THE PETERBOROUGH HEALTH AND WELLBEING BOARD THE CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD	AGENDA ITEM No. 8
20 SEPTEMBER 2018	PUBLIC REPORT

Report of:	Will Patten, Director of Commissioning and Charlotte Black, Service Director: Adults and Safeguarding	
Peterborough City Council Cabinet Member(s) responsible:	Councillor Wayne Fitzgerald, Cabinet Member for Integrated Adult Social Care and Health	
Contact Officer(s):	Caroline Townsend, Head of Commissioning Partnerships and Programmes	Tel.07976 832188

DELAYED TRANSFERS OF CARE (DTOC) UPDATE

RECOMMENDATIONS	
FROM: Director of Commissioning and Service Director, Adults and Safeguarding	**Deadline date:** *N/A*
The Peterborough Health and Wellbeing Board are asked to note and comment on the report and appendices. The Cambridgeshire Health and Wellbeing Board are asked to note and comment on the report and appendices.	

1. ORIGIN OF REPORT

1.1 This report is submitted to the Health and Wellbeing Boards to provide an update on Delayed Transfers of Care (DTOC) performance across the system.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this paper is to provide an overview of the joint approach and current performance relating to Delayed Transfers of Care (DTOC) across Peterborough and Cambridgeshire.

2.2 This report is for the Peterborough Health and Wellbeing Board to consider under its Terms of Reference No. 2.8.3.9:

To keep under consideration, the financial and organisational implications of joint and integrated working across health and social care services, and to make recommendations for ensuring that performance and quality standards for health and social care services to children, families and adults are met and represent value for money across the whole system.

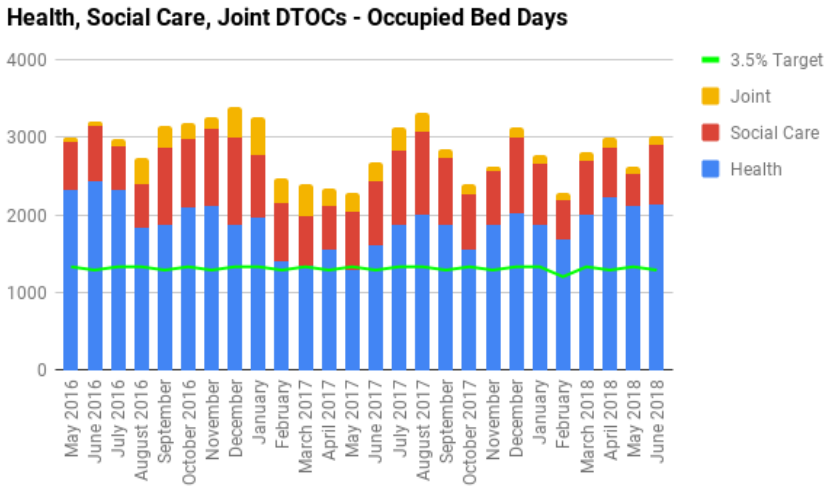
3. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	**NO**	If yes, date for Cabinet meeting	N/A

4. BACKGROUND AND KEY ISSUES

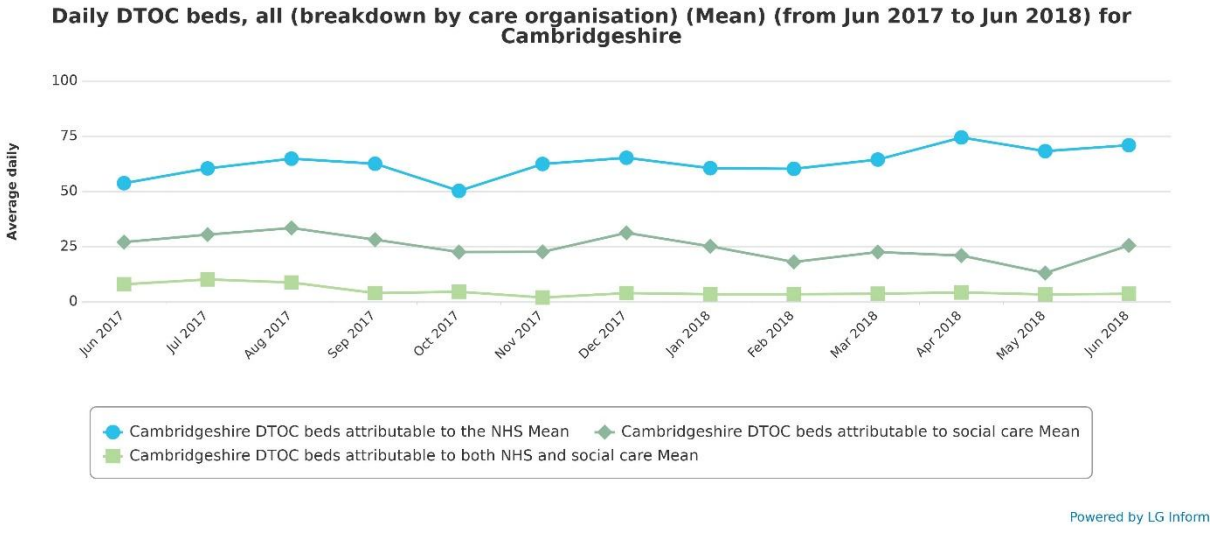
4.1 Delayed Transfers of Care (DTOCs) - Cambridgeshire Performance

