

Lancashire County Council

Health Scrutiny Committee

Tuesday, 6th November, 2018 at 10.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Agenda

Part I (Open to Press and Public)

No.	Item
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1.	Apologies
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2.	Disclosure of Pecuniary and Non-Pecuniary Interests
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Members are asked to consider any Pecuniary and Non-Pecuniary Interests they may have to disclose to the meeting in relation to matters under consideration on the Agenda.

3.	Minutes of the Meeting Held on 25 September 2018	(Pages 1 - 4)
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4.	Delayed Transfers of Care in Lancashire	(Pages 5 - 38)
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5.	Report of the Health Scrutiny Steering Group and the Joint Cumbria and Lancashire Health Scrutiny Committee	(Pages 39 - 44)
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6.	Health Scrutiny Committee Work Programme 2018/19	(Pages 45 - 56)
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7.	Urgent Business
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An item of urgent business may only be considered under this heading where, by reason of special circumstances to be recorded in the Minutes, the Chair of the meeting is of the opinion that the item should be considered at the meeting as a matter of urgency. Wherever possible, the Chief Executive should be given advance warning of any Member's intention to raise a matter under this heading.

8.	Date of Next Meeting
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The next meeting of the Health Scrutiny Committee will be held on Tuesday 11 December 2018 at 10.30am at County Hall, Preston.

County Hall
Preston

L Sales
Director of Corporate Services

Lancashire County Council

Health Scrutiny Committee

**Minutes of the Meeting held on Tuesday, 25th September, 2018 at 10.30 am
in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston**

Present:

County Councillor Peter Britcliffe (Chair)

County Councillors

J Burrows	S Holgate
Ms L Collinge	S C Morris
G Dowding	M Pattison
C Edwards	E Pope
N Hennessy	J Rear

Co-opted members

Councillor Barbara Ashworth, (Rossendale Borough Council)
Councillor Margaret Brindle, (Burnley Borough Council)
Councillor David Borrow, (Preston City Council)
Councillor Glen Harrison, (Hyndburn Borough Council)
Councillor Colin Hartley, (Lancaster City Council)
Councillor Julie Robinson, (Wyre Borough Council)
Councillor M Tomlinson, (South Ribble Borough Council)
Councillor Viv Willder, (Fylde Borough Council)

County Councillors Lizzi Collinge and Jayne Rear replaced County Councillors Hasina Khan and Peter Steen respectively.

1. Apologies

Apologies were received from Councillors Bridget Hilton, Ribble Valley Borough Council; Gail Hodson, West Lancs Borough Council; and Alistair Morwood, Chorley Council.

2. Disclosure of Pecuniary and Non-Pecuniary Interests

County Councillor Lizzi Collinge disclosed a non-pecuniary interest as her post was funded by Lancashire Care Foundation Trust and her husband worked for NHS England.

3. Minutes of the Meeting Held on 3 July 2018

Resolved: That the minutes from the meeting held on 3 July 2018 be confirmed as an accurate record and signed by the Chair.

4. Our Health Our Care Programme – Update on the future of acute services in central Lancashire

The Chair welcomed Denis Gizzi, Senior Responsible Officer; Anne Kirkham, Lancashire Teaching Hospitals; Dr Sumantra Mukerji, Chair of Greater Preston Clinical Commissioning Group (CCG); Professor Mark Pugh, Lancashire Teaching Hospitals; and Lee Hay, Director of Programme and Project Management, NHS Transformation Unit, to the meeting.

The report presented gave a further update from the Our Health Our Care Programme on the future of acute services in central Lancashire. It was reported that a revised version of the presentation was received after the agenda was despatched for this meeting. A copy of the revised presentation is set out in the minutes.

The Committee was informed that the Acute Hospital Trust (Lancashire Teaching Hospitals Foundation Trust) was a vital part of the health economy. It was the only Trust within Lancashire and South Cumbria rated as requiring improvement by the Care Quality Commission. The Trust was also not delivering on some of the statutory standards. The model of care currently provided in central Lancashire relied on traditional methods. It was not a model that was being used in other areas/health economies. Models of care being delivered in other health economies had transformed their services and had integrated far more services into their communities. International and national evidence was reviewed through the systems management reform work stream to determine where integration had worked elsewhere and why. Areas where there were good outcomes of health and social care had a common feature of professionals working as teams in communities reaching out to large populations.

