

ADULT SERVICES SCRUTINY COMMITTEE

TUESDAY 8 MARCH 2011

DELAYED TRANSFERS OF CARE

Report by Director for Social & Community Services

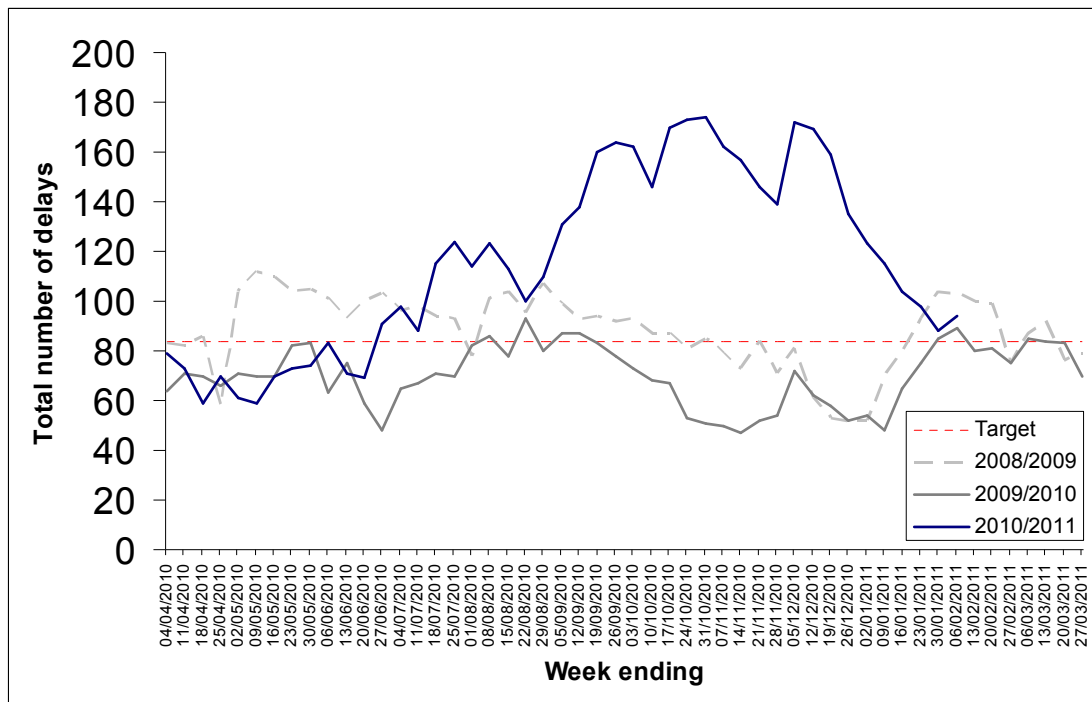
Purpose of the report

1. This report is to update scrutiny committee on the performance, remedial action and strategy in respect of delayed transfers of care. This report provides an update to the report presented on October 26th 2010.

