Agenda Item No: 10

DELAYED TRANSFERS OF CARE (DTOC) UPDATE

To:	**Adults Committee**
Meeting Date:	**16 January 2020**
From:	**Will Patten, Director of Commissioning and Charlotte Black Director of Adults and Safeguarding**
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:	**The Committee is asked to read and note the contents of this report.**

	Officer contact:		***Member contacts:***
Name:	**Caroline Townsend**	Names:	Councillor Bailey
Post:	Head of Commissioning Partnerships and Programmes	Post:	Chair
Email:	Caroline.townsend@peterborough.gov.uk	Email:	Anna.bailey@cambridgeshire.gov.uk
Tel:	07976 832188	Tel:	01223 706398

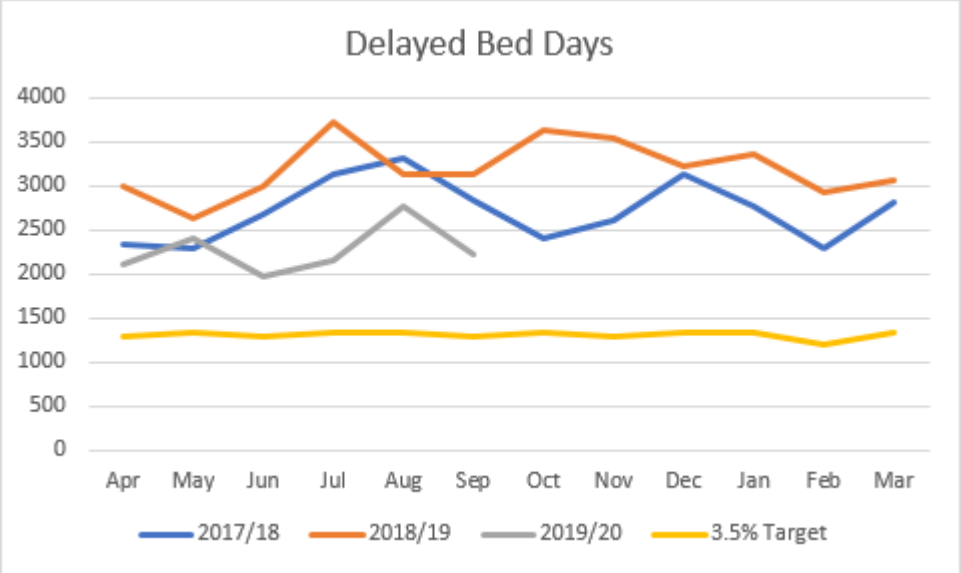
1. BACKGROUND

1.1 This paper provides an update on progress associated with Delayed Transfers of Care (DTOC).

2. MAIN ISSUES

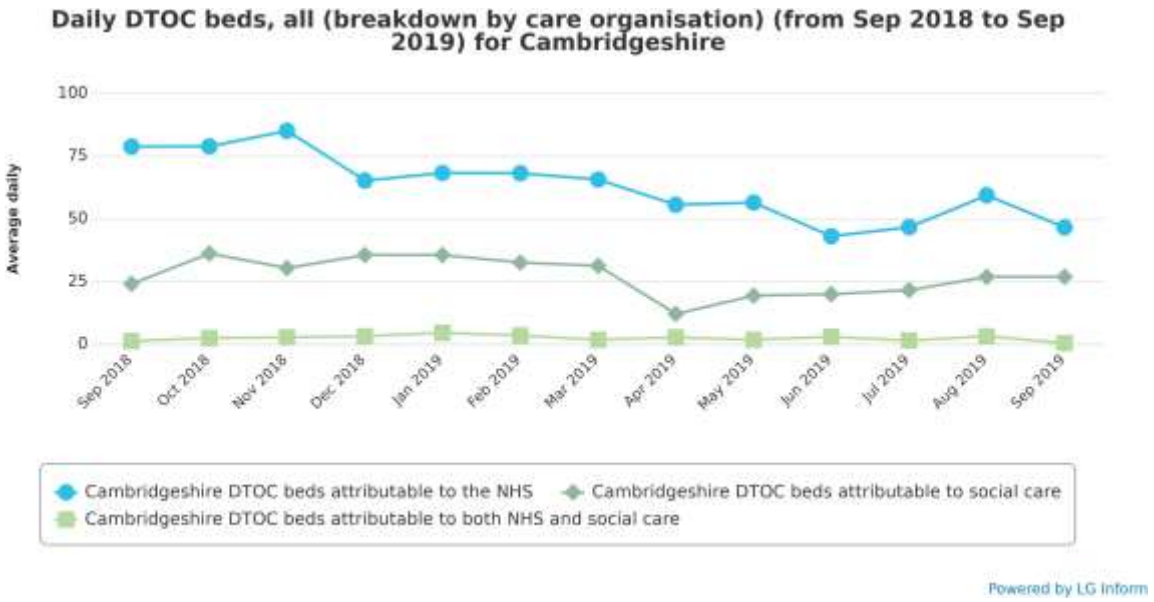
2.1 Delayed Transfers of Care (DTOCs) - Cambridgeshire Performance

Based on the latest NHS England published DTOC delayed bed day statistics for September 2019, the below graph shows month on month performance across Cambridgeshire. This shows that whilst performance to date in 2019/20 has seen a significant improvement on previous years, we are still underperforming against the 3.5% national target. Cambridgeshire has seen an average of 6.05% occupied bed days between April 2019 and September 2019 to date. This compares to an average of 8.6% throughout 2018/19. A spike in DTOCs was seen over July and August 2019, which was an impact of the heatwave and associated increases in hospital admissions.

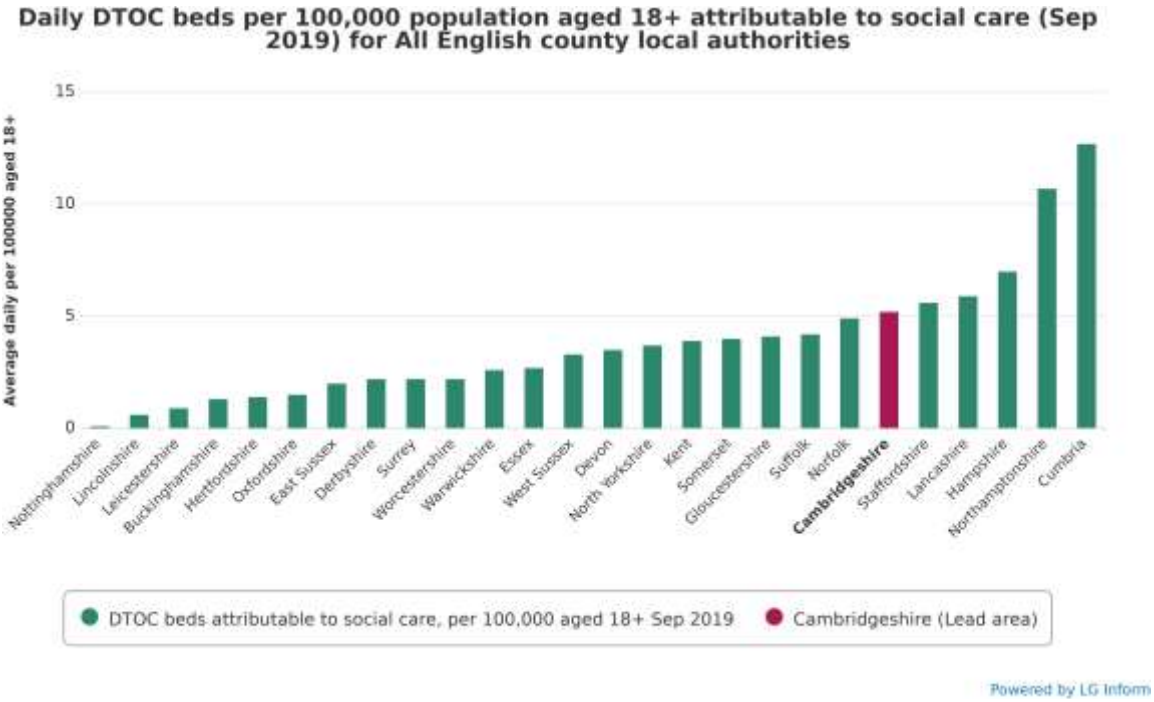


During September, 88% of delayed days were within acute settings. 63% of all delayed days were attributable to the NHS, 36.3% were attributable to Social Care and the remaining 0.6% were attributable to both NHS and Social Care.

The below graph shows the DTOC trends by attributable organisation. As at September 2019 year to date, compared to the same time period in 2018, we have seen a 37% decrease in delayed bed days across Cambridgeshire.



For September 2019 Cambridgeshire, compared to all single tier and county councils in England, is ranked 126 on the overall rate of delayed days per 100,000 population aged 18+, with a rank of 151 given to the area with the highest rate. It is ranked 121 on the rate of delayed days attributable to the NHS, and 123 on the rate of delayed days attributable to social care. The below graph shows how Cambridgeshire compares with other county local authorities.



During September 2019, the main reasons for social care delays were:

- Awaiting care package in own home: 67%
- Awaiting residential home: 19%
- Awaiting nursing home: 14%

More recent performance based on local collated data

NHS England national data, which provides a detailed overview of DTOC performance for the whole local authority footprint, is only available currently for September 2019. The below table provides information on more recent performance across each of the three acute settings.

CUH			HH		
Delay Patients (snapshot)	Total Delay Days Lost	% Performance	Delay Patients (snapshot)	Total Delay Days Lost	% Performance
46	343	5.7%	24	131	8.0%
69	456	7.4%	16	110	6.7%
55	473	7.5%	24	133	7.2%
42	347	5.4%	16	127	7.0%
54	395	6.4%	9	115	6.8%

PCH			CPFT - Community		
Delay Patients (snapshot)	Total Delay Days Lost	% Performance	Delay Patients (snapshot)	Total Delay Days Lost	% Performance
26	118	2.9%	8	55	8.3%
17	119	2.9%	10	79	11.9%
19	144	3.4%	13	86	12.9%
17	138	3.3%	14	90	13.5%
15	138	3.3%	13	103	15.5%

Local performance, also shows that over the past 8 weeks, on average 67% of social care attributable delays are due to people awaiting a care in their own home. This is consistently the main reason for social care delays across the system.

Actions to address domiciliary care capacity

As outlined previously, one of the main reasons for social care attributable DTOC delays is associated with access to domiciliary care. Whilst we know that globally, there is sufficient capacity across the system, there continues to be a capacity mismatch due to timing and geographical requirements.

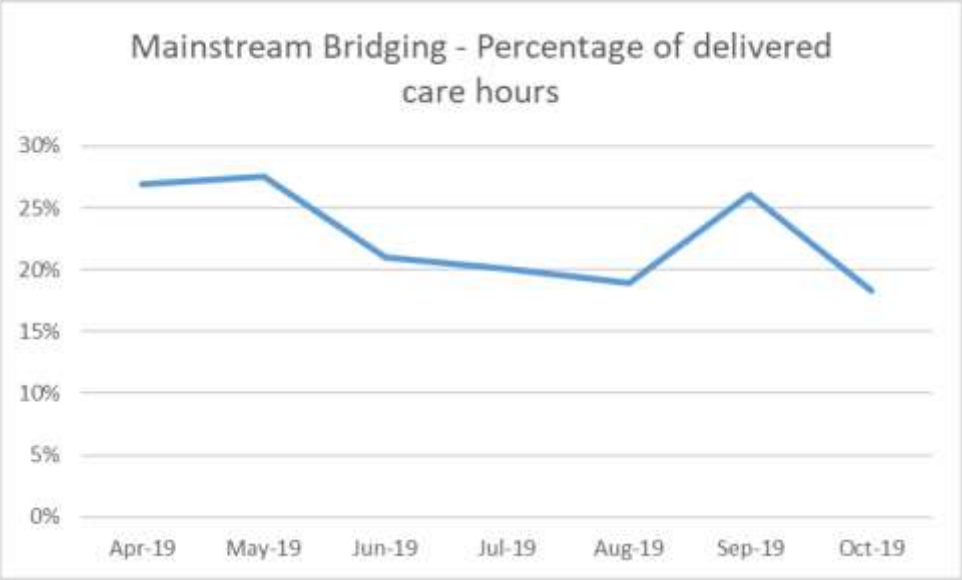
Over the 12 month period to November 2019, Brokerage has seen the following:

- 3,515 referrals have been made to the brokerage team between October 2018 and November 2019, 73% were for domiciliary care and 27% were for residential/nursing care
- Of domiciliary care placements, 32% were hospital discharges and 68% were placed from the community
- Of residential and nursing care placements, 46% were hospital discharges and 54% were placed from the community
- Monthly demand has been steadily increasing throughout the year (49% increase between October 2018 and October 2019) and there was a particular peak in referrals seen in July and August 2019 as a result of the heatwave impacts.

The local authority continues to address domiciliary care capacity via the following:

- **Block Car Capacity:** Continued investment in additional block car provision to ensure that capacity continues in this area. We are working with providers to rationalise the car rounds and ensure that the use of this capacity is maximised, particularly throughout the winter period. A dedicated brokerage officer has been allocated to lead and coordinate all placements into block car capacity. This includes attendance at monthly contract meetings with the providers to ensure there is an ongoing dialogue and performance management of capacity utilisation.

- **Placement prioritisation:** The brokerage team operates a prioritisation matrix to ensure that people with high risk (whether that be hospital, reablement or community requirements) are prioritised. We also work with providers on an ongoing basis to ensure that we maximise available capacity.
- **Provider Capacity Project:** Following approval at Adults Committee in December 2019 and subject to final approval at General Purposes Committee in January 2020, we will be undertaking a fixed period project to work with each domiciliary care provider to review current delivery to determine opportunities for increasing capacity.
- **Homecare review:** The review of homecare is due to complete in January 2020.The new DPS model had been highly successful in increasing the number of organisation's commissioned by the Council to deliver homecare. However, there is more work to be done to maximise the benefits of this approach and manage pressures relating to capacity mismatch and supporting the reduction of bridging packages in the reablement service. The outcome of the review will confirm an updated vision for homecare and inform the future commissioning approach to delivering against this contract, including recommendations on how to maximise the current capacity as well as the long term development of market capacity.
- **Reablement**: Reablement is commissioned to operate as the provider of last resort. This involves them delivering bridging domiciliary care for people where placements are pending. Additional investment was made into the reablement team last financial year to increase this capacity and this has continued at the same level during 2019/20. The below graph shows the percentage of delivered hours which is being utilised for bridging provision within the reablement team.



2.2 System working to improve DTOC performance

NHS partners and both councils have worked in close partnership, at a strategic level through the Sustainability and Transformation Partnership (STP) and through our Joint Better Care Fund Plans, resulting in significant investment to reduce current challenges.

