Agenda Item No.

6

HERTFORDSHIRE COUNTY COUNCIL

ADULT CARE AND HEALTH CABINET PANEL

TUESDAY 24 APRIL 2018 AT 10:30AM

DELAYED TRANSFERS OF CARE

Report of the Director of Adult Care Services

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1. Purpose of Report

1.1 To update Panel on performance in relation to Delayed Transfers of Care (DTOC), including the use of funds from the Integrated Better Care Fund (iBCF) to support performance improvement.

2. Summary

2.1 In the March 2017 Budget the Chancellor made available extra funds for social care through the iBCF. The funds came with conditions about areas of activity that the monies needed to be focused on, with a particular focus on reducing DTOC. A range of measures were immediately put in place using delegated emergency powers to ensure rapid implementation. These were subsequently agreed by Adult Care Panel Services Panel and the Health and Wellbeing Board in June 2017. Since March 2017 performance has improved, and there has been a 47% reduction in social care-attributable DTOCs over the period.

2.2 DTOCs continue to be a significant problem in the west of the county, and in particular delays caused by a shortage of homecare. The challenges in the local homecare market in West Hertfordshire make it difficult to secure homecare packages to support timely discharges from West Hertfordshire Hospital Trust and Hertfordshire Community Trust bed-bases in the west of the county. A range of initiatives are in place to try and reduce further the level of DTOC in Hertfordshire.

3. Recommendations

3.1 Panel are recommended to note the content of the report and consider progress around reducing DTOC and plans for further reductions.

4. Background

4.1 Delayed Transfers of Care are defined as instances where an individual in an NHS hospital is ready for transfer from the hospital when:

a. A clinical decision has been made that patient is ready for transfer
AND
b. A multi-disciplinary team decision has been made that patient is ready for transfer
AND
c. The patient is safe to discharge/transfer.

4.2 There are many reasons for delays in patients leaving hospital, ranging from processes within the hospital to issues surrounding the availability of further community-based health and social care support. The Care Act outlines those reasons for delays that are attributable to local authorities with social care responsibilities, and those delay types that are attributable to the NHS. These are listed at Appendix 1.

4.3 It is important that people, and especially older people, stay in hospital for the shortest possible time because extended hospital stays can lead to so-called 'de-compensation' in people's mobility and confidence, and consequently loss of independence. In addition to this, increases in emergency admissions and pressures on emergency departments mean that hospitals are increasingly running well above optimal occupancy levels of 85%. This in turn can impact on the safety of the hospital and the standards of care that are delivered. Reducing DTOCs is therefore a priority for the health and social care system in Hertfordshire.

4.4 In the March 2017 Budget the Chancellor made available extra funds for social care through the integrated Better Care Fund (iBCF). In Hertfordshire this meant extra funding over the course of three years of:

	2017/18	2018/19	2019/2020
iBCF extra allocation	£13,071k	£11,656k	£5,819k

4.5 The grant came with conditions about areas of activity that the monies needed to be focused on, and these were:

- Meeting adult social care needs;
- Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready;
- Ensuring that the local social care provider market is supported;
- Work with CCGs to implement the so-called High Impact Change Model for Delayed Transfers of Care.

There was also a challenging stretch target set for the reduction of DTOC. For social care attributable DTOC in Hertfordshire the target was a reduction from 7.4 bed days of delay per 100,000 of population in April 2017, to 2.6 by November 2017.

5. Investment to Reduce DTOC

5.1 A range of measures were immediately put in place using delegated emergency powers to ensure rapid implementation. These were subsequently agreed by Adult Care Panel Services Panel and the Health and Well-being Board in June 2017. The measures were developed and agreed with both Hertfordshire Clinical Commissioning Groups (CCG), Local Delivery Boards (who are tasked with improving performance of emergency care) and the Sustainability and Transformation Plan Executive to ensure system-wide ownership of the priorities. The measures were based on analysis of the High Impact Change model for reducing delays, which is referenced in the iBCF grant-condition and is provided at Appendix 2. Those aspects of the High-Impact Change model that were not in place in Hertfordshire were prioritised for investment, and these are outlined below.

