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| **REPORT TO:** | Health Policy & Performance Board |
| **DATE:** | 18 June 2019 |
| **REPORTING OFFICER:** | Strategic Director, People |
| **PORTFOLIO:** | Children, Education and Social Care |
| **SUBJECT:** | Delayed Transfers of Care (DTOCs) |
| **WARD(S):** | Borough wide |

### 1.0    PURPOSE OF REPORT

1.1    To present the Board with background information in respect to DTOCs and details of Halton's latest position with regards to DTOCs (delayed days).

### 2.0    RECOMMENDATION: That the Board note the contents of the report and associated Appendix.

### 3.0    SUPPORTING INFORMATION

3.1    What are delayed transfers of care?

A 'delayed transfer of care' occurs when a patient is ready to leave a hospital or similar care provider but is still occupying a bed. Delays can occur when patients are being discharged home or to a supported care facility, such as a residential or nursing home, or are awaiting transfer to a community hospital or hospice.

3.2    How are delayed transfers of care measured?

National guidance, *Why not home? Why not today?*[1], defines a patient as being ready for transfer when:

- a clinical decision has been made that the patient is ready for transfer, and
- a multidisciplinary team has decided that the patient is ready for transfer, and
- the patient is safe to discharge/transfer.

As soon as a patient meets these three conditions and remains in a bed, the 'clock' starts and they are classified as 'a delayed transfer'. The definition of delayed transfers of care used by NHS England is very specific. For example, data on delayed transfers does not include delays in transferring a patient between different

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[1] Why not home? Why not today? Monthly Delayed Transfers of Care Situation Report, NHS England, November 2018 https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2018/11/Monthly-Delayed-Transfers-of-Care-Situation-Report-Principles-Definitions-and-Guidance.pdf

wards in the same hospital, or between different hospitals, if the patient still requires acute hospital treatment.

Each month NHS England publishes data on the total number of bed days taken up by all delayed patients across the whole calendar month.

All hospitals are required to collect delayed transfer data for adults (aged over 18 years) and provide it to NHS England, together with the reasons for these delays.

The Board should note that there are limitations to the national data on DTOCs. For example it is not clear whether all providers are using the definition of DTOCs or reasons for delay in the same way; small differences in interpretations can lead to the potential for large changes in reported numbers.

National data may also understate the number of patients who could be cared for safely and effectively out of hospital. This is because the 'clock' for measuring delayed transfers only begins when a full multidisciplinary team has assessed the patient's needs – for example, to determine if a patient needs further therapy or social care input – before deciding when the patient can be discharged. Patients in hospital who have been assessed by a consultant or other clinician as being 'medically fit for discharge' will not be counted as a delayed transfer before this fuller assessment takes place.

3.3     Why do delayed transfers of care occur?

Delayed transfers can be the result of delayed processes within the NHS, social care, or across both sectors, and can occur for a number of reasons.

The main reasons for delays can be categorised into three areas, which are explored further below. These are:-

1. Patient & Family Choice
2. Assessments
    a. Health
    b. Social Care
3. Provision
    a. Capacity
    b. Complexity of need
    c. Providers agreeing to take service users

Patients can often be delayed waiting for onwards care. For example, intermediate care services occupy an important middle ground between primary and hospital care for patients leaving hospital. These services include bed-based care, rehabilitation and reablement services, which often provide a much-needed 'step-down' service for people moving between more intensive hospital care and independent living or social care. However, issues can occur in respect to insufficient capacity to meet the demand for intermediate care, resulting in increased waiting times and delays in accessing this care.

Agreeing that a patient is fit for discharge, as well as acquiring a care package and

getting paperwork completed on time, can also be difficult. Assessments must be made of the additional support and care patients will need after leaving hospital, such as care workers providing support for daily activities, and installing hand rails within patient's homes to improve their safety and mobility. Delays can arise because a patient's assessments are not planned and completed before they have recovered sufficiently to be discharged. Completing an early assessment of onward care needs generally requires agreement from a multidisciplinary group of acute clinicians, social workers and other care workers. This can be a time-consuming and complex process.

Other factors can also come into play. These include disagreements between families/patients and providers concerning where the patient should be transferred; waiting for equipment to be installed in the community; awaiting public funding; and housing issues.

It should be noted that the timing of discharging patients from hospital is important. Sending a patient home from hospital prematurely, before their medical care is completed, can lead to poor patient experience and readmission to hospital. But delayed transfers of care are currently a significant concern to patients and staff in the health and care system. Longer stays in hospital are associated with increased risk of infection, low mood and reduced motivation, which can affect a patient's health after they've been discharged and increase their chances of readmission to hospital.

