Havering
LONDON BOROUGH

OVERVIEW AND SCRUTINY COMMITTEE
7 FENRUARY 2013

Subject Heading:	**Delayed Transfers of Care (DTOC) of adults from hospital to social care services**
CMT Lead:	Cllr Stephen Kelly Joy Hollister, Group Director
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Policy context:	
Financial summary:	***No direct implications as a result of this report. To note DTOC reimbursements can apply.***

The subject matter of this report deals with the following Council Objectives

Ensuring a clean, safe and green borough	[]
Championing education and learning for all	[]
Providing economic, social and cultural activity in thriving towns and villages	[]
Valuing and enhancing the lives of our residents	[X]
Delivering high customer satisfaction and a stable council tax	[]

SUMMARY

Achieving timely and safe discharges from hospital is a key concern for both health and social care not only through the costs associated with acute stays but also that a delay represents a delayed opportunity for an individual to return home. We know that in hospitals such as Queen's when compared to national comparators more people are admitted to hospital than is the case elsewhere which creates an additional pressure on achieving improved flow. Responsibilities for discharges principally rest with the Hospital Trust, the Clinical Commissioning Group and the Council. Where discharge is delayed, this is known as a Delayed Transfer of Care (DTOC).

This report follows earlier information circulated to members via e-mail on the 27th November by the hospital trust which considered information provided by Barking, Havering and Redbridge University Trust's (BHRUT) JONAH system setting out the top reasons for delay in achieving discharge from Acute care. The top five reasons were listed as:

- Transfer to other hospital or rehabilitation service
- Awaiting bed on appropriate ward
- Awaiting meeting of multi-disciplinary team.
- Social Work Assessment
- Family related delays

This paper seeks to advise the committee of the role played by JONAH and its limitations as a reporting tool, the current agreed position in relation to delayed transfers of care between the partners and work currently underway jointly with partners and by the Council to achieve further improvement of our management of discharges.

This paper has been prepared by officers of the Council with input from the Clinical Commissioning Group Support Unit.

RECOMMENDATIONS

Overview and Scrutiny Committee Members are asked to note the report's content.

REPORT DETAIL

1. Establishing a clear picture of DTOC

The JONAH system, when used in isolation, is an imperfect source of information in terms of establishing a verified picture of DTOC. It does not accurately reflect the position agreed by BHRUT and the Council on individual cases and does not reflect actual DTOCs according to legislative definitions.

Every Friday morning, colleagues from BHRUT and the Council's Hospital Discharge Team meet to discuss DTOCs in that week. The purpose of that meeting is to reach an agreed and shared view on individual cases of delayed discharge, including whether there is actually a delay and if so, to which partner the delay is attributable.

Data on the JONAH system does not reflect the outcome of those discussions. It is all but entirely maintained by BHRUT staff and represents their initial assessment of potential delays, tracks the individuals progress, identifies 'next actions' and the associated reason for those delays, which then requires validation. The Performance Improvement Programme work referred to below excludes data provided by JONAH within proposed performance reporting due to these concerns.

It is more accurate to base DTOC discussions in terms of legislation around Sections 2s (pre-discharge notifications) and Section 5s (discharge notifications). These official notifications are tracked on a separate BHRUT database (UNIFY) and it is this data which forms the basis of the Friday morning discussions.

The agreed DTOCs and the final agreed reasons for delay are recorded on UNIFY and used for a wide range of performance reporting within the Council. The agreed picture often differs from that which is recorded on JONAH. Due to concern around DTOC reporting in the past, it was agreed by senior managers among partners that only these 'signed off' DTOCs would be considered to provide a reliable picture of DTOCs.

2. Actual position of DTOC

The data from UNIFY, i.e. the signed off DTOCs, gives a snapshot of a particular week in the month and presents a very different picture to JONAH. It is this

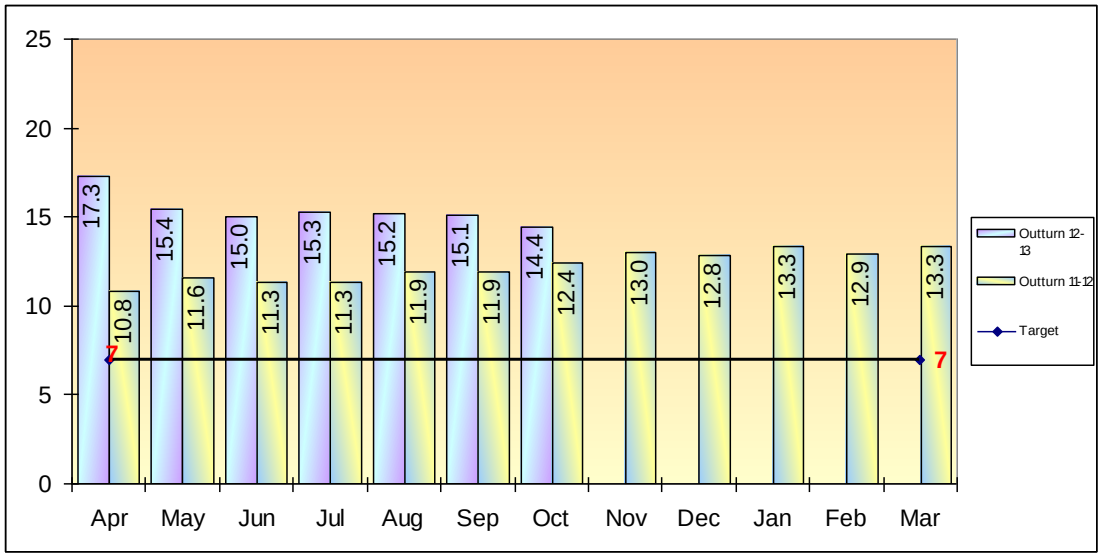
performance data which is reported within Adult Social Care (ASC) and the Council's corporate performance function.

