

# Adult Social Care and Health Overview & Scrutiny Committee

24 January 2018

## Delayed Transfer of Care Update

### Recommendation

Members to understand the complexities of Delayed Transfers of Care and to acknowledge the system wide partnership working in order to meet the Delayed Transfer of Care target of 3.5%.

### 1. Introduction

- 1.1 Delayed Transfers of Care have been the subject of much national attention over recent months. This report is an update to members on the collaborative system wide approach to reduce delayed transfers of care (DToC) and importantly support people who are well to return to their original destination be that in their own home or a care home.

### 2. Update

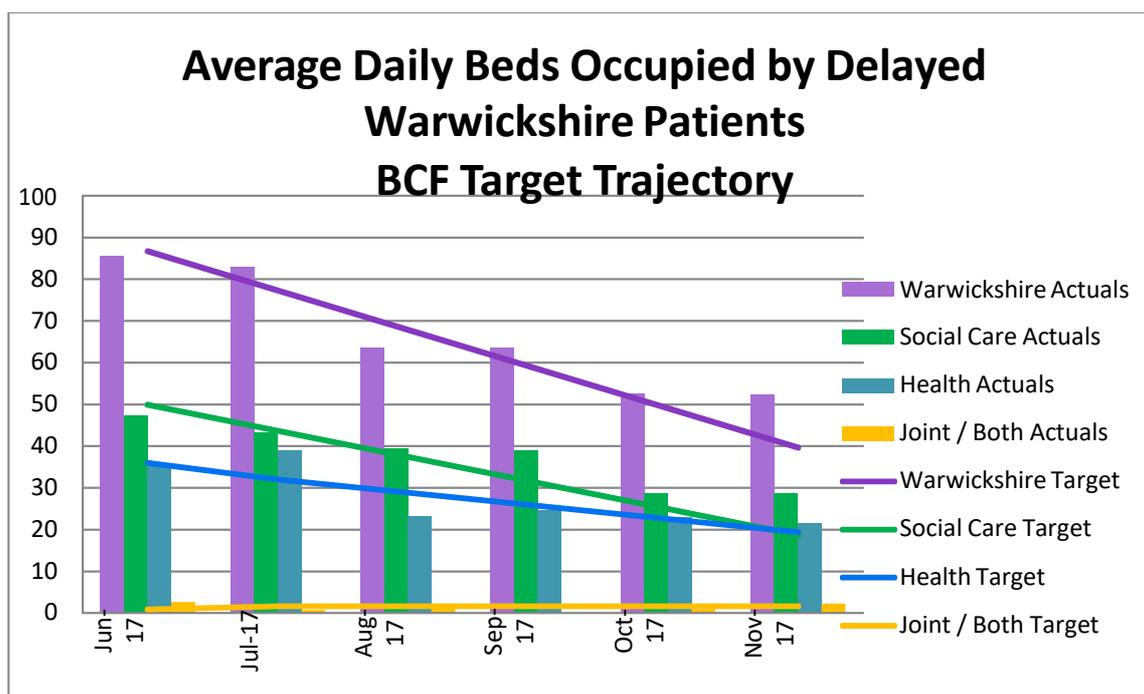
- 2.1 Significant system wide efforts have intensified in preparation for the increase in demand for hospital and other services over winter. This is in direct recognition that improving the timeliness of discharge is the right thing to do for patient care and experience, it improves operational flow through the system and makes best use of the resources across health and social care.
- 2.2 Through the Better Care Fund, Central Government has called for a 3.5% target to be established nationally for all DToCs. A delayed transfer of care from an acute or non acute setting occurs when a patient is ready for external transfer from such care and is still occupying a bed. Reducing Delayed Transfers of Care (DToC) to achieve the national target means reducing the number of NHS beds occupied by a delayed patient to 3.5% (or no more than 40 beds occupied by a delayed patient). Warwickshire has consistently been in the bottom quartile when compared to other local authority areas. However, Warwickshire also has more non-acute (community) facilities when compared to many other areas and also hosts the Central England Rehabilitation Unit (CERU) – both of which can make it harder to reduce delays due to complexity of long(er) term needs.
- 2.3 Despite these local challenges and as a result of the establishment of a dedicated DToC team, led by Anne Coyle, Director of Operations from SWFT, focussed improvement activity and joint working between health and social care at the three main Acute (hospital) sites has seen a step change in performance.

- 2.4 This project, led by South Warwickshire Foundation Trust on behalf of the Better Together programme is supported by colleagues from acute providers; CCGs; social care in Warwickshire has commissioned external support and expertise to assist.
- 2.5 The key areas of focus, identified from assessment against the High Impact Change model are:
- Proactive discharge planning
  - Patient and family expectation management
  - Resilient discharge pathways and DTOC escalation process
  - Improve logistics at point of discharge
  - Proportionate and trusted assessment between agencies.
  - Improved IT support systems with cross functional access and automated reporting

### **3. Reducing Delayed Transfers of Care**

- 3.1 Measuring DTOC is a complex and multifaceted business. It relies of a range of data from multiple sources and multiple sites. There are many 'owners' of the data which has the potential to influence the final results.
- 3.2 Warwickshire has agreed to submit to the DTOC targets set by NHS England to be achieved by Nov-17. However, this target was provided to us in Jul-17 along with the planning guidance for the two year plan and represented a 54% reduction in days delayed (compared with Jan-May 17 performance) over a period of 5 months from Jul-17 to Nov-17. As the timescale for this reduction was so short and the reduction so significant, the Warwickshire submission stated that realistically the target would be met during the course of 2017/18 and 2018/19.
- 3.3 In order to reduce delayed transfers of care, Warwickshire has to coordinate improvements across 3 CCGs and 4 main providers. In fact Warwickshire Hospital Social Care staff have to work across 9 different sites. This makes Warwickshire's DTOC Improvement Plan significantly more complicated to implement than a large proportion of other councils in England.
- 3.4 Average daily beds occupied by a delayed patient is the preferred measure. This measure represents the number of hospital beds occupied by a delayed Warwickshire resident on an average day in each month. The target set by NHS England is that by Nov- 17 there should be no more than 40 beds occupied by a delayed Warwickshire resident on an average day and that this should be maintained until Mar-19. Data for this measure is only available 6 weeks in arrears. November data is due 11.01.17 at the earliest. However, weekly data is now being collected from Warwickshire's three main providers which is received only 1 week in arrears. Using this data and an average value for delays from CWPT and out of county providers, a fairly accurate forecast or estimation can be produced. The forecast for November 2017 is 52 which is a small reduction from Oct-17 performance of 53. This is impressive given the significant peak in DTOC at George Eliot Hospital at the end of Nov-17. Since the target and trajectory to meet that target was set in June, Warwickshire performance has met the trajectory in Jun-17 and Aug 17. Whether we meet the target of 40

over the winter months will depend on conditions at our main providers.



#### 4. Key Issues

- 4.1 We recognise the importance of ensuring that people do not remain in acute hospitals longer than necessary, however we do have some serious concerns about the target as data is not comparable due to there being no standard method of counting delays.
- 4.2 It is also important to not look at DToC in isolation. We are focussing funding and improvement initiatives on reducing both non-elective admissions (the 'front door') through our prevention, rehabilitation and public health work and DToC (the 'back door').
- 4.3 Following a significant reduction in delays at our three main Acute site, our focus has now moved to the five smaller community hospitals.

#### Background Papers

None

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