3.4     Halton Processes for agreeing DTOCs

3.4.1 St Helens & Knowsley Teaching Hospitals NHS Trust – The Whiston Integrated Discharge Team (IDT) are in daily contact with the Council in relation to any associated issues with regards to potential delays and submit a daily validation request through to the Divisional Manager, Urgent Care to seek approval of DTOCs.

3.4.2 Warrington & Halton Hospitals NHS Foundation Trust – Similar to the Whiston IDT, Halton IDT are in regular contact with the Divisional Manager, Urgent Care to review any associated issues with regards to potential delays. DTOCs are then formally approved by the IDT's Team Manager, following consultation with the Divisional Manager, on a daily basis.

3.4.3 North West Boroughs (NWB) Healthcare NHS Foundation Trust – A Bed Management Meeting is held weekly, on a Thursday, chaired by a Senior Manager from NWB and attended by the Principal Manager (Mental Health) and in their absence the Practice Manager, to review current in and out of area placements. It is at this meeting where DTOCs for Halton are agreed, or otherwise.

3.5     Halton Performance

The number of delayed days in February 2019 increased to 356 from 190 in January 2019, broken down as follows:-

| Agency Responsible | Number of Delayed Days (November 2018) | Number of Delayed Days (December 2018) | Number of Delayed Days (January 2019) | Number of Delayed Days (February 2019) |
|---|---|---|---|---|
| NHS | 589 | 277 | 175 | 314 |
| Social Care | 82 | 21 | 14 | 14 |
| Joint | 2 | 47 | 1 | 28 |
| **TOTALS** | **673** | **345** | **190** | **356** |

However, it should be noted that overall Halton achieved the national targets that were set for 2018/19 for DTOCs over the last 3 months (December 2018 – February 2019).

Please note that at the time of writing this report we are waiting for information to be confirmed in respect to the DTOC targets which are to be set for 2019/20.

When the targets were set for 2018/19, those areas that did well in achieving difficult targets were challenged the most, whilst the ones who under-achieved/struggled were given more modest targets. We are waiting to see if the same methodology will be used in setting the 2019/20 targets.

3.6 Attached at *Appendix 1* are details of Halton's DTOCs since January 2018.

As the Board will note the targets set are split between attributable organisations i.e. NHS, Social Care or jointly attributable.

The mains reasons for the delays during February 2019 were:-
- Patient/family choice - 42% (151 days);
- Awaiting further non-acute NHS Care - 19% (66 days); and
- Awaiting care package in own home - 16% (57 days)

The data outlines that in February 2019, 45% of the delayed days were seen at St Helens & Knowsley Teaching Hospitals NHS Trust, 36% at Warrington & Halton Hospitals NHS Foundation Trust and 19% within other NHS Trusts.

Attached at *Appendix 2*, the Board will find a copy of the Monthly Delayed Transfers of Care Update from North West Association of Directors of Adult Social Services (ADASS), which outlines how Halton benchmark against other local authorities in the North West.

3.7 It should be noted that definitive DTOC information is published on a monthly basis and is always behind current activity. It has not been possible to get accurate current information from across the system; therefore we are in a position where we have to wait approximately 6 weeks following the end of a month to obtain information for that month.

## 4.0    **FINANCIAL/RESOURCE IMPLICATIONS**

4.1    The additional funding provided to Councils (i.e. the iBCF) continue to support/fund initiatives/developments to help alleviate existing pressures within the system, however a number of developments are still to come to fruition and the full impact seen, for example the recruitment of additional staff into in-house Reablement service.

4.2    At the beginning of October 2018, it was announced that an extra £240m of funding would be made available to councils to pay for social care packages for Winter 2018/19. The expectation was that the funding be spent on:-

- reducing DTOCs;
- helping to reduce extended lengths of stay;
- improving weekend discharge arrangements so that patients are assessed and discharged earlier; and
- speeding up the process of assessing and agreeing what social care is needed for patients in hospitals.

Halton were allocated £639k and this funding was used to fund schemes which included expanding the number of Reablement staff at Whiston hospital, increasing capacity in Occupational Therapy and Social Work to Reablement and Domiciliary Care to enhance flow through the services, introduction of a Winter Team to manage capacity and demand and fund additional Intermediate Care bed capacity.

## 5.0    **RISK ANALYSIS**

5.1    Due to continuing pressures across the health and social care economy, including capacity within the care home and domiciliary care market, particularly in respect to the ability to recruit appropriately trained staff, the attainment of DTOC any associated targets/trajectories will continue to present ongoing significant challenges.

The Council continues to proactively work with colleagues, on a daily basis, across the economy to minimise the number of DTOCs as far as possible.

In addition to focusing on DTOCs, we work hard with the trusts to discharge patients on an ongoing basis, often individuals with complex needs, before they actually become a DTOC.

## 6.0    **EQUALITY AND DIVERSITY ISSUES**

6.1    An Equality Impact Assessment is not required for this report.

## 7.0    **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None.