There are three measures within the national Adult Social Care Outcomes Framework related to DTOC, all measured per 100,000 adult population:

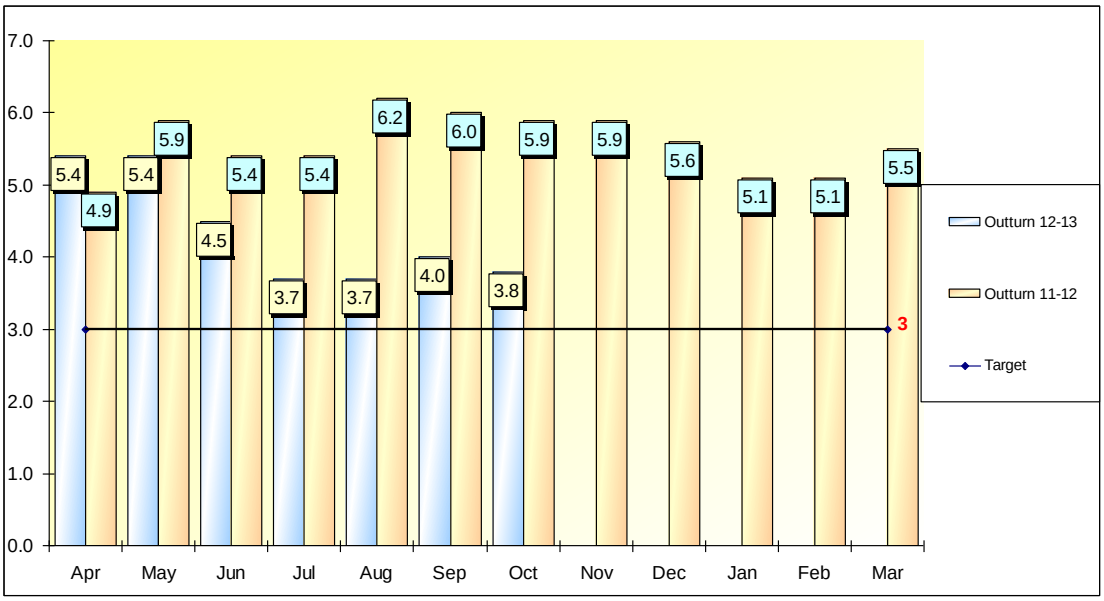
1. all DTOC (regardless of attributed responsibility);
2. DTOC where responsibility is shared between ASC, BHRUT or PCT, and
3. DTOC where responsibility is attributable solely to ASC.

The data is one month in arrears so November 2012 data is not available at the time of writing.

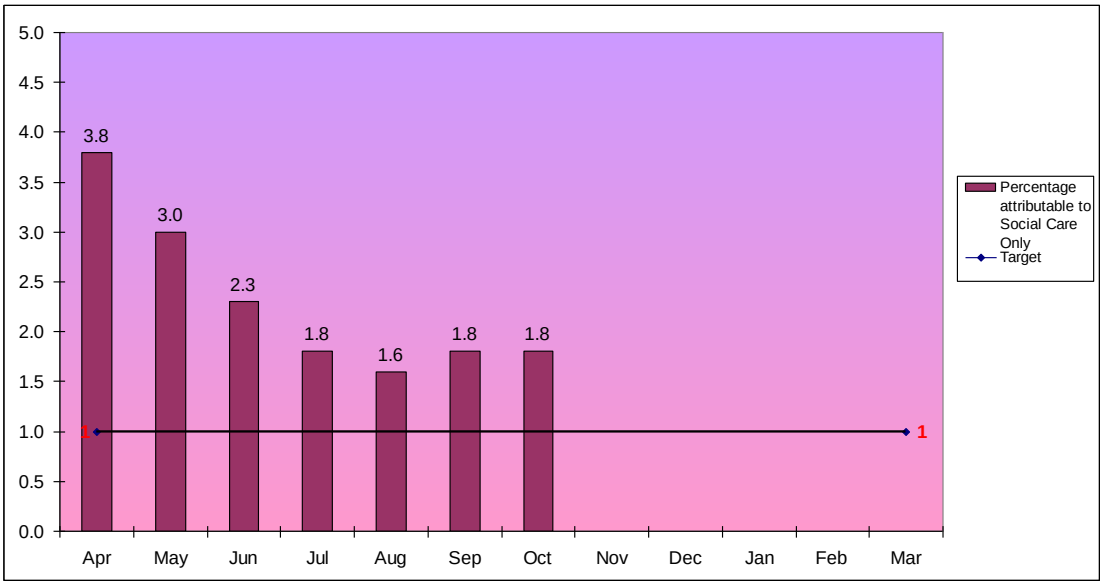
The overall DTOC performance is above (i.e. worse than) target, with 14.4 delays per 100k population as at end October 2012, against a target of 7. This equates to 187 delays, 146 of which relate to Acute care.



