Division(s): N/A

PERFORMANCE SCRUTINY – 4 February 2020

Delayed Transfers of Care & Reablement Service

Report by– Corporate Director for Adult Services

Recommendation

1. The Committee is RECOMMENDED to note the report.

Executive Summary

2. This report provides an overview of Delayed Transfers of Care (DToC) in Oxfordshire. It includes recent performance compared nationally and locally as well as a summary of the challenges facing the Health & Social Care System that have on impact on DToC performance.

3. Oxfordshire is one of the worst performing systems in the country in terms of DToC consistently ranking in the bottom quartile nationally, and for the current financial year is ranked 147th out of 149 authorities1. It is recognised that being delayed in hospital has a detrimental impact on a person's health and wellbeing. It is therefore critical that Oxfordshire's health & social care system partners work together to improve on recent poor performance in this area.

4. There are a number of challenges which impact on this performance, some of these challenges are being experienced by systems across the country, whilst others are specific to Oxfordshire. These are described in this paper as well as work that is underway to mitigate these challenges. As requested by the Performance Scrutiny Committee there is a specific focus on Reablement.

Definition of DToC

5. A delayed transfer of care (DToC) occurs when a patient is ready to go home and is still occupying a hospital bed.

6. A patient is considered as being ready to go home when all of the following three conditions are met:

- a clinical decision has been made that the patient is ready for transfer home
- a multidisciplinary team (MDT) decision has been made that the patient is ready for transfer home
- the patient is considered to be safe to discharge/transfer home.

[1] South East Region Datasets - DToC Performance Analysis 01.04.2019 - 30.09.2019

7. Delays are reported based on the reason for the delay e.g. awaiting care at home, awaiting a care home etc. In addition, the organisation responsible for the delay is recorded meaning they can be attributed to the NHS, social care or both social care and the NHS.

8. In Oxfordshire, delays attributable to both social care and the NHS include those people waiting for reablement support on discharge. This is because Oxfordshire's reablement service is jointly commissioned by the County Council and Oxfordshire Clinical Commissioning Group and provided by Oxford University Hospitals NHS Foundation Trust.

9. Figures on delayed transfers of care are published on a monthly basis by the Department of Health (a month in arrears).

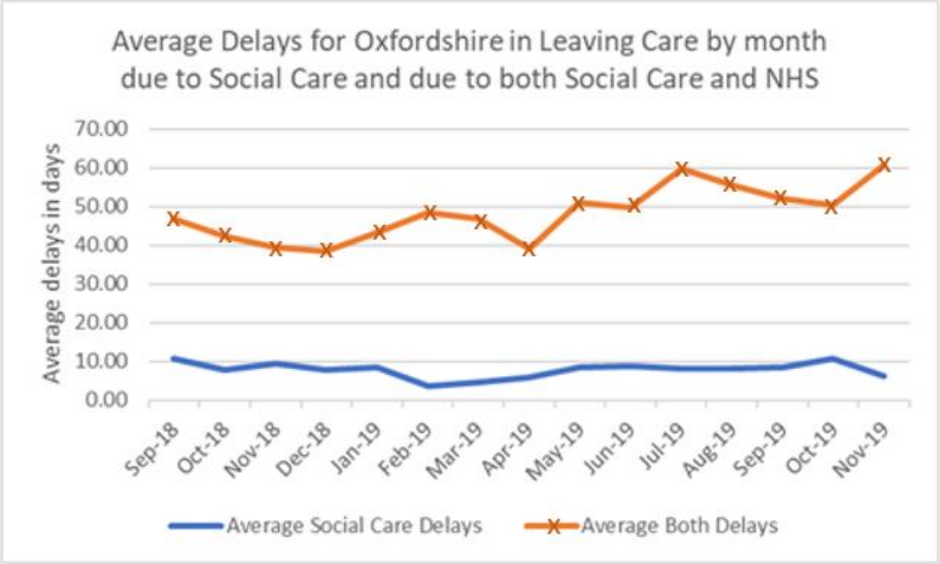
Performance

10. Historically, Oxfordshire has struggled with delayed transfers of care. Whilst the total number of delays over the last few years have reduced, they remain at an unacceptable level, resulting in people remaining in hospital longer than they need to. More recently over the summer of 2019 there has been an increase in the levels of delays which resulted in the DTOC indicator moving from amber to red in the July performance report.

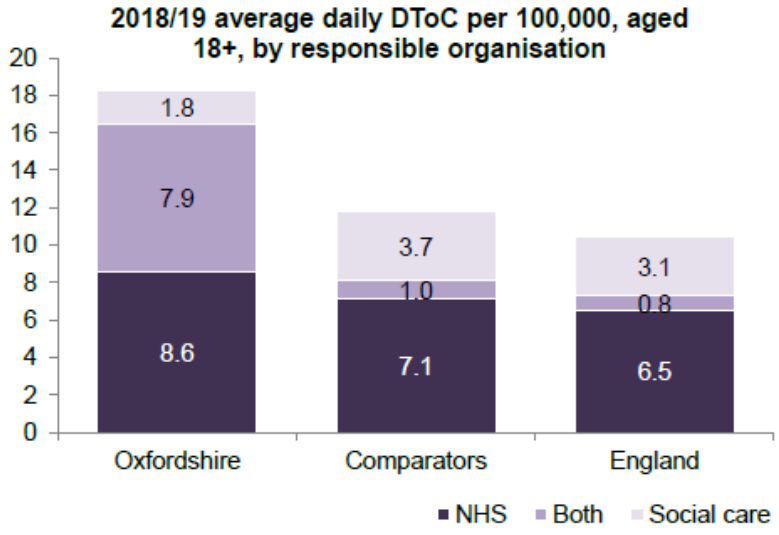
11. Delayed transfers of care impact upon the flow of people through the health and social care system, and results in hospital beds being occupied by people who could be cared for out of hospital. Remaining in a hospital bed longer than is clinically required has a detrimental impact on people's health and wellbeing, with the effects of this being most severe for older people. It is reported that ten days in a hospital bed can lead to the equivalent of 10 years ageing in the muscles of people aged over 80. Therefore, people's health, wellbeing and ongoing care needs are negatively impacted by delayed transfers of care.

Recent Performance

12. The graph below shows the average number of people delayed leaving hospital each month. This is split into delays attributable to 'Social Care' and to 'both Social Care & NHS' (September 2018 – November 2019).



13. Currently the 'both' delays far outnumber delays which are attributed to social care. This reflects the challenges that Oxfordshire experiences in relation to capacity and flow within the reablement service.



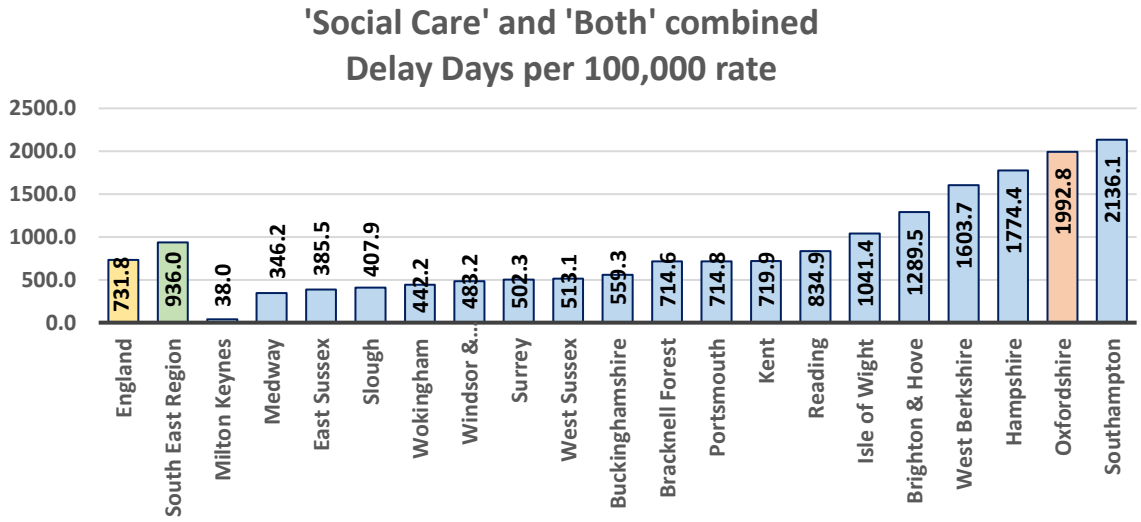
Comparison with other authorities

14. When compared nationally Oxfordshire has consistently ranked in the bottom quartile of authorities in England when looking at the total number of delayed transfers of care.

15. Regionally Oxfordshire ranks as the second worst authority for delays attributed to "Social Care" or "Both Social Care and NHS". The graph below shows this comparison in terms of the "number of delay days per 100,00 population. The figures are based on the total number of delay days from 1

April 2019 to 30 September 2019[2], averages for the South East region and England are also given for comparison.

16. It is important to note that while the authorities listed are geographical neighbours, they are not necessarily comparable to Oxfordshire in terms of size and structure.



Local challenges impacting on performance

17. Below is a summary of the challenges facing the Health & Social Care System that have on impact on DToC performance:

Availability of care

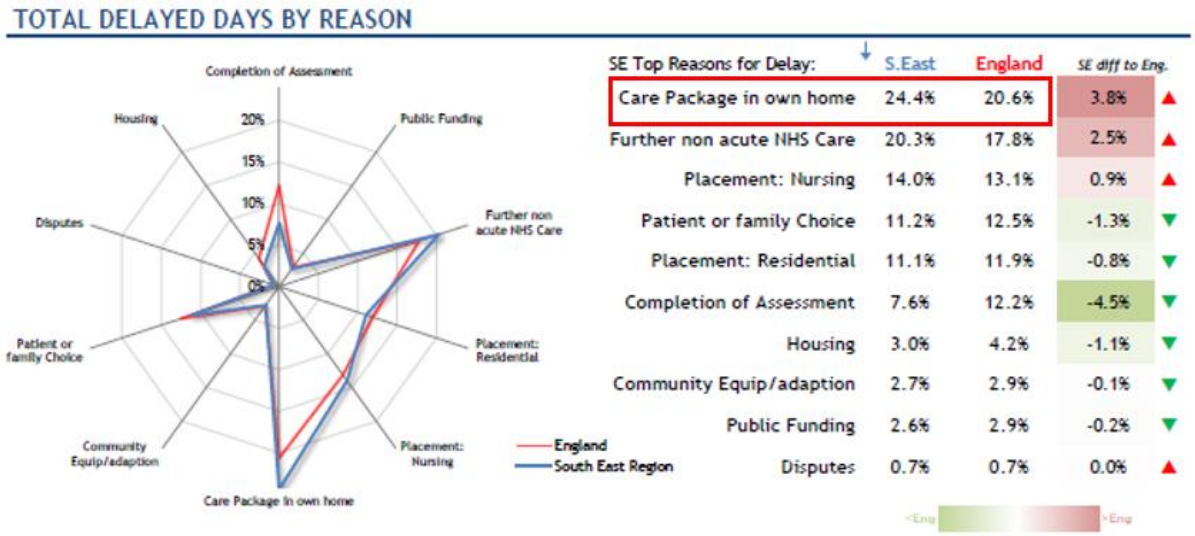
18. The key issue for the recent increase in delays is the available of care, particularly homecare.

19. The table below highlights the percentage of attributable delays in Oxfordshire

[2] Figures are taken from the South East Region Datasets - DToC Performance Analysis 01.04.2019 - 30.09.2019.

Reason for Delay	Total
Care Packages in own home	50.6%
Further non-accute NHS Care	19.3%
Patient or Family Choice	10.8%
Completion of Assessment	8.5%
Placement:Nursing	4.3%
Housing	3.4%
Placement: Residential	1.8%
Community Equipment/Adaptation	0.6%
Public Funding	0.5%
Disputes	0.2%
Other	0.0%

20. As the chart[3] below shows this is an issue across the South East and the rest of England, although not to the same extent as in Oxfordshire.



Workforce

21. Health & social care providers in Oxfordshire report significant difficulties in recruiting enough care workers. We also know that there is a high turnover of staff within the sector, with home care providers in particular reporting challenges regarding recruitment and retention.

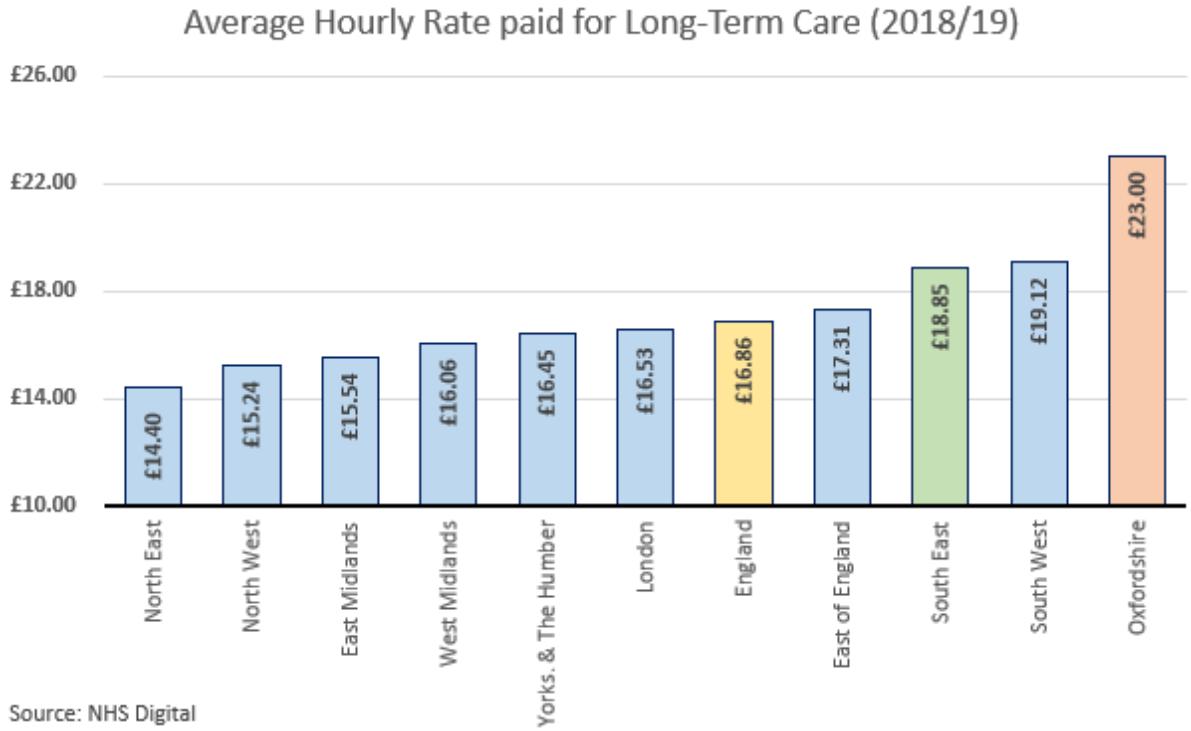
22. Workforce challenges are linked to the low levels of unemployment in Oxfordshire, with the relative economic buoyancy bringing employment opportunities in other sectors. Also, Oxfordshire is one of the least affordable places in the country to live. In 2017, Oxford was ranked as the most expensive city in England to buy a house (comparing average household income) and the third most expensive place to rent. Lack of affordable housing is a major issue in recruitment and retention of staff which is reflected

[3] South East Region Datasets - DToC Performance Analysis 01.04.2019 - 30.09.2019

in ‘Home Truths 2017/18’, a report produced by the National Housing Federation that provides local data on the housing market in the South East.

23. Oxfordshire County Council is nationally regarded as paying higher amounts for care, with the resulting position that care providers can pay attractive rates for staff. In May 2018 the average hourly cost of long-term care[4] purchased by the Council was £23.22, this rose to £24.33 by December 2019 an increase of 4.75% in 19 months. For comparison the hourly rate the UK Home Care Association propose as the minimum price for homecare from April 2019 is £18.93.

24. The chart below shows the average rate paid for long-term care by the Council in 2018/19 compared nationally.



25. In spite of these high rates of pay recruitment and retention of staff remains a challenge.

26. This workforce challenge is unlikely to diminish with recent projections indicating that, over the next ten years we will need to grow our workforce by 35%-55% in order to meet the increasing demand.

27. In addition between 2015 and 2030, the number of people in Oxfordshire aged 85 and over is expected to increase by 95%. Oxfordshire also experiences a higher demand for services than you would expect from the demography.

[4] “long-term care” figures include all hourly paid home care including those provided in Extra Care housing settings, those provided by traditional care agencies and contingency care provided by OH/OUH following reablement

28. This represents a significant challenge, particularly in the context of Oxfordshire's high-wage, high-skills and low unemployment economy.

Seasonal variance

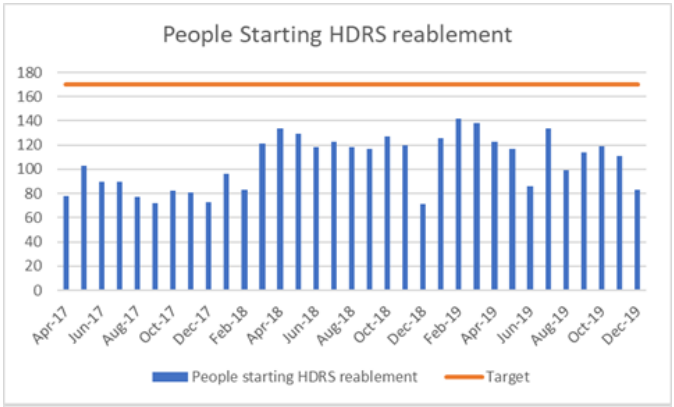
29. The Oxfordshire health & social care system experiences seasonal variances in relation to the need for care and support, and the availability of care provision. For example, higher levels of acuity and risk may be reported during winter months and the social care workforce is affected

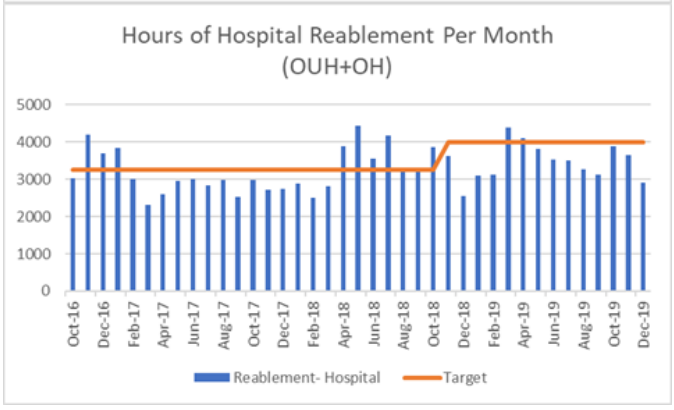
30. Capacity levels in the homecare market in Oxfordshire have been particularly low for the months of July and August. This is a recurrent yearly problem and is mainly due to the predominantly female workforce, school holidays and childcare issues.

Reablement

31. As well as being affected by the recruitment challenge described above, the reablement service also has issues with both the supply and package size of people receiving reablement.

32. The graph shows the number of hours of reablement provided each month against the target. Whilst in some months the service was able to deliver higher than the targeted number of hours this did not necessarily translate into an increased number of people starting reablement as those individuals were receiving more reablement care then we would have predicted when the contract was initially set up.





Actions the System is taking

Reshaping the Home Care Market

33. It is clear that given our challenges with workforce we need to reshape the way we work with our care providers. The Home Care 2021 project has been created to develop a new partnership model and a new business offer for Home Care provision. We need do things differently, including improving how we work in partnership and address the opportunities and challenges within the sector.

34. This is a significant opportunity to co-design a new home care model and contract offer. This is being done by working collaboratively with key stakeholders to achieve positive outcomes for Oxfordshire. Working together, we aim to build a new model that:

- Delivers a stronger partnership approach with Providers
- Utilises system wide capacity effectively and improves flow across health and social care
- Has a stronger focus on outcomes for people who are receiving care
- Delivers value for money, is financially sustainable and provides opportunities for the workforce
- Has Co-Production with key stakeholders at its heart.

Implementing Strengths-Based Approach

35. A strengths-based approach to care is a collaborative process that draws upon an individual's strengths and assets and those within their community. When working with the individual to design a plan which meets their needs, we will look at their strengths, both personal and in their community before looking at formal care services. This should lead to support plans which contain more community and technology-based services and fewer formal care services such as home care.

36. Providing better outcomes, should enable people to stay independent, resilient and well for longer. It encourages a more effective use of our services and mitigates the problem of revolving door admissions. Staff across all Adult Social Care Teams are taking part in a practical coaching, learning and development programme on strengths-based approaches. As of November 2019, over half of all practitioners have graduated from the programme. The rest are expected to graduate by March 2020. At that time, we would expect all interactions with the service to utilise a strengths-based approach.

Review of Care Home Provision

37. In 2019, the Council and Oxfordshire Clinical Commissioning Group, supported by Oxford University Hospitals (OUH) and Oxford Health (OH), led a review of all short stay care home beds, many of which were used to support people on discharge from hospital. A new model for short stay care home beds has been developed to support people on discharge from hospital in situations where they may require further rehabilitation or recuperation or where ongoing care arrangements are being put in place.

38. Through this model, it is intended that people can be supported to leave an acute bed in a timely way by utilising contractual and partnership arrangements with care homes. Support services are in place to support these beds, to ensure that people can leave their short stay bed when they are ready to do so.

39. In addition, as part of the regular reviews of services and strategies it became clear that there was a significant opportunity in the care home sector to maximise efficiencies with providers whom we have significant spend.

40. The aim of the review is to ensure care homes contracted by OCC and OCCG have the capacity and capability to meet the needs of residents. Specifically it aims to:

- Determine the best procurement and contractual approach, to deliver the right number of beds in terms of scope, geography, specialism and price
- Maximise the impact of the care delivered in care homes to support good patient outcomes, system resilience and flow

41. Alongside this it is important to note that whilst undertaking this work we need to maintain the choice and quality of services for all Oxfordshire residents.

42. The development of a strategic plan is underway and is due to be discussed by the Joint Management Group in the New Year.

New Approach to Urgent Care

43. The Oxfordshire Health & Social care system is developing a new approach to urgent care, with leadership provided by OUH and OCC. This is in recognition that urgent care capacity and pathways require sufficient capabilities and support from community-based services, to help avoid unnecessary admissions and support people to return to their homes when they no longer require acute support.

Reablement Service

44. As requested reablement is covered in more detail in the following section.

Reablement

45. Reablement is a short and intensive service, usually delivered in the home. It is offered to people with disabilities and those who are frail or recovering from an illness or injury. The purpose of reablement is to help people who have experienced deterioration in their health or an increase in support needs to relearn the skills required to keep them safe and independent at home. People using reablement experience greater improvements in physical functioning and improved quality of life compared with using standard home care.

Reablement Contracts

46. There are currently two contracts delivering reablement in Oxfordshire:

- **Hospital Discharge and Reablement Service (HDRS)** – Discharge to assess (D2A) supports people to leave hospital, when it is safe and appropriate to do

so. It enables them to continue their care and be assessed for their longer-term needs in the right place.

- **Community Reablement Service (CRS)** – this covers reablement in the community

47. Both contracts include a contingency element, which is used if a person reaches their reablement potential but requires ongoing support. The service is expected to provide this until a long-term provider is sourced by utilising the contingency home care hours in the contract. The contract was explicitly commissioned with a large amount of contingency home care to support discharge, with the aim of improving flow through the system and reducing delays earlier in the pathway.

48. Oxford University Hospitals NHS Foundation Trust (OUHFT) hold both contracts, using a service called Home Assessment Reablement Team (HART). OUHFT sub-contract a specific geographical region of the county to Oxford Health NHS Foundation Trust (OHFT) who deliver these using a service called Community Care Support (CCS). The geographical split is shown in the map below.

49. As discussed above, the reablement service is not currently supporting the expected numbers of people and those that do receive the service may still experience delays in the arrangement of ongoing care.

Monitoring Reablement Performance

Contract monitoring

50. Contract monitoring meetings are held by the OCC Contracts Team with the reablement providers on a monthly basis. The contractual key performance indicators (KPIs) are reviewed and actions for improvement agreed. The contractual KPIs are shown in Annex 1.

Combined monthly dashboard

51. A dashboard of 15 key measures is produced and distributed to key stakeholders on a monthly basis. There is some crossover with the contractual KPIs and the measures are:

1. The number of patient episodes supported in month
2. Total hours delivered
3. Average number of contingency patients
4. Support Worker Whole Time Equivalents (WTEs)
5. New patient pick-ups in month
6. New hours picked up in month
7. Average number of weekly contingency hours
8. Percentage patient contact time
9. HDRS reablement average package size
10. CRS reablement average package size
11. DToC attributable to Reablement & Contingency
12. In month staff sickness hours lost
13. Percentage completed reablement episodes discharged with no ongoing care
14. Percentage completed reablement episodes discharged with reduced care needs (inc. no ongoing care)
15. Discharge to Assess Project – percentage net reduction in hours at discharge for in month discharges

52. Annex 2 contains the latest combined monthly dashboard (October 2019).

Actions to improve Reablement Performance

53. In August 2019 HART & CCS presented a Joint Assurance plan which was subsequently agreed by Oxfordshire Health & Social Care leaders. The plan consists of 6 sections:

1. **Prioritisation Protocol** – Implement a system-agreed joint prioritisation protocol to support the management of waiting lists that is linked to the system operational pressure escalation levels.

2. **Performance Dashboard** – Provide assurance to system leaders on reablement performance through a dashboard that clearly outlines key performance indicators against agreed thresholds and improvement trajectories.

3. **Performance Improvement** – Implement a therapy-led discharge to assess reablement service that maximises access to home-based goal-directed reablement aiming to achieve independent living and social re-integration.

4. **Leadership and Workforce Development** – Jointly develop and implement a workforce plan that aims to recruit and retain a highly skilled and capable reablement workforce.

5. **Maximising System Reablement Opportunities** – Ensure effective system contribution and appropriate use of resources to maximise reablement opportunities.

6. **Performance and Improvement Trajectories** – Identify improvement trajectories for ley performance measures describing the baseline and forecast positions.

54. In September 2019 key system leaders formed the HART Assurance Plan Delivery Board. Service leads present updates on delivery of the assurance plan on a monthly basis to provide assurance that the service is delivering on the plan. This includes the reporting of five KPIs:

- KPI 1: Improve the compliance of 3-day review
- KPI 2: Improve the compliance of 7-day review
- KPI 3: Improve the compliance ongoing weekly review
- KPI 4: No. of reablement hours provided per Month (inc. Welcome Home)
- KPI 5: Total HART hours to be provided per month

55. The latest Assurance Report is attached as Annex 3.

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January 2020