Based on the latest NHS England published DTOC statistics, the below graph shows month on month DTOC performance across Cambridgeshire against the 3.5% target, highlighting that performance is significantly underperforming against target.



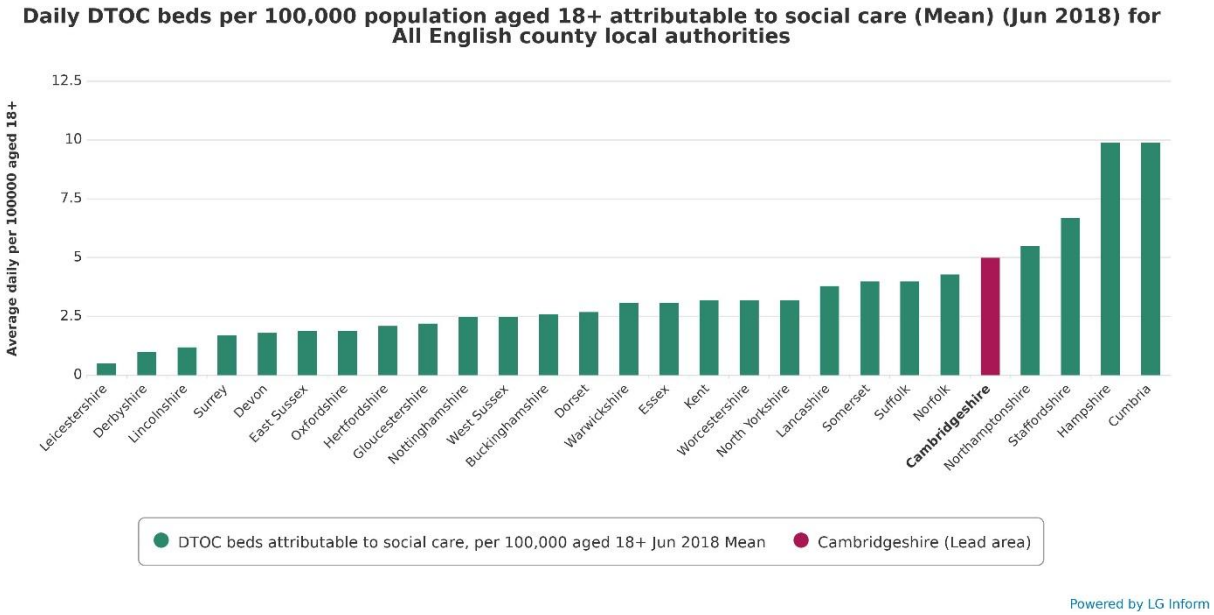
During June, 81% of delayed days were within acute settings. 70.8% of all delayed days were attributable to the NHS, 25.5% were attributable to Social Care and the remaining 3.7% were attributable to both NHS and Social Care. The below graph shows the trend of DTOCs, by attributable organisation.

The below graph shows the DTOC trends by attributable organisation. Between August 2017 and June 2018 we have seen a 5% increase in in NHS attributable delays, a 27% decrease in social care attributable delays and a 57% decrease in joint delays.



