Health Scrutiny Committee

Dorset Delayed Transfers of Care (DToC) performance

Date of Meeting: 5/3/20

Portfolio Holder: Cllr L Miller, Adult Social Care and HealthCllr

Local Member(s):

Director: Choose an item.Vivienne Broadhurst, Acting Executive Director People - Adults

Executive Summary:

Extended periods in hospital for a person, beyond their need for acute inpatient care, are known to be harmful. The best outcomes for people are achieved when they are enabled to leave hospital at the right time. A delay in someone's discharge from hospital can affect their recovery and independence but also places pressures on hospital beds within the Integrated Care System (ICS) and can mean people who need access to acute inpatient care don't receive their treatment in a timely way.

Delayed transfers of care (DToC) performance data measures how effective the Dorset ICS is at enabling people to leave hospital at the point at which they no longer have a need to remain in the hospital setting for their ongoing treatment. This report provides an overview of the current DToC performance of Dorset Council Adult Social Care and the Dorset ICS as a whole, with some comparison to national performance. It provides an overview of the progress made to date and continuing areas for improvement.

It is important to understand that the cause/reasons for DToC are only the final reason for an individual remaining in hospital past the point that their acute hospital treatment ends and the delays that occur in the journey throughout a persons' hospital stay can be influential in whether a person is supported home at the right time.

Equalities Impact Assessment: N/A

Budget: N/A

Risk Assessment: N/A

Climate implications: N/A
Other Implications: N/A
Recommendation: N/A
Reason for Recommendation: N/A
Appendices: N/A
Background Papers: N/A
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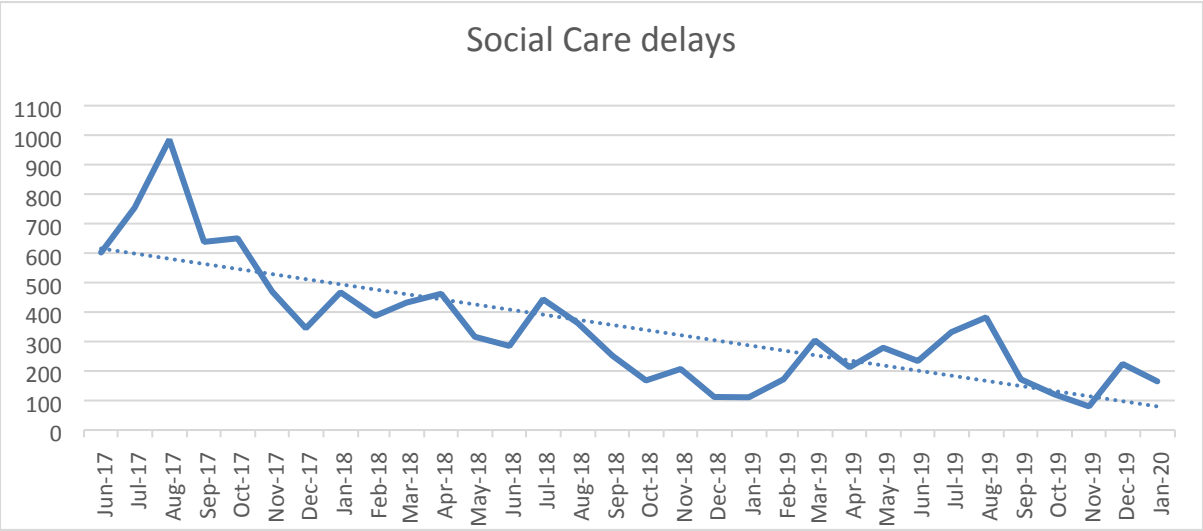
1. DToC Performance

1.1 Medium-term trend – Adult Social Care delays

1.1a Overall performance:

In the past three years, we have seen a significant reduction in delays for Dorset residents attributable to Adult Social Care (ASC). In August 2017 levels peaked at 985 delayed days in the month, in contrast to a recent lowest-ever figure of 80 delays in November 2019. These two figures represent the extremes of our performance in the past three years, but over-all the trend has been a decreasing number of days delayed in a month.