On the prevention and wellbeing strategy the programme's key focuses were to ensure the population had good skills and access to training, education and employment. Improved community activity and engagement. Increased physical activity and promoting wellness and healthy lifestyles. Improved homes and physical environment to enable wellbeing. Councillors felt that early intervention was vital and for people to lead healthy lifestyles. The Committee was assured that the County Council's Public Health team would be working closely with the CCGs to deliver these key focuses.

The question of engagement with the North West Ambulance Service (NWAS) and community transport providers was raised. It was confirmed that NWAS had been a part of the programme from the start. The Committee also sought assurance on the provision of mental health services in the model of care. It was acknowledged that mental health services should be integrated at population level.

Members asked what key issues had been raised at the public engagement events. There were concerns around changes to urgent and emergency care and how it was going to work. There were also concerns around privatisation. However, it was noted that there was no intention to increase private sector involvement beyond what was already in place across Lancashire.

Whilst options for urgent and emergency care were still being considered, no decision had been made yet. It was acknowledged that the system would not work without adequate prevention and locality care. Members were informed that the public consultation on a range of options would not take place until after the election period in May 2019, subject to scrutiny, the assurance process with the Clinical Senate, and NHS England approval.

A recommendation was proposed by County Councillor Holgate and seconded by County Councillor Collinge that; "Health Scrutiny believe the Our Health Our Care document needs to be revised prior to consultation to include the option of there being 24/7 provision on both the Preston and Chorley sites." A recorded vote was requested in accordance with procedural Standing Order D20 (3). The names of the County Councillors who voted for or against the recommendation and those who abstained are set out below:

For (3)

L Collinge, N Hennessy, S Holgate

Against (6)

P Britcliffe, J Burrows, C Edwards, S Morris, E Pope, J Rear

Abstain (1)

G Dowding

The proposed recommendation was therefore lost.

In considering all the information received, the Committee concurred with the need for change and welcomed the point that the programme was clinically led. It was also interested to receive information on other health economies that the programme had benchmarked itself against.

Resolved: That;

1. The report be noted; and
2. An update on the Our Health Our Care programme be presented at a future scheduled meeting of the Committee.

5. Health Scrutiny Committee Work Programme 2018/19

The Work Programmes for both the Health Scrutiny Committee and its Steering Group were presented to the Committee. The topics included were identified by the Steering Group at its meeting held on 16 May 2018.

Resolved: That the report be noted.

6. Urgent Business

There were no items of Urgent Business.

7. Date of Next Meeting

The next meeting of the Health Scrutiny Committee will be held on Tuesday 6 November 2018 at 10.30am in Cabinet Room C – The Duke of Lancaster Room, County Hall, Preston.

L Sales
Director of Corporate Services

County Hall
Preston

Health Scrutiny Committee

Meeting to be held on Tuesday, 6 November 2018

Electoral Division affected:
(All Divisions);

Delayed Transfers of Care in Lancashire

Appendix 1 – Lancashire report for August 2018 (data published October 2018)

Appendix 2 – Central Lancashire Discharge Charter

Contact for further information:

Sue Lott, Tel: 01772 538230, Head of Service, Adult Social Care (Health),

Sue.lott@lancashire.gov.uk

Executive Summary

This report describes improvements to hospital discharge arrangements and performance during the last year.

Recommendation

The Health Scrutiny Committee is recommended to note the considerable improvement reduction in Delayed Transfers of Care (DToC) across Lancashire over the past year.

Background and Advice

1. Context

A report on Delayed Transfers of Care (DToC) across Lancashire including a focus on Lancashire Teaching Hospitals was received by the Health Scrutiny Committee on the [23 January 2018](#). The Committee resolved that:

1. An update on Delayed Transfers of Care, as a whole system be scheduled in 6 months' time; and
2. The actions taken by the County Council and Lancashire Teaching Hospitals Foundation Trust be accepted and continue to strive for a collaborative approach in reducing delays.