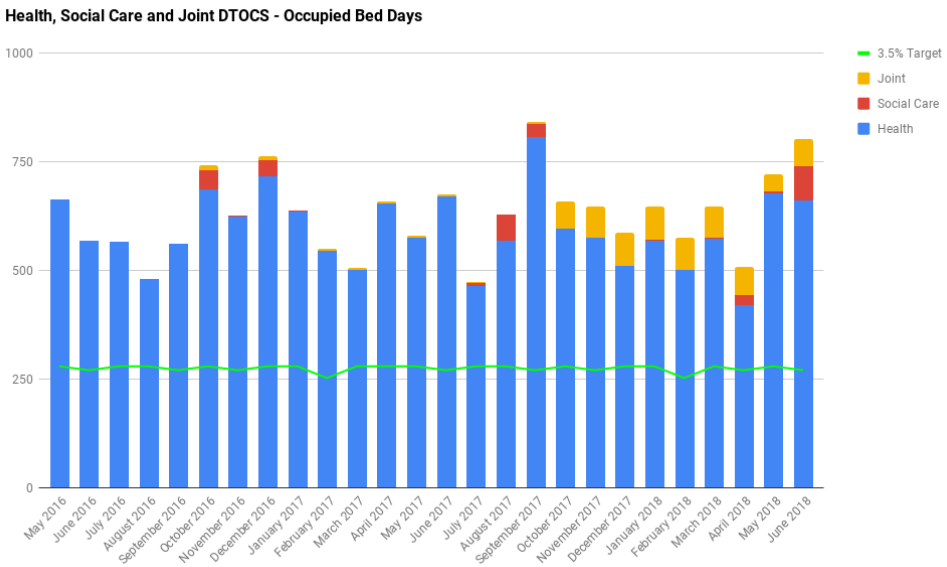
For June 2018 Cambridgeshire, compared to all single tier and county councils in England, is ranked 146 on the overall rate of delayed days per 100,000 population aged 18+, with a rank of

151 given to the area with the highest rate. It is ranked 142 on the rate of delayed days attributable to the NHS, and 134 on the rate of delayed days attributable to social care. The below graph shows how Cambridgeshire compares with other county local authorities.



4.2 Delayed Transfers of Care (DTOCs) - Peterborough Performance

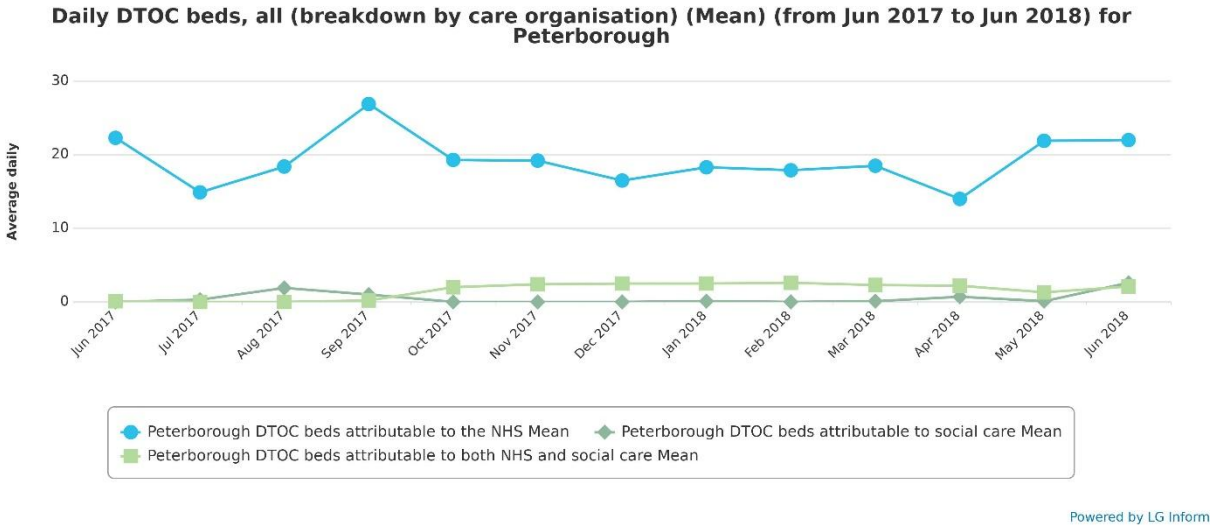
Based on the latest NHS England published DTOC statistics, the below graph shows month on month DTOC performance across Peterborough against the 3.5% target, highlighting that performance is significantly underperforming against target.



