Scrutiny Review into Delayed Transfers of Care

Committee considering report:	Overview and Scrutiny Management Commission
Date of Committee:	17 October 2017
Task Group Chairman:	Councillor Quentin Webb
Report Author:	Stephen Chard, Principal Policy Officer (Scrutiny)

1. Purpose of the Report

1.1 To outline the results of the investigation into Delayed Transfers of Care.

2. Recommendation

2.1 That the Overview and Scrutiny Management Commission endorses the recommendations of the Task Group prior to their consideration by the Executive.

3. Key background documentation

3.1 The minutes of and papers provided to the Task Group (available from Strategic Support).

Executive Report

4. Introduction

4.1 At its meeting on 6 December 2016, the Overview and Scrutiny Management Commission (OSMC) agreed to conduct a review into Delayed Transfers of Care (DToC).

4.2 This report provides the findings and recommendations arising from the review and sets out detail on its Terms of Reference and methodology.

5. Terms of Reference

5.1 The Terms of Reference for the task group were to conduct a review into DToC and in particular consider:

- the Council's current and historic performance;
- the causes of delay and its impact;
- the actions being taken to address poor performance;
- the identification of further areas for improvement; and
- to report to the OSMC thence the Executive with recommendations as appropriate.

6. Methodology

6.1 The review has been conducted by a cross-party Task Group, working with Council Officers from Adult Social Care and Commissioning, and with contributors from external partners and organisations.

6.2 The Members of the Task Group were Councillors Marigold Jaques, Mollie Lock, Gordon Lundie and Quentin Webb. Councillor Carol Jackson-Doerge was appointed as substitute. Councillor Webb was elected as Chairman of the Task Group.

6.3 The Task Group held the meetings outlined in the table below.

Meeting date	Meeting focus
Tuesday 31 January 2017	• Election of the Chairman • Agreement of the Terms of Reference and methodology • Definitions • Statutory responsibilities • Local performance • Reasons for delay • Cost • Penalties • Comparison with national performance • Action being taken now (BCF)
Wednesday 1 March 2017	• Accessibility and affordability of placements • Volume of people processed through the system a) Demand on Carehome/ Domiciliary Placements

Meeting date	Meeting focus
	• Number of placements available a) Cost to council for providing care b) Cost to NHS for care not being provided in a timely manner • Market rates - demand and supply • How much financial investment would be required to ensure that all demands were met
Friday 21 April 2017	• Members visited the Royal Berkshire Hospital.
Tuesday 25 April 2017	Evidence from third party providers: • Garry Poulson – West Berkshire Volunteer Centre • Larry Gardy – Purley Park Trust Which covered: • Overview – current situation • Comparisons with other areas • Challenges/ Successes • Resource focus • Future plans • Recruitment and Retention discussion. • Understanding of the work of the Joint Care Pathway.
Friday 19 May 2017	Evidence from third party provider: • Jabriel Raja - Broadmead Residential Care Home Which covered: • Overview – current situation • Comparisons with other areas • Challenges/ Successes • Resource focus • Future plans • Financial requirements to increase in-house care provision.
Wednesday 30 August 2017	• Formulation of the recommendations

6.4 The following witnesses contributed to the review:

a) West Berkshire Council (WBC) Officers:

i. Tandra Forster, Head of Adult Social Care

ii. Ian Dawe, Adult Social Care Service Manager

iii. Barbara Billett, Quality Assurance Manager

iv. Karen Felgate, Contracts and Commissioning Manager

v. Roz Haines, Business Manager (Adult Social Care)

b) NHS North and West Reading Clinical Commissioning Group (CCG) – Carolyn Lawson

c) West Berkshire Volunteer Centre – Garry Poulson

d) Purley Park Trust – Larry Gardy

e) Broadmead Care Home – Jabriel Raja

7. Acknowledgements and thanks

7.1 The Chairman and Members of the task group would like to thank all those who supported and gave evidence to the review.

8. Background

8.1 A Delayed Transfer of Care (DToC) occurs when a patient is ready to depart from health care but still occupies a bed. A patient is ready for transfer 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.

