

Report to: Adult Social Care and Community Safety Scrutiny Committee

Date of meeting: 10 November 2016

By: Director of Adult Social Care and Health

Title: Delayed Transfers of Care

Purpose: To provide an update on the levels of Delayed Transfers of Care and the current issues

RECOMMENDATIONS:

The Committee is recommended to:

- 1. Consider the current local position regarding Delayed Transfers of Care; and**
 - 2. Consider current activities being undertaken to reduce pressure in the system and any recommendations for further action.**
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1. Background

1.1 A delayed transfer of care (DToC) is when a patient is ready for transfer from a hospital bed, and is still occupying that bed.

1.2 A patient is considered ready for transfer when:

- A clinical (medical) decision has been made that the patient is ready for transfer
- A multi-disciplinary team decision has been made that the patient is ready for transfer (this should be made up of people from different professions, including social workers where appropriate, with the skills and expertise to address the patient's on-going health and social care needs.)
- The patient is safe to transfer / discharge.

2. Supporting Information

The local situation

2.1. The local independent sector care market plays a key role in enabling timely discharge from hospital into community settings. Insufficient nursing bed capacity, an oversupply of residential beds, and home care providers struggling to recruit staff and accept clients to enable individuals to remain at home, all directly impact on patient flows out of hospital.

2.2. The figures below show that the main reasons for delayed transfers of care relate to market capacity and the lack of appropriate community based beds, placements and/or home care capacity.

2.3. During 2015/16 the main reasons for delay (taken from a snapshot of the number of people delayed each Thursday) were:

- Awaiting NHS Placement - an average of 19 delays per week (of which an average of 12 per week were awaiting intermediate care)
- Self funders - an average of 10 delays per week (of which an average of 4 per week were awaiting home care, and 3 a week were awaiting nursing home placement)

- Awaiting Social Services Placement - an average of 10 delays per week (of which an average of 6 per week were awaiting home care).

2.4. During 2015/16 these three categories accounted for an average of 66% of all delays each Thursday. It should also be noted that if there is a delay where the family is viewing prospective residential or nursing homes these delays are included in the category “Awaiting action, by family, patient or other” – delays in this category in 2015/16 averaged 9% of all delays each Thursday (although this would have included other delays than awaiting family to view homes).

2.5. The main issues around capacity have continued in 2016/17, with the three categories above accounting for an average of 61% of all delays each Thursday between April and September 2016, and an average of 13% of delays being in the category “Awaiting action, by family, patient or other”.

2.6. Between April and September 2016 the main reasons for delay (taken from a snapshot of the number of people delayed each Thursday) were:

- Awaiting NHS Placement - an average of 19 delays per week (of which an average of 12 per week were awaiting intermediate care)
- Self funders - an average of 17 delays per week (of which an average of 7 per week were awaiting home care, and 6 a week were awaiting nursing home placement)
- Awaiting Social Services Placement - an average of 16 delays per week (of which an average of 12 per week were awaiting home care).

2.7. More detailed Delayed Transfer of Care data providing a comparison between 2014/15 and 2015/16, and 2015/16 and 2016/17 (April to September) is available in **Appendix 1**.

Performance

2.8. The Care Quality Commission (CQC) has just published their report “The state of health care and adult social care in England, 2015/16”. This report highlights that:

2.9. “The number of patients who have been delayed leaving acute settings increased from March 2015 to March 2016 the two main reasons cited for the delays were that patients were waiting for a care package in their own home or waiting for a nursing home placement or availability. Both saw a large increase over the previous 12 months.” This shows that nationally capacity is a huge issue as well as locally in East Sussex.

2.10. “5,700 patients were delayed in being discharged from hospital, at the end of March 2016 – the highest number for March since at least 2008.”

2.11. There are two national outcome measures in relation to delayed transfers of care. These measures are calculated from the average number of people delayed on the last Thursday of each month, per 100,000 population aged 18 and over.

2.12. In 2015/16, East Sussex’s performance in relation to delayed transfers of care from hospital per 100,000 population was relatively high (performing less well). Performance for East Sussex was 12.8 (which equated to an average of 55.5 people delayed on the last Thursday of the month). East Sussex’s performance in 2015/16 was higher (worse) than the national average (10.9), but was lower (better) than our comparator group average (15.7). Our comparator group is based on those authorities with a similar demographic make-up.

2.13. However, East Sussex’s performance in relation to delayed transfers of care from hospital per 100,000 population attributable to Adult Social Care was relatively low (performing well). Performance for East Sussex was 3.3 (equating to an average 14.5 people delayed on the last Thursday of the month). East Sussex’s 2015/16 performance was lower (better) than the national average (4.2), and its comparator group average (6.4).

2.14. Performance in relation to both these measures has deteriorated between April and September 2016.

2.15. Currently, performance in relation to delayed transfers of care from hospital per 100,000

population has increased from 12.8 in 2015/16 (equating to an average of 55.5 people delayed on the last Thursday of the month), to 19.3 (equating to an average of 83.7 people delayed on the last Thursday of the month).

2.16. Currently, performance in relation to delayed transfers of care from hospital per 100,000 population attributable to Adult Social Care has increased from 3.3 in 2015/16 (equating to an average of 14.5 people delayed on the last Thursday of the month), to 5.5 (equating to an average of 23.8 people delayed on the last Thursday of the month).

Current activity to reduce delayed transfers of care

2.17. There are a range of workstreams aimed at improving the timeliness of hospital discharges and reducing unnecessary admissions. Examples of this work being undertaken in partnership with local health organisations are listed below:

- ESCC is working with Clinical Commissioning Groups (CCGs) and East Sussex Healthcare NHS Trust (ESHT) to further develop the role of the Hospital Intervention Team. This will include increasing the numbers of social care staff based in A&E and Gateway wards to facilitate early discharge planning and admission avoidance.
- ESCC is reducing reliance on independent home care providers by increasing the hours available for community-based reablement and continues to work with care homes to optimise available capacity.
- ESCC is working with care home providers to develop the Care Home Plus model. This will provide enhanced payment to care homes where admission/transfer to a nursing home can be avoided.
- The role of the Hospital Intervention Team will also be extended to support an integrated and systematic approach to discharge by ensuring seamless working with community services, therefore providing the provision to pull patients from acute to community settings.
- Through Discharge to Assess which enables people to return home for an assessment of their future needs. Patients return home with access to reablement support - currently 6,300 hrs per week are available from the fully integrated reablement service. There is also ongoing work with private sector providers (care homes and home care) to assess and start or restart packages of care within 24 hours of referral.

3. Conclusion and Reason for Recommendation

3.1 The local situation with regards delayed transfers of care is closely managed and monitored. Health and Adult Social Care are working together to reduce the number of delays and unnecessary hospital admissions and improve patient experience.

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