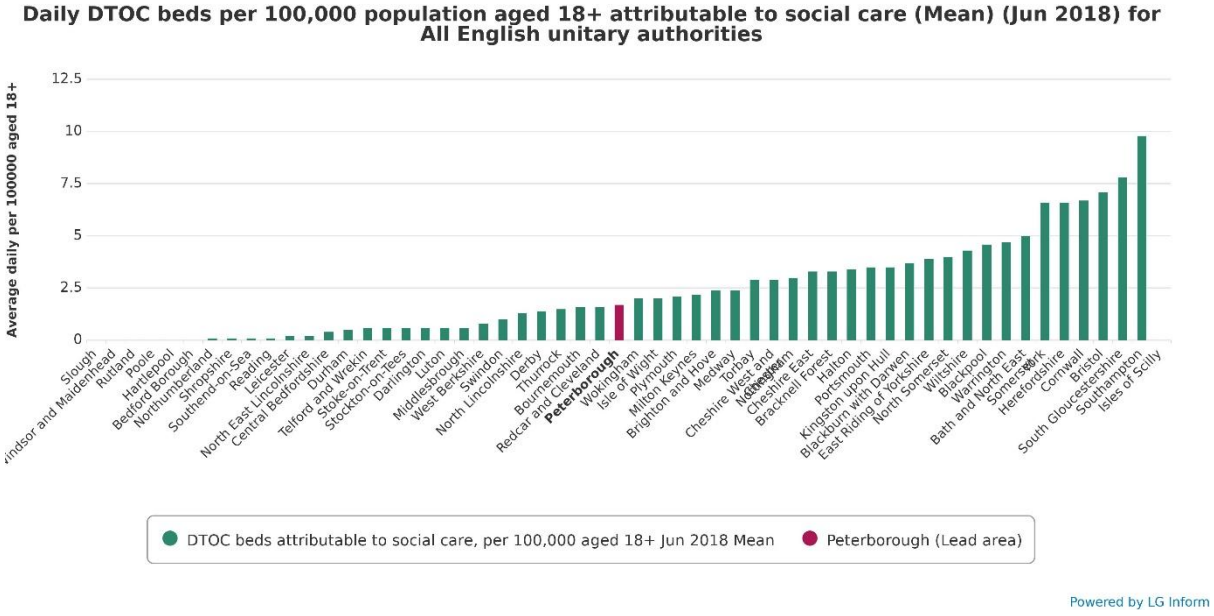
During June, 73% of delayed days were within acute settings. 82.2% of all delayed days were attributable to the NHS, 9.8% were attributable to Social Care and the remaining 8.0% were attributable to both NHS and Social Care.

The below graph shows the DTOC trends by attributable organisation. Between August 2017 and June 2018 we have seen a 15% increase in in NHS attributable delays and a 33% increase in social care attributable delays. There was a significant increase in community bed delays in June

2018, with 79 social care attributable delays in non-acute settings. Prior to this social care performance was exceptionally low, averaging 7 bed delays per month, with many months recording zero delays.



For June 2018 Peterborough, compared to all single tier and county councils in England, is ranked 144 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 145 on the rate of delayed days attributable to the NHS, and 68 on the rate of delayed days attributable to social care. The below graph shows how Peterborough compares with other county local authorities.



4.3 Impact of Community Bed Delays on June DTOC Performance

The NHS England DTOC statistics comprise two elements:

- acute bed delays; and
- non-acute delays (community and mental health bed delays)

DTOCs in June for acute beds remained steady for Peterborough and increased slightly for Cambridgeshire. However, in relation to non-acute delays, there were significant increases in Cambridgeshire (260%) and Peterborough (438%), which account for a significant increase in social care delays for June. This marked increase resulted from a bulk referral of community bed

patients into Adult Social Care (ASC), following a review of patients within community bedded facilities. The Councils have worked closely with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) to review these patients to ensure they are being discharged to the right pathway of care, as a number of these patients weren't previously known to the Councils. This has also highlighted a growing issue with the lack of process to jointly validate non-acute delays prior to figures being submitted nationally to NHS England.

