



| <u>Committee and Date</u> | <u>Item</u> |
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| Health and Adult Social Care Overview and Scrutiny Committee 20 th November 2017 | |

Delayed Transfer of Care – Progress Report

Responsible Officer

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1.0 Summary

- 1.1 The Health and Adult Social Care Overview and Scrutiny Committee have asked for a presentation on Delayed Transfers of Care, commonly referred to as DTOC, in Shropshire. This is a brief report to compliment the presentation which will explain how the Council has taken effective measures to address DTOC.
- 1.2 The Care Act 2014 sets out how the NHS and local authorities should work together to minimise delayed discharges of NHS hospital patients. The NHS is required to notify the relevant local authority where a patient is likely to need care and support when discharged. The Care Act statutory guidance explains that, in general, the NHS should seek to give the local authority as much notice as possible of a patients impending discharge. This is so the local Authority has as much notice as possible of its duty to undertake a needs and carers assessment, and, where they lack capacity to make a decision on their care, a best interests decision in accordance with the Mental Capacity Act.

Definition of a delayed Transfer

- 1.3 A patient is ready for transfer when:
 - a. A clinical decision has been made that a patient is ready for transfer **AND**
 - b. A multi disciplinary team decision has been made that a patient is ready for transfer **AND**
 - c. The patient is safe to discharge/transfer

- 1.4 A delayed transfer of care from acute or non-acute care occurs when a patient is ready to depart and is still occupying a hospital bed
- 1.5 Adult Social care services across England are expected to maintain or reduce the number of patients who are delayed in such circumstances. The government has set each Council a target to reduce the delays of transfers of care. Top performing authorities had to maintain or improve the number of delays, middle *performing* local authorities to reduce their rate down to 2.6 people per 100,000 population per day. Worst performing authorities to improve by 66%. Shropshire was towards the upper end of the middle group and was required to improve by 60% by September 2017.
- 1.6 Shropshire ASC has implemented a number of actions to improve Delayed transfers since July 2017.

2.0 Recommendations

- 2.1 Review progress to date in relation to achieving Delayed Transfer of Care targets and the associated (financial) risks of non-achievement.
- 2.2 Scrutinise performance management metrics around key processes.
- 2.3 Maintain oversight and scrutiny of DTOC over the next 12 months

REPORT

3.0 Risk Assessment and Opportunities Appraisal

- 3.1 This report is compatible with the human rights and other equalities legislation and demonstrates the Council's commitment to prioritising vulnerable individuals who are assessed as being ready for discharge from hospital.

4.0 Financial Implications

- 4.1 Shropshire council received additional funds via the New Improved Better Care Fund (IBCF) to support us to reduce patient delays in acute settings.
- 4.2 The risk to Shropshire Council if delayed transfers of care did not improve by September 2017 was significant with the very real threat of a percentage (not defined) of the new IBCF being withdrawn from our budget for 18/19.

5. Background

- 5.1 From April 2014 there was a gradual increase in the number of delayed days attributed to this Council culminating in a peak in December 2016.
- 5.2 Performance targets were set by the NHS in July 2017 and were required to be met by September 2017 (published in November 2017). Failure to achieve the targets could result in Shropshire New money (IBCF) being reduced 18/19. Performance since July has been closely monitored and action has been taken to address the number of delays. Shropshire delays attributed to ASC were required to be no more than an average of 6.7 patients per day.
- 5.3 During the current year the monthly number of delayed bed days has reduced. ASC have seen month on month improvements during the reporting period. Jointly attributed delays have remained stable. NHS attributed delays have seen an increase in the latest two months.
- 5.4 The target for Shropshire to reduce the number of people who are delayed to less than 6.7 people per day. The following chart shows the daily improvement from the commencement of the baseline period.
- 5.5 The following chart shows current progression against target.

| May 2017 Target 10.5 | June 2017 Target 9.3 | July 2017 Target 8.6 | August 2017 Target 7.4 | September 2017 Target 6.7 |
|--|--|---|--|--|
| Actual 10.5  | Actual 8.06  | Actual 5.5  | Actual 3.26  | Actual 3.16  |

- 5.6 When the baseline targets were set, delayed days attributed to the Council in Shropshire were amongst the highest rate in England. The published data for September shows that the rate of delays per 100,000 people is now in the lowest quartile.

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| List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information) |
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| Cabinet Member (Portfolio Holder) Councillor Lee Chapman |
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| Local Member n/a |
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| Appendices n/a |
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