Performance against the second DTOC measure, where there is shared responsibility, is still above target but by a far smaller margin; 3.8 delays per 100k population, against a target of three. This equates to 50 delays, 33 of which relate to Acute care.



The delays are attributable solely to ASC are far fewer in number, with 1.8 delays per 100k population. Although this is above (i.e. worse than) the target of 1, it is notable that only six of the 23 delays relate to Acute care.



A more detailed exploration of DTOCs from Aug-Oct 2012 show that there were 18 Acute DTOCs which were due solely to ASC, or shared between ASC and BHRUT. Of these, none were attributable to ASC as a result of 'awaiting completion of assessment'. Where it was agreed that responsibility lay with Adult Social Care, this was due to awaiting availability of residential care placement, nursing care placement or provision of community equipment.

The UNIFY data demonstrates that the highest number of delays are attributable to PCT and BHRUT, not ASC. These are mainly around awaiting a further medical assessment or awaiting further non-acute NHS care.

		August		September		October	
		ASC	Shared	ASC	Shared	ASC	Shared
Reason for Delay	Awaiting completion of assessment	0	6	0	4	0	2
	Awaiting residential home placement or availability	0	0	1	0	1	0
	Awaiting nursing home placement or availability	1	0	1	0	0	0
	Awaiting community equipment and adaptations	0	0	1	1	0	0

3. Current work

Work is currently underway within BHR involving the hospital trust, the CCG and the Boroughs of Havering, Redbridge and Barking and Dagenham to deliver a Performance Improvement Programme (PIP) specifically focused upon improving arrangements and processes for discharge. The project is looking at a range of measures which include:

- diagnostics - where there are both process issues and opportunities for further improvement;
- performance dashboard applied across health and social care so that blockages and performance can be readily identified and reported;
- quick win improvements which can deliver tangible results, and
- a review of the application of the re-imbursement policy

Within this opportunities have been identified for improvements in streamlining Checklists, Health Needs Assessment, Decision Support Tools and electronic processes. These are alongside improving awareness of pathways such as those to re-ablement and managing activity through single rather than multiple points of contact.

For social care in Havering steps have been taken to:

- seek through ward liaison to support planning for discharge much closer to an individual's point of admission. 'Case finding'. This can be particularly helpful where on-going support is either time sensitive or where in the case of a need to enter residential care the decisions and choices required are significant and involve family and friends.
- Full participation in Multi-disciplinary Team meetings

- delegating financial decision making closer to the front line so that the team manager can readily approve support arrangements without having to refer to senior managers for approval.
- improve through additional capacity, access to our re-ablement service close monitoring of delays and principally delays attributable to social care

4. Conclusions

The JONAH data should be viewed with caution as it is entirely subjective and solely from the view of one side of the partnership (BHRUT). It should not be used for formal reporting, particularly external reporting, as it does not represent the validated agreed DTOC picture. Reporting arrangements currently under development as part of the PIP has not included JONAH data and moreover has not been put forward by the hospital Trust as part of the proposed performance dashboard

It is recognised that there are particular challenges for Havering in both demographic terms – having a high number of frail older people and with a relatively high number of hospital admissions.

Although DTOC performance in Havering is not yet as we would wish, performance is improving and there is a range of work underway and planned to bring the number of delays to a desired level.

IMPLICATIONS AND RISKS

Financial implications and risks:

There are no direct financial implications and risks arising from the report. However given the implications for local authorities in provision of fines for attributable bed based delays, validation of such delays through the agreed processes is vital.

The Community Care (Delayed Discharges etc.) Act 2003 introduced a system of reimbursement for delayed hospital discharges: if a patient remains in hospital because the council has not put in place the services the patient or their carer need for discharge to be safe, the council will pay the NHS body a charge per day of delay. Therefore a robust process to sign off agreed delays is necessary to verify liabilities before reimbursement is levied.

Legal implications and risks:

There are no apparent legal implications or risks in noting the context of this report**.**

Human Resources implications and risks:

There are no direct HR implications arising from this report

Equalities implications and risks:

Delayed transfer of care can have significant implications on patients, particularly older and other vulnerable people. It is therefore vital that the council has accurate data on DTOCs and continues to work with BHRUT to improve performance in this area. The work outlined in this report will go some way to improving people's experiences when they are discharged from hospital.

This area of work is important in reducing the health inequalities experienced by some of the borough's most vulnerable people, such as older people, people from BME backgrounds and people with disabilities. In its health and wellbeing strategy, the council has identified DTOC as a key priority going forward.

BACKGROUND PAPERS

No additional papers