prevention Initiatives: Falls Prevention & Atrial Fibrillation	13. Primary prevention / Early Intervention	Community Health	Local Authority	Improved Better Care Fund	£150,000	£150,000	New
DTOC Plan	16. Other	Other	Local Authority	Improved Better Care Fund	£2,300,000	£1,900,000	New
Adult Social Care Cost Pressures	16. Other	Social Care	Local Authority	Improved Better Care Fund		£4,000,000	New
Disabled Facilities Grant	4. DFG - Adaptations	Other	Local Authority	Local Authority Contribution	£3,809,721	£4,140,576	Existing

It can be seen that £2.3 million of new money has been specifically ear-marked to

support hospital discharge. This will be used to develop a range of services including:

- A £1 million expansion of reablement (20% increase in capacity)
- Additional Discharge Planning Social Workers
- Provision of a range of interim beds in extra care sheltered housing and care homes to support early hospital Discharge

2.1.4 The Council is confident that the measures it has taken will produce positive results this winter. However, in view of the recent decline in performance and the potential consequences outlined in the Ministerial letter to the leader of the Council, a number of additional measures will be taken. These will include:

- Redeploying the Head of Commissioning, for a period of six months, to provide leadership and co-ordination of the Hospital Discharge process and associated services.
- The role will also include leading the preparatory work to ensure the best possible outcome from a likely Care Quality Commission review.
- All local authority systems and services impacting on hospital discharge will be reviewed and remedial plans will be put in place to ensure that there are no delays in decision making or deployment of capacity.
- The Council will work with its NHS Partners- particularly in the Addenbrookes system- to ensure that best practice is in place to avoid unnecessary hospital admissions, and to ensure where admissions occur discharge planning begins at the earliest opportunity.

The Council will seek to learn from best practice in other local Health and social care systems by continuing to work with regional partners and high performing Health and social care systems. This work will also include developing a consistent approach to data collection to ensure service gaps are identified and that performance is accurately measured.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

There are no significant implications for this priority.

3.2 Helping people live healthy and independent lives

The report above sets out the implications for this priority in paragraphs 2.1.2 and 2.1.3

3.3 **Supporting and protecting vulnerable people**

The report above sets out the implications for this priority in paragraphs 2.1.2 and 2.1.3

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

The report above sets out details of significant implications in paragraphs 1.1,2.1.2 and 2.1.3

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

There are no significant implications.

4.3 **Statutory, Legal and Risk Implications**

The report above sets out details of significant implications in paragraph 1.1

4.4 **Equality and Diversity Implications**

There are no significant implications.

4.5 **Engagement and Communications Implications**

The Council's Communication Team are aware of the Challenges relating to hospital discharges, the recent deterioration in relation to the Addenbrookes Hospital system and the measures that the Council has put in place, with its NHS partners to address these challenges.

4.6 **Localism and Local Member Involvement**

There are no significant implications

4.7 **Public Health Implications**

There are no significant implications

Source Documents	Location
None	