

People and Health Scrutiny Committee

2 November 2020

Delayed Transfers of Care Performance during Covid-19

Choose an item.

Portfolio Holder: Choose an item.

Local Councillor(s): Cllr G Taylor

Executive Director: Choose an item.

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Report Status: Choose an item.

Recommendation:

Reason for Recommendation:

1. Executive Summary

- 1.1 The performance relating to Delayed Transfers of Care (DTC) during the first wave of Covid-19 is difficult due to changes in reporting requirements. We are defining the first wave as February – June 2020 for the purposes of this report. This report will detail the DTC data available, the reasons why Length of Stay (LOS) information will need to be used instead of DTC, and the value of LOS going forward for comparisons.
- 1.2 The second part of this report will provide information regarding the new Home First Programme, its processes and the Pathways. Home First commenced on 1 October 2020 and therefore no data is available to show its performance to date, and therefore the impact the new initiative has made in Dorset as yet.

2. Financial Implications

Not applicable.

3. Climate implications

Not applicable.

4. Other Implications

Not applicable.

5. Risk Assessment

Having considered the risks associated with this decision, the level of risk has been identified as: None

Current Risk: None

Residual Risk: None

6. Equalities Impact Assessment

Not applicable

7. Appendices

Not applicable

8. Background Papers

Not applicable

9. Delayed Transfers of Care (DTOC)

- 9.1 DTOC information was being collected from the acute hospitals nationally until January 2020. The decision was taken by NHS England to cease the collection of this data and its publication due to Covid-19. Initially this was stopped until 30 June, however this was extended until 30 September 2020. They have continued to pause the collection of this data for the remainder of this financial year. This means that it would not be possible to compare data like-for-like with previous years or if re-introduced, future years.

- 9.2 As DTOC information is not available, this report is focused on Length of Stay (LOS) data as this continued to be collected during the time of the first wave of Covid-19. The benefit of using LOS data is that it is comparable for the same period in 2019, and will be comparable with a second wave of Covid-19 and/or future periods of time.
- 9.3 LOS is defined as the duration of a single episode of hospitalisation. Inpatient days are calculated by subtracting day of admission from day of discharge. The target figure for LOS is 21 calendar days and therefore any patient staying in hospital over this target duration will be reported into the LOS figures with the number of additional days in hospital.
- 9.4 The LOS data available is split by acute hospital and therefore does not split by Local Authority area, meaning that there will be Dorset Council residents appearing in all three acute hospital figures, but they will also contain Bournemouth, Christchurch & Poole (BCP) Council residents. The data provided will therefore show data from these three acute hospitals only and excludes Dorset/ BCP residents in Yeovil District Hospital and Salisbury General Hospital. Please note it also excludes those patients in community hospitals.
- 9.5 Tables 1 and 2 shows the LOS data split by acute hospital and by month from January to June 2019, and January to June 2020. This data therefore shows the differences in LOS as a direct comparison of the same months in 2019 and 2020, with Covid-19 only being present in 2020. Table 2 is colour-coded to show whether the LOS data is higher (red) or lower (green) in 2020 compared to 2019.

	01/01/2019	01/02/2019	10/03/2019	01/04/2019	01/05/2019	01/06/2019	Total
DCH	77	54	75	82	81	64	433
PHT	111	134	142	126	133	121	767
RBH	113	97	115	111	110	89	635
Grand Total	301	285	332	319	324	274	1835

Table 1 – LOS by acute hospital 2019

	01/01/2020	01/02/2020	10/03/2020	01/04/2020	01/05/2020	01/06/2020	Total
DCH	83	57	80	35	28	37	320
PHT	137	133	157	55	34	61	577
RBH	105	95	109	40	39	50	438
Grand Total	325	285	346	130	101	148	1335

Table 2 – LOS by acute hospital 2020 (coloured showing difference in values)

- 9.6 In January - March 2020, there were increases in the number of days exceeding the 21-day target at DCH by 14 days overall compared to 2019 in the same period. For the same period, PHT had an increase of 40 days. However, RBH saw a decrease of 16 days. The total increase therefore for 2020 was 38 days compared to 2019 for this same period.
- 9.7 From April – June 2020, there were significant decreases in LOS across all the acute hospitals and also significant decreases compared to the same period in 2019. At DCH there was a 56% reduction in LOS; at PHT there was a 60% reduction in LOS; and at RBH a 61% reduction. Overall there was a 59% reduction in LOS across the three acute hospitals for this time period.
- 9.8 The explanation for the reduction in LOS from April 2020 can be correlated with the local and national response to the Covid-19 pandemic.

10. Home First

- 10.1 The Home First Programme was implemented across Dorset on 1 October 2020 as a Discharge to Assess (D2A) model with the focus on attempting to discharge patients from acute hospitals to their own home, if this is appropriate and safe. Discharge planning should start to take place for patients at the time of their admission to enable this approach to work successfully. Staying in hospital for longer than necessary has a negative impact on patient outcomes. Ensuring that patients are given the chance to continue their lives at home is vital for their long-term wellbeing outcomes.
- 10.2 Significant work has been undertaken in Dorset to create a new and integrated model for discharge to assess, where people can be discharged from hospital in a timely manner and receive services that will optimise their ability. The next stage of the Home First Programme is to include admission avoidance as well as supported hospital discharge
- 10.3 There are a number of Pathways that patients will be assigned to based on their needs:

Discharge to assess model – pathways

Pathway 0

50% of people – simple discharge, no formal input from health or social care needed once home.

Pathway 1

45% of people – support to recover at home; able to return home with support from health and/or social care.

Pathway 2

4% of people – rehabilitation or short-term care in a 24-hour bed-based setting.

Pathway 3

1% of people – require ongoing 24-hour nursing care, often in a bedded setting. Long-term care is likely to be required for these individuals.

- 10.4 The Hospital Services Discharge Policy (2020) details the expected proportions of patients by pathway and the expected outcomes for these patients:

Expected outcomes on discharge from hospital:

- 65% of people will require no further care.
- 35% of people will require an ongoing package of care.

Of those 35% of people who receive ongoing care, it is expected that 10% will require a package of lower intensity than at the start of recovery, and will have either an NHS CHC, or Care Act assessment.

Urgent community response and intermediate care to deliver extra support in a person's own home where possible.

If another care setting is required, the end point is to get people home as soon and as safely as possible.

For those admitted to an acute hospital, 95% are expected to be discharged home as default. The discharge to assess model sets out 4 pathways:

- 50% of people are expected to be discharged home with voluntary and community support.
- 45% of people are expected to be discharged home with up to six weeks recovery support from health and social care services, to maximise their independence and stay home for longer.
- 4% of people are expected to be discharged to bedded rehabilitation settings to support their return home.

- 1% of people are expected to be discharged into long-term care settings, such as a care home.

10.5 A PowerPoint presentation regarding Home First has also been submitted and should be read in conjunction with this report as further detail is included.

Footnote:

Issues relating to financial, legal, environmental, economic and equalities implications have been considered and any information relevant to the decision is included within the report.