The reduction has seen Dorset significantly improve its national ranking. Until 2018, Dorset had performed in the middle to lower end of the fourth quartile nationally for Adult Social Care delays. In November 2019, Dorset was ranked just two places outside of the second quartile nationally for Social Care delays, our current ranking being 77th of 150 Local Authorities.

1.1b Performance against Better Care Fund

Delayed Transfers of Care has been one of four indicators monitored in Dorset's Better Care Fund (BCF) plans.

In 2018/19 Dorset was set a target of 9 delays per day to be achieved from September 2018. Although at the time this was felt to be a considerable stretch based on our historic performance, between September 2018 and March 2019, Dorset recorded an average of 6.3 Adult Social Care delays per day.

For 2019/20 BCF targets were set at 43.1 delays per day as a whole ICS target. In order to monitor Adult Social Care delays as a tangible daily target we internally set a Dorset Council target at 7.5 delays per day. To end of January 2020 Dorset has recorded an average of 7.2 delays per day for Adult Social Care delays, remaining just inside target.

1.2 Medium-term trend – Dorset Integrated Care System (ICS) delays

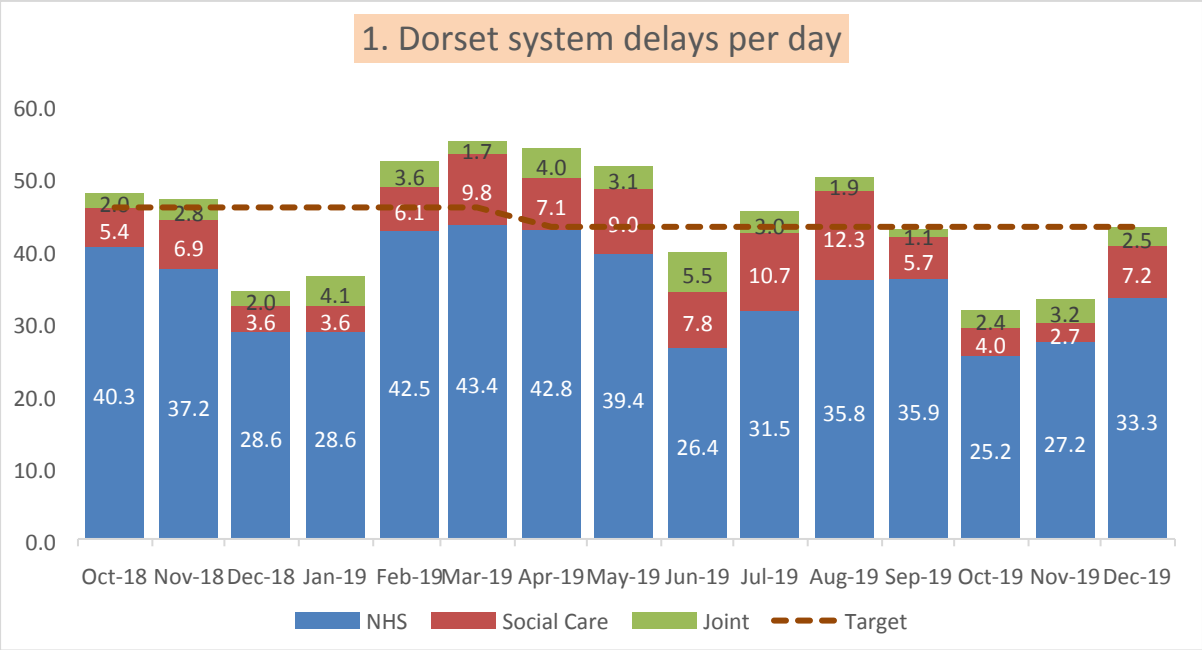
The trend for the whole system in Dorset has not followed the same downward trajectory as Adult Social Care delays.

