# Adult Social Care and Health Overview and Scrutiny Committee

# 30 January 2019

# **Delayed Transfers of Care Update**

#### 1.0 Recommendation(s)

The Committee to:

- 1.1 Comment on the complexities of Delayed Transfers of Care and to acknowledge the system wide partnership working;
- 1.2 Comment on the joint and Warwickshire County Council internal change and improvement activities that have and continue to be progressed, to support a reduction in Delayed Transfers of Care; and
- 1.3 Note the progress made to date to meet the Delayed Transfer of Care target of 3.5% which equates to no more than 43 beds occupied by a delayed Warwickshire resident on an average day.

#### 2.0 Introduction

- 2.1 This report (and supporting more in-depth presentation) provides an update on reducing Delayed Transfers of Care (DTOC) in Warwickshire following on from the last update to Overview and Scrutiny Committee on the 24<sup>th</sup> January 2018.
- 2.2 At that meeting it was noted that due to the system wide challenges a dedicated DTOC project team, led by Anne Coyle, Managing Director of the Out of Hospital Collaborative from SWFT, which was focussed on improvement activity and joint working between health and social care at the three main Acute (hospital) sites had already started to result in a step change in performance. This project, on behalf of the Better Together programme is supported by colleagues from acute providers; CCGs; social care operations and strategic commissioning in Warwickshire.
- 2.3 In addition to these joint initiatives which cross-cut health and social care, in quarters two and three of 2018/19 an in-depth internal review of the Hospital Social Care Team has also been carried out, to ensure our operational processes and people have the tools, skills and support to be as efficient as they can be.

### 3.0 Reducing Delayed Transfers of Care

- 3.1 There is a six week delay in confirming actual delays data, the latest confirmed data is therefore for October 2018. In the last 6 months (May-18 to Oct-18) the average daily beds delayed was 42 days, compared to the same period last year of 72 days, which represents a 41% improvement in performance.
- 3.2 When delays due to social care are considered, the improvement is even more significant as in the last 6 months (May-18 to Oct-18) the average daily beds delayed was 17 days, compared to the same period last year of 42 days, which represents a 58% improvement in performance.
- 3.3 This improved performance has been achieved whilst seeing increasing numbers of admissions of +c5/6% each quarter and acuity of patients. Despite this health and social care colleagues across all nine acute and community sites, along with domiciliary (home care) and residential and nursing home providers, have and continue to work tirelessly to discharge patients safely.
- 3.4 In order to reduce delayed transfers of care, Warwickshire has to coordinate improvements across 3 CCGs, 4 main providers and the external commissioned market. In fact Warwickshire Hospital Social Care Team staff 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.
- 3.5 The most significant improvements continue to be at the three main acute sites, Warwick, George Eliot and University Hospital Coventry and Warwickshire. The challenge now is to maintain this improvement during quarter 4 (the main winter pressures period), whilst also continuing to reduce the number of days patients are delayed elsewhere in the system:
  - in the community hospitals and St. Cross, and
  - Warwickshire residents at out of county providers.

#### 4.0 Change and Improvement Activities

- 4.1 During the last 12 months numerous joint and internal NHS and social care interventions and activities, focussing on proactive discharge planning, discharge pathways and bed capacity and visibility have all contributed to reducing DTOC. More detail is provided in the supporting presentation and a summary is provided below:
  - a) Embedded a consistent approach to reporting and measuring delayed transfers of care to ensure accuracy and simplicity

- b) Streamlined the approach to hospital assessment and information sharing along the referral pathways
- c) Created clear and concise criteria across all services to ensure 'right first time' support for individuals
- d) Provided efficient access to, and management of, bed data across Warwickshire, improving discharges and management of the County's bed capacity/market through the roll out of the EMS+ Bed Availability Tool
- e) Put tools and process in place to nurture continuous improvement based on factual intelligence
- f) Ongoing management of the external market and its response to taking packages of care in a timely way within the community.
- g) Utilised the improved better care funding to assist with patient flow from hospital into the community (Trusted Assessors, increased bed capacity)

### 5.0 On-going Challenges

- 5.1 Reducing DTOC is complex, in part due to the number of organisations and partners involved and the increasing complexity of people's needs. Whilst significant operational improvements have and continue to be made by NHS and social care teams, there are also external factors which impact on our performance:
  - The external domiciliary (home care), residential and nursing care provider market;
  - · Out of county delays;
  - Delays of patients from Coventry and Warwickshire Partnership Trust;
  - The complexity of customers requiring care increased frailty, comorbidities, poor health; and
  - Housing.
- 5.2 A stable, resilient and flexible external provider market underpins an effective health and social care system. Despite almost halving delays associated with domiciliary care and residential home placements in the last 12 months, these remain the two largest delay reasons. Whilst Warwickshire has a similar rate of residential delays to other comparator and West Midland Local Authorities, the rate of delays for patients awaiting a package of care (domiciliary care) is higher.
- 5.3 In the last 6 months, Social Care delays to Warwickshire patients at out of county providers have accounted for 14% of overall Warwickshire Social Care delays.
- 5.4 To address this, over the last few months the DTOC team have been working with these hospitals to understand their processes and have identified that only Heartlands, Solihull and Good Hope out all of the out of county hospitals involve Warwickshire in the sign-off of these delays. The team are therefore using learning

from other areas where this works well eg. Good Hope Hospital to improve the sign-off of Warwickshire delays in other hospitals.

#### 6.0 New Areas of Focus for 2019/20

- 6.1 In June 2018, the National Director of Urgent and Emergency Care wrote to Chief Executives of acute trusts, CCG Accountable officers and STP leads to announce a new national ambition to lower bed occupancy by reducing the number of long stay patients (and long stay bed days) in acute hospitals by 25% (21 days or more) by December 2018.
- 6.2 The target reductions ranged from 24-26% for the three acute trusts in Warwickshire.
- 6.3 The three acute trusts already have action plans in place to reduce length of stay and the Better Together Programme through the DTOC Project will be reviewing what else needs to be done to support this work. Reducing Length of Stay will become a national Better Care Fund target from the 1<sup>st</sup> April 2019

## **Background papers**

#### 1. None

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The report was circulated to the following members prior to publication:

Local WCC Member(s): N/a

Other WCC members: Councillors Caborn, Morgan, Redford, Golby, Parsons and

Rolfe.