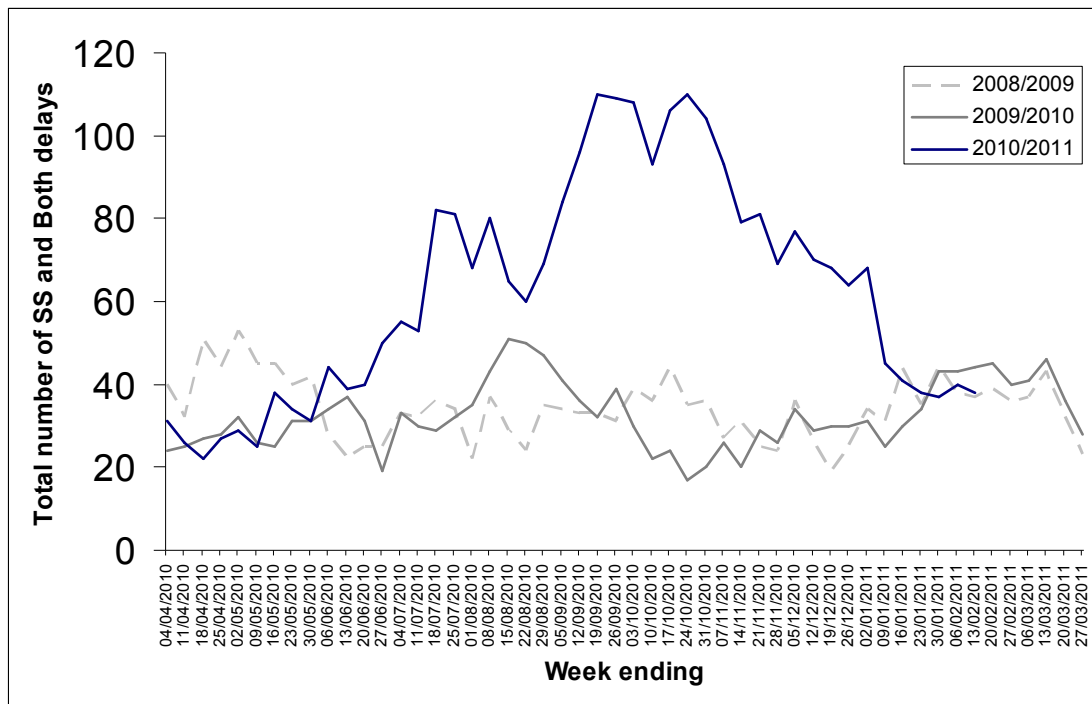
Performance on Delayed Transfers of Care in 2010/11

2. Delayed transfers of care are monitored weekly within Oxfordshire. The latest internal data is for week ending 6th February. This shows a weekly figure of 94 delays and an average of 115 delays for the year from April. Although there are weekly fluctuations throughout the year, the pattern of delays through the year has so far fallen into four distinct phases.
 - From April to June, figures remained fairly stable, averaging 70 delays.
 - From the June to the end of October the figures increased to around 160 delays.
 - From October to mid December figures fluctuated around 160, hitting a peak of 174 at the end of October.
 - From December 19th the number of delays has dropped consistently and there were 94 recorded delays at 6th February.

The weekly delays for the last 3 years are shown in figure 1 below.

Figure 1: Weekly delays for the last three years

3. The level of delays for 2010/11 has been higher than the previous two years, but below the level in 2007/8 when delays across all hospital beds (as opposed to just acute beds) began to be measured. The increase in delays last summer was against the trend of the last two years. As reported in October there were changes in the level of demand for social care packages (especially for domiciliary care packages) which put pressures on the resources available. Although social care budgets were higher than previous years, and the number of people supported remained similar to previous years, we needed a period of reduced commitments from June to November 2010 to bring our expenditure back to budget. As delays increased a number of actions were taken which has brought down the level of delays (especially those which are the responsibility of adult social care) back to the level at the beginning of the year. Our plans are to reduce all delays still further and keep adult social care delays to below 20 a week.
4. Delays which were the responsibility of adult social care (either solely or in conjunction with the NHS) show the following trends:

Figure 2: Adult social care weekly delays for the last three years

Adult social care delays are now back at the level they were at the beginning of the year and also in line with the delays at this point in time in the two preceding years.

Recent remedial action

5. In view of the increase in DTOC from June 2010, the following remedial actions have been taken:
 - Additional investment in on-going care
 - Improved commissioning of the Reablement service
 - Strategic review of Intermediate Care services
 - Improved admission avoidance
 - Improved progress chasing of discharges

Additional investment in on-going care

6. In November 2010, the Government announced a new Reablement Grant to PCTs and in Oxfordshire, £226k of this was used to fund on-going care in 2010/11 to 87 patients who were waiting to transfer from the Reablement service to long term care. This increased the capacity of the Reablement service to receive 64 patients from the Oxford Radcliffe Hospitals Trust, 4 from the Nuffield Orthopaedic Centre and 27 patients from community hospitals, 3 from Oxford and Buckinghamshire Mental Health Foundation Trust and 5 from out of county hospitals who were waiting for a Reablement service. The ongoing cost of this care in subsequent years will be met from the NHS funding for social care from 2011/12.

7. In November 2010, the Oxford Radcliffe Hospitals Trust agreed to fund placements in 2010/11 for 40 patients waiting in acute hospitals for Care Home placements. The cost of this was £360k. On-going costs of this care in subsequent years will be met from NHS funding for social care from 2011/12. This was in addition to the normal rate of placements in this period.
8. In January 2011, the Government announced additional funding to ease winter pressures for social care. In Oxfordshire, £1.0m was immediately committed for on-going care. 40 patients were identified for on-going domiciliary care packages and 17 patients for Care Home placements. Of the 40 patients, 31 have been discharged with packages. The other 9 are either still unwell (2 patients) or have changed direction either to reablement or care home placement. In some areas (mostly in the south of the county) there have been issues of provider capacity, despite funding being available. Backfilling freed places in community hospitals from the Oxford Radcliffe Hospitals Trust has also proved difficult because beds have not always been in places where the patients want them to be. Of the current 42 delays for community hospitals, 7 patients have refused a bed in a community hospital over the past few weeks as it was not in a convenient location. Of the additional 17 care home placements, 15 have moved and the other 2 are in the process of moving. Around a third of these missed opportunities to move as they were not well enough to move. There have been issues in getting care homes to accept large numbers of admissions in a short period as they do not seem to have the capacity to process the admissions.

Improved commissioning of the Reablement service

9. In November 2010, Community Health Oxfordshire became the sole provider of the Reablement Service (previously provided jointly with the County Council) and work continues to agree a new contract for this service. A major part of the contract will be a requirement for the Reablement service to significantly improve its productivity.

Strategic review of intermediate care services

10. The Joint Management Group for the pooled budget has commissioned a major strategic review of all home based and bed based intermediate care because the type and geographical spread of services has developed incrementally over many years and there is a need for systematic planning of services that have a critical impact on delays. A final report is expected in April 2011.

Improved admission avoidance

11. In November 2010, we commenced a Whole System Pilot in Abingdon to test out a new model of admission avoidance based on a new multi-disciplinary Emergency Medical Unit at Abingdon Community Hospital and

a new Hospital at Home nursing service. The model has now been extended to Didcot, Wantage and Berinsfield. Early results are very encouraging, based on 10% of the population of Oxfordshire, and may indicate significant reductions in emergency admissions and emergency bed days at the ORH. The expectation is that this pilot will be rolled out across the whole County. Further information will be provided at the Committee meeting.

Improved progress chasing of delays

12. Following reviews of hospital social work and placement team operations at the beginning of January, we have improved the quality of NHS and OCC patient data, and improved the use of this by managers to progress chase discharges and review team and individual staff performance. Further work is required to ensure one primary record to support discharge planning.

Medium term strategy to address DTOC

13. The current situation indicates that the following strategy remains the most effective to address the DTOC problem:

- 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 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
- Challenge the risk averse nature of professionals (health and social care) and promote a culture of patient enablement on acute hospital wards.
- Review the mix and spread of intermediate care provision.
- Ensure that we have effective and efficient reablement services
- 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.
- Optimise long term care capacity by strict limits on Care Home placements.
- Develop comprehensive post acute assessment for discharged patients.

Conclusion

14. The County Council continues to work in partnership with the NHS to develop a wide ranging strategy to address the problem of delayed transfers of care. Reductions to delays are occurring, and are expected to continue to fall, resulting from improved planning and commissioning of intermediate care, especially the Reablement service, and the development of a new approach to admission avoidance. Performance has also improved by additional recent investment in on-going adult social care.

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