Oxfordshire Joint Health Overview & Scrutiny Committee
Thursday, 20 November 2014
Delayed Transfers of Care

1. Introduction

This paper provides an update to members of the Joint Health Overview & Scrutiny Committee on performance on delayed transfers of care and the actions in place to continue to reduce these. This follows on from the report presented on the 5th December 2013.

The following organisations will be represented at the meeting:

Oxfordshire Clinical Commissioning Group – the body that commissions hospital and community services in Oxfordshire and jointly commissions and purchases a range of services with Oxfordshire County Council

Oxfordshire County Council – the Council has responsibility for carrying out assessments of people who may require social care services and for arranging on their behalf care services such as domiciliary care (care in peoples own homes). The Council also arranges housing and commissions residential and nursing home care. This includes nursing home placements for individuals with dementia which are generally in short supply across Oxfordshire. In addition the Council and Oxfordshire Clinical Commissioning Group (OCCG) have joint arrangements for commissioning.

Oxfordshire University Hospitals NHS Trust (OUH) – the provider of acute hospital services in Oxfordshire, whose performance against national patient quality targets is affected by delayed transfers of care. This includes performance against the national target for the accident and emergency department (A&E) attendances, which determine that treatment for 95% of patients presenting in the department must be completed within 4 hours of individuals arriving. The Trust has made a number of improvements to patient-flow in the A&E department which have had a positive impact on performance throughout the summer months. This includes a Supportive Discharge Hospital team who proactively facilitate the discharge of patients into their own homes with support. However October has seen a surge in demand and unfortunately previous improved performance above 95% has deteriorated. The Trust expects the coming winter months to be challenging and is looking to the whole-system of partner agencies to reduce the demand for emergency care through preventive health and social care initiatives (such as the Emergency Medical Units at Abingdon and Witney provided by Oxford Health Foundation Trust).

Oxford Health NHS Foundation Trust (OH) – the provider of NHS community and mental health care services including continuing healthcare assessments, community hospital services, community nursing and therapy services, the management of referrals and assessments for post-hospital services and the Oxfordshire Reablement Service and hospital-at home-services.

The design and delivery of safe and timely discharge in the County is the joint responsibility of all 4 organisations. A number of other organisations make a valuable contribution to effective discharge, for example, South Central Ambulance Service and providers of long-term care services such as care homes and home care providers. It is important to note that delayed transfers of care affect the published performance of all agencies in the health and social system across Oxfordshire.

2. Delayed transfers of Care.

Delayed Transfers are governed by the Delayed Transfers Act 2003 which placed a duty upon the NHS and Councils to work cooperatively in communicating and facilitating discharges, through timely, safe and appropriate transfers from a hospital setting which is the consistent aim that underpins the legislation.

An individual is considered to be a delay from acute or non-acute care when an individual is still occupying a bed. A patient is ready for discharge when

a. A clinical decision has been made that patient is ready for transfer **AND**
b. A multi-disciplinary team decision has been made that patient is ready for transfer **AND**
c. The patient is safe to discharge/transfer.

A multi-disciplinary team in this context includes nursing and other health and social care professionals, caring for that patient in an acute setting. This puts emphasis on a multidisciplinary approach which for which Social Care plays an integral role.