NHS attributable delays account for around 78% of days delays in the Dorset system. There is an overall downward trend over the past couple of years, albeit not as steeply as for Social Care.

Whilst a downward trend is the right direction for improving peoples' outcomes, Dorset has not seen its national rank improve because reductions in delays have been seen across the whole country over the period. For NHS delays, Dorset remains very much in the bottom quartile, the current ranking being 141 of 150 Local Authority areas.

The third element of system delays is joint delays, where the delay is attributable to both Health and Social Care (usually associated to people with Mental Health needs and may be jointly funded).

The following chart shows the total system delays per day since October 2018 split by Social Care (red), Health (blue) and Joint (green). The dashed line shows the agreed Better Care Fund target for the system:



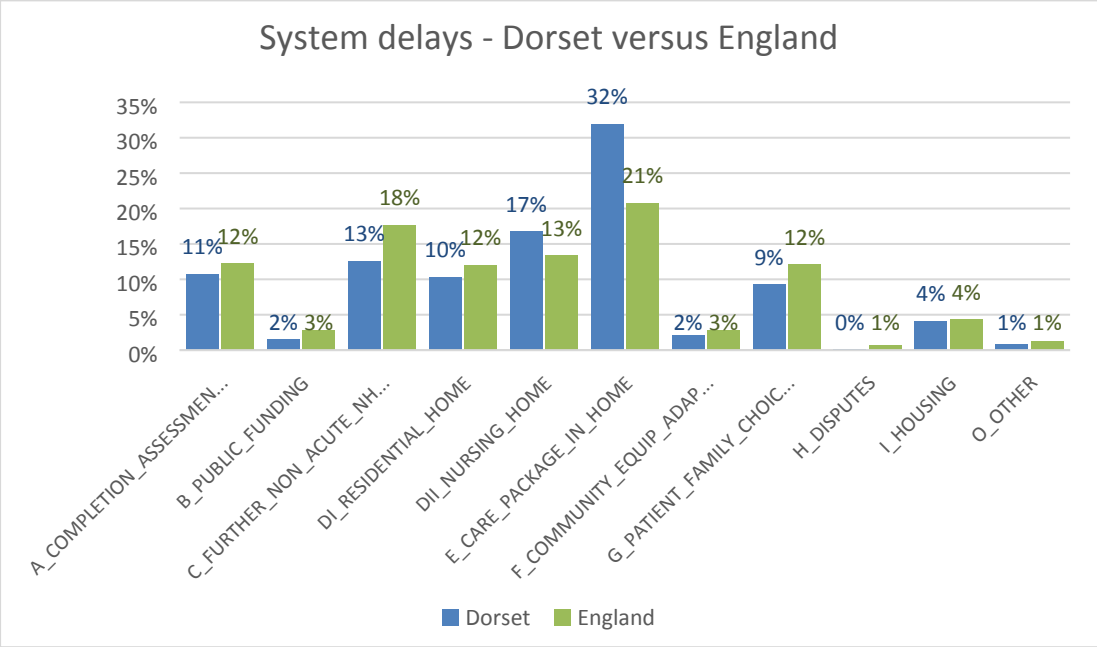
1.3 Causes of delays

A person can be delayed in hospital for a number of reasons. When recording DToC, a nationally-prescribed set of reasons are used:

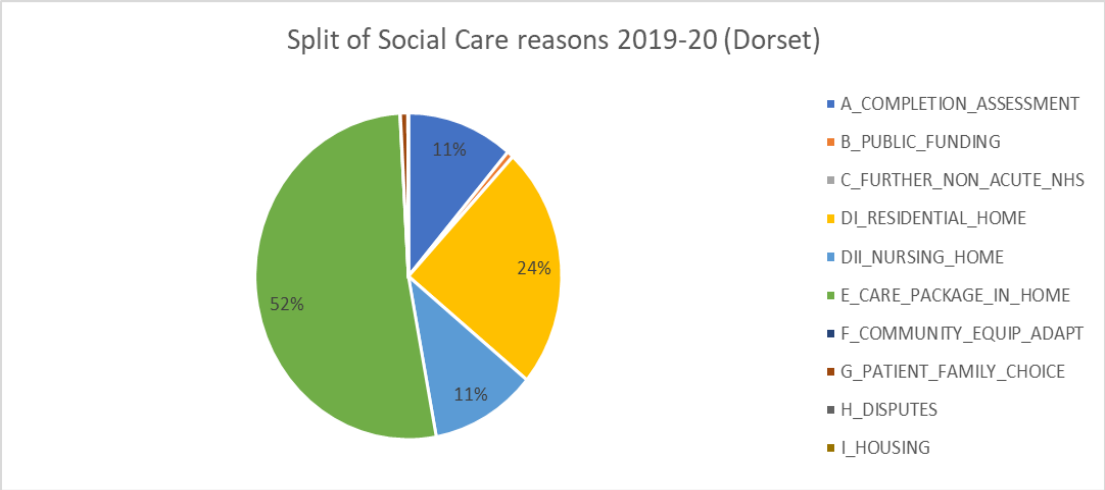
A) Awaiting completion of assessment
B) Awaiting public funding
C) Awaiting further non-acute NHS care
Di) Awaiting residential home placement or availability
Dii) Awaiting nursing home placement or availability
E) Awaiting care package in own home
F) Awaiting community equipment and adaptations
G) Patient or family choice
H) Disputes

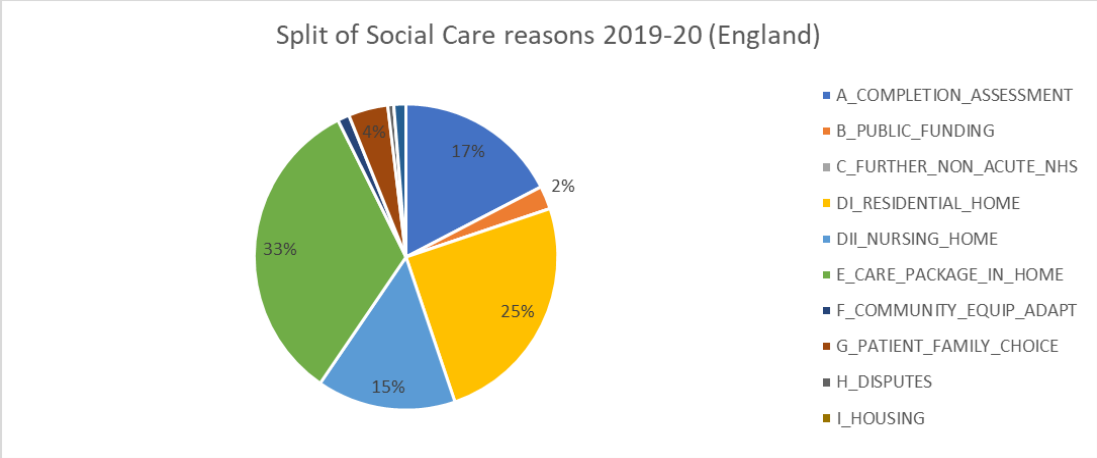
I) Housing – patients not covered by the Care Act
O) Other

Dorset ICS's largest cause of delay, accounting for almost a third of all system delays, is awaiting a care package in the persons own home. The following chart shows that Dorset ICS' figure is significantly higher than that for the rest of England:

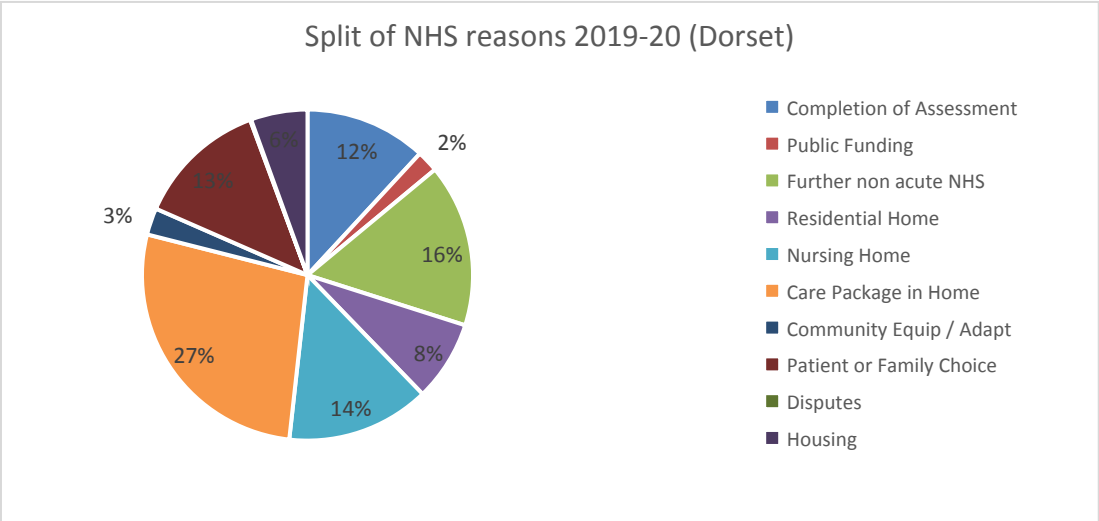


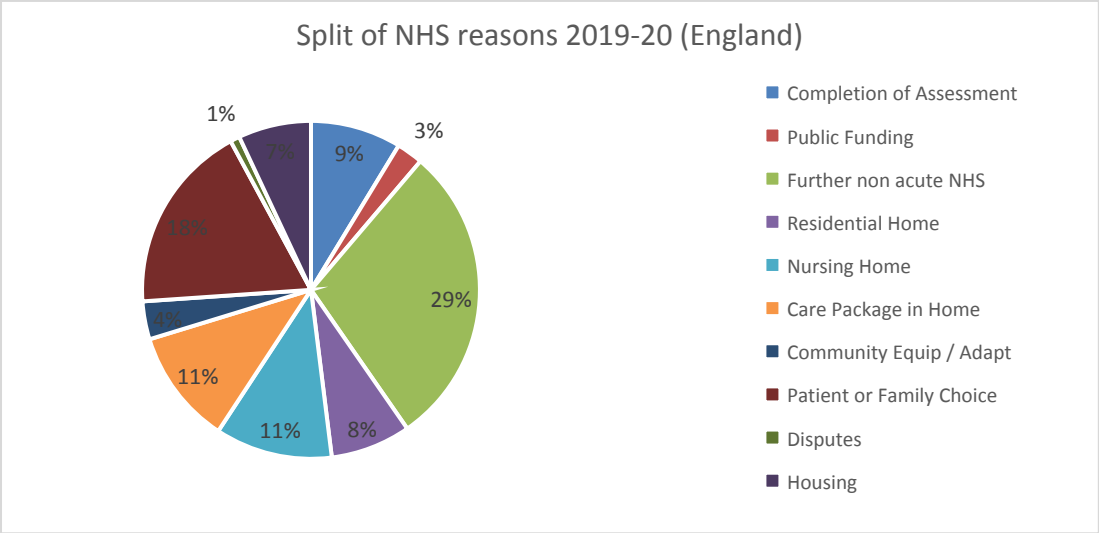
Looking at Social Care attributable reasons only, awaiting a care package in own home shows an even more significant difference to the rest of the country, accounting for 52% of days delayed in Dorset for 2019-20 compared with 33% nationally:





Looking at NHS reasons below, Dorset figures for those awaiting care packages in their own home are much higher than nationally with the delays awaiting further non acute NHS care are lower.





2. Achieving improvements to DToC across the ICS

2.1 ASC improvements

Improvements to Dorset ASC attributable delays over the past 12 months have largely been supported both by some internal changes around workforce and also changes to practice linked with the High Impact Change Model of Managing Transfers of Care (produced jointly by NHSE/ADASS/LGA).

In order to reduce social care attributable delays, our focus has been on:

- aligning our workforce to be able to respond to the increasing demands across all 5 acutes, 8 community hospitals and 8 mental health NHS units, with a focus on ensuring early conversations, timely assessment and support planning with individuals during their hospital admission;
- changes to practice and services that can better support people to return home quickly at the right time and to remain at home, avoiding admission to hospital where this is not necessary.

Some of this work has been achieved through realigning existing resources with other changes having been enhanced by BCF winter funding and ICPCS investments.

The following are considered to have contributed to improving Dorset Council's work with Dorset residents, reducing ASC attributable delays and contributing to Dorset ICS performance over the past year:

- Each locality team having a link worker for community hospitals to improve multidisciplinary working and timely involvement for those that need ASC input
- Developing our peripatetic team to be able to respond flexibly to acute and community hospital pressures
- Social care staff, attached to Hospital social work teams but working within Salisbury and Yeovil Hospitals, providing improved response to the increasing numbers of referrals for Dorset residents at these hospitals
- A social worker based with the older persons mental health wards working with residents across all Dorset localities to enhance multidisciplinary working, earlier conversations and developing improved working practices across health and social care
- Social care staff focussed and part of emergency and short stay departments within the three main acutes in Dorset and arrangements in place at SDH/YDH to prevent admission
- Dorset Council occupational therapists within the acute hospital settings to support positive risk taking with those who have complex needs on returning home, promoting less restrictive support plans and consider alternative ways of maintaining independence
- Where people are likely to only be in hospital for a short period before returning home, holding their care arrangements in place temporarily so that they can return home with care resuming when they are ready to leave and providing a level of continuity

- Changes to our reablement service and streamlining reablement processes to support greater flow through the service for those that need access to a reablement service
- Developing rapid access to assistive technology for those leaving hospital

2.2 ICS improvements

In addition to the above, Dorset Council have worked with partners, aiming to improve peoples' outcomes and system DToC performance through:

- Developing the multidisciplinary hub model within locality teams (alongside Tricuro, care providers and Dorset Healthcare) encouraging teams to create solutions for supporting a resident of that locality to return home at the right time with the right level/nature of support with ongoing assessment in the community; developing trusted assessor practices to reduce duplication of assessment
- Developing the voluntary sector involvement in supporting hospital discharge
- Additional investment through BCF winter funding to support commissioning of Getting You Home services (discharge services) and Active Recovery services (supporting rapid response to avoid hospital admission). These developments have enabled us to work with providers as trusted assessors and as part of the multidisciplinary team and focussing on outcomes rather than traditional task and time delivery
- Revising the leaving hospital (choice) policy to provide clear information and expectations for people about planning for discharge from admission and enabling staff to have conversations about realistic expectations.
- Enhancing support to self-funders needing advice and guidance to secure ongoing support plans
- Working with hospital providers to review people with over 7/14/21 day stays and agree how we can work together to avoid prolonged hospital stays
- Undertaking work with Bournemouth Court and partners to minimise delays when there are objections to plans for someone lacking mental capacity and Court of Protection processes are required.

3. Opportunities for further improvement

The current performance data shows that Dorset ICS has significant opportunities for improvement both in terms of ASC delays and the delays classed as 'NHS delays'. One of our key areas of focus is around working with the ICS to define our ambition around prevention, helping people to stay at home or to return home at the right time (often known as 'Home First') and to define and redesign hospital pathways that support delivery of that ambition at scale. Continued focus is also needed on how we reduce some of the internal delays within a person's stay in hospital which can impact on a persons' length of stay in hospital and ultimately their recovery to independence.