Nottinghamshire County Council

Report to Adult Social Care and Health Committee

11 January 2016

Agenda Item: 5

REPORT OF THE SERVICE DIRECTOR, MID NOTTINGHAMSHIRE

OVERVIEW OF DELAYED TRANSFERS OF CARE AND 7-DAY WORKING

Purpose of the Report

1. The purpose of this report is to outline key changes to the Delayed Transfer of Care (DTOC) guidance and provide Committee with a performance update. The report also outlines progress with assessing the requirements for social care of seven day access to services as part of local plans to avoid hospital admission and to speed up hospital discharge processes.

Information and Advice

Delayed Transfers of Care (DTOCs)

2. The value of integrated working between health and social care is well recognised and the Clinical Commissioning Groups (CCGs) are all working closely together with Nottinghamshire County Council in the three Transformation Planning Units (Bassetlaw, Mid Notts Better Together and South Notts) to transform discharge processes, pathways and community services. The value that involving District Councils can bring to this work is increasingly being evidenced. Reducing the time that people spend in hospital care does mean supporting more people with more complex needs, potentially for longer in the community. This can result in increased pace and demand for packages of social care support, for example, homecare and community equipment, which has not been sufficiently recognised in national funding settlements to Local Government. Future ways to sustainably manage a shift of funding from hospital based acute services into community based services form part of local discussions with partners.

3. If discharge takes too long, people's physical and mental wellbeing can deteriorate far beyond the impact of the originating ill-health condition. The pathway for many people admitted to hospital is therefore to end up in institutional care, rather than back home. For example, when people aged over 80 remain in bed their muscles, particularly leg muscles, can deteriorate very quickly. In as short a time as 10 days, this can result in the equivalent of 10 year ageing in loss of muscle tone and sometimes total loss of mobility. This is very difficult to fully regain and often people are no longer able to return home. This is not the outcome the individual wants and is costly to social care. Swift discharge is usually in the person's best interest and helps to ensure hospitals have capacity for new people with urgent care needs.

4. Although the three Transformation areas are working to different scale and pace, the emerging models of service delivery have common themes:

- increasingly integrated and swifter discharge processes
- local multi-agency integrated teams working to clusters of GP practice to proactively identify and work with people at risk of admission to hospital or residential care
- a move to key services being accessible seven days a week where this will help to achieve the above two objectives
- systematic profiling of the local population and targeting of services at people most in risk
- new models for community services
- a focus on prevention, early intervention, information and advice services that can evidence that they support independence
- voluntary sector support to encourage people to become more self-reliant by developing
  skills to manage their own health and care.

Legislative changes

5. The Delayed Discharge Act of 2003 was replaced by the Care Act 2014. One of the aims of the Care Act is to ensure that people do not remain in hospital when they no longer require care that can only be provided in this setting. The arrangements set out in the guidance for discharging patients who are likely to have on-going care and support needs have been designed to encourage joint approaches across health, social care and housing with early, person centred discharge planning. The current requirements are described in Annex G of the 'Care and Support Statutory Guidance – Care Act 2014' with revised supporting definitions and detailed guidance being issued by NHS England in 'Monthly Delayed Transfer of Care Situation Reports'. The key changes are:

- every day of the week now counts in all time-scales, including weekends and all Bank Holidays
- the terms 'Assessment Notice' and 'Discharge Notice' are used instead of Sections 2 and 5 notices
- Local Authorities paying re-imbursement fees for delays is no longer mandatory
- the patient's NHS number must be included in Notifications, as must the name and contact details of the person at the hospital liaising with the local authority.

Notifications and time-scales for services to be put in place

6. Acute trusts are required to make two notifications to social service departments:

- the first is an assessment notice, giving notice of a patient's possible need for services on discharge and a prediction of the expected date of discharge. A notification sent after 14.00 is counted from the next day

- the second requirement is a discharge notification, giving the date the person will definitely be ready for discharge.

7. If the hospital is proactive in sending the notifications, the person will go home on the day they no longer require acute care. There will be a small number of cases where there are safety concerns linked to safeguarding issues when the multi-disciplinary team (MDT) agree that it is not safe for them to go. The aim of the MDT is to have everything in place for the day when the person no longer requires acute medical or nursing care.

8. Social care are required to have made arrangements for services to be put in place on the day after the proposed discharge date. The minimum timescale that services can be required to be in place is therefore three days from the day the assessment notification is sent (including weekends and Bank Holidays). If the care and support package is not ready after these timescales have lapsed, the person is regarded as a validated delayed discharge attributable to social care and the days of delay are counted from this point. Delayed discharges are also counted nationally in non-acute hospitals, however, there are no requirements regarding assessment and discharge notices.

DTOCS local performance and national benchmarking

9. Two pieces of information are monitored nationally on a monthly basis:

- the **number of people** delayed on the last Thursday of the month (snapshot)
- the total **number of delayed days** for each month.

10. The **number of people** delayed on the snapshot shows how many people may be experiencing a delay on any given day of the month. Both Nottinghamshire's overall numbers of people delayed and the proportion of these attributable to social care, are showing a positive trend. For each month they are substantially lower this year than last year, with the exception of September (see **Appendix A, Table 1** for further details). The overall increase in September is due to an increase in health, rather than social care delays.

11. The total **number of days** delayed is the actual number of all delayed days recorded each calendar month. Both Nottinghamshire's overall numbers of days delayed and the proportion of these attributable to social care, are showing positive trends. For each month they are again substantially lower this year than last year, with the exception of September (see **Appendix A, Table 3** for further details). The overall increase in days in September is again due to an increase in health, rather than social care delays.

12. It is extremely positive that there were no delays attributable to social care at either Sherwood Forest Hospital NHS Foundation Trust or Nottingham University Hospital NHS Trust (**Appendix A, Tables 2 and 4**). This reflects the strong focus of the joint Transformation programme being aimed at managing the increasing pressures in the large acute hospitals.

13. Social care reported delays are increasingly due to length of stay in non-acute hospitals, rather than volume of people. This reflects the fact that there has not been as much work undertaken in this area and the difficulties in finding appropriate community based supported living options for people who are ready to leave hospital, particularly for people with learning disabilities and mental ill-health. For people with learning disabilities, this is being addressed through the Transforming Care work programme.

14. Over the past two years, mental health services have been changing. The Council has increased its community care budget in response to new pressures and as health rehabilitation services have reduced in some areas. However, the Council's expenditure on mental health services is amongst the lowest in the country and more appropriate care and support will result in some additional cost to the Council. It has now been agreed to review and assess what is needed to avoid people spending longer in hospital than necessary and develop a plan to address this. The availability of appropriate housing in a timely way will be key to this.

15. Nationally and locally, there are concerns about the accuracy of the reporting of overall DTOC data. The data is broken down into nine categories. Whilst aiming to minimise administration and the time spent quality checking, it is essential that everyone takes responsibility for ensuring that the data is both relevant and accurate as agencies are held to account on their performance and it also informs future planning. Figures on DTOCS attributable to social care must be agreed with the Directors of Social Services, or their delegated representative. Local processes for this are in place with written protocols being developed to reflect the new guidance. National support with improving DTOCs has been provided by the Emergency Care Improvement Team (www.ecip.nhs.net), regional roadshows held to share the new guidance and an East Midlands network of Local Authority DTOC leads established in order to share good practice.

16. As part of planning and managing the Council's local DTOC strategy across Nottinghamshire, the Corporate Director for Adult Social Care, Health and Public Protection has chaired sessions over the past few months with the lead Service Director, Group Managers and Team Managers. This has enabled emerging issues arising from the new guidance to be identified and addressed, with consistent approaches being applied across the three planning areas with the aim of maintaining the Council's improving performance.

How Nottinghamshire's performance compares with other local authorities

17. Two national DTOC indicators based on **numbers of people** delayed are included in the Adult Social Care Outcomes Framework (ASCOF 2C1 and 2C2). The national indicators enable comparison of performance regionally, nationally and (through CIPFA benchmarking) with a group of local authorities identified as having similar characteristics to Nottinghamshire (two tier, similar population size, geography etc).

18. Nottinghamshire's trend with performance on the overall rate of delays (attributable to both health and social care) is comparing increasingly positively with other local authorities. The majority of authorities in the East Midlands and CIPFA benchmark authorities saw an increase in the rate of DTOC between 2013/14 and 2014/15. The measure of the rate of delays is calculated by taking the average of the number of delays on the monthly snapshots and then dividing this figure by the Nottinghamshire population. In this period the England average increased from 9.6 to 11.1 **(Appendix A, Table 5)** and Nottinghamshire experienced a slight increase to just above this from 11.1 to 11.2. This was still, however, lower than the average for the East Midlands and also the average for our CIPFA benchmark authorities. Halfway through 2015/16 Nottinghamshire's local rate is a positive 6.79 which is lower than the September 2014 rate of 11.01.

19. In Nottinghamshire, between 2013/14 and 2014/15 the proportion of delays attributable to social care (2C2) reduced from a rate of 3.6 to 2.6 **(Appendix A, Table 6)**, whilst the England average increased from 3.1 to 3.7. In 2014/15 Nottinghamshire's social care rate of DTOC was lower than the England average, the East Midlands average and the average for our CIPFA benchmark authorities. This extremely positive trend has continued so far halfway into 2015/16, with Nottinghamshire's current rate of 1.79 (September 2015).

Seven-day access to services

20. The need to consider seven day access to key health and social care services is outlined in the Care Act and is one of the key criteria of the Better Care Fund. The aim is to support early discharge home, avoid admissions and deliver parity of outcomes to people requiring services outside of traditional nine to five office hours.