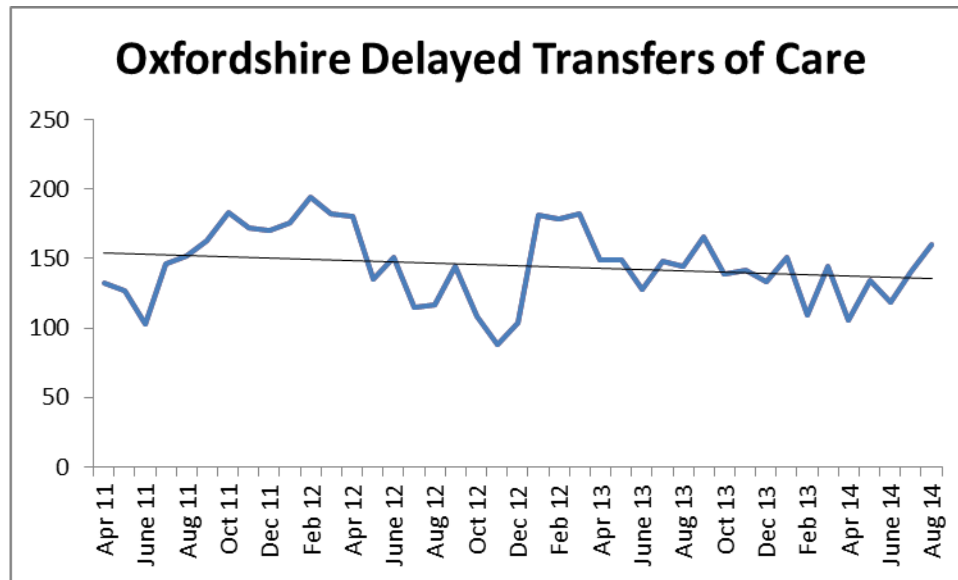
3. Performance in Oxfordshire.

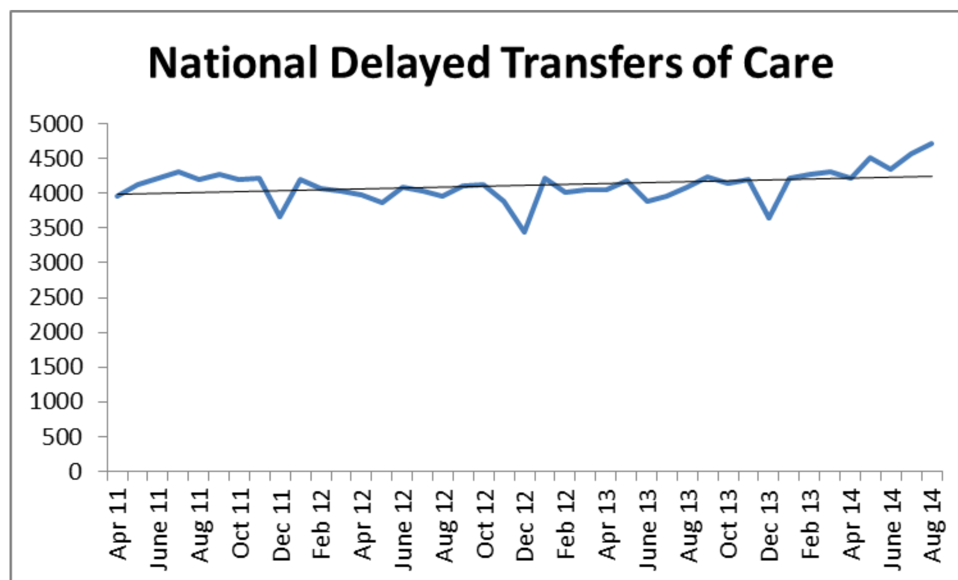
All partner agencies are co-dependent regarding managing the pathway for patients who are invariably frail, elderly and require a person-centred and holistic approach to their recovery and/or rehabilitation. All agencies recognise that under-performance in one area can cause a knock-on effect further down the line. For example a delay in domiciliary care for a patient in a community hospital bed, further delays another patient in an acute hospital bed who is waiting for a community bed, which in turn can impede the admission of a frail elderly person waiting for admission in A&E.

Since April 2011 the Department of Health has published monthly figures on the number of people delayed in hospitals. Figures are published on a snapshot of the number of people delayed at the end of the month and the total number of days delayed in the month for each hospital trust and local authority in the country. The charts below give the figure for Oxfordshire residents and the country as a whole at the end of each month since April 2011.

The August 2013 Spending Review established the Better Care Fund "to deliver better outcomes and greater efficiencies through more integrated services for older and disabled people." This fund essentially moves money around the system, largely as a result of acute sector efficiencies, and is intended to be invested in integrated health and social care community solutions that are designed to improve access to appropriate care closer to home, thus avoiding unnecessary and inappropriate demand for urgent and emergency care. Success is judged on a number of

measures including a reduction in delayed transfers of care and admission to residential or nursing home care.. Locally we agreed to reduce the number of days people are delayed in hospital by 37.5% from a baseline measured from April 2012 to June 2013. During the baseline people were delayed 4,688 days on average each month - the equivalent of 154 people a day. The target is for people to be delayed fewer than 2873 days per month on average in 2014/15 or 94 people per day. Improved performance is expected equally across all 3 reported responsibilities i.e. delays due to the NHS; delays due to Social Care and delays due to both NHS and social care.





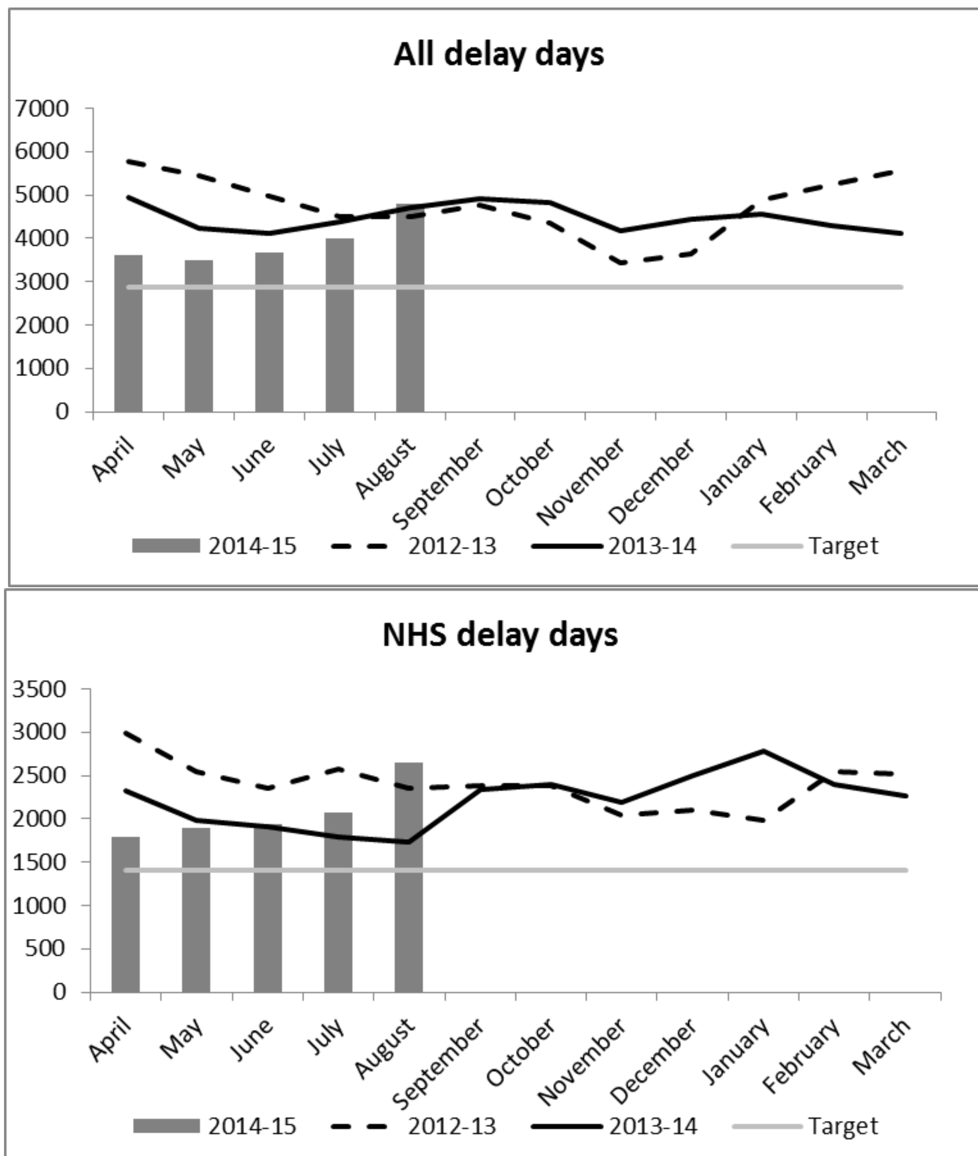
As aforementioned, it must be understood that initiatives that improve performance in one area can also carry the risk of simply moving the ‘bottle-neck’ to another part of the system. This means that partners must manage improvements in tandem. For example improving the speed and timeliness of an assessment process to meet a target is likely to result in a ‘bottle-neck’ queue for ongoing care, if the next step of the pathway is over-looked in terms of its capacity to absorb the additional flow of patients which have been generated by new efficiencies at the assessment stage.

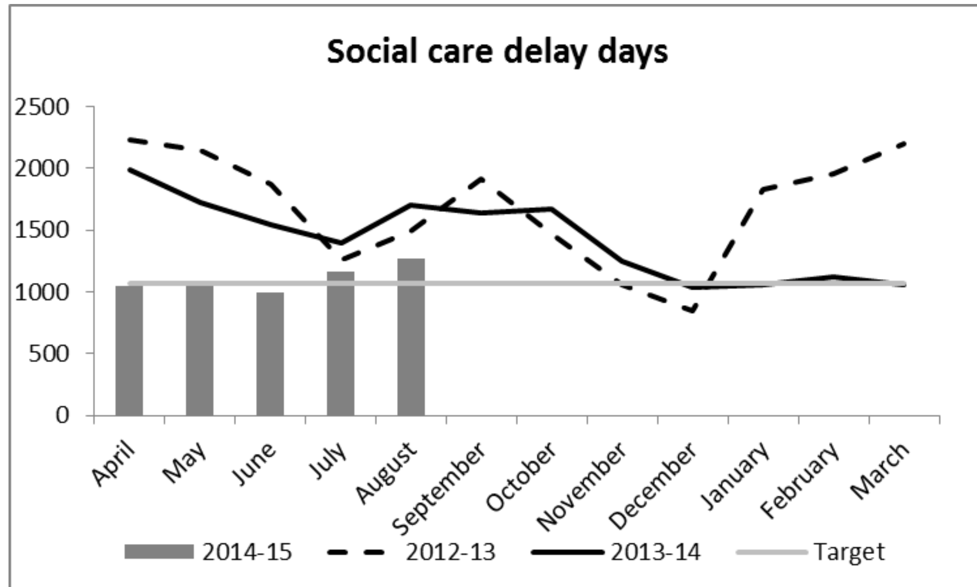
The charts below show performance over the last 3 years separately for delays that are the responsibility of the NHS, Social Care and both organisations. In the first four months of 2014/15

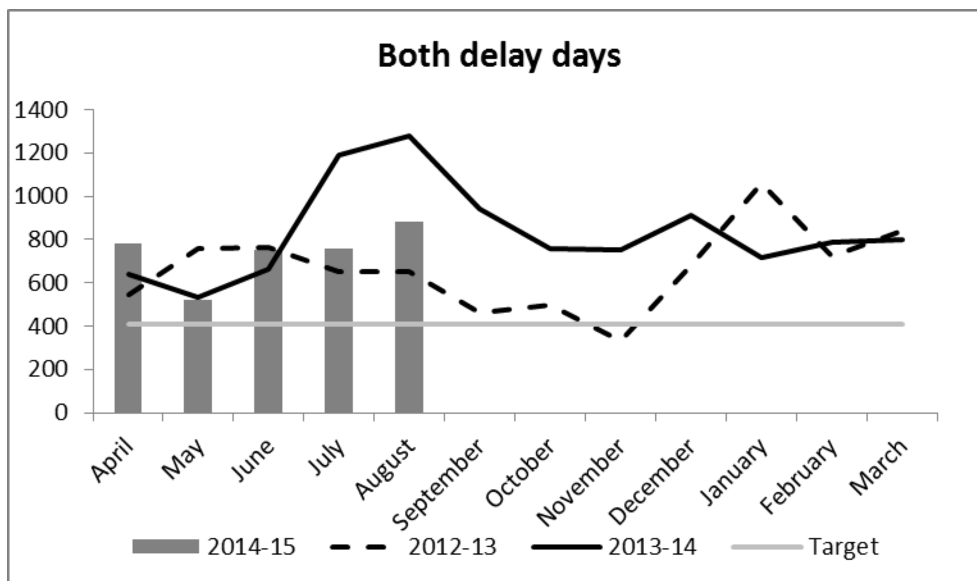
- The number of days people have been delayed is 29% more days than the target
- The number of days delayed while people wait for further on-going NHS care is 37% higher than the target level
- The number of days delayed awaiting social care is 1% above target level

The number of days delayed awaiting both social care and NHS, primarily but not exclusively reablement is 72% over target.