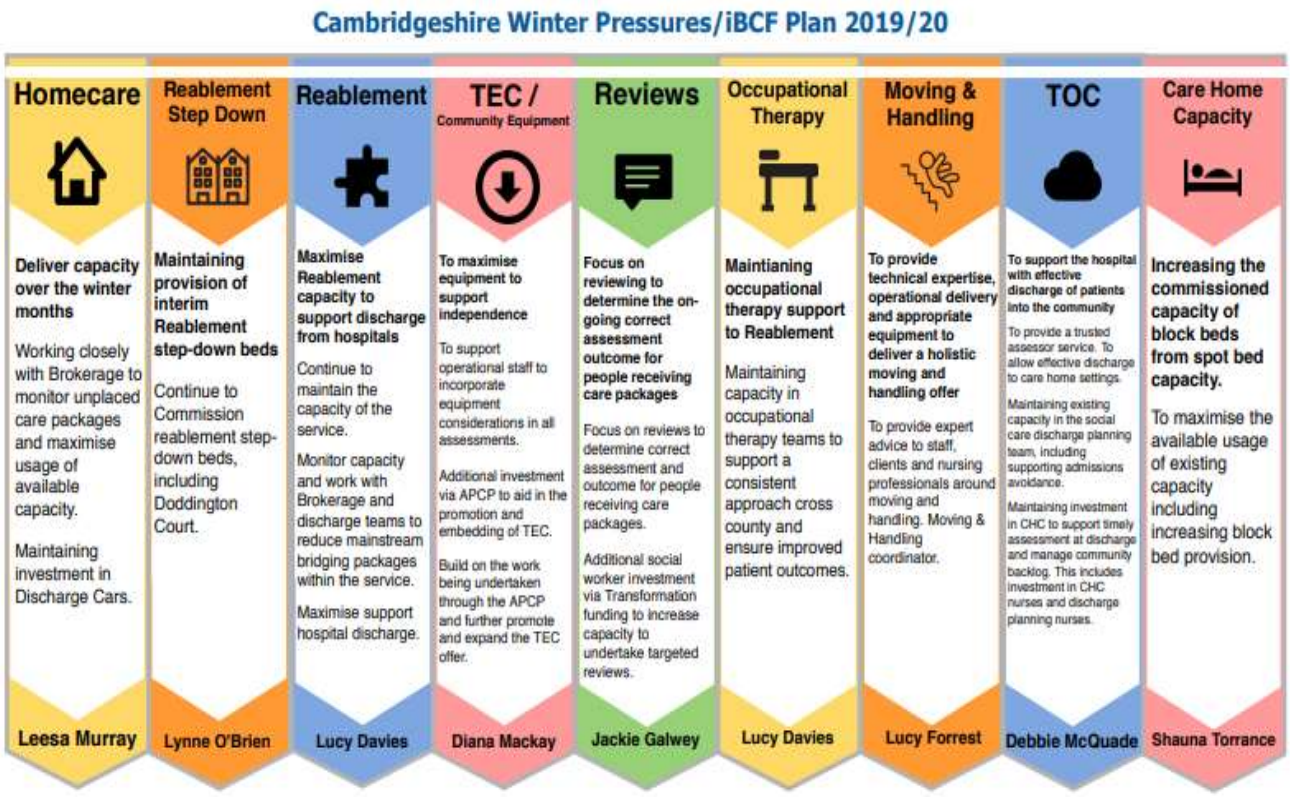
DTOC Programme Board Priorities
The Council is working with the wider health system to implement the following system

priorities to support delivery of the DTOC programme. A Discharge Operations Board has been established to support delivery of this work programme and meets on a weekly basis. The LGA recently provided support for four sessions of individual, paired and group mentoring to enable effective working together as a group, overcoming organisational boundaries to deliver the best system outcomes.

The current work plan identifies the following priority areas that the group are progressing:

- Training and development: a training schedule is being delivered to the established integrated discharge teams which is focused on integrated working, improving patient flow and strategies for identifying and escalating blockages.
- Escalation Cards: these have recently been developed to support a consistent system wide response to escalations. The cards outline specific organisational actions to support the system when hospital pressure escalate.
- Data and Intelligence: SHREWD, which is a system flow monitoring tool, has been implemented across all hospital sites. The system has access to live hospital data, whilst community health and local authority data is also entered on a daily basis. The system is being used to understand what the capacity and demand is at any given time. It is being used as a tool to better understand how well the system is running and inform planning for peak times of escalation, e.g. winter planning.

Winter Planning and Improved Better Care Fund
Winter planning has been undertaken as a system and plans have been shared with NHS England. Review meetings are being held on a fortnightly basis to review the effectiveness of plans and ensure system responses are adequate to meet demand. The local authority has been a key partner in the planning process and this has informed the following key priorities.



Improved Better Care Fund and Winter Monies investment has continued in a number of areas to support delivery of the above priorities, including:

- **Reablement:** investment has continued to ensure that additional capacity within reablement is maintained. This has included investment in both the provision of additional in-house reablement capacity as well as the commissioning of reablement step down bed provision.
- **Occupational Therapy:** investment has continued to ensure that capacity in the occupational therapy teams to support reablement provision is maintained and ensure improved patient outcomes.
- **Moving and Handling:** Funding was introduced in 2019/20 to provide specialist occupational therapist support in Hinchingbrooke Hospital. This supports embedding the best use of equipment to facilitate discharge, working with staff, clients and professionals within the hospital setting.
- **Discharge Planning:** Investment has continued to ensure that we maintain capacity in the social work discharge team to manage referrals into the service. In addition funding has continued to enable the Trusted Assessor service for care homes to be operational across both hospital sites. Whilst funding to support the flow of Continuing Health Care (CHC) patients has also been maintained.
- **Discharge Cars capacity:** investment has continued to maintain the level of discharge cars provision. We are working closely with providers to ensure that available capacity is maximised across providers to ensure we are making best use of capacity.

Additional Areas of Progress
Integrated Discharge Teams (IDS): are now fully operational and embedded across all acute hospital sites and managerial leads are now in place. The IDS operates as a central point for managing complex discharges on a daily basis and is multi-disciplinary team approach to managing discharge and overcoming barriers.

Brokerage: the team has continued to maintain improved performance in the following areas:

- Reduction in the average time to broker care; and
- Increased utilisation of block bed capacity

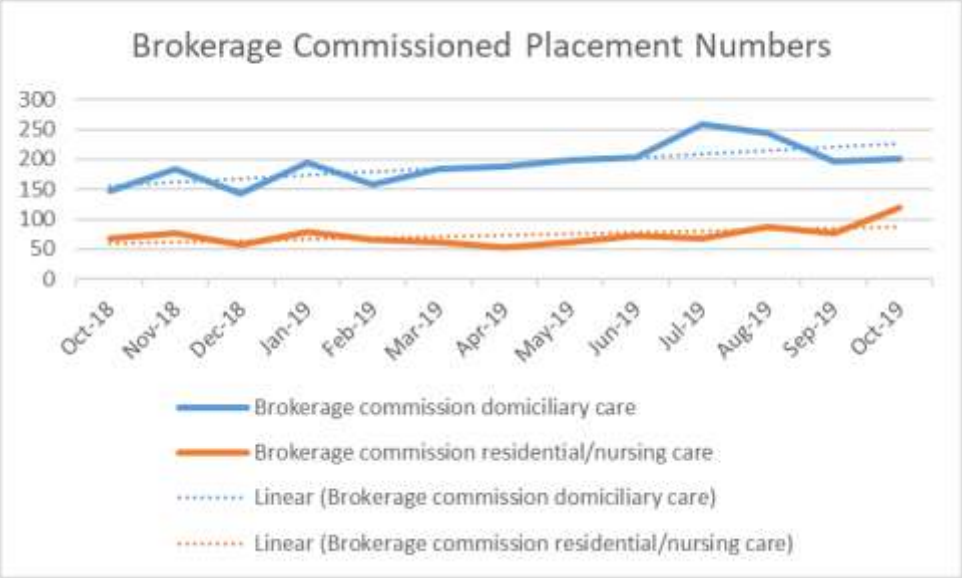
This is despite increased demand for placements and a number of provider issues which have impacted on capacity in the market. There are now permanent brokers based in each of the acute hospitals who work closely with the discharge planning teams. These posts have been well received and helped improve flow and responsiveness.

The below table shows a monthly breakdown of the number of brokerage placements over the past 12 months. The key messages are:

- 3,515 placements have been made by the brokerage team between October 2018 and November 2019, 73% of placements were for domiciliary care and 27% were for residential/nursing care
- Of domiciliary care placements, 32% were hospital discharges and 68% were placed from the community

- Of residential and nursing care placements, 46% were hospital discharges and 54% were placed from the community
- Monthly demand has been steadily increasing throughout the year (49% increase between October 2018 and October 2019) and there particular peak in referrals seen in July and August 2019 as a result of the heatwave impacts.

Task Type	October 2018	November 2018	December 2018	January 2019	February 2019	March 2019	April 2019	May 2019	June 2019	July 2019	August 2019	September 2019	October 2019	November 2019	Total
Brokerage: Commission Domiciliary Care	**147**	**184**	**144**	**194**	**158**	**183**	**187**	**198**	**204**	**258**	**243**	**196**	**200**	**52**	**2548**
Community	83	103	87	128	105	114	134	145	156	191	171	136	139	33	**1725**
Hospital Discharge	64	81	57	66	53	69	53	53	48	67	72	60	61	19	**823**
Brokerage: Commission Residential / Nursing Care	**67**	**76**	**58**	**79**	**66**	**61**	**54**	**62**	**72**	**67**	**88**	**77**	**119**	**21**	**967**
Community	38	48	35	27	36	28	27	35	43	38	47	41	70	8	**521**
Hospital Discharge	29	28	23	52	30	33	27	27	29	29	41	36	49	13	**446**
Total	**214**	**260**	**202**	**273**	**224**	**244**	**241**	**260**	**276**	**325**	**331**	**273**	**319**	**73**	**3515**



Despite the recent co-location of the CCG CHC brokers and health care staff, the co-location arrangements have been revisited. This is following the need for the CHC team to maximise clinical oversight arrangements by re-locating the team to a central location. This has reduced opportunities for aligning purchasing of NHS Health and social care placements.

Additional actions

Place Based Commissioning: Domiciliary care capacity to meet specific demand (e.g. time and place) continues to be addressed and this is supported by the Changing the Conversation work-stream from the Adults Positive Challenge Programme to ensure we are utilising best use of individual and community assets wherever appropriate. In addition, Commissioning recognises the need to embed best practice learning from the neighbourhood cares to inform our future approaches to commissioning to support wider place based delivery agendas (e.g. Think Communities, Integrated Neighbourhoods) whilst ensuring best value and improved outcomes for people. Whilst we recognise that commissioned home care capacity at a global level across the county may be sufficient, we see capacity mismatch due to variances such as geographical variances, timings of care

etc.

However, we also recognise the need to ensure there is a place based infrastructure to inform and drive forward approaches to commissioning services and delivering social care. We need to draw in local strategies and assets to support this and place based boards are a key catalyst for supporting new local models of development.

In terms of next steps, we are considering a local place based pilot for commissioning of domiciliary care, potentially within Huntingdonshire, which would build on the learning from neighbourhood cares and approaches from other areas, such as Wigan, Oxfordshire and Thurrock. We will be working with the local place based board to inform development and design, ensuring working with the wider market to co-develop a local solution that meets the needs of the local population and understand better how a local place based model of commissioning can support delivery of outcomes and financial benefits.

NHS England Length of Stay Findings: Whilst we recognise the need to continue to minimise DTOCs, recent findings from NHSE have highlighted that 70% of people who have a hospital stay longer than 7 days are delayed due to acute hospital internal processes. The remaining 30% are joint delays between health and social care.

Therefore, DTOCs should not be considered in isolation of hospital flow improvements, such as SAFER and Red to Green for those people with hospitals stays of longer than 7 days.

Governance: A recent review and proposed changes to the governance of Accident & Emergency (A&E) Boards has now brought discharge flow into the remit of the A&E Boards accountability. This is a key element of managing DTOCs and current and new governance arrangements need to be reviewed and aligned to ensure roles and responsibilities to drive action are clear.

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?	N/A
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	N/A
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	N/A
Have the equality and diversity implications been cleared by your Service Contact?	N/A
Have any engagement and	N/A

communication implications been cleared by Communications?	
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	N/A

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/