This report sets out the progress over the last year and current DToC performance.

A Delayed Transfer of Care (DToC) from Acute or Non-Acute care occurs when a patient is ready to depart such care and is still occupying a bed.

A patient is ready for transfer when:

- I. A clinical decision has been made that the patient is ready to transfer
AND
- II. A Multi-Disciplinary decision has been made that the patient is ready for transfer **AND**
- III. The patient is safe to discharge/transfer

NHS England, Monthly Delayed Transfers of Care Situation Reports, Definitions and Guidance

Last winter was extremely challenging nationally for the NHS with longer periods of inclement weather and the most severe flu outbreak for seven years. This increased the pressures on the hospitals and those that serve Lancashire residents were no different, experiencing challenges in meeting the 4 hour treatment targets in A&E, in reducing bed occupancy to the nationally recommended target level and in maintaining sustained flow across and out of Acute hospital beds.

This was then followed by a similarly highly pressured summer period in 2018 due to the heatwave, with hospitals both locally and nationally seeing some of the highest attendances on record meaning that the system did not have time to recover before we head into winter again.

Significant work has been undertaken across health and social care over the last 12 months in addressing the reasons for delays, and the hard work of all involved has seen performance improve for Lancashire residents. As we head into winter again in a pressured position, the focus on reducing delays across all Lancashire hospitals will continue. Organisations will continue work together to ensure as many people as possible are able to be discharged from hospital as soon as they no longer need an acute hospital bed.

2. Actions Taken

There are a number of key actions that the NHS locally and LCC have implemented or are developing since the last briefing to this Committee. Further details can be provided in the meeting. In brief these include:

- a) A Lancashire wide event under the auspices of the Health and Wellbeing Board was held in January 2018 which shared learning of best practice in improving DTOC performance, and has led to a greater level of consistency across Lancashire around the schemes in place.
- b) Several schemes or expansions to existing services have been implemented using the improved Better Care Fund (iBCF). These were originally approved in September 2017 by the Health and Wellbeing Board, and reviewed and refined as appropriate in the first quarter of 2018/19. Across the County, many of these

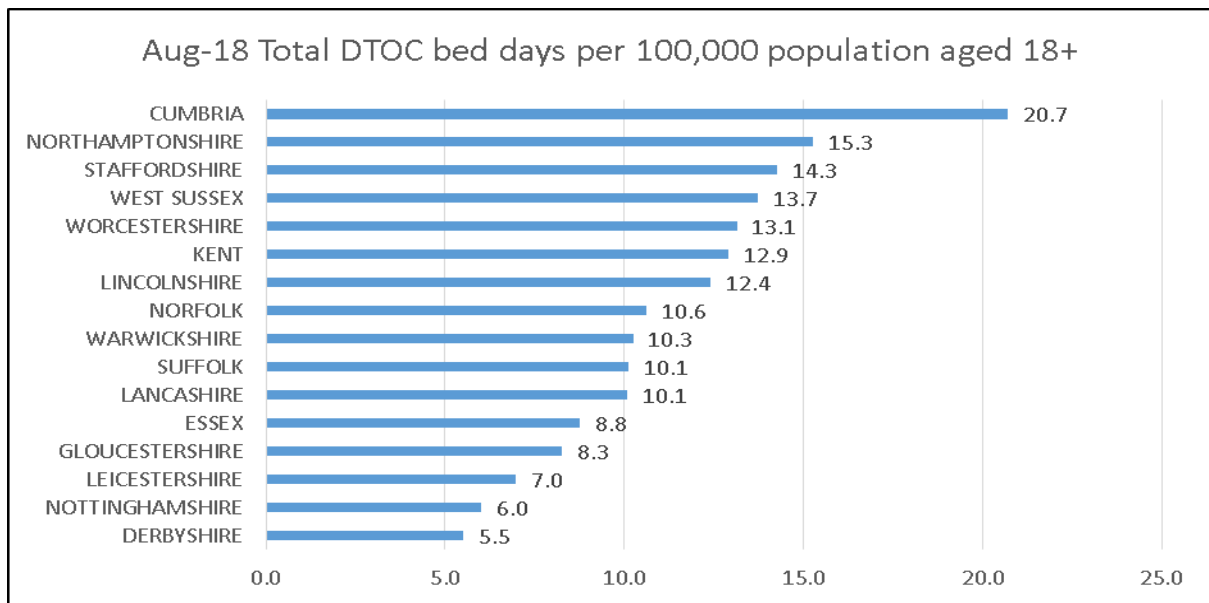
schemes are underway, although at various stages of implementation. All schemes were in response to the Department of Health expectation that we invest the new money to improve DToC according to a national framework known as the High Impact Change Model. Progress on these can be shared at the meeting.