While efforts to address social care capacity shows promise and much progress has been made, all agencies acknowledge there is more to be done given that the main reported reason for delays in community beds and with the reablement service, relates to around 16 patients on any one day who are waiting for social care.







From October 2013 to June 2014 delays reduced, even though this period included winter, which is typically seen to provide more demand on the system. This reflects the success of the winter plans put in place last year and reported to the committee last December. However in the last couple of months delays have risen. This could be due to seasonal factors and higher levels of leave in August, but also due to unprecedented levels of demand for services. Between April and August 2014 there were 8,230 emergency admissions of people over 60, compared to 7,844 in the same period last year i.e. a 4.9% increase. This increase is in line with the pattern nationally and is believed to be caused by

- An increase in the over 60 population (there are 1% more over 60s registered with Oxfordshire GPs than this time last year),
- The older population are surviving and living with a greater range of long term conditions,
- Changes in public expectation mean that demand for services is growing more than the change in the population.

4. What are people waiting for?

The table below gives the number of days people have been delayed, broken down by what they were waiting between April and August. The most common reason people are delayed is that they are awaiting on-going NHS care in the community, This accounts for 22% of delay days. The next biggest reason is delays for a care package organised by both the NHS and social care, primarily but not exclusively reablement (16%); people waiting for a long term care package to be organised by social services and choice delays - an NHS responsibility (14%) and the people waiting for social care to organise a care home placement (12%).

Reason for the delay	Days lost	%
Further non acute NHS care (primarily awaiting community hospitals)	4,286	21.9%
Care packages from both NHS and Social Care (primarily reablement)	3,084	15.7%
Long term care package to be organised by social care	2,838	14.5%
Choice - NHS responsibility	2,816	14.4%
Social care to organise a care home placement	2,446	12.5%
NHS to complete an assessment	1,200	6.1%
NHS to organise a care home	1,121	5.7%
Social care and NHS to organise a care home	423	2.2%
NHS Equipment	397	2.0%
Housing delay	330	1.7%
Social Care to complete an assessment	222	1.1%
All other (all accounting for < 200 days and 1% of delays)	449	2.3%
Total	19,612	

It is important to note here that the data relating to health delays in the system regarding NHS community care and reablement, may mask the cohort of patients whose condition further deteriorates, therefore resulting in a change of direction for their ongoing care plan. OH estimates that this accounts for around 30% of patients whose original plan for a social care package, is revised in favour of NHS community care aligned to a patient's change in circumstances. OH is working with the Council to ensure the impact of 'change of care direction' is fully understood and quantified.

5. Planning to reduce delays in care.

All health and social care agencies have been coming together to develop a whole systems plan for addressing unacceptable level of discharge delays. Since the last report to the HOSC, a number of improvements have been achieved as follows:

> **Oxford University Hospitals NHS Trust (OUH):** Clinicians and managers in OUH have been commended by NHS Emergency Care Intensive Support Team (ECIST), for internal improvements they have made to discharge planning. Most importantly they have strengthened the setting of an 'estimated date of discharge' when patients are first

admitted which provides greater efficiency when planning patient care. In addition improvements have been made to input from social work and support placement officers at weekends, and the introduction of an electronic system for medicines management which has improved the process when patients are waiting for their medicines prior to going home. The Trust is continuing to focus on internal improvements and is also collaborating with GPs and other partners on developing ambulatory care pathways (improving access to treatment in a hospital environment that does not result in admission to a bed).

- **Patient Choice:** All Oxfordshire partner agencies agree that it is in the patient's best interest to support them and their carers/relatives to exercise choice regarding transfer to a care home, nursing home or location of community hospital, following discharge from acute care. This must be managed sensitively and in a timely way, in order to prevent an unacceptable extended inpatient stay. Unfortunately patient choice is consistently one of the significant reasons why patients are delayed in hospital and as a consequence partner agencies have collaborated on a new whole-system policy: 'Oxfordshire Choice, Equity and Fair Access Policy (June 2014) in an attempt to address this issue. Implementation of the policy has been completed and the weekly urgent care summit meeting is now monitoring the number of letters that have been issued and their impact. These letters are given to patients explaining their rights and the need and options to move to a more appropriate setting. Evaluation of the impact of the policy will take place in the summer of 2015.

- **Supported Discharge Pathway Operating Policy (September 2014):** Oxfordshire agencies have recently approved the development of a whole-systems discharge pathway. Implementation of the policy is managed by a joint agency steering group and has involved the setting up of multi-disciplinary professional forums twice a week, that try to resolve discharge issues for individual patients who have been delayed. The outcomes and emerging themes from this group are recorded in an issues log which is used to further generate new ways of working to improve discharge.

- **Improvements in pathway flow in community hospitals:** OH has been focussed on improving discharge planning within community hospitals with the result that the average length of delay in community hospitals has reduced from 22 days to 12 days. This has impacted on acute hospital delayed transfers of care, by reducing the number waiting for a community bed from 46 to 26 at any time. As a result the number of patients treated in a community hospital has increased from 2081 in 2011, to 2681 in 2013. The Trust is continuing to work collaboratively with social care on delays caused by unavailable nursing and residential care, domiciliary care, and patient choice, the number of which remains 30% higher than the number of patients delayed in an acute bed that are waiting for a transfer to a community hospital. Work is ongoing to improve this flow, especially the number

of discharges from community hospitals (and therefore transfers of care from acute services) at the weekends.

- **Age UK:** A new pilot service has been established by Age UK, supported by the Social Investment Business Group Fund aligned with a contribution from the Clinical Commissioning Group, which will seek to reduce the number of choice delays as one of its key outcomes. It will do this through supporting older people through the maze of care and support services available to them and assist them regain their confidence and re-engage with their local communities after a period of institutional care.

- **General Practitioners:** GPs are currently developing 'advance care plans' for around 2% of patients who are at high risk of an emergency admission. This sets out the patient's preferred place of care and should be completed by the end of September 2014.

6. Whole-systems Collaboration.

Moving forward and following guidance from NHS England earlier this year, all Clinical Commissioning Groups across the Country have been tasked with developing an Operational Resilience and Capacity Plan for their health social care system with access to central funding. The Oxfordshire Plan has been designed to improve the responsiveness of all health and social care services throughout the winter and includes input from Oxford University Hospitals NHS Trust, South Central Ambulance Service, Oxford Health Foundation Trust and Oxfordshire County Council. All partners to the plan, have been tasked with reducing delays in the system with payments incentivised to improve service response times particularly over weekends. The plan includes improvements to the domiciliary care uptake of patients from the reablement service which should start to address capacity issues enabling patients to receive care in their own homes. In addition to this the Council's new block contracts begin on 1st October. It is hoped that this will increase stability in the agency provider market and reduce the amount of time it takes providers to start a care package.

A 'Systems Resilience Group' has been convened to provide oversight for the plan and to provide strategic leadership and direction for urgent and emergency care; planned care; capacity planning for the winter; and addressing delayed transfers of care. A further remit of the group is the development of one 'Delayed Transfers of Care' (DToC) Plan, which has strong 'ownership' from all constituent agencies. Performance against the DToC plan will be robustly managed with agencies and individuals being held to account for delivery.

The urgent and emergency care system was assessed by the NHS Emergency Care Intensive Support Team (ECIST) in September 2014 who made recommendations which will be incorporated into the DToC Plan. These recommendations included:

- A review of system-wide discharge planning standards. The Council are currently undergoing a LEAN review of their discharge standards with an outcome report anticipated by the end of October 2014.

- A shared NHS/Social Care demand and capacity plan to match increasing need for rehabilitation and care management with available services. This to include an assessment of the community bed criteria.
- A plan to reduce the number of 'medically fit' patients who are occupying beds.
- A length of stay review - An snapshot exercise offered with ECIST assistance to understand reasons why any patients have a length of stay of over 7 days.

An 'Urgent Care Summit' meets weekly and is the operational arm of the Systems Resilience Group. This forum brings together clinicians, professionals and managers from all agencies to maintain a 'real time' focus on unblocking delayed transfers of care. The numbers of patients delayed over 2 weeks is of particular concern and the Summit is the place for escalating these issues on a case by case basis. In addition the group considers weekly performance across the system including:

- Performance against national urgent and emergency care targets such as A&E waiting times and Ambulance journey times.
- Issues to do with adaptations or housing/accommodation.
- The numbers of patients delayed in acute care and the primary reasons for delay.
- The top 3 patients delayed and the steps clinicians and professionals are taking to address the issues.
- Community hospital and mental health delays in care.
- Patients who reside outside of Oxford who are waiting to be assessed by an 'out of area' team and/or ongoing care close to their home.

A number of concerns have recently become apparent in the system with indications manifesting in delayed transfers to community hospitals and care/nursing homes. These include:

- Staff recruitment issues in community hospitals which has meant that OH has had to temporarily reduce bed numbers in order to ensure safe running. It should be noted that this has not resulted in any increase in delayed patients within community hospitals. The Trust has also been working as a whole system to review patient flow efficiency to ensure there are no beds empty with patients waiting. OH has a robust action plan in place for recruitment (see separate HOSC paper on Community Hospitals).
- A number of residential care and nursing homes have been recently inspected by the Care Quality Commission and found to be inadequate. This has delayed the transfer of patients who should have taken up residence and reduced the availability of residential/nursing home care locally.
- An inadequate range of alternative models of intermediate care in the community. A new service has been scoped and developed to support the North of the patch and should be operational for this winter.

All of these issues are being urgently addressed, with short term plans in place to mitigate the risks this will pose for the system entering the winter period. Longer

term solutions are also required and these will form part of the wider strategy for urgent and emergency care.

At the time of writing there is one further very significant development which has great potential to impact on our system delivery. Oxfordshire CCG and Oxfordshire County Council are in the process of extending an approach to commissioning on the basis of outcomes for older people. OCCG and Oxfordshire County Council have invited Oxford Health NHS Foundation Trust (OHFT) and Oxford University Hospitals NHS Trust (OUH) to work together to submit a proposal outlining how they would work together to deliver an integrated service to improve outcomes for older people. The proposals includes a range of community and hospital services across the two providers that support the acute assessment, admission and rehabilitation pathway and is currently being evaluated as part of the most capable provider assessment and we anticipate being able to make a recommendation later this month. If this proceeds to the agreement of an outcomes based contract then it would support the joint working of the providers to reduce delays in patient care and make most effective use of services to improve outcomes for patients.

7. Conclusion.

Delayed transfers of care have been an enduring feature of urgent and emergency care planning for some years in Oxfordshire. Over the last year all health and social care agencies have been establishing the necessary relationships, forums and policies to promote new ways of working that are already showing signs of improving the trend. However, everyone recognises that we have some way to go to ensure that a truly whole-system and joint approach to discharge planning results in quality of care benefits for patients and their carers/relatives. Our ECIST feedback charges us to be more ambitious in quantifying the gaps in capacity that exist and to agree collectively how these will be addressed. Work is underway to fully understand the demand in all elements of our pathways of care.

The challenge to the whole social and healthcare system will then be, reshaping our collective use of resources, developing and matching the full range of services to known demand including supporting a vibrant social care market. All of this needs to be able to secure the right workforce and skills to address capacity gaps.

Steve Thomas,
Performance and Information Manager (Oxfordshire County Council).

Alison Edgington,
Programme Manager for Urgent Care and Deputy Director for Delivery and Localities (Oxfordshire Clinical Commissioning Group).

5th November 2014.