5.2 Change 4 - Discharge to Assess schemes

The principle of Discharge to Assess is that people's ongoing care needs can be most accurately assessed in their own familiar home environment or, for people with more complex needs, a residential or nursing home, rather than in a busy acute hospital ward. Working collaboratively with both CCGs a range of new pathways have been implemented to support people at home as quickly as possible.

5.2.1 Bed-Based Discharge to Assess Schemes

As well as existing Discharge to Assess pathways in East and North Hertfordshire, investment has been made in Commissioning seven nursing and three nursing dementia beds in central Watford to support people being discharged from West Herts Hospital Trust.

5.2.2 East and North Hertfordshire Discharge Home to Assess (DH2A)

In November 2017 the Council and East and North Hertfordshire CCG launched DH2A Pathway at the Lister Hospital. The Lister DH2A model operates a Virtual Ward model for 25 residents in Stevenage, North Herts, Welwyn and Hatfield. DH2A provides an enablement, rehabilitative pathway for up to 21 days and consists of a multi-agency, multidisciplinary team and team manager. Since its launch up until the 3 January 2018 DH2A has;

- discharged 39 patients out of hospital and into their usual place of residence/onto the DH2A pathway;
- on average 98.5% of patients have received a comprehensive assessment within 72 hours within their own home against a baseline target of 95%;
- the average length of stay on the 21 day pathway across the three Virtual Wards is 13.3 days;
- to date 41% of patients have left with no ongoing mainstream care needs.

5.2.3 Herts Valleys Discharge Home to Assess

The service launched on 12 February 2018 with a multidisciplinary team consisting of an Integrated Discharge Team Nurse, Physiotherapist, Occupational Therapist, Therapy Co-ordinator, Community Social Worker and Admin and Community Navigator. The model being implemented is based on the model already developed in East and North Hertfordshire.

5.3 Change 5 - 7 Day Services and Staffing in Hospital Social Work teams

Extra staff have been employed in the Council's hospital social work teams to ensure Hertfordshire residents are assessed in as timely a fashion as possible to facilitate their safe discharge. This has enabled the Council to move to full seven day rotas at the major hospital sites from 1 April 2017 onwards to help improve the number of people discharged from hospital at weekends.

5.4 Change 6 - Trusted Assessment - Impartial Assessor

The Impartial Assessor service is run by Hertfordshire Care Providers Association. The Impartial Assessor works within the hospital integrated discharge team and assesses patients on behalf of care homes who are judged to be medically fit. This reduces the length of stay the resident needs to stay within a hospital and also supports care homes by removing the need for them to come into the hospital. The service started as an initial pilot at Lister Hospital in September 2016 and is currently running six days a week. In total the service has led to 447 discharges, saving an estimated 670 bed days for residents. This is a potential saving of £351,750 for the health and care system. The service has now been expanded to Princess Alexandra Hospital, jointly funded with West Essex CCG and Watford General Hospital.

5.5 Investment in the homecare market

Homecare capacity remains the single biggest reason for delays (a picture that is replicated nationally). Significant investment has been directed to trying to stabilise the market and increase capacity. This has included:

- awarding 6.24% uplifts for Lead Provider home care providers in addition to 2.37% inflationary uplift to assist in recruitment and increase capacity;

- the financial model for homecare has been changes to move from minute by minute to 'guaranteed hours' for Specialist Care at Home (enablement) to allow providers to offer regular shift patterns again supporting recruitment and allowing them to provide additional capacity;

- investment in dedicated homecare resource that can be initiated directly from hospital's Emergency Department with the aim of supporting people back home without the need to be admitted to hospital at all;

- for 2018/19 the Council's uplifts will be focussed on ensuring that all spot providers are being paid above the UK Home Care Association recommended rate for care;

5.6 A full independent evaluation of all these schemes has been commissioned through iMPOWER who are evaluating and benchmarking similar programmes of iBCF funded proposals from across the country. However, improvements in DTOC performance indicate that the programme has already had some success in reducing DTOCs.

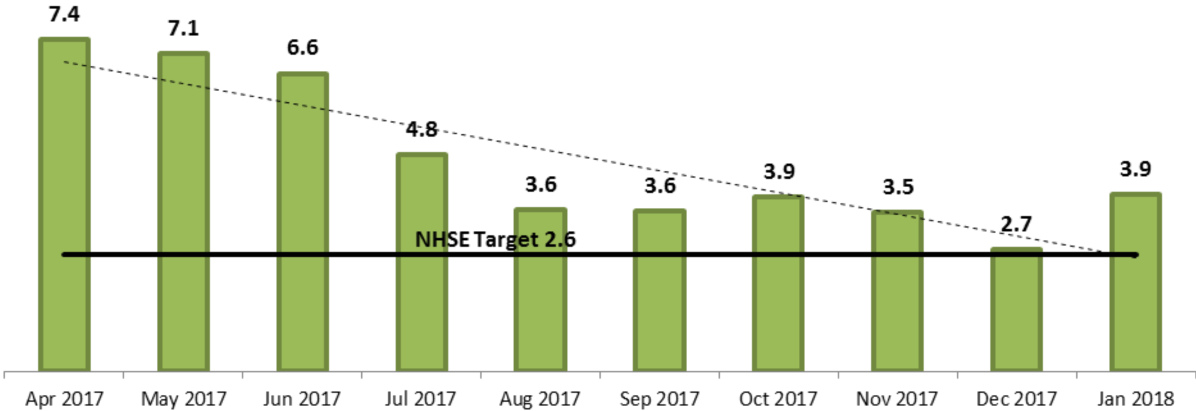
6. Performance

6.1 Performance monitoring of DTOC has intensified following the receipt of the enhanced iBCF grant. This has included:

- more detailed analysis in the Council's Corporate Performance Monitor;
- a dedicated section in the Adult Care Services Panel's quarterly monitor;
- daily performance reporting within the Adult Care Services department.

6.2 The graph below shows the progress made in reducing social care DTOCs in Hertfordshire since April:

Fig. 1 – Overall Hertfordshire Social Care Delays *(rate per 100k Population)*



6.3 The improvement represents a (47%) reduction in social care attributable DTOCs over the period, and has improved Hertfordshire ranking against all 151 councils providing social care from 122nd to 110th. The graph below provides the full breakdown of where delays occur for Hertfordshire residents awaiting social care services. Crucially, there has been a reduction in DTOC within the two trusts that have traditionally had the highest level of social care DTOC, Hertfordshire Community Trust and West Herts Hospital Trust as fig. 3 demonstrates.

Fig. 2 – Breakdown of delays by NHS Trust *(Total days)*

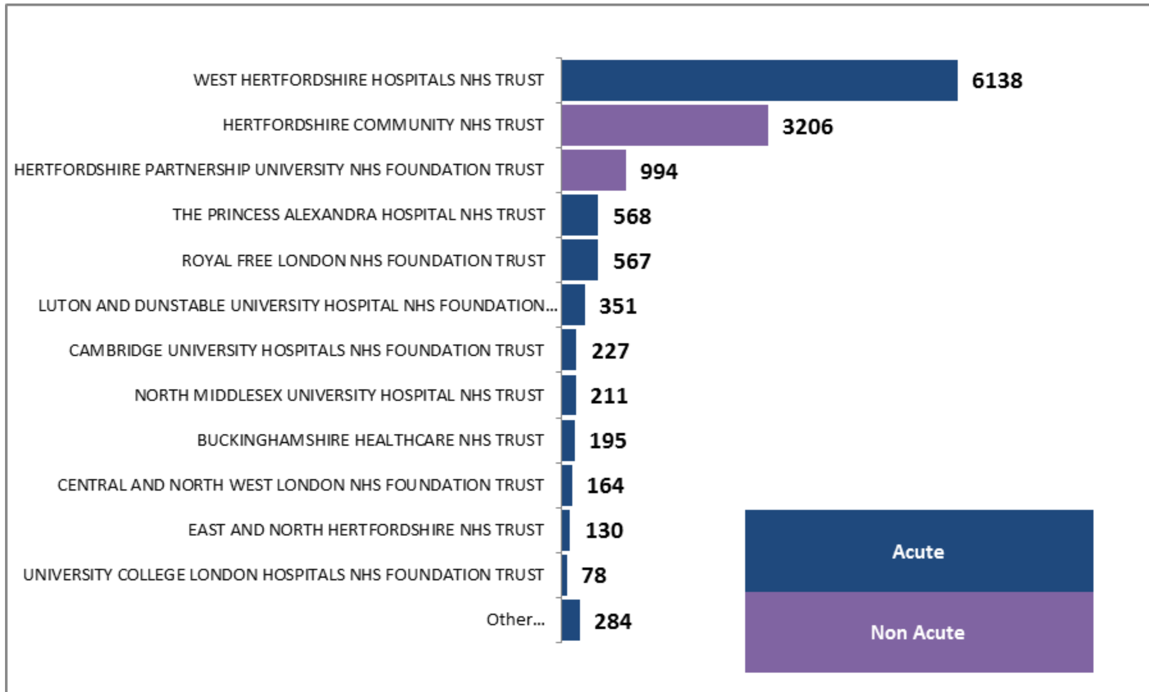
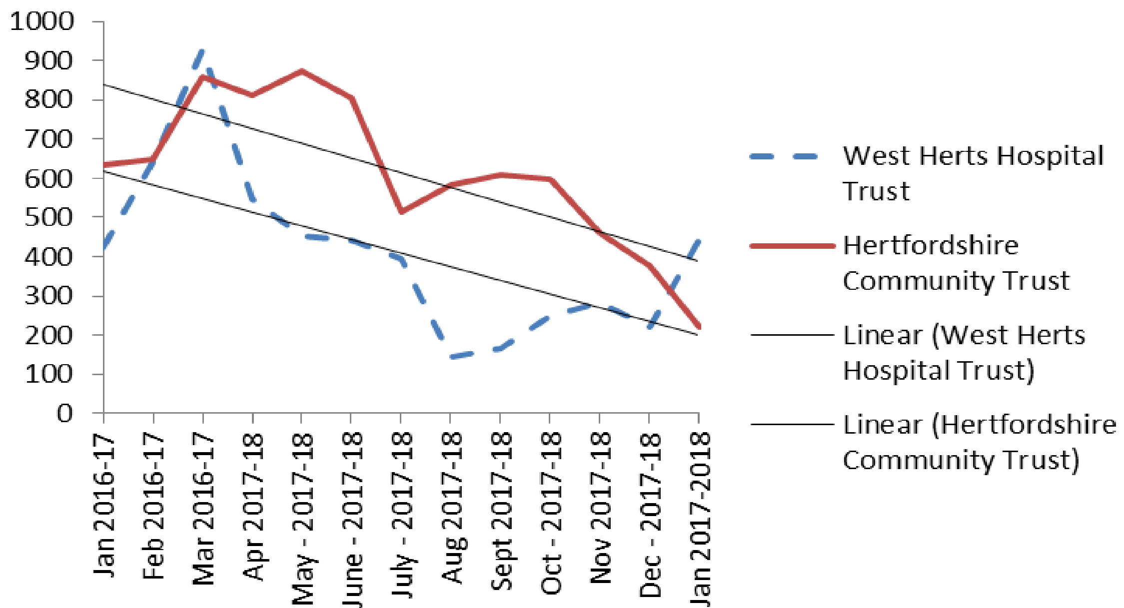
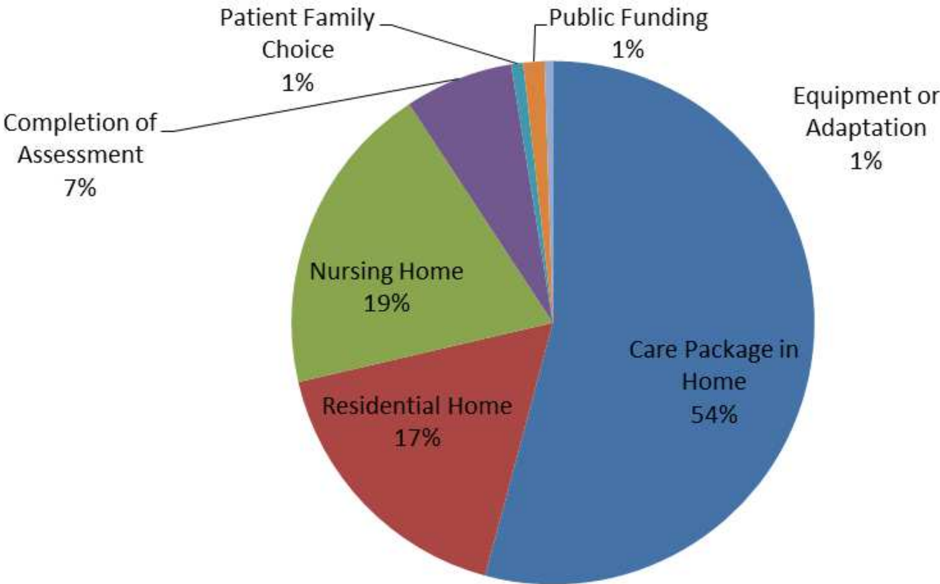


Fig. 3 – Delays at West Herts Hospital Trust and Hertfordshire Community Trust



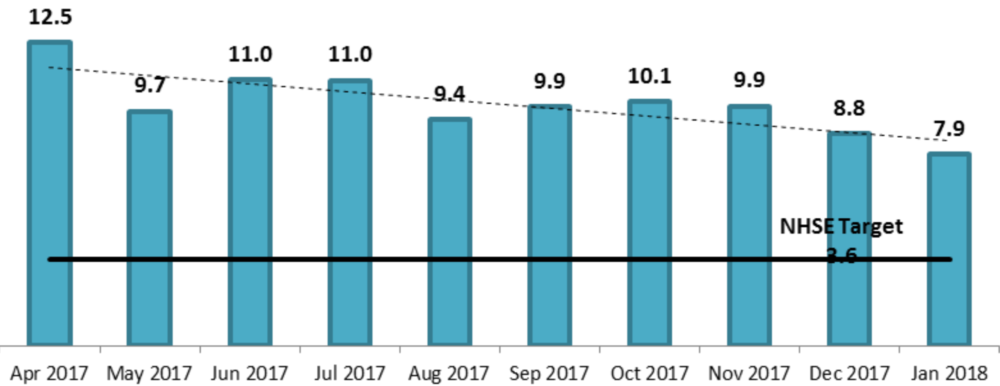
6.4 Delays in sourcing homecare for people remains the single largest reason for delays. The initiatives outlined in section 3.5 are targeted at growing our homecare market which in turn should reduce delays attributable to a lack of available homecare, and home care delays in December were half what they were in April. This remains a priority area for improvement. Over the last year there has also been a very significant reduction in delays attributable to delays in our social work teams assessing individuals in hospital which can be attributed to the extra investment in the hospital social work teams and the introduction of seven day working as recommended in the High-Impact Change Model.

Fig. 4 – Breakdown of reasons for social care delays



6.5 In the same period delays attributable to the NHS fell by almost a third but is significantly behind the trajectory set by NHS England (see fig.5 below). The Council's performance on DTOC has an impact on NHS delays. For example, it is important delays in Hertfordshire Community Trust (HCT) intermediate care beds are minimised, so people are not in turn delayed accessing these beds from the major acute sites (which are recorded as NHS delays). There has been a clear focus on reducing delays in HCT beds as illustrated in fig. 3 above.

Fig. 5 - Overall Hertfordshire NHS Delays *(rate per 100k Population)*



7. Financial Implications

7.1 This report is for noting and commenting purposes only and does not require a

recommendation that will have any financial implications.

8. Equalities Impact Assessment

8.1 When considering proposals placed before Members it is important that they are fully aware of, and have themselves rigorously considered the equalities implications of the decision that they are taking.

8.2 Rigorous consideration will ensure that proper appreciation of any potential impact of that decision on the County Council's statutory obligations under the Public Sector Equality Duty. As a minimum this requires decision makers to read and carefully consider the content of any Equalities Impact Assessment (EqIA) produced by officers.

8.3 The Equality Act 2010 requires the Council when exercising its functions to have due regard to the need to (a) eliminate discrimination, harassment, victimisation and other conduct prohibited under the Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. The protected characteristics under the Equality Act 2010 are age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief, sex and sexual orientation.

8.4 No Equalities Impact Assessment was undertaken in relation to this matter. This report is for noting and commenting purposes only and does not require a recommendation which would have any equality implications.

Background reports

Adult Care & Health Panel – 16 June 2017

http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/730/Committee/16/Default.aspx

Appendix 1 – Delay Types and Responsible Bodies

	Attributable to NHS	Attributable to Local Authority (Care)	Attributable to both
A. Awaiting completion of assessment	✓	✓	✓
B. Awaiting public funding	✓	✓	✓
C. Awaiting further non-acute (including community and mental health) NHS care (including intermediate care, rehabilitation services etc)	✓	✗	✗
D i). Awaiting residential home placement or availability	✓	✓	✗
D ii). Awaiting nursing home placement or availability	✓	✓	✓
E. Awaiting care package in own home	✓	✓	✓
F. Awaiting community equipment and adaptations	✓	✓	✓
G. Patient or Family choice	✓	✓	✗
H. Disputes	✓	✓	✗
I. Housing – patients not covered by Care Act	✓	✗	✗

Appendix 2 – High Impact Change Model

Change 1 : Early Discharge Planning. In elective care, planning should begin before admission. In emergency/unscheduled care, robust systems need to be in place to develop plans for management and discharge, and to allow an expected dates of discharge to be set within 48 hours.

Change 2 : Systems to Monitor Patient Flow. Robust Patient flow models for health and social care, including electronic patient flow systems, enable teams to identify and manage problems (for example, if capacity is not available to meet demand), and to plan services around the individual.

Change 3 : Multi-Disciplinary/Multi-Agency Discharge Teams, including the voluntary and community sector. Co-ordinated discharge planning based on joint assessment processes and protocols, and on shared and agreed responsibilities, promotes effective discharge and good outcomes for patients

Change 4 : Home First/Discharge to Access. Providing short-term care and reablement in people's homes or using 'step-down' beds to bridge the gap between hospital and home means that people no longer need wait unnecessarily for assessments in hospital. In turn, this reduces delayed discharges and improves patient flow.

Change 5 : Seven-Day Service. Successful, joint 24/7 working improves the flow of people through the system and across the interface between health and social care, and means that services are more responsive to people's needs.

Change 6 : Trusted Assessors. Using trusted assessors to carry out a holistic assessment of need avoids duplication and speeds up response times so that people can be discharged in a safe and timely way.

Change 7 : Focus on Choice. Early engagement with patients, families and carers is vital. A robust protocol, underpinned by a fair and transparent escalation process, is essential so that people can consider their options, the voluntary sector can be a real help to patients in considering their choices and reaching decisions about their future care.

Change 8 : Enhancing Health in Care Homes. Offering people joined-up, co-ordinated health and care services, for example by aligning community nurse teams and GP practices with care homes, can help reduce unnecessary admissions to hospital as well as improve hospital discharge.