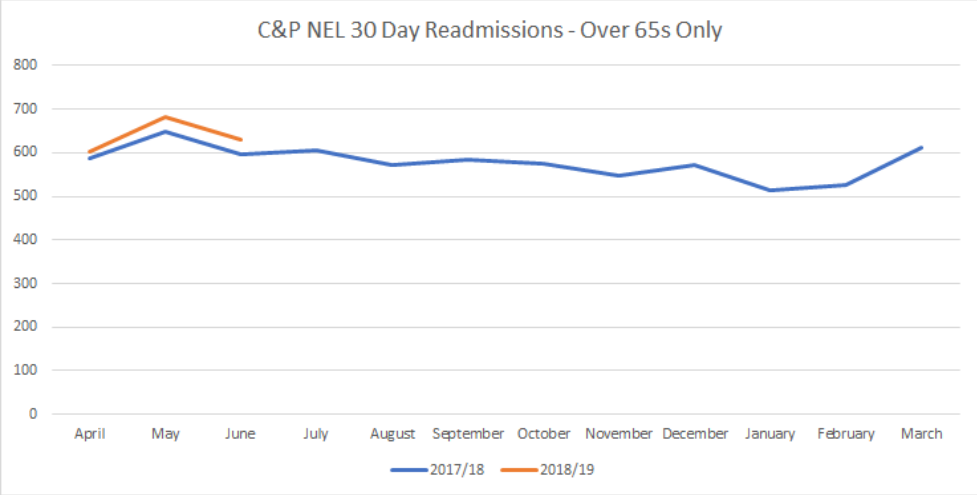
4.4 NHS England national data, which provides a detailed overview of DTOC performance for the whole local authority footprint, is only available currently for June 2018. Appendix 1 provides information on more recent performance across each of the three acute settings. The below table summarises performance against the 3.5% target for each acute footprint as at 19th August 2018.

Site:	Current week (we 19/8/18)	Baseline Position*	Previous week (we 12/08/18)
CUH	7.7%	8.6%	9.0%
HH	8.1%	8.0%	6.7%
PCH	5.3%	6.4%	5.8%

**The baseline position has been agreed as the average position of the 6 weeks prior to the beginning of August.*

4.5 **Readmissions and Failed Discharge Performance**

The below graph shows the trends of readmissions within 30 days of discharge for patients over 65 years of age. At June 2018, there has been an increase of 4.5% in readmissions across all three acutes compared to the same period last year. This is relatively comparative to the increase in non-elective admissions seen in over 65s (3.8% increase at June 2018, compared to the same period last year).



4.6 **System working to improve DTOC performance**

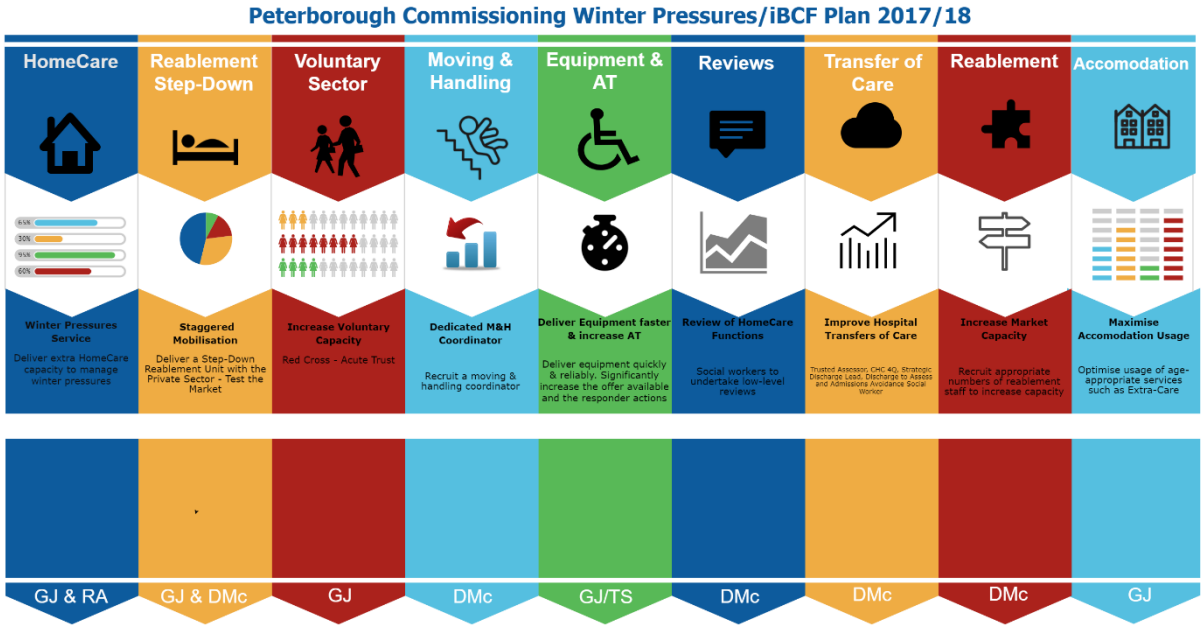
NHS partners and both councils have worked in close partnership, at a strategic level through the Sustainability and Transformation Partnership (STP) and through our Joint Better Care Fund Plans, resulting in significant investment to reduce current challenges. A range of operational forums have been established to co-ordinate our system wide activities to enable timely hospital discharge. That said it needs to be recognised that there are a number of major challenges, including a growing older population, greater acuity of need, workforce recruitment and retention and significant funding issues across the health and care system.

4.7 *iBCF Investment to Support DTOC Pressures*

There was significant investment from the Improved Better Care Fund (iBCF) to support a range of initiatives to reduce DTOCs.

Cambridgeshire

Peterborough



Key updates on these initiatives are outlined below:

- **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 Eden Place, Ditchburn, Doddington Court and Clayburn Court to provide support to patients requiring a further period of recovery before returning home following hospital discharge.
- **Community Equipment:** additional investment in the provision of equipment 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.
- **Locality Review Backlog:** social worker capacity was recruited to address the backlog of reviews within the Cambridgeshire locality teams in order to avoid admission to hospital and ensure individuals are receiving the right level of care to meet their outcomes within the community.
- **Strategic Discharge Lead:** a coordinating social worker discharge lead has been established in Addenbrookes, Hinchingbrooke and Peterborough City hospital. This has supported greater oversight of the system, 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 and Peterborough City Hospital.
- **Voluntary Sector Support:** additional capacity from the British Red Cross was commissioned in Peterborough City Hospital to provide admissions avoidance support in the Emergency Department and low level reablement support to support discharge.
- **Moving and Handling Coordinator:** An occupational therapist is based with Peterborough City Hospital to support better prescription of and access to community equipment to support admissions avoidance and hospital discharge.
- **Admissions Avoidance Social Worker:** a dedicated social worker is supporting admissions avoidance in the emergency department of Peterborough City Hospital.

4.8 A system-wide evaluation of iBCF funded DTOC initiatives is currently being undertaken to inform the future approach. The outcomes and recommendations of this review will be available late September.

12 Week Programme Priority Actions

A 12 week priority programme of work has been agreed with health and social care partners to support delivery of the 3.5% target. This comprises seven key enabling workstreams of activity, as outlined below:

Workstream 1: Delivery of Integrated Discharge Service (IDS)

- Both North West Anglia Foundation Trust (NWAFT) and Cambridgeshire University Hospital NHS Foundation Trust (CUHFT) are progressing with rollout of the Integrated Discharge Service. The service will go live in Peterborough City Hospital on 3rd September and HInchingbrooke and Addenbrookes on the 10th September.
- Training days on all sites have now commenced, and successful workshops were held for all key staff.
- Printed materials are being circulated to all wards and departments with key information and messages.

Workstream 2: Referral process for complex discharge support

- Review of the assessment notification and discharge notification forms has been undertaken, with a view that these will reduce unnecessary delays in discharge process. A Standard Operating Procedure has been published to support the use of the new format referral forms and upload of the referral forms to the IT systems at each hospital is progressing.
- The Continuing Health Care hospital discharge pathway is being remodelled. A business case for the reworked pathway is being finalised, with a view to it being presented for governance approvals mid-late September. The aim is to have the reworked pathway in place during the autumn.

Workstream 3: Robust operational management

- SAFER is a practical tool to reduce delays for patients in adult inpatient wards. The SAFER bundle blends five elements of best practice.
    - S - Senior Review. All patients will have a senior review before midday by a clinician able to make management and discharge decisions.
    - A – All patients will have an Expected Discharge Date (EDD) and Clinical Criteria for Discharge (CCD), set by assuming ideal recovery and assuming no unnecessary waiting.
    - F - Flow of patients to commence at the earliest opportunity from assessment units to inpatient wards. Wards routinely receiving patients from assessment units will ensure the first patient arrives on the ward by 10am.
    - E – Early discharge. 33% of patients will be discharged from base inpatient wards before midday.
    - R – Review. A systematic multi-disciplinary team (MDT) review of patients with extended lengths of stay (>7 days – also known as 'stranded patients') with a clear 'home first' mind set.
    - S - Senior Review. All patients should have a senior review before midday.

  The NWAFT team have engaged with the national NHS Emergency Care Improvement Support Team (ECIST) to agree the approach to implementing the SAFER bundle. Further meetings have been scheduled to define the process, agree the Standard Operating Procedure and training materials. CUHFT plan to do a pilot relaunch of SAFER across elderly wards, with roll out to the rest of the organisation by the end of October.

Workstream 4: Discharge to Assess

- An initial system workshop was held in August to review the discharge to assess pathway. A Task and Finish group has been established to take this forward and ensure that there is a robust discharge to assess pathway in place, which meets the needs of patients and reduces unnecessary delays in discharges.

Workstream 5: Demand and Capacity Modelling

- An audit of referrals through the Intermediate Care Tier and reablement is currently underway to determine whether patients have been placed on the correct pathway.
- Review of the pathway for non-weight bearing patients is underway to address difficulties identified. Task and finish groups are now established to take this work forward and propose a new pathway for these patients.
- An integrated health and social care brokerage service is being established, to deliver a single point of managing placements of care to the market. This will enable home care and care home capacity to be more efficiently managed and enable the best price for care to be obtained.

Workstream 6: Performance and Reporting

- A workshop was held in July to identify blockages in the regular reporting and supply of data from providers, and propose solutions to resolve these issues.
- A new performance report, which will include a greater degree of granularity and be split by Local Authority will be in circulation by the end of August.
- A remodelled trajectory is now in place all acutes, with key actions and milestones providing assurance around the planned improvements in performance (see Appendix 2).

Workstream 7: Effective partnership working

- The discharge programme team are aligned more closely with the urgent care team, with attendance at both Accident and Emergency Delivery Board meetings to ensure a whole system / pathway approach can be taken in our planning assumptions and modelling.

- The multi agency Delivery Group, which oversees the programme of work, continues to meet fortnightly, with weekly teleconferences in place to ensure traction of delivery of the programme plan.

4.9 *Additional System-wide Initiatives*

A number of admission avoidance interventions have been implemented, including joint iBCF/STP investment in falls prevention and stroke prevention projects. Both Councils have established Adult Early Help services and continue to work with primary care and CPFT's neighbourhood Teams to identify people whose needs may be escalating or may be vulnerable to hospital admission. CCC is currently piloting two pilot 'Neighbourhood Care Teams' in Soham and St Ives, where new ways of working with system partners are being developed to prevent needs escalating and enable timely discharge.

The Council is working intensively with the independent care home market to increase supply to home care provision. Homecare was recommissioned in Cambridgeshire, jointly with the CCG, by a Dynamic Purchasing Arrangement and came into effect in November 2017. The DPS framework re-opens every 3 months for new providers to apply. Since the launch of the new framework, home care providers have increased from 28 to 74. The Council engages with non-active providers on an ongoing basis to ensure available capacity is being maximised. A new joint homecare framework is currently being commissioned in Peterborough. The focus of this is to improve the quality of service delivery, increase capacity within the marketplace and ensure a suitably skilled and trained workforce to meet the challenges associated with keeping service users within their own homes for as long as possible, now and in the future. In addition, a review of market capacity data and intelligence is being undertaken to address the geographical disparity of homecare provision across the county. Subsequent engagement with providers will inform the development of a strategy to increase capacity in areas of low supply in a sustainable way.

5. CONSULTATION

5.1 The programme of work has been developed in conjunction with health and social care partners. The Discharge Programme Delivery Group, which provides oversight for delivering this work has multi-agency representation. A representative from Healthwatch is now also part of this group.

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 Improved DTOC performance to support delivery of the national 3.5% target.

DTOC trajectories have been established across each acute setting, as outlined in Appendix 2.

7. REASON FOR THE RECOMMENDATION

7.1 The recommendation is for the Health and Wellbeing Boards to note and comment on the contents on this report.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 None

9. IMPLICATIONS

Financial Implications

9.1 None

Legal Implications

9.2 None

Equalities Implications

9.3 None

10. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

10.1 UNIFY DTOC published data https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/
Better Care Fund Plans 2017-19 for Cambridgeshire and Peterborough

11. APPENDICES

11.1 Appendix 1 - Weekly DTOC Performance Report
Appendix 2 - DTOC Trajectories