- c) Use of NHS Resilience monies (given to Clinical Commissioning Groups) to support extra capacity in a range of services across the winter months.
- d) External support has been provided to the Acute Trusts across Lancashire from a range of sources, to diagnose and implement a series of improvement actions in areas of activity and performance, including DToC.
- e) Collaborative work across Health and Social Care around improving and simplifying discharge processes and procedures, as well as work to reduce longer lengths of stay in hospital where the person does not need to remain in an Acute bed.
- f) Expansion of reablement services, and redesign of crisis support services to enable more people to receive these either to support timely hospital discharge or avoid an unnecessary admission.
- g) Work across the community to reduce waiting times for social care and occupational therapy assessments to enable people to receive the advice, support, equipment and adaptations they need to avoid unnecessary admissions to hospital.
- h) The full implementation of the LCC Adult Social Care Transformation Programme Passport to Independence. There have been some key benefits and outcomes of this that have supported the work to reduce DToC attributable to social care, including:
 - a. The full visibility and tracking of everyone the LCC Acute teams are working with, to anticipate delays and find solutions
 - b. The expansion of the Reablement teams to take more people through the service, including direct from the Hospitals
 - c. A focus on promoting people's independence, focussing on their strengths and thereby reducing their reliance on formal support at every assessment and review, enabling them to return home as quickly as possible or remain in their own home and avoid an unnecessary admission. This also releases capacity back into the care market for those people who really need it.

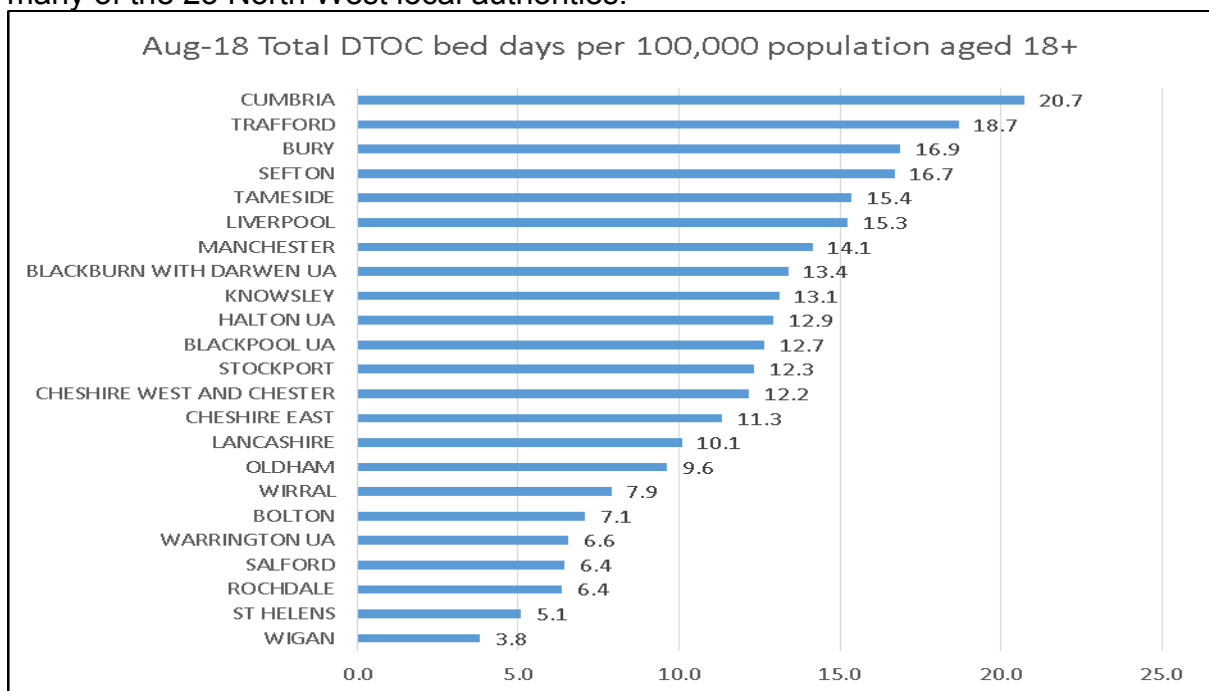
3. Current Position

The latest data (August 2018) for Lancashire shows that the overall level of DToC for Lancashire residents has significantly reduced over the last 12 months, showing a 31.9% decrease overall and a 46.6% decrease in delays attributable to social care. Lancashire now compares much more favourably to both the North West and national position than we did in January 2018.

The latest figures show that Lancashire is currently performing much better than many of the 23 North West local authorities when calculated as a rate per 100,000 population aged 18 or over.



The latest figures show that Lancashire is also currently performing much better than many of the 23 North West local authorities.



Delays may be for several reasons, with the main reasons affecting timely discharge from Hospital (to differing degrees in each Acute Trust) across Lancashire being:

- Waiting for assessments to be completed
- Waiting for home care packages
- Waiting for residential or nursing home places

Work underway around 'Discharge to Assess' pathways, where people return either home (Home First) or to a care home (only if they cannot return directly to their own home) to have their assessments there, is showing real benefits in reducing delays due to awaiting assessments.

In East Lancashire where the Home First pathway is most mature, this is showing the most significant reduction across the County in the level of DToC from the Acute Hospital Beds. The partnership working and excellent outcomes from this service have just been recognised with LCC and East Lancashire Hospitals shortlisted in the HSJ (Health Service Journal) awards for 2018. The model has served as a blueprint for implementing this pathway across Lancashire.

Through the contribution of the LCC Homecare Framework that commenced in November 2017, whilst some challenges remain in sourcing timely domiciliary care, delays across Lancashire due to this reason have so far reduced by 40%, which is a significant improvement. By comparison over the same nine month periods before and after November 2017, North West authorities have seen a reduction of 25% and the overall reduction in England is 30%.

The NHS and LCC are working with Residential and Nursing Home providers in a range of ways to look at how more timely assessments and admissions can be safely and appropriately achieved.

DToC has always been a Better Care Fund (BCF) priority but the addition of the improved Better Care Fund (iBCF) then went a long way to enabling the improvements seen. From November 2017 all Health and Wellbeing Board level health and social care systems were subject to nationally mandated DToC targets within the Better Care Fund. For 2017/18 these were challenging targets for Lancashire, however significant progress towards them was made. The recently revised performance targets for 2018/19 are more realistic, with Lancashire meeting them already before the target date of September 2018.

The Lancashire Health and Wellbeing Board recently received a report on the Better Care Fund and congratulated the system on the DToC performance. The report can be [found on the County Council's website here](#).

The latest DToC data set for August 2018 was published on 11th October 2018 and a LCC summary of that data is included as an appendix to this report (**Appendix 1**). This sets out the performance across Lancashire over recent years.

The report shows that DTOC performance at Lancashire Teaching Hospital although significantly improving, is still in a poorer position than in other local hospitals serving Lancashire citizens.

Significant work is underway at Lancashire Teaching Hospitals however, involving all partners to continue the improvement trajectory seen in DToC performance, and this is detailed in the next section

4. Lancashire Teaching Hospitals

A Central Lancashire system wide improvement event was held in May 2018, supported by the A&E Delivery Board, to review the current pathways across a range of urgent and emergency care services. The aim was to reduce inefficiencies and in turn improve the outcomes for people, including DToC.

Alongside the improvement event, a delayed transfers of care diagnostic was undertaken by Newton Europe at Lancashire Teaching Hospitals. The process included workshops with frontline staff and case file audits to identify further opportunities to reduce delays. The diagnostic identified that 80% of delays related to processes and decisions within the Hospital (this includes decisions taken by acute and community health staff and social care staff), plus further opportunities to introduce more robust governance of various services, improve patient outcomes and remove the variation in decision making.

The findings and outcomes of both these pieces of work have been aligned into one Central Lancashire programme of improvement work, which has a robust governance process through weekly strategic and operational work-stream meetings, reporting into a Central Lancashire Urgent and Emergency Care Improvement Group and overseen by the A&E Delivery Board.

New Discharge Pathway and Process

As part of the improvement work, a new discharge pathway and process was designed by system partners with the aim of simplifying and standardising the process, and using the estimated discharge date to proactively plan discharges and reduce delays.

There are 5 key elements of the new discharge process to ensure that patients are supported to leave hospital in a timely way:

- Central Lancashire Discharge Charter (**Appendix 2**)
- A ward based Discharge Facilitator on every ward
- Estimated Discharge Date set within 24 hours of admission
- One Discharge Planning Document
- Consistent Board Rounds

How the new pathway/process addresses the opportunities identified

The Newton Europe diagnostic identified three priority improvement areas that will support a reduction in delays:

- 1) Grip and control** - Establish system wide culture of the correct service user visibility, discharge procedures and accountability. Underpinned by data and informatics

This has been addressed by:

- The discharge charter articulates our commitment to patients
- The first page of the discharge document is patient/family and carer owned
- The process is measureable and ward level performance against the new process is monitored
- Responsibilities for each role in the process are clear
- A&E Delivery Board has agreed a single person is accountable for operational oversight reporting directly into the Deputy Chief Operating Officer.

2) Decision making – practitioner led process to ensure the best decisions for the individual are being made. Improving flow through the hospital by reducing the time it takes to enable people to be discharged.

This has been addressed by:

- A multi-disciplinary triage ‘huddle’ takes place three times a day with senior decision makers from social care, nursing and therapy present.
- Where formal support is identified as a possibility, the discharge planner document is sent to the Integrated Discharge Service 48-72 hours before the estimated discharge date; this document is triaged during the ‘huddle’ to determine the which discharge pathway is most appropriate, where the assessment should take place and who the assessor needs to be.

3) Therapy – this work stream is looking at improving the referral processes and decision making into, within and out of the therapy team– including the appropriateness of those assessments to be within the acute.

This has been addressed by:

- An established work stream identifying opportunities to integrate community and acute therapy
- The actions listed above under ‘decision making’ include therapy and identify opportunities to maximise ‘home first’ for therapy assessments to be done with patients at home.

Lancashire Teaching Hospitals Summary

The work detailed above has taken place from June to September 2018 with the process being launched on 1st October 2018. When the process is fully embedded we are confident that the solution will build on the good work undertaken so far and address the opportunities identified by Newton Europe to enable further improvements in the DToC performance.

5. Conclusion

Across the County, the collaborative work will continue in order to sustain and further improve the DToC position, and achieve good outcomes for Lancashire citizens.

With regard to the Lancashire Teaching Hospitals position, all partners are committed to continuing the improvement trajectory seen in DToC performance, and as a minimum matching the level of performance seen across the other Hospitals in Lancashire.

The Health and Wellbeing Board have reaffirmed their approval of the commitment of resources through the iBCF to increase service capacity, availability and performance

Leaders across LCC and local NHS organisations continue with their commitment to working together and empowering the system to work collaboratively and innovatively to achieve the necessary performance improvements. Operational management and frontline staff remain dedicated to doing the best they can to improve joint working in the interests of better outcomes for individuals.

Sue Lott
Head of Service
Adult Social Care (Health)
Lancashire County Council
and
Emma Ince
Interim Associate Director of Transformation and Design
NHS Chorley and South Ribble Clinical Commissioning Group and NHS Greater
Preston Clinical Commissioning Group

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

This report has no significant risk implications.

Local Government (Access to Information) Act 1985

List of Background Papers

Paper	Date	Contact/Tel
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N/A

Reason for inclusion in Part II, if appropriate - N/A

Lancashire DToC Aug-18

Delayed Transfers of Care (DToC) Analysis

Data Sources Used in this Report

DToC

All figures relating to the number of delayed days or the number of DToC bