

DELAYED TRANSFERS OF CARE (DTOC) PROGRESS REPORT

To: **Adults Committee**

Meeting Date: **10 January 2019**

From: **Will Patten, Service Director of Commissioning and
Charlotte Black, Service Director: 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: **To note and comment on the report.**

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1. BACKGROUND

1.1 This paper provides an update on local DTOC performance and the approach to address this pressure.

2. MAIN ISSUES

2.1 DTOC Performance

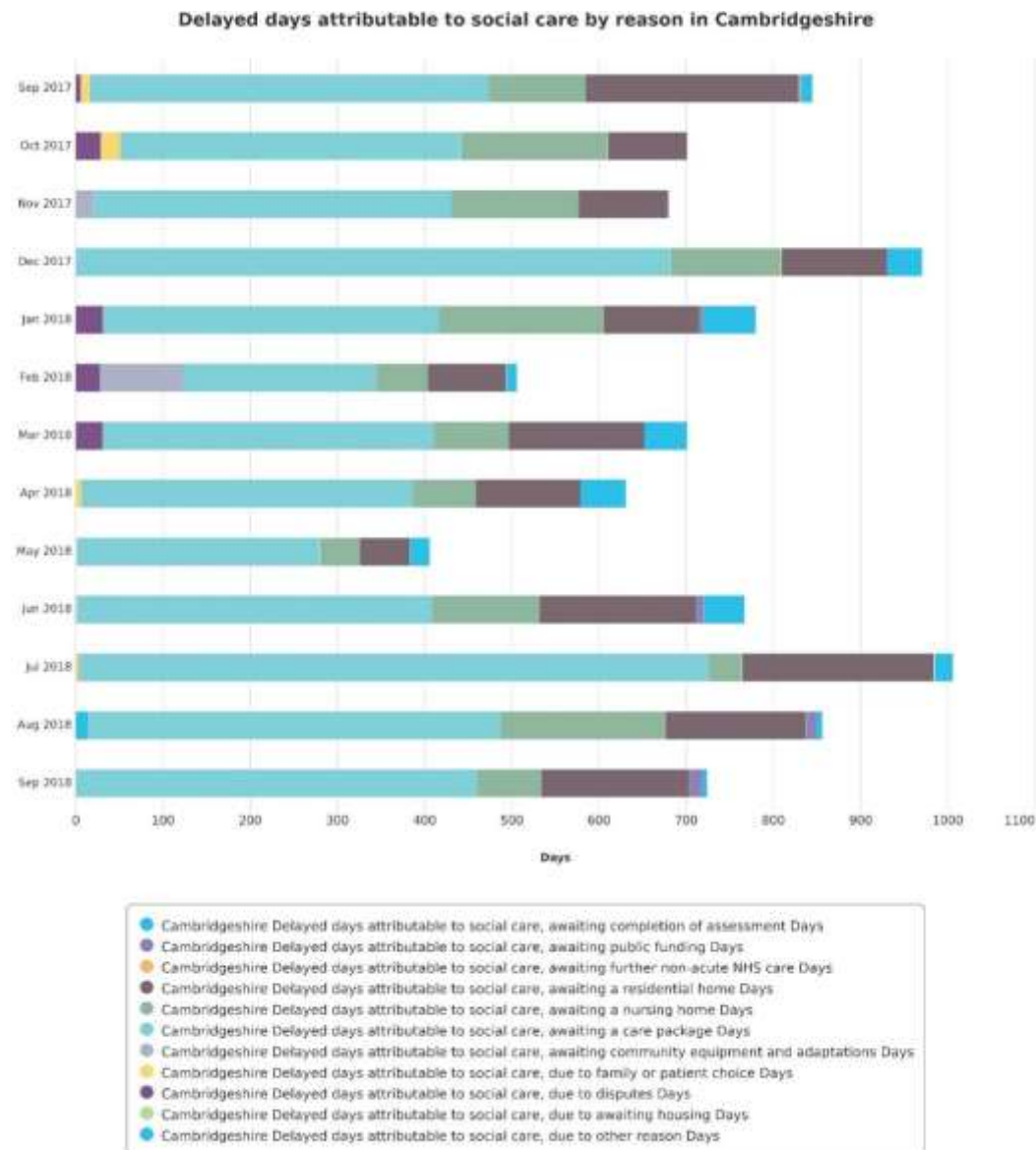
2.1.1.1 The latest published UNIFY data, shows that in September, there was a total of 3,127 delayed days, of which 2,734 were in acute care. 75.6% of all delayed days were attributable to the NHS, 23.2% were attributable to Social Care and the remaining 1.2% were attributable to both NHS and Social Care. The below graph shows a breakdown of DTOC performance by attributable organisation. During 2018/19, social care attributable delays have been the cause of an average of 732 lost bed days per month.



2.1.2 For September 2018 Cambridgeshire, compared to all single tier and county councils in England, is ranked 147 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 146 on the rate of delayed days attributable to the NHS, and 122 on the rate of delayed days attributable to social care.

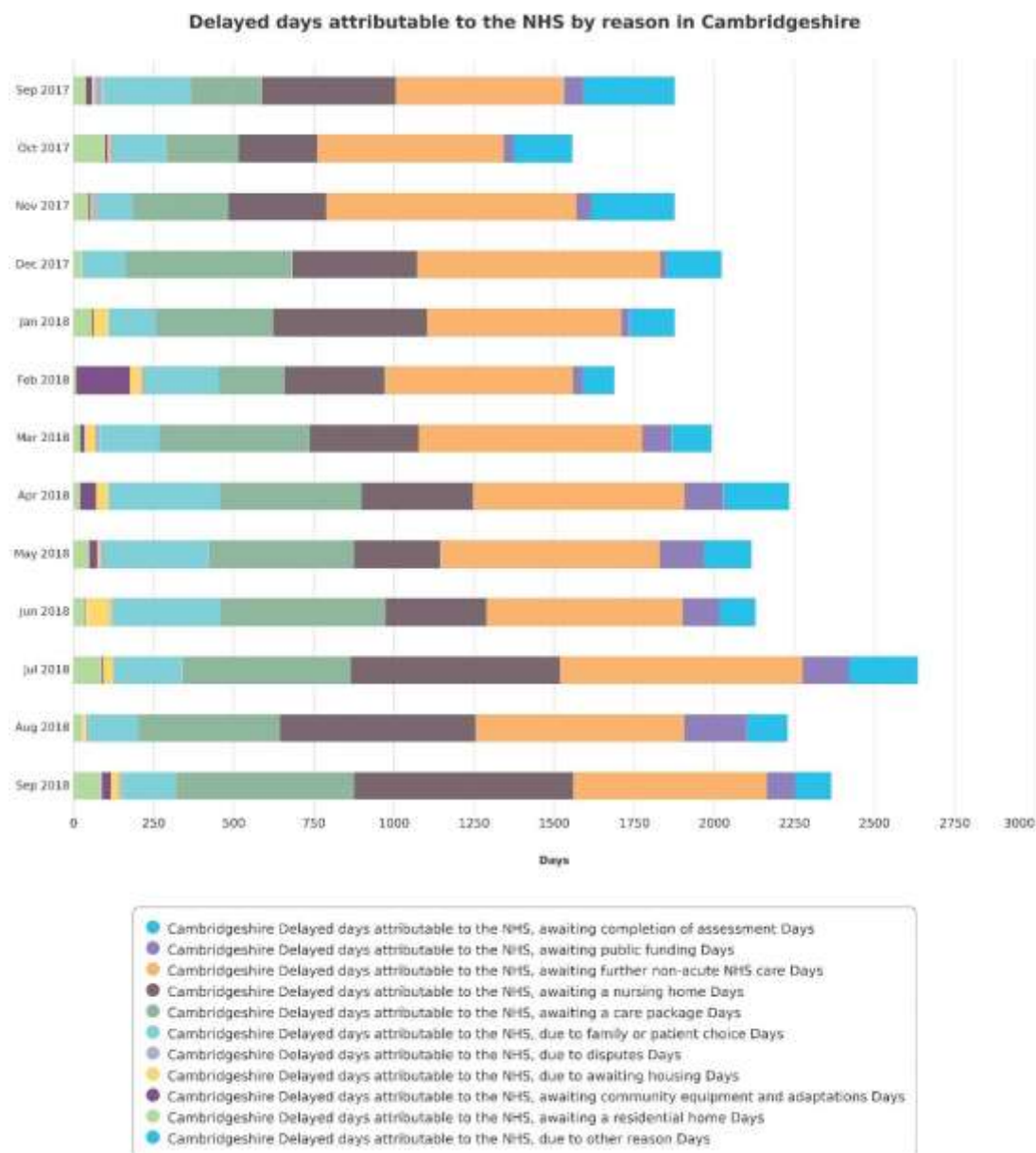
2.1.3 The below graph shows a breakdown of DTOC reasons associated with social care attributable delays. The primary reasons for social care delays in September were:

1. Awaiting care package in own home: 64%
2. Awaiting a residential placement: 23%
3. Awaiting a nursing placement: 10%



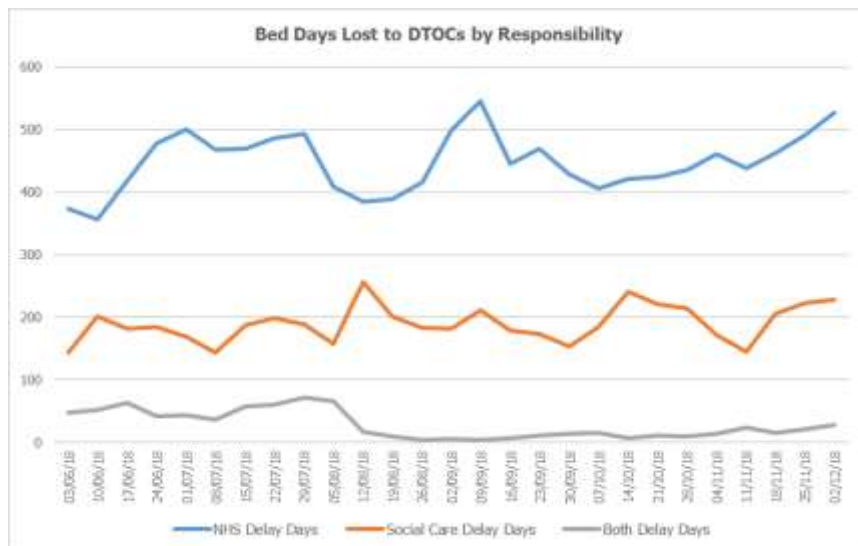
2.1.4 The below graph shows a breakdown of DTOC reasons associated with NHS attributable delays. The primary reasons for NHS delays in September were:

1. Awaiting a nursing placement: 29%
2. Awaiting further non-acute NHS care: 26%
3. Awaiting care package in own home: 24%



2.1.5 Local Performance since October 2018

Based on local recorded weekly validated DTOC data, the below provides a more recent overview of performance since October 2018. The below graph shows more recent performance across Cambridgeshire.



2.1.6 This highlights that we since October we have started to see an increase in both social care delays and NHS delays. The last 8 week average for social care delays is 206 lost bed days per week, compared to an average of 183 lost bed days per week in the preceding 8 week period.

2.1.7 Intermediate Care Delays

As of 29th November 2018, the current social care delays on the intermediate care pathway are:

- Intermediate Care at Home - awaiting domiciliary care: 3, assessment delays: 0
- Inpatient rehabilitation beds: 6

2.2 Actions and Mitigations to date

2.2.1 Significant Improved Better Care Fund (iBCF) investment in the following areas:

- **Reablement Capacity:** Investment from the iBCF was made to increase reablement capacity by 20% and recruitment has established the teams at nearly full capacity.
- **Reablement Flats:** Additional capacity was commissioned across Ditchburn and Doddington Court to provide support to patients requiring a further period of recovery before returning home following hospital discharge.
- **Community Equipment:** additional investment to support the provision of equipment to enable people to manage as independently as possible in the home of their choice.
- **Dedicated Social Worker at Addenbrookes Hospital to support self-funders:** recruitment of a dedicated worker to support individuals who self-fund their care through the hospital discharge process.
- **Strategic Discharge Lead:** a coordinating social worker discharge lead has been established in Addenbrookes, Hinchingsbrooke and Peterborough City Hospital.

This has supported greater oversight of the system and coordination of discharges via the Integrated Discharge Service hubs, including working with partner organisations to ensure the correct agencies are involved in discharge planning.

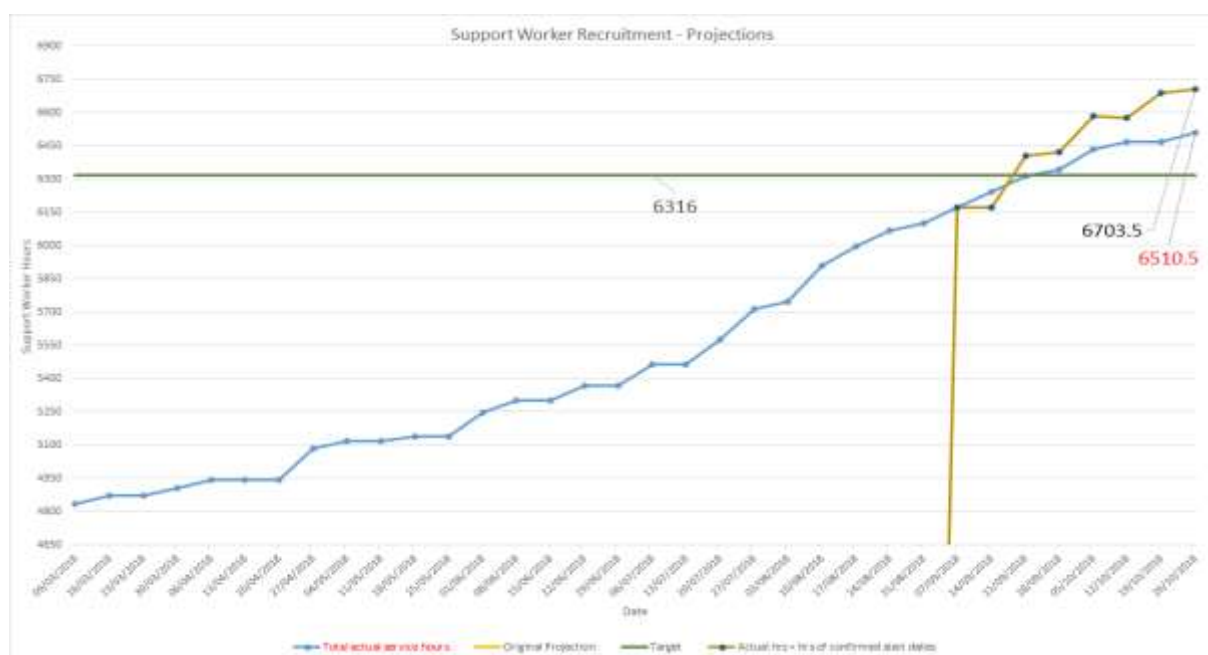
- **Trusted Assessor:** the service was commissioned from Lincolnshire Care Association (LINCA) and provides trusted assessments on behalf of care homes, to reduce unnecessary discharge delays in Addenbrookes.
- **Increased Social Worker Capacity in Discharge Planning Teams:** four additional social worker posts have been recruited to (2 in Addenbrookes, 1 in Hinchingsbrooke and 1 in Peterborough City Hospital), providing additional assessment capacity, including capacity to support the 4Q process.

2.2.2 Care Home Education: The Better Care Fund jointly funds, with the CCG, the Care Home Support Team who are working with the Local Authority Quality Improvement Team, the Kings Fund and clinical staff from CUH to target the top 20 care homes to reduce emergency admissions and reduce length of stay in hospital.

2.2.3 Streamlining of discharge processes:

- There has been a rationalisation of discharge referral processes to include social care and reablement referrals, to enable faster referral and prevent unnecessary delays as a result of process.
- Discharge processes for community beds and intermediate care have also been reviewed and since June 2018 all social care referrals are being managed at a single coordination point via the reablement team. This is supporting the flow of patients off of this pathway.

2.2.4 Expansion of reablement: there has been significant ongoing investment in the expansion of the reablement service. An aggressive recruitment campaign and on boarding process has resulted in the service being staffed to deliver in excess of 6,500 hours of care per week, a significant increase on the 4,800 hours of care the service was offering previously. The graph below shows the recruitment trajectory and associated increase in hours.

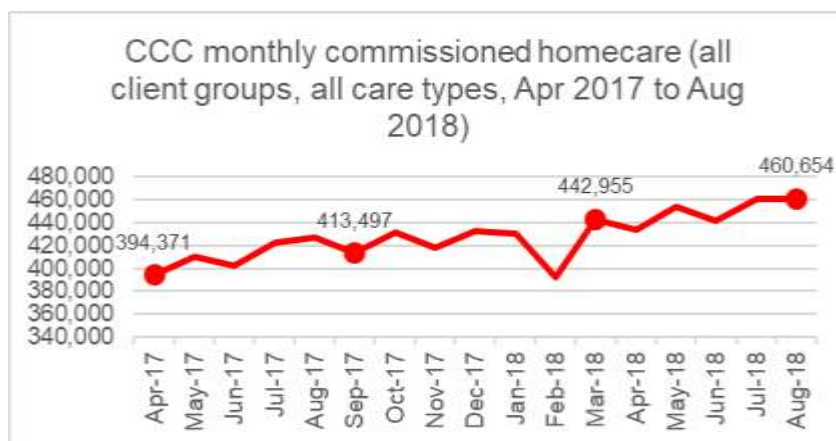


2.2.5 Brokerage enhancements, including:

- **Onsite brokerage presence:** a designated broker is on site at all acute hospitals on a permanent basis, working jointly with discharge planning teams.
- **Additional resource within brokerage team:** the council has committed significant investment to support the expansion of the brokerage team. This will provide additional capacity within the team and ensure we have a robust management structure to support the recent restructure to establish a joint Cambridgeshire and Peterborough team. A Head of Brokerage and Quality Improvement has been in post since October and additional posts are currently being recruited to.
- **Brokerage service to support self-funders:** Supporting people who self-fund their own care and support requirements is key to managing pressures both within winter and throughout the year. The Councils along with our local health partners have therefore engaged an organisation called 'My Care Selection' to deliver a brokerage service to support self-funders. The business model adopted means this can be implemented at no cost to the system and is governed by a robust Memorandum of Understanding. It has been implemented within Worcestershire with successful outcomes achieved.
- **Bed State Capacity Tracker:** Capacity Tracker has been implemented across the Cambridgeshire and Peterborough system and went live on the 26th November 2018. It is a website that aims to improve patient flow and minimise DTOCs, providing a real time overview of bed capacity and making it easier to locate available care home placements. Demonstration days and communications have been undertaken with care homes and there will be an ongoing focus on maximising utilisation of the tool across care homes moving forward.

2.2.6 **Additional Care Home Capacity:** Since November 2017, the Council have sought to address the shortfall identified through a Care Home Development project which is taking a short, medium and long term approach: The Council have successfully extended the current block contract for long term provision by 39 beds which has addressed the shortfall of Dementia Care Home Beds within the Cambridge City area.

2.2.7 **Domiciliary Care Capacity:** In November 2017, the Home and Community Support Contract replaced the existing Framework Contracts for homecare services across adults, older people, children's social care and NHS Continuing Healthcare with a Dynamic Purchasing System (DPS). The DPS acts as an approved list of providers which opens every three months to enable new providers to join. This allows the model to flex and adapt to changes in the market. The new commissioning approach was highly successful in increasing the number of organisations commissioned by the Council to deliver homecare. In fact, the number of providers have increased from 24 to 77 across all client groups. The number of homecare hours delivered has also increased by 12.5% since April 2017.



2.3 Additional Actions to Address Pressures

2.3.1 In addition to the actions already taken by the Councils, the following outlines the additional measures we are putting in place to support the ongoing pressures, particularly over the winter months.

2.3.2 **Additional Discharge Planning Team capacity:** we are currently recruiting to 8 additional locum social workers and 2 additional occupational therapists for discharge planning on an interim basis until April 2019. This will ensure that referrals can be assessed and supported quickly over the winter months and we can reduce the unnecessary over-prescription of care.

2.3.3 Operational responses:

- **CHC Hospital Discharge Pathway:** we are working with the CCG and wider system to implement the new 'Care Test' process for CHC, which will replace the current 4Q process.
- **Operational prioritisation:**
 - Prioritisation of referrals from hospitals for available domiciliary, residential and nursing care capacity
 - Prioritisation of referrals from hospital for reablement
 - Prioritisation of referrals from inpatient rehabilitation beds and health interim beds to free up capacity
 - Prioritisation of referrals from Intermediate Care at Home to free up capacity
 - Review all existing reablement work load to see if we can free up capacity, or close down any open cases
 - Divert staff from the long term teams / review teams to support Discharge Planning Teams to ensure we have no assessment delays
 - Joint communications with system partners about staying well and away from hospital
 - Contact all providers asking them to utilise the trusted assessor and/or make timely assessments and transfers

2.3.4 **Integrated Brokerage:** The council is working in partnership with the CCG to develop a fully integrated brokerage service which will provide a single route to market and prevent competition between commissioners and artificial price rises. This will also support us to maximise usage of existing capacity across the market. We have

identified 8 desks for Continuing Health Care (CHC) to co locate at Stanton House with the local authority brokerage team. These desks will be utilised by a mixture of brokers and case management clinical staff, which will expedite the process of decision making and flow for patients.

- 2.3.5 **Capacity and Demand:** The capacity & demand work stream is currently undertaken a piece of work that will give a system view of current demand based on 12-months historic activity and a forecast to October 2020, which includes growth of 4.4%. We are also collating all current and planned commissioned services and commissioning intentions that will impact in any way on the net provision for complex cases. This work will by default identify the gap in provision currently and to October 2020. We will prepare costed proposals to meet the gap. The target delivery of this output is to identify the gap within the next 3-weeks and rapidly follow on with proposals.
- 2.3.6 **Increased Domiciliary Care Capacity:** investment of £2.4m of Hancock monies is being utilised to purchase additional domiciliary care capacity. The Council has purchased an additional 2956 hours per week of care from MiDAS and Beaumont following the recent decommissioning of the Intermediate Care provision. However, we in order to support flow through the ICT pathway, we have agreed to the CCG utilising some of this capacity direct from the provider, which is impacting on the amount available for domiciliary care in the immediate term. In addition, the Hancock monies are also being invested to support the further expansion of reablement as a provider of last resort.
- 2.3.7 **Increased Care Home Capacity:** Since November 2017, the Council have sought to address the shortfall identified through a Care Home Development project which also has a medium and long term approach:
- 2.3.8 **Medium Term:** The Council are currently working to tender an additional block contract for long term beds within East Cambridgeshire, Huntingdonshire and South Cambridgeshire. This will aim to target the ongoing shortfall of 111 beds by May 2019.

In addition to this, the Council will be reviewing current commissioning arrangements for temporary respite and interim provision over the next 12 months with the aim of procuring provision which is more outcomes based and achieves best value for money.

- 2.3.9 **Long Term:** The Council are currently engaged in an innovative, competitive dialogue process aimed at procuring a strategic partner to design, build and run a number of Care Homes on Council owned land under a lease arrangement. This programme will target both the current and future shortfall of beds as well as introducing a number of high quality beds to the self-funder market through an ongoing build programme. The contract is currently due to be awarded to a strategic partner in July 2019, with an initial build site being identified within East Cambridgeshire as part of the procurement process. As part of this work, the Council are also engaged with health partners around integrated models of care delivery which will be explored over the course of the strategic partnership.

2.4 Risks and Issues

2.4.1 The following provides an overview of potential risks and issues which may impact on local performance and delivery:

- **Funded Nursing Care:** From the 1st January, the CCG will start to pay FNC direct to care homes. This will result in care homes receiving separate payments from the CCG and Local Authority (currently the Local Authority block pays and then claims the FNC element of the care package back from the CCG). This will impact on systems and payments, which will have to be adapted to accommodate the new arrangements. There is also a risk of relations with care homes being impacted if there are not clear communications around payment and agreed protocols for the management of FNC eligibility reviews.
- **Domiciliary Care Provision:** some of the additional MiDAS and Beaumont domiciliary care capacity that the local authority has commissioned is being utilised by the CCG on a temporary basis to maintain flow through the ICT pathway. This will continue to impact on the amount of additional capacity that is available to the local authority for the provision of domiciliary care.
- **Recruitment to additional social worker capacity:** there are tight recruitment timelines to get agency staff in post, which will impact on capacity if the additional agreed posts are not fully recruited to.
- **Implementation of CHC Care Test:** The new Care Test pathway is being implemented to replace the current 4Q pathway. Discharge planning nurse capacity has been an ongoing issue with the 4Q pathway and if there is insufficient capacity across CPFT/acute nursing to implement the new pathway, this will impact on its delivery and effectiveness.

3. ALIGNMENT WITH 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:

- 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.

3.2 Helping people live healthy and independent lives

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

- Increased focus on prevention and early intervention to support people to remain as independent as possible for as long as possible.

3.3 Supporting and protecting vulnerable people

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

- Better coordination of health and care support to prevent unnecessary delays in getting people home from hospital and enable services to be easier to navigate.

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.

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/

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 communication implications been cleared by Communications?	n/a
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