As Members of the Commission will be aware, as pressures on the NHS continue to rise, DToC has a national profile. The Care Act (2014) detailed changes to the way in which Adult Social Care should be delivered, i.e. jointly through health and social care integration. From 1 April 2015, if a local authority has not carried out an assessment or put in place care and support or (where applicable) carers support, and that is the sole reason for the patient not being safely discharged, the NHS body has discretion as to whether to seek reimbursement from the relevant local authority for each day an acute patient's discharge is delayed. However, fines can be challenged as factors contributing towards delays can be/are associated with joint working.

9. Findings

Performance and Impact

(1) Adult Social Care Officers provide quarterly reports on the Council's performance on DToC. The 2016/17 Quarter 2 performance return reported that the authority's performance against its set annual target was 'red' (i.e. unlikely to be met by the end of the financial year). It was based on this that the OSMC agreed to conduct this review.

(2) 70% of social care delays in West Berkshire were due to the need to wait for a suitable placement (at Quarter 2 of 2016/17), compared to 40% nationally and performance concerns have continued.

(3) A prolonged stay in hospital has a serious impact upon a person's health. This is particularly the case for people over 85 years of age. Ten days in hospital leads to the equivalent of ten years ageing in the muscles of people over this age. Approximately 45% of people over this age die within one year of their hospital admission. The importance of preventing DTOC is clear.

(4) The approximate financial impact of DToC is as follows:

- Each bed costs the NHS **£400** per night.
- The number of beds delayed in the previous financial year (as at 31.12.16) was **6,419**. Those attributable to ASC and attributable jointly to ASC and the NHS were **3,928**.
- Therefore cost to the NHS (approximately) = **£400 x 3,928. £1.57m (YTD) and £2m** expected for 2016/2017.

Post completion of the review, the full year cost has been confirmed:

- The number of beds delayed for the full 2016/17 financial year that were attributable to ASC and attributable jointly to ASC and the NHS were **5,267**. Therefore approximate cost to the NHS is **£400 x 5,267 = £2.079m**.

The Process – Joint Care Pathway

(5) There are a number of different processes in place that seek to improve performance, provide better outcomes for residents admitted to hospital and reduce DToC, starting with the Joint Care Pathway, which was established between WBC and Berkshire Healthcare Foundation Trust (BHFT) in June 2015. This pathway enables social care and health professionals to work together to ensure that early assessments take place and care packages get agreed at the earliest opportunity in readiness for discharging the patient and preventing DToC. This process also helps to avoid repeat admissions. The efficient sharing of data, including for relevant hospital numbers and discharge data, aids this process.

(6) Evidence provided by the NHS North and West Reading Clinical Commissioning Group (CCG) explained that the Joint Care Pathway works well and Social Workers' presence at hospitals as part of this team has made a significant difference and is leading the way in terms of joint working and in providing a more effective discharge process. The continuity and commitment of staff aids engagement. Previous reasons for delay are far less of a problem due to this joint approach.

(7) The project 'Getting Home' will provide an integrated discharge team – including social workers. This mechanism facilitates communication across organisations and helps the discharge process.

The Process – Contractual Arrangements

(8) WBC has block contracts in place. One example is the contract in place with Mihomecare to deliver up to 120 hours of homecare provision for clients discharged from hospital, with referrals via the Joint Care Pathway, funded by the Better Care Fund (BCF). This block contract is

a commitment from the Council to pay the agreed rate irrespective of use therefore the contract is monitored closely.

(9) WBC has a list of approved care providers and this has improved efficiency, avoiding the need to tender in every instance. However, it takes time to procure a service if one of the approved providers is not available.

(10) It was suggested by one of the care providers that it would be useful for the Council to produce and share a five to ten year forecast of client numbers to help plan future commissioning and potential development of care homes.

The Process – Step down beds

(11) Step down beds provide a temporary measure for patients (six weeks maximum) before moving onto alternative care services post discharge from hospital. The purpose of these temporary beds is to relieve hospital bed pressure while more permanent care placements are finalised. Step down beds are not for clients who have been assessed as able to return to the community because it could increase the likelihood of them becoming dependent on services. It is considered that step down beds will provide well needed relief to DToC.

(12) Since July 2017, up to 10 step down beds have been delivered via Birchwood Care Home after the care service provision moved from Care UK to delivery by WBC. The beds are available to West Berkshire residents only and strict criteria for use will be introduced.

(13) BCF money had been secured for an extra 3 step down beds – available until June 2017. However, the BCF was only guaranteed until 2019 and its ongoing availability is unclear.

The Process - Recruitment and Retention

Public Sector

(14) The Council employs a small number of Reablement Officers whose purpose is to assist people with their recovery and ultimately help them gain independence from the health system. The overall number of vacancies in the Council's Reablement Team decreased after improvements were made to the terms and conditions of the roles.

(15) The Council offers an attractive training programme which focuses on achieving the Qualifications and Credit Framework (QCF) in Health and Social Care, and a good induction and training programme on entry to the service followed by completion of the Care Certificate.

Private Sector

(16) In many cases the terms and conditions of private sector care staff are less favourable compared to the Council's. Generally, private sector care staff are offered Zero Hours Contracts, pay arrangements for

travel time are less favourable and often private sector staff are not entitled to the amount of holiday available to Council employees.

(17) Discussions with external providers found that staff retention is good when there is a focus on the support provided to, and training of, staff. A willingness was expressed for staff to complete the Care Certificate. The ability to pay staff at or above the living wage was another contributing factor to achieving good retention rates as was the potential for progression.

(18) A recruitment working group has been established across West Berkshire to consider means to promote working within the ASC sector, including conversations with schools/colleges. It is recognised that a disproportionate focus has been placed on working for children's services and the ASC workforce is ageing.

(19) In many cases, people who apply for Council care roles are already in employment with private sector care companies which can create a gap within the wider care provider network.

The Process - Trusted Assessor

(20) The role of Trusted Assessor is being reviewed. The purpose of this role is to conduct assessments of patients on behalf of health and social care partners. Their report would then be honoured by partners as a valid assessment and removes the risk of duplication or disagreement between agencies. The Head of ASC suggested that the Trusted Assessor should be introduced at a local level, post review of the role, and integrated before the model was considered/rolled out to the wider acute network.

(21) The need for this role to be carried out effectively was supported by the comments made by Purley Park Trust and Broadmead Care Home: 'Delays in the time it took to make a decision about a care package could be avoided if a lead was taken for decision making'; 'It was important to encourage trust between agencies to avoid delays and improve communication'; and 'an overarching issue was reported as relating to trust between agencies that an honest and concise assessment could be/would be completed to ensure a robust transfer'. It was therefore felt that the Trusted Assessor role should be reintroduced post review.

The Process – Voluntary Sector (Volunteer Centre) Involvement

(22) Prevention is a key area of work for the Volunteer Centre – through services such as the Village Agents. Village Agents support local people to live independently in their own home, without needing significant resources from health services, and help to prevent people needing to re-enter hospital. While awareness of care packages is useful, this service cannot replace care packages post discharge.

(23) A community transport service is available through the centre. It is well used and well resourced through local volunteers. The service helps West Berkshire residents get to hospital and GP appointments,

therefore the service is in high demand during the week, particularly as this is a lower cost transport option. The service also transports people to visit family/ friends in care homes.

(24) The uptake of these types of voluntary sector services could be increased if there was greater awareness among practitioners. Weekly meetings between the Volunteer Centre and ASC could assist this and increase referrals.

Primary DToC Causes - Supply, Demand and Cost

(25) A key challenge affecting the ability to secure care packages is the level of access to care, be that homecare or residential/nursing placements.

(26) There is a general lack of workforce combined with an ever increasing demand on services resulting in DToC.

(27) Affordability of placements also creates difficulties. It is also understandably the case that families prefer to have loved ones placed in local care homes or to have localised care arrangements but this is very difficult to organise based on the lack of care resources. Locating affordable placements remains a difficulty whether close to home or not due to financial limitations.

(28) The Commissioning Team have calculated an indicative cost (calculated based on market research in and around West Berkshire) for each nursing home placement of £580 per week. However, this is rarely obtainable and Officers frequently enter into negotiations with providers in order to achieve a more reasonable rate. In many cases the cost of a placement (per week) could be as high as £1300 - which the Council cannot afford and which creates a pressure in locating alternative, affordable care. Spend cannot be capped because the Council has to comply with the statutory duties of local authorities to meet someone's assessed care needs.

(29) Clients/their families have the option to 'top up' the financial gap when the level of assessed care differs to the cost of the preferred placement. A financial assessment is completed to ensure the top up is affordable and sustainable. Family members are advised that they can request charity funds to help provide care but the demand for these grants is very high. Clients become the responsibility of the Council when they enter a care home and this entails financial responsibility when the client can no longer afford to pay for care themselves.

(30) Home Care commissioning costs (within West Berkshire – hourly rate) increased from £17.04 in February 2016 to £17.74 in January 2017. This was not directly attributed to the increase in minimum wage. The Council commissioned, on average, 5,500 hours per week in February 2016 which rose to 5,900 in January 2017 - although there had not been a significant increase in the number of clients in this time.

Other DToC Causes

(31) Challenges are often exacerbated by the disjointed ICT systems used across partners and third party providers. It is difficult to share vital information between partners so it is hoped that future ICT systems will address this problem, i.e. a shared ICT system. The Task Group was informed that there is an aspiration that a joined up system will be available to stream line processes. However it is recognised that it will be some time before the solution is available and significant investment will be required.

(32) Availability of transport to take a patient from a NHS trust to a care home and waiting for medicine to be issued from the hospital pharmacy are also reasons for significant delays.

(33) Discharges are more problematic over weekends due to the inability of some care/nursing homes to receive clients seven days a week. The view that care homes should take clients seven days a week was supported by the external provider, Broadmead Care Home, with a caveat that there are challenges in achieving this. The time of day that transfers to a care home take place is also a contributing factor.

Future Option - In house provision

(34) An investigation into the costs of increasing the Reablement Team to increase capacity found that it costs approximately £25 per hour, per member of staff to deliver the in-house service which is far above the current price of £17/£18 per hour per member of home care staff (when delivered by a third party provider).

(35) This scenario also worked on the basis that 65% of an Officer's role would be spent delivering care. The other 35% of their time would be used for travelling to clients, attending staff meetings/training, taking annual leave and/or sickness. Currently less than 45% of staff time is spent delivering care. This is due to the nature of short term reablement meaning staff often have long journeys to deliver reablement to clients. The time spent travelling to clients is exacerbated due to the wide geographical spread of clients living across rural areas within West Berkshire. An aspiration for the service was for 75% of a Reablement Officer's time to be spent delivering face-to-face care.

(36) The feasibility of basing a home care team in Hungerford has been explored in order that less time might need to be spent travelling. These discussions have focused on allowing Reablement Officers to conduct their key role for which they are qualified. However, due to the pressure facing home care agencies it is often the case currently that the Reablement Team delivers home care services also.

(37) By increasing the capacity of the team it is considered that more clients could be assisted with regaining their independence and alleviating pressure on the health and social care system. Increased resource could also mean that travel time is reduced as staff could have designated areas of responsibility across the district.

(38) If the scenario proposed the employment of WBC home care staff (and not increasing the size of the Reablement Team) then the costs per person could be reassessed and reduced as Home Carers would be paid on a lower grade to Reablement Officers. This would also mean that the Reablement Team could be freed up to perform their specific role and not used to deliver home care.

(39) The financial impact upon the NHS for DToC cases is priced at approximately £400 per night (as already indicated). In comparison to the findings of this scenario (to increase the capacity of in-house reablement officers/home carers) there would appear to be an opportunity to re-evaluate the system and provide more in-house provision that could benefit many and reduce DToC costs across the system. The required investment for an in house home care service could come from the Council and the NHS based on the benefits it could bring and the savings that could be achieved from reduced DToC. It was also felt that longer term, an in-house home care service could become a traded service.

10. Conclusions

10.1 The importance of reducing and, where possible, preventing DToC was made very clear to the Task Group, with the impact on the health of elderly residents in hospital the greatest concern. In addition, the financial pressures arising from DToC are significant for both the Council and the NHS.

10.2 The Task Group noted areas of existing good practice, most notably the successful Joint Care Pathway operating within the Royal Berkshire Hospital. The implementation of new initiatives and the review of existing practices were also commended, including the use of step down beds, the review of the Trusted Assessor role and improvements to contractual arrangements.

10.3 The greatest challenge facing the Council and the NHS in reducing DToC comes from limited access to care to meet demand and the high costs of care. The report's recommendations seek ways to remedy these difficulties and reduce DToC. These include the provision of in-house home care, the ability to discharge patients seven days a week, implementation of recruitment and retention initiatives, and preventative measures, i.e. with the voluntary sector.

11. Recommendations

11.1 The Task Group proposes the following recommendations to the Executive via the Portfolio Holder for Adult Social Care, the Head of Adult Social Care, the Head of Commissioning and the Clinical Commissioning Groups:

(1) The Portfolio Holder for Adult Social Care should write to the Secretary of State for Health to request that a greater level of certainty be confirmed for BCF funding in the longer term to enable local authorities, health and other relevant partner organisations to make longer term plans for Adult Social Care Services.

(2) The Head of Adult Social Care, in liaison with the Lead Advisor for NHS England, should extend the operation of the Joint Care Pathway,

successfully established in the Royal Berkshire Hospital, to other acute hospitals accessed by West Berkshire residents - North Hampshire Hospital and Great Western Hospital in order to roll out this best practice.

(3) The Head of Adult Social Care should investigate the benefits achieved from block contracting with a view to expanding upon the arrangements already established by the Council to ensure guaranteed levels of service provision.

(4) The Head of Commissioning, in liaison with the Head of Adult Social Care, should negotiate with acute trusts and the private sector with a view to enabling hospital discharges to care providers seven days a week. This would need to include transportation of patients (see voluntary sector – recommendation 9).

(5) The Head of Commissioning, in liaison with the Head of Adult Social Care, should further develop the list of approved care providers to achieve greater flexibility and a greater level of access to care providers. This development will need to include the ability to discharge patients from hospitals to care providers seven days a week.

(6) The Head of Adult Social Care to review the impact of the, recently implemented, step down beds in order to inform a view on the success of this approach and whether it should be increased, i.e. in the Birchwood Care Home or implemented in other locations.

(7) The Head of Adult Social Care should continue to explore ways with the public sector and, more particularly, the private sector to improve recruitment and retention of care workers via improvements to terms and conditions. This should include training, i.e. access to the Council's training provision and the ability for staff to complete the Care Certificate, and improved contractual arrangements. The Private Sector Provider Forum was one route to progress this.

(8) The Head of Adult Social Care, in liaison with relevant public and private sector partners, should complete the review of the Trusted Assessor role to assess where improvements could be made to this role, where it is most appropriately positioned within the care sector and how assessment information can best be shared with relevant parties in order to reduce delays that contribute to DToC.

(9) The Head of Adult Social Care should, in liaison with the Building Communities Together Team, work closely with the Voluntary Sector (Volunteer Centre) to ensure there is increased awareness and take up of the voluntary sector services available among practitioners, i.e. Village Agents and voluntary sector transport.

(10) The Head of Adult Social Care, in liaison with the Head of Customer Services and ICT, should work with 'Connecting Care' – a pan-Berkshire project in place to deliver a multi-agency ICT system, to help realise the benefits that a shared ICT system would bring in terms of information sharing between partner organisations as opposed to a

number of independent systems. This would assist with the sharing of patient assessments.

(11) The Head of Adult Social Care and the CCG's Urgent Care Lead should analyse whether DToC do arise as a result of patients needing to wait for medicines to be issued by hospital pharmacies. Improvements should then be recommended to the A&E Delivery Board if this is found to be a contributing factor.

(12) The Head of Adult Social Care and the Director of Operations at the Newbury and District CCG should develop a business case for submitting to the Secretary of State for Health, subject to the Health and Wellbeing Board's approval, that demonstrates the long term benefits, in particular financial benefits, that could be achieved by directing funding upfront from the BCF to fund in-house home care provision in West Berkshire Council. The business case will need to demonstrate that increased and more secure home care provision will significantly reduce DToC and associated costs for the Council and the NHS, with the savings achieved reinvested into the system over the longer term. The in-house service will need to be designed to incorporate locality based teams as this will make more effective use of carers' time. Increased home care provision will achieve the added benefit of enabling the Reablement Team to perform its intended role.

(13) The Head of Adult Social Care should explore the potential to increase the amount of Council provided residential care, i.e. building Council care homes, to broaden the level of provision and lessen the demand on the local private sector market.

12. Appendices

12.1 There are no appendices to this report.