Cheshire East Council

Working for a brighter future together

Health and Adult Social Care Overview and Scrutiny Committee

Date of Meeting: 07 February 2019

Report Title: Delayed Transfers of Care update

Portfolio Holder: Cllr. Janet Clowes (Adults Social Care and Integration)

Senior Officer: Linda Couchman, Interim Director of Adult Social Care and Health

1. Report Summary

1.1. This report provides an update to Health and Adult Social Care Overview and Scrutiny Committee following on from the Delayed Transfer of Care (DToC) 'Deep dive' that was conducted in June 2017.

1.2. This report provides a definition of DToC, information on the national targets, the DToC targets for future years (as noted in the NHS Long Term Plan) and finally the High Impact Change Model. Findings from the 'Deep dive' have enabled a number of recommendations. An accompanying presentation will follow this report and will provide an update on: recommendations, current performance and next steps.

1.3. Cheshire East Council along with its local system partners has a DToC target of 733 total DToC days per month across the system and a 3.5% DToC target per hospital site. These commitments and targets are linked to the Better Care Fund.

1.4. Significant progress has been made to reduce DToC in the two years since the last review with monthly DToC's reducing from approximately 2,000 days per month to approximately 1,000 days per month. However further effort and focus is required to reduce this further.

1.5. Successes

1.6. During the period following the review in June 2017 a number of successes have been achieved in relation to DToC these are shown in the table below:

Number	Successes achieved
1.	Cheshire East Council, NHS South Cheshire CCG and NHS Eastern Cheshire CCG recently undertook a joint tendering exercise for both

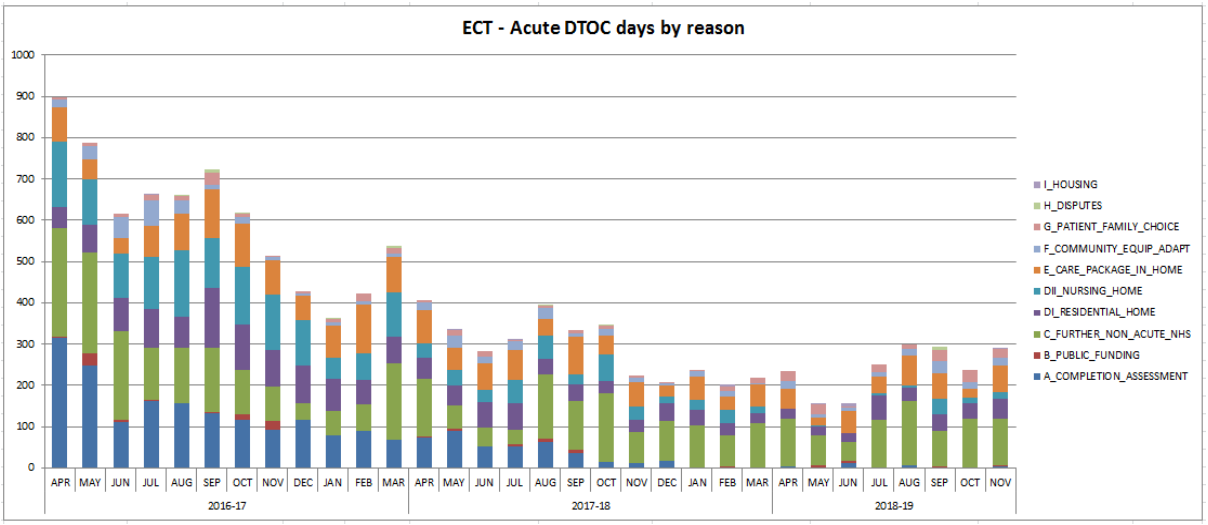
	Accommodation with Care and Care at Home. NHS Eastern Cheshire CCG block purchase arrangements with a number of care homes for intermediate care.
2.	New pathways of care for Discharge to Assess have been developed based on the principle of home first with proactive and integrated multi-disciplinary discharge planning processes in place.
3.	NHS Eastern Cheshire CCG and NHS South Cheshire CCG contract with the End of Life Partnership who provide the advanced dementia support team. The aim of the service is to give guidance and educate both professional and informal caregivers in the delivery of best practice end of life care, for people with advanced stage dementia.
4.	Health and Social Care staff (including from care homes) involved in the discharge process attended a Trusted Assessor course delivered by Sheffield Hallam University on behalf of NHS Health Education England. Local agreements for Trusted Assessment processes are to be developed further with care homes.
5.	The pathway for patients presenting at A&E includes a comprehensive assessment on attendance at A&E or admission. People are assessed and supported to return home or into a step-up community intervention bed if a return home is not possible. The aim is to minimise inpatient stay and avoid unnecessary hospital admissions. The following elements relate to the different parts of the pathway: • Patients who cannot be supported at home are transferred to an appropriate ward and tracked to ensure there is a pathway of care towards discharge. • A&E link into existing care plans via Cheshire Care Record and 'real-time' access to Primary, Community and Social Care records. • Rapid support is in place to support a return home via increased nursing and therapy support to A&E and outreach into community. • Transport and support to 'settle back home' is available. • Community (home-based) intermediate care service, including social care, to enable recovery at home – both to prevent admissions and support people following an admission to hospital. • Social Workers working weekends has been in place for over 12 months. • Where domiciliary care cannot be secured in a timely manner alternative short term residential care or domiciliiary care is being offered to clients. • Escalation process and 'full capacity protocols' have been developed and implemented locally in line with national guidance. Flash/Action cards (actions towards de-escalation) have been jointly agreed for each organisation within the local health and social care economy to ensure improved management of system escalation.
6.	Two new Consultants and specialist nursing roles in place at the emergency department at East Cheshire NHS Trust.
7.	Named Social Worker for each Nursing and Residential Care Home

