

**DELAYED TRANSFERS OF CARE**

*To:* **Audit and Accounts Committee**

*Date:* **10<sup>th</sup> June 2014**

*From:* **Adrian Loades, Executive Director, Children, Families and Adults**

*Electoral Division(s):* **All**

*Purpose:* To update the Committee on progress made to improve the numbers of hospital bed days lost, attributable to Social Care, as a result of Delayed Transfers of Care.

*Key Issues:* The report sets out actions taken to accelerate the improvement made in reducing lost bed days attributed to adult social care. These include:

- implementation of “discharge to assess”
- more robust reporting and monitoring arrangements
- The role of internal audit in supporting these arrangements
- Joint working with the NHS and other partners.

*Recommendation:* The Committee is asked to note progress to date, and to comment on the report.

<b><i>Officer contact:</i></b>	
Name: Richard O'Driscoll	
Post: Head Of Service Development (Older People)	
Email: Richard.O'Driscoll@cambridgeshire.gov.uk	
Tel:	01223 729186

## **1.0 BACKGROUND**

At the March meeting of the Council's Audit and Accounts Committee, it was reported that the previous year's ambitious performance target of 50% improvement in lost bed days had not been achieved. However, the Committee heard that there had been significant improvement in performance and that there is an on-going programme of work with NHS partners to progress this further. This issue was also reported, in detail to the March 2014 meeting of the Adults Health and Wellbeing Overview and Scrutiny Committee.

## **2.0 MAIN ISSUES**

2.1 In the twelve months, to March 2014 there has been a year on year countywide improvement of 15% in the number of bed days lost for Cambridgeshire patients as a result of delayed transfers of care (for all reasons). In the 2012/13 financial year there were 32,108 reported bed-day delays for Cambridgeshire residents, aged 18 and over. At the end of the 2013/4 financial year this had fallen to 27,436, a 15% reduction. However, nationally Cambridgeshire is still seen as a poor performer when compared to similar organisations. This has been a particular issue in relation to Addenbrookes Hospital, which reported 13,330 bed-day delays in the 2013/14 financial year, equating to 49% of the Cambridgeshire total. Although this is a significant improvement, against the previous financial year's total (15,527), Cambridgeshire remains an outlier nationally. The reported improvement in the Addenbrookes system is attributed to concentrated work across organisational boundaries. Particularly significant were social care interventions such as:

- Reablement: 49.6% improvement from 1576 to 794 lost bed days
- Domiciliary Care: 39% improvement from 1713 to 1042
- Assessments (Social care and nursing): 53% improvement from 2217 to 1040

(source Cambridge Urgent Care Network, performance dashboard, March 2014)

2.2 The report to the Adults Health and Wellbeing Overview and Scrutiny Committee listed some additional causes of poor performance. These included disproportionately high numbers of lost bed days attributed to social care, in Cambridgeshire and Peterborough Foundation Trust (CPFT) and concern that these were not being accurately counted (20% of all lost bed days, in spite of very small numbers of beds). There was also concern about inconsistencies in the approach of the acute and community hospitals in the validation of delayed transfers of care and lost bed days. Additionally, there was concern about the significant increase in emergency admission rates of older people with complex needs (particularly Addenbrookes), and the relationship to

demographic pressures. The Committee were informed of actions that had been taken to improve performance and to respond to recommendations in the Committee's Review.

### **3.0 Performance Target for 2014/ 15:**

3.1 The current year's performance target is in the process of being finalised. In connection with the implementation of the Better Care Fund there will be changes to the target and monitoring arrangements. These are now:

- Average number of bed day delayed transfers of care from hospital, per 100,000 of population (aged 18+) April-December 2014 – Target **438** (2, 232 total disaggregated)
- Average number of bed day delayed transfers of care from hospital, per 100,000 of population (aged 18+) January - June 2015 – Target **417** (2145 total disaggregated)

### **4.0 Actions Taken:**

4.1 The following steps have been taken by the Council, to improve performance, since the last meeting of the Audit and Accounts Committee:

- A countywide steering group has been established to monitor performance in each of the hospital systems. This includes sharing best practice, ensuring accurate reporting and identifying any areas of concern.
- In the Addenbrookes system the Council has agreed – in return for not being fined for delayed hospital discharges- to invest in community services as part of a joint initiative known as “discharge to assess.” The approach involves reducing unnecessary hospital delays relating to assessment by providing community support, to complete the patient's assessment in their own home, or in an interim nursing home, once they are clinically fit for discharge. This is expected to result in a further significant saving in lost bed days.
- Following a workshop held with representatives from the County Council, Addenbrookes and the Clinical Commissioning Group (CCG) in April 2014, it was acknowledged that the approach to counting delays was inconsistent with national guidance and had adversely impacted on social care performance figures. As a result changes in the validation process have now been agreed.
- An investigation of processes in CPFT has also resulted in an acknowledgement of the approach taken being inconsistent with other systems. As a result more robust mechanisms for validation of delayed transfers of care (DTOCs) have now been put in place.

- In order to ensure a consistent approach to validating delayed transfers of care, going forward, the Council's internal audit team have been asked to audit the arrangements that have been put in place in each of the Cambridgeshire hospitals. This work will include direct observation of the validation process.
- In regard to demographic pressures the Council is working closely with the CCG and other stakeholders at a strategic as well as an operational level. The strategic aim is to transform the overall approach to the management of older people with complex needs. The emerging model includes a commitment to greater co-ordination, through the development of community multi disciplinary teams, and early intervention involving the voluntary and community sector.

4.2 To conclude, weekly reports on lost bed days, received from the individual hospitals suggest that the improvements in performance identified in March have continued. Additionally, the measures outlined in paragraph 4.0 are anticipated to make a more positive impact in the forthcoming reporting period.

Source Documents	Location
<p><b><i>Adults Wellbeing and Health Overview and Scrutiny Committee Review of Delayed Discharge and Discharge Planning</i></b></p> <p><b><i>Audit and Accounts Committee: Minutes 20<sup>th</sup> March 2014.</i></b></p>	Room 114, Shire Hall, Cambridge