

ADULT SERVICES SCRUTINY COMMITTEE - 26 OCTOBER 2010

DELAYED TRANSFERS OF CARE

Report by Director for Social & Community Services

Purpose of the report

1. To update scrutiny committee on the performance, remedial action and strategy in respect of delayed transfers of careⁱ

Performance on Delayed Transfers of Care in 2010/11

2. Delayed transfers of care are monitored weekly within Oxfordshire. The latest internal data is for week ending 8th October. This shows an estimatedⁱⁱ average weekly number of delays of 100. Although there were weekly fluctuations from April to June, figures remained fairly stable, averaging 70 delays. However from 27th June figures have increased and are now at 146 at 8th October.
3. The actual delays of Oxfordshire residents has been rising this year but performance remains above the level in 2007/8.
4. There have been changes in the level of demand for social care packages (especially for domiciliary care packages) which has put pressures on the resources available. This is not a reflection of any reduction in the resources available – the budget for home care is slightly higher this year than it was last year. The numbers of people being supported is similar to the numbers being supported at the same time last year.

Recent actions

5. The current situation is seen by all partners as critical and a joint working approach has enabled the following remedial actions to be taken forward. There is a joint programme board, which includes ORH, OCC and the PCT, working on a whole system approach. Performance is being monitored by senior management of both organisations at fortnightly meetings.
 - Review and re-assess 1800 domiciliary care users (October to December) to release capacity for additional discharges.
 - Negotiate further price reductions with domiciliary care suppliers to release capacity for additional discharges.
 - Prioritise the following service developments for hospital patients: dementia advisors, continence service, falls service, telecare and Alert service, day care.
 - Improve the efficiency and effectiveness of the reablementⁱⁱⁱ service by transferring management to Community Health Oxfordshire (rather

- than shared with the County Council) and separating from the community rehabilitation service. (1st October)
- New service specifications for community rehabilitation (1st October) and reablement (end of October).
 - Community rehabilitation service to use therapy rooms in resource centres to increase activity.
 - Improve rehabilitation facilities in intermediate care (nursing home) beds by issuing a new service specification
 - Increase therapy provision in community hospitals
 - Provide 8 multi-disciplinary workshops (September to December) across wards and teams to change hospital discharge practice and culture, embed positive risk taking and early discharge, and use the full range of formal and community supports for discharged patients.
 - Distribute and promote a new directory of community services to assist patient discharge.
 - The Government has recently announced an additional £77m to boost reablement services in England. This will mean approx. £0.75m for Oxfordshire and work is in hand to release this as soon as possible. This funding will be used to pay for long term care for approximately 80 patients who are waiting to transfer from the reablement service. This will increase the capacity of the Enablement Service to cope with more people who are currently delayed and ensure that more people are able to cope without any care at all.
6. A review of 200 patients' discharge plans was conducted by an independent Review Team between 27-29th September to unblock delays where possible, and analyse reasons for the delays. The results of this exercise have led to a number of people being discharged and also identified a number of learning points for the system as a whole. These learning points will be incorporated into the planned multidisciplinary workshops referred to above.

Medium term strategy to address DTOC

7. The current situation indicates that the following strategy is emerging as the most effective to address the DTOC problem:
- Challenge the risk averse nature of professionals (health and social care) which is wasting public resources and leading to poorer outcomes for individuals
 - Stop people going into acute hospitals setting by providing better support in the community (health and social care). This is being progressed by the Abingdon Whole System Pilot (multi disciplinary diagnosis and triage unit at Abingdon Hospital that starts on 1st November) and the Integrated Community Services pilot that is integrating primary care and community services on a locality basis.
 - Shift resources and services for older people from acute to community provision
 - Commission high quality intermediate care from the independent sector with high quality therapy and nursing input.

- Ensure that we have effective and efficient reablement services provided from a service run by CHO: this requires organisational change and better commissioning.
- Make much better use of universal services such as carer support, day services, information and advice, the ALERT service.
- Target new developments in dementia care, continence services, and falls services on hospital patients.

Conclusion

8. An analysis of delayed transfers of care against comparative activity and spend data suggests that demand has increased and, although we have maintained the level of investment, there are still cost pressures. The County Council has been working in partnership with the NHS to develop a strategy to address the problem of delayed transfers of care and have jointly developed and put in place a number of wide ranging plans.
9. In order to significantly reduce delays strategic and operational change is required across the whole health and social care system, and we are working hard together to improve the situation at all levels.

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ⁱ A delayed transfer of care occurs when a patient is ready for transfer from a hospital bed, but is still occupying such a bed. A patient is ready for transfer when: (a) a clinical decision has been made that the patient is ready for transfer and (b) a multi-disciplinary team decision has been made that the patient is ready for transfer and (c) the patient is safe to discharge/transfer. Nationally the average weekly rate of delayed transfers of care from all NHS hospitals, acute and non-acute, is measured per 100,000 population aged 18+ for the relevant council area.

ⁱⁱ The internal figures are estimates as figures for Oxfordshire residents in hospital beds outside Oxfordshire are not available and assumed. The figures in this report are for Oxfordshire residents only. Delays in trusts such as the ORH will be higher because of delays to people who live outside Oxfordshire.

ⁱⁱⁱ Reablement means care staff support people in their own homes to regain the skills they had before (it differs from rehabilitation which is more therapy led).