

<b>Title of Report:</b>	Scrutiny - Delayed Transfers of Care (DToC)
<b>Report to be considered by:</b>	Overview and Scrutiny Management Commission
<b>Date of Meeting:</b>	15 <sup>th</sup> September 2015

**Purpose of Report:**

To consider whether the item of DToC should remain on the Commission's work programme as a topic for review and scope of any further work that the Commission might do to monitor or further improve the situation

**Recommended Action:**

That this item is removed from the OSMC work programme.

This is on the basis that performance on DToC has significantly improved since the original concerns were identified in 2012/13, it is subject to regular scrutiny in a number of forums including Health and Wellbeing Board and mechanisms are in place to ensure ongoing performance.

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# Executive Report

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## 1. Background

- 1.1 OSMC members have requested a review as to whether the item of DToC should remain on the Commission's work programme as a topic for review.
- 1.2 Delayed Transfers of Care is part of the [Adult Social Care Outcomes framework \(ASCOF\)](#), which is the framework used to monitor the state of adult social care both nationally and locally.
- 1.3 In 2012/13 West Berkshire was the worst performing Council nationally and this poor performance continued into 2013/14. Our worsening position resulted in a request to scrutinise performance so DToC became part of the OSMC work plan.
- 1.4 OSMC have requested an update on the current situation to understand whether performance in relation to DToC remains a live problem, or whether the circumstances at the time the matter was proposed have improved and no longer require additional scrutiny by OSMC.

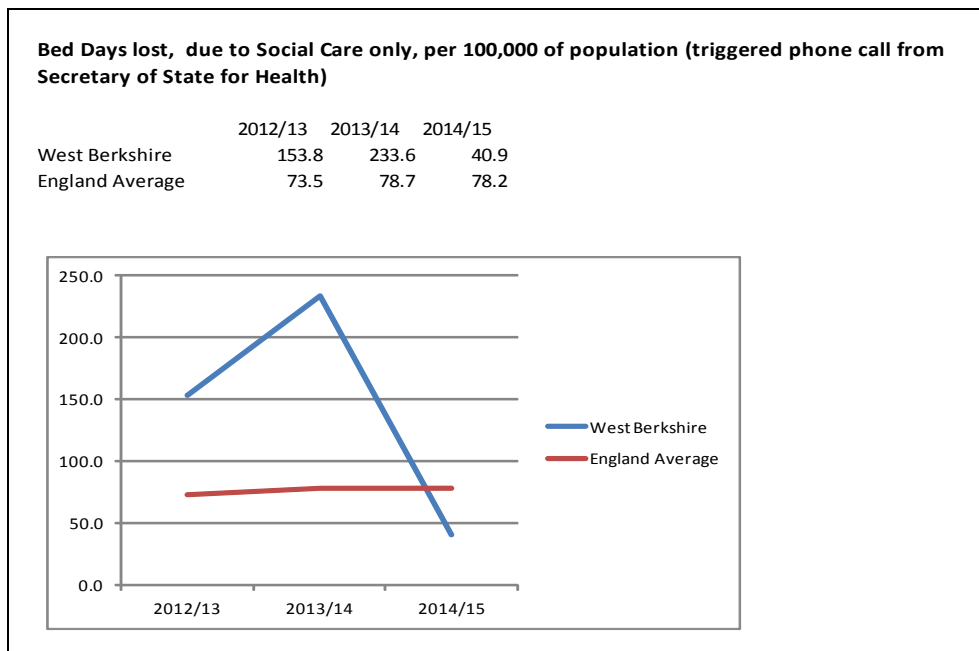
## 2. Performance and actions during 2014/15 to address concerns

- 2.1 Over 2014/15 DToC figures have seen significant improvement with social care delays decreasing from an average of 9.0 to 4.5 people per 100,000 population. On the measure that resulted in contact by the Secretary of State for Health we have seen a real turnaround moving from the fourth quartile to 59<sup>th</sup> out of 150 local authorities with social services responsibility, placing us in the second quartile.
- 2.2 This improvement has been as result of focused effort by managers and the Maximising Independence team, delivered through the following:
  - In reach hospital link workers based on acute hospital sites to ensure close dialogue with Health hospital discharge teams before point of referral. This enables staff to get to know people at an early stage to understand their likely social care needs.
  - Referrals now allow us to respond in a much more timely way. The teams are proactively working to the principle of engaging with patients from the point of admission rather than point of discharge, linking with the Council reablement team to maximise rehabilitation opportunities and facilitate safe and timely discharge.
  - Engaging with Health managers before formal notification to the Department of Health to ensure that data on delayed transfers is accurately reported as part of the DToC Situation Report (SitRep).
- 2.3 We continue to face challenges, for example sourcing care in rural areas of West Berkshire can be difficult, but proactive working with the hospital discharge team and targeted use of our in-house reablement team have proved really effective.

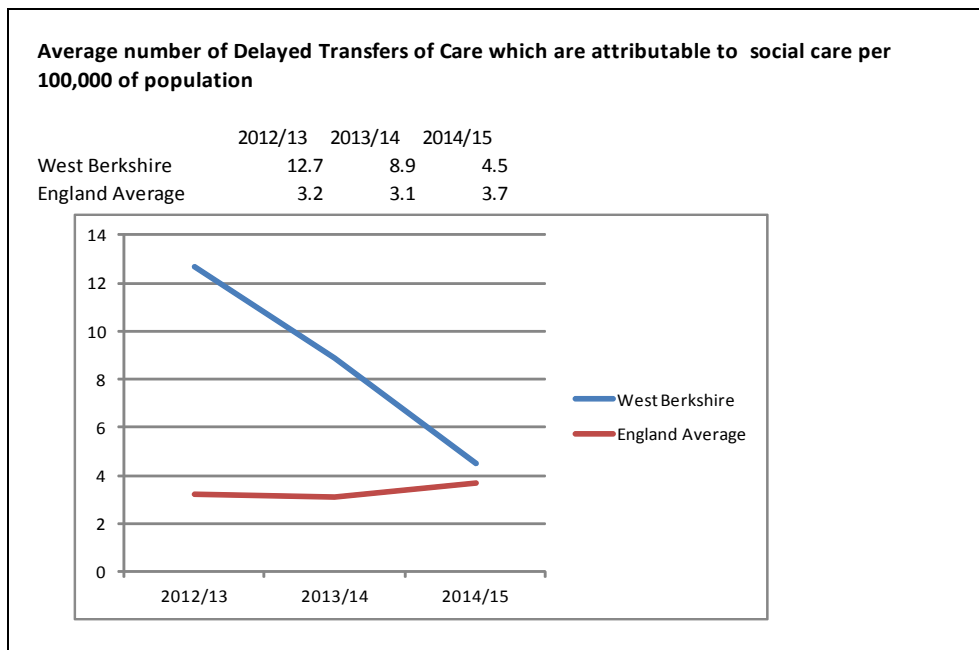
2.4 We continually track our performance; DToC is a key performance indicator in the Adult Social Care service plan, one of our performance metrics in the Better Care Fund and is reported up through the Corporate cycle and to the Health and Wellbeing Board.

2.5 The tables below provide show clearly the scale of improvement:

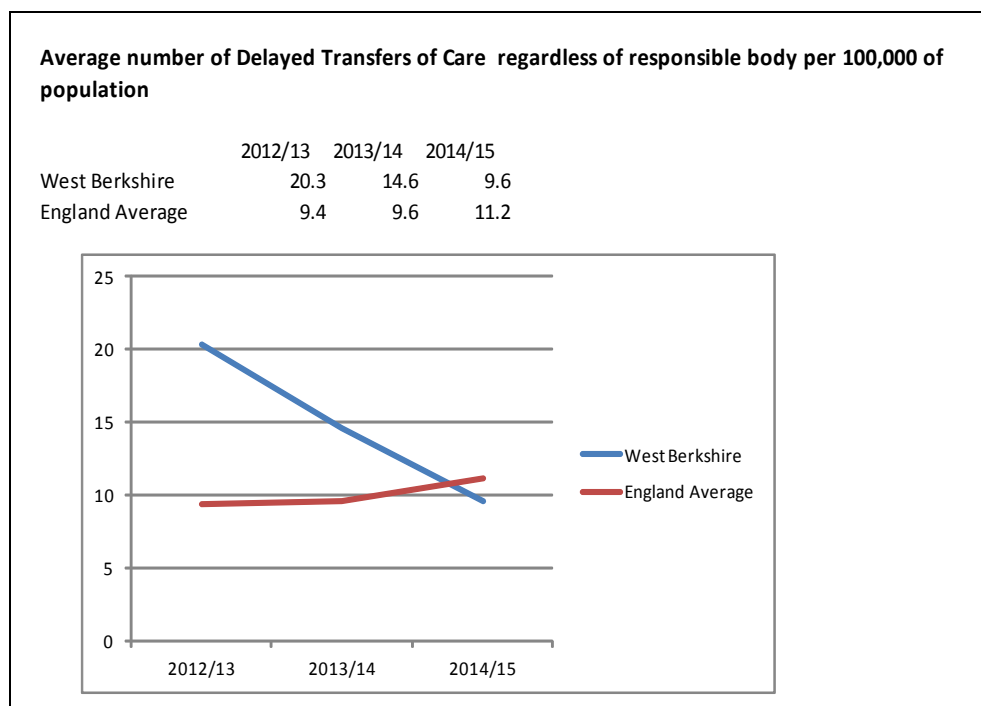
- (1) Table 1 shows that we reduced bed days lost due to social care by 192 to 41, significantly lower than the national average which remains steady at 78.



- (2) Table 2 shows that we reduced Delayed Transfers by close to 50% whilst the average for England saw a slight increase.



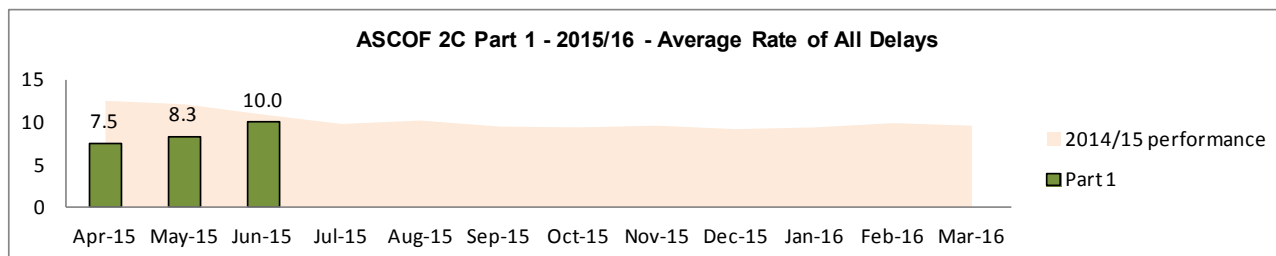
- (3) Table 3 shows there was an improvement on previous performance for both Health and Social Care in West Berkshire, the same can not be said for the national performance which showed an increase.



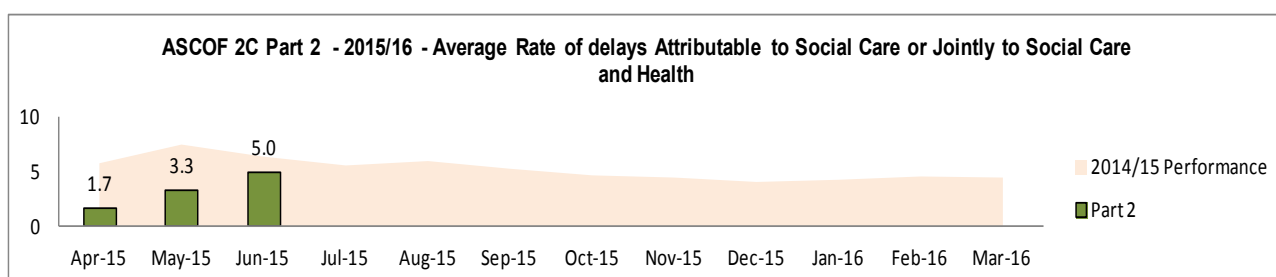
### 3. Further work and current performance

- 3.1 We want to continue the good progress and have introduced new ways of working both within adult social care and in partnership with Health partners to ensure we improve further. This includes the development of the Joint Care provider (JCP) project under the Better Care Fund programme of work. This is a project where the Council and Berkshire Healthcare Foundation Trust have pooled resources to avoid duplication of services to support timely hospital discharge. The project should ensure a better response; this should mean for people living in West Berkshire the overall figures will improve.
- 3.2 We have also developed plans that will also allow us to provide a social care response 7 days a week. At this stage we are trying to understand what makes the most difference and started by placing one social worker in the RBH. Early feedback is that it has proved really effective. We are piloting this approach with agency social workers first so have not had to make formal adjustments to staff work patterns; should it prove successful we will have to undertake formal consultation and so are meeting with Human Resources so we can understand the requirements.
- 3.3 This new approach commenced on 2 June 2015 with a sole focus on the Royal Berkshire Hospital. It is now in its third month and the scope has been widened to include other hospital pathways including North Hants Hospital and Great Western Hospital. The impact is being closely monitored with daily and weekly data collection; we anticipate it will take at least 6 months before we have enough data to evidence the long term success of this approach.

3.4 The performance is subject to fluctuation and it is acknowledged that our DToC figures will increase in June; this is due to one of our contract homes (Birchwood) being temporarily closed to new admissions and exceptionally high admissions to all local Acute and Community hospitals. There was also a high demand for care at this time for admission avoidance cases which in turn reduced the availability from care agencies, to provide packages of care to support Hospital discharge.



Source: NHS England Website - Patient Snapshot Local Authority



Source: NHS England Website - Patient Snapshot Local Authority

3.5 The situation has now improved and we expect the numbers to drop back for July and August.

#### 4. Recommendation

- 4.1 As set out in this report we have introduced a number of changes to our approach since our original poor performance in DToC was identified. Evidence of the impact is shown in tables 1 to 3 at paragraph 2.5.
- 4.2 Adult Social Care teams have improved their effectiveness in supporting timely hospital discharge and proactive work to prevent admissions. Further improvements are being delivered through the development of the Joint Care Provider project and trialling of 7 day working, the early data is looking very positive.
- 4.3 Our DToC performance is subject to robust monitoring; it is a key measure in the ASC service plan and is reported regularly both through the corporate cycle and to the Health & Wellbeing Board.
- 4.4 Given the significant improvement in performance, and mitigation put in place, it is recommended that the DToC item is removed from the OSMC work programme.

#### Appendices

There are no Appendices to this report.