21. Local plans for seven day access to services across health and social care are a requirement of the Better Care Fund, however, there is no nationally required model, with the detail being left to local determination. To simply have all services accessible at all times would be extremely resource intensive and there is no evidence to suggest that there is a need for this. Locally, key services are being identified that have a vital and interdependent role to play in achieving the objectives. These are being implemented on an incremental basis and their impact monitored.

22. Two social workers are funded on a permanent basis by the local Clinical Commissioning Groups and based at King's Mill Hospital and two funded by the Better Care Fund at Queen's Medical Centre. Workers are paid enhancements for working at weekends and whilst an expectation of seven day working is now being included in adverts and in contracts for new staff, for current staff there is no contractual obligation. As long as these funding arrangements continue, the system works well with sufficient volunteers.

23. Feedback from staff at King's Mill and Queen's Medical Centre Hospitals is that weekend working has been positive and whilst not many people are currently discharged home with packages of social care at the weekend, it enables plans to be made ready for Monday. Bassetlaw and Newark are much smaller hospitals with lower patient numbers, therefore additional capacity on a regular basis is not required. At Bassetlaw, cover is provided for long Bank Holiday weekends in order to maintain the flow of discharges.

Admission avoidance and access to services

24. Across all three planning areas there are presently no social work arrangements for staff working within integrated community teams over seven days. The current emergency care arrangements are handled through the Emergency Duty Teams. In Mid Notts, it is planned to trial access to the social worker posts based at King's Mill Hospital, if the local integrated care teams require social care input to avert an admission.

25. Social workers need to be able to access and put in place services at the weekend. Priority services that hospital social workers have identified are: Homecare, START Re-ablement and the short-term assessment beds in the Council's Care and Support Centres. The current homecare contract expects packages to be started 48 hours from referral. Issues of staff recruitment and retention mean that this is not yet achieved. The Council is working in partnership with homecare providers on this and initiatives are being put in place over

the winter to improve the availability of packages. Mears homecare, for example, will be working alongside the King's Mill integrated discharge team and ASSIST housing support team with the aim of earlier planning of joint packages of care and support that will enable people to go home sooner.

26. Whilst continuing to visit their existing service users, START Re-ablement is not resourced to be able to pick up new referrals at the weekend. The service provides short term support to people in their own homes, to regain their confidence and independent living skills and reduces the need for ongoing homecare. The service is fully deployed during the week in order to meet the needs of everyone who can benefit from it and it is not possible to stretch the current resources more thinly to cover the weekend. Work is being done to assess the level of likely take up and benefits of START taking new referrals as weekends and any resource requirements will be fed into the Better Care Fund decision making process for 2016/2017.

27. A plan is being developed that will enable new people to be admitted at weekends into the short term beds in the Council's Care and Support Centres. Current estimates show that this will be possible within existing staffing budgets.

Other Options Considered

28. The option of having more staff and services accessible at weekends has been considered, however, it is felt that there is little evidence that this would be of significant benefit at the current time. This will need to be reviewed as health services expand their access times, for example, to evening and weekend working in the local integrated teams.

Reason/s for Recommendation/s

29. The report is for noting only.

Statutory and Policy Implications

30. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

31. Two social work posts in the south are currently funded through the Better Care Fund at a cost of £89,722 p.a. In addition a START Re-ablement Support Co-ordinator is funded in the south to enable referrals directly into START from the hospital staff at a cost of £26,322 per annum. Additional Homecare capacity has also been funded in the south to enable quick pick up of referrals at a cost of £5,000. These resources are all needed as part of seven day access to services and their continuation will be considered as part of the 2016/17 Better Care Fund negotiations.

Implications for Service Users

32. People benefit from avoiding a hospital stay where possible and from able to return home more quickly once medically fit. The work to improve discharge planning and access to key services on weekends will support this.

Human Resources Implications

33. Whilst the current voluntary arrangements for working over the weekend works well with sufficient volunteers, going forward it is intended that advertisements where appropriate and where there is a recognised need will state that there may be a requirement to work weekends and it will be included in the employee statement of particulars (contract of employment). Any changes to current staff working arrangements and contractual obligation would be the subject of negotiation with the recognised Trade Unions.

RECOMMENDATION/S

1) That Committee notes the key changes to the Delayed Transfer of Care (DTOC) guidance, the Council's improving performance and progress with seven day access to services.

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Constitutional Comments

34. As this report is for noting only, no Constitutional Comments are required.

Financial Comments (NDR 22/12/15)

35. There are no financial implications arising directly from this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

NHS England: 'Monthly Delayed Transfer of Care Situation Reports: Definitions and Guidance' V1.09 published 5th October 2015.

https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2015/10/mnth-Sitreps-def-dtoc-v1.09.pdf

Department of Health: ‘Care and Support Statutory Guidance’: October 2014. Annexe G cited here in summary.
https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation

Electoral Division(s) and Member(s) Affected

All.

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