8.	NHS 111 went live in Cheshire July 2018.
9.	GP extended hours went live in October 2018.
10.	MCHfT and South Cheshire CCG have invested in technology to: - streamline the discharge planning processes, improve communication and support between all partners including the independent sector; by implementing a bed management system - introduce remote consultations in some local care homes via Skype - implement a web based portal to provide 'real-time' data on nursing care home bed vacancies.

1.7. <u>System performance</u>

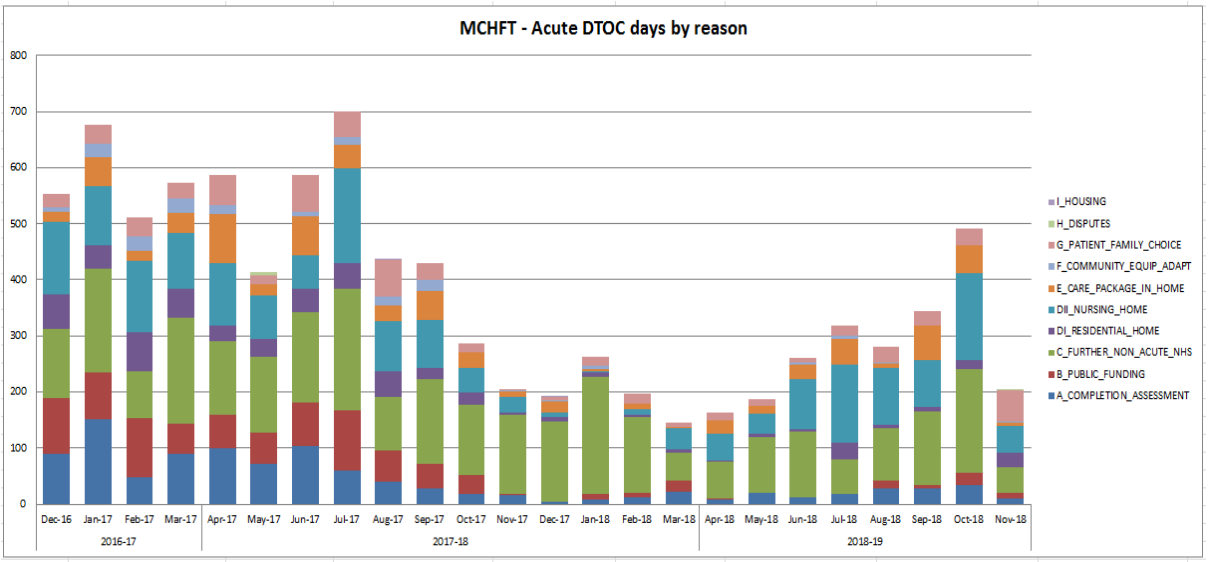
1.8. The following three graphs show the performance of the system as well as partner organisations in reducing DToC's over the period from April 2016 until November 2018.

1.9. Graph 1 - 'East Cheshire NHS Trust – Acute DTOC days by reason'. The graph below refers to acute delays between April 2016 and November 2018. The DTOC's are those occuring at East Cheshire Trust within Macclesfield District General hospital. The graph illustrates the considerable reduction in DTOC's from 900 per month in April 2016 to just under 300 per month by November 2018. The graph illustrates reasons for delay with a considerable reduction achieved across: community equipment, delays in the completion of assessments for people in hospital and delays in accessing intermediate care ('further non-acute').

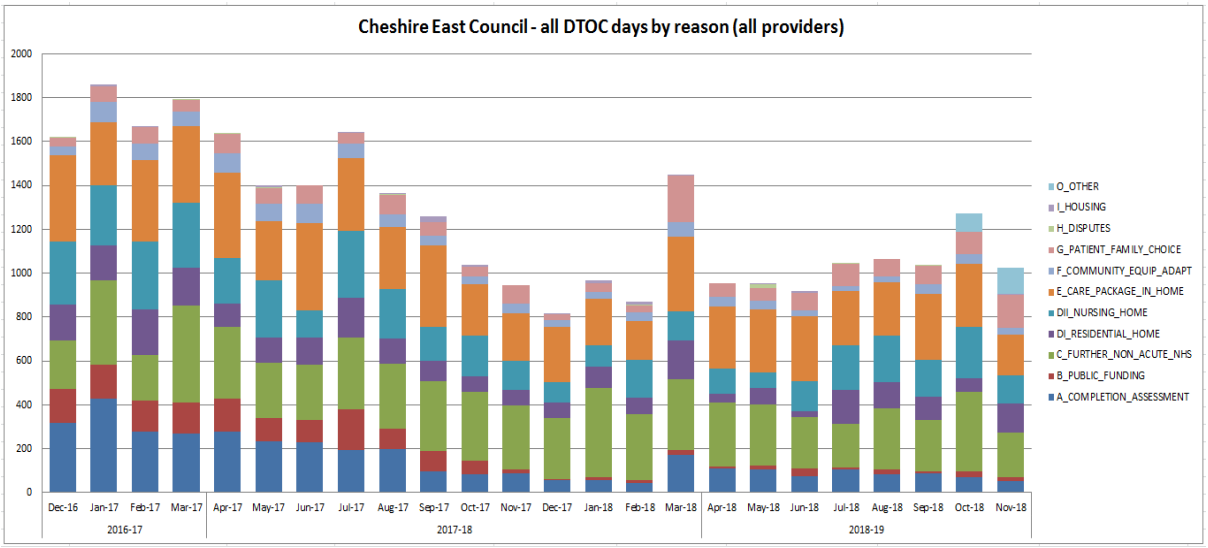


1.10. Graph 2 – 'MCHFT – Acute DTOC days by reason'. The graph below refers to acute delays between December 2016 and November 2018. The DTOCs are those occuring at Mid Cheshire Hospitals Foundation Trust within Leighton hospital. The graph illustrates once again a considerable reduction in the number of DTOC days per month. In December 2016 (approximately 550 days per month) In November 2018 (approximately 200 days per month).

The graph illsutartes reasons for delay with considerable reduction being achieved across: public funding and completion of assessments for people in hospital.



1.11. Graph 3 – 'Cheshire East Council DToC days by reason across all providers'. The graph shows DToC's across all providers covering both acute and non-acute delays. The graph illustrates that total delays in December 2016 were approximately 1600 per month and by November 2018 these had reduced to approximately 1000 per month. The graph goes onto illustrate reasons for delay emphasing a gradual reducion in all reasons for delays with larger reductions across public funding and completion of assessment.



1.12. <u>On- going challenges</u>

1.13. We need to ensure that we are making the best use of available technology to support Home First developments.

1.14. Successful Discharge to Assess models rely on strong effective relationships between partners to enable challenging conversations to be

undertaken in a trusting and respectful environment. In the context of challenging targets for the health and social care system, there needs to be continued investment of time and energy in these relationships.

1.15. Dementia is becoming increasingly prevalent nationally increasing the volume of referrals made to mental health services such as the memory service and primary care. To address this matter NHS Eastern Cheshire CCG and NHS South Cheshire CCG are working with mental health providers including Age UK and the Alzheimers Society to investigate how capacity can be released from secondary care dementia clinics to improve support available through primary care.

1.16. To ensure a focus remains on DToC levels going forward:

NHS South Cheshire CCG is working with partners to consider four areas which include:

1. Review management of community bed as current arrangements vary dependent upon location. This would seek to improve efficiency utilisation and reduce the length of stay.
2. Investigate opportunities for widening and embedding further the principles of home first.
3. Review the Integrated Discharge Team at MCHfT to improve integrated working, service offer and care outcomes.
4. Review Contracts and Service Level Agreements between providers to develop appropriate performance management arrangements.

NHS Eastern Cheshire CCG and system partners continue to focus on:

1. Assessment prior to admission with an emphasis on prevention and involvement of community services.
2. Doing todays work to day which relates to system flow in the hsopital.
3. The further development of the Home First approach.
4. Frailty as an approach to the assessment and support of older people.

Recommendation/s

1.1. Health and Adult Social Care Overview and Scrutiny Committee should:

a) Note the progress that has been made in meeting the recommendations following the ‘Deep dive’ as noted in the presentation which will follow this report.

b) Note the current performance and next steps.

2. Reasons for Recommendation/s

2.1. These recommendations have been made as a result of the requirement to update Health and Adult Social Care Overview and Scrutiny Committee following the ‘Deep dive’ that was carried out in June 2017.

3. Other Options Considered

3.1. This section is not applicable as there isn't a realistic alternative to the course of action proposed.

4. Background

4.1. DToC definition

4.2. Delayed Transfer of Care (DToC) from acute or non-acute (including community and mental health) care occurs when a patient is ready to depart from such care and is still occupying a bed. A patient is ready for transfer when:

a) A clinical decision has been made that the patient is ready for transfer AND
b) A multidisciplinary team decision has been made that the patient is ready for transfer AND
c) The patient is safe to discharge/transfer.

4.3. Delayed Transfer of Care Review undertaken

4.4. In June 2017, a Delayed Transfer of Care Review was delivered to the Health and Adult Social Care Overview and Scrutiny Committee, in relation to the review the chairman noted the following:

4.5. Delayed Transfer of Care is an area of concern that is affecting large areas of the United Kingdom and Cheshire East is no exception.

4.6. This is why this Committee decided that more needs to be done to address and understand the issues causing the problem, with the belief those recommendations could be made which could help mitigate the problems.

4.7. There needs to be collaboration between all partners to achieve a delivery model for Health and Social Care that meets the needs of all of our residents, the market needs to become broader and be able to react quickly to any excess or shortage in provision. Our residents are living longer, and may need more complex care packages measures to address this need to be introduced quickly.

4.8. New national targets

4.9. New nationally set targets have been introduced for the Delayed Transfers of Care (DToC). The DToC target for Cheshire East will be 733 and within this 498 delayed days will be attributable to the NHS and 235 delayed days will be attributable to Social Care. On a daily basis the DToC expectation is that there will be a total of 24 delayed days, this is made up of 17 delayed days attributable to the NHS and 8 days attributable to Social Care.

4.10. DToC Long Term Plan

4.11. The goal over the next two years is to achieve and maintain an average Delayed Transfer of Care (DToC) figure of 4,000 or fewer delays across

the country and over the next five years to reduce them further. We will achieve this through measures such as placing therapy and social work teams at the beginning of the acute hospital pathway, setting an expectation that patients will have an agreed clinical care plan within 14 hours of admission which includes an expected date of discharge, implementation of the SAFER patient flow bundle and multidisciplinary team reviews on all hospital wards every morning.

4.12. High Impact Change Model

4.13. The High Impact Change Model, as defined by the Local Government Association offers a practical approach towards managing transfers of care. The model identifies eight system changes which will have the greatest impact on reducing delayed discharge.

4.14. The model itself can be used to complete a self-assessment on how the local care and health systems are working now. It can also be used to help reflect on, plan for, and action improvements on reducing delays throughout the course of the year. It was the basis of the original report to the Committee and of the presentation that accompanies this report.

5. Implications of the Recommendations

5.1. Legal Implications

5.1.1. There are no direct legal implications arising from the report but CEC Legal Services have been consulted at this stage and will support in relation to any specific legal issues that arise in the future.

5.2. Finance Implications

5.2.1. The Health and Social Care sector remains under intense financial pressure with demands for services exceeding the limited resources available. This pressure applies locally with large deficits reported at the end of the last full financial year and in one case annual accounts being qualified by the external auditor. Efficiencies are continually being sought in how both parties further work together.

5.2.2. The NHS has recently been given a long term funding settlement that will lead to an extra £20.5 billion pounds being invested in the NHS over the next 5 years. Further work is being undertaken that will translate this national investment down to local plans and actions on the ground across the Council's footprint. In addition, further clarity is required in terms of a number of factors affecting funding going forward. This includes the next Comprehensive Spending Review, later in 2019 and also, the publication of the long awaited Adults Social Care Green paper. Performance against national metrics is considered on a regular basis by the BCF Governance Group and resources are redirected to maintain / improve performance when the affordability position allows.

5.3. Policy Implications

5.3.1. The NHS Long Term Plan cites the importance of continuing to reduce Delayed Transfers of Care.

5.4. Equality Implications

5.4.1. In respect of the Equality Act 2010, public bodies across Great Britain have an equality duty. All partners in Cheshire East are conversant and compliant with the Equality Act 2010. The Equality Duty has three aims. It requires public bodies to have due regard to the need to:

- Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- Foster good relations between people who share a protected.

5.5. Human Resources Implications

5.5.1. Poor performance against national metrics could see intervention and escalation process implemented that could see funds directed differently, which in turn could bring with it human resource implications.

5.6. Risk Management Implications

5.6.1. Ongoing performance monitoring and management to ensure improving performance against the national metrics.

5.7. Rural Communities Implications

5.7.1. DToC performance information does typically demonstrate differentiation between rural and urban locations when considering for example the availability of homecare packages of care.

5.8. Implications for Children & Young People/Cared for Children

5.8.1. There are no direct implications for children and young people.

5.9. Public Health Implications

5.9.1. There are no direct implications for public health.

6. Ward Members Affected

6.1. The implications are borough wide.

7. Consultation & Engagement

7.1. Consultation and engagement with CCG and provider partners has taken place.

8. Access to Information

8.1. Monthly Delayed Transfer of Care Situation Reports - Definitions and Guidance.

9. Contact Information

9.1. Any questions relating to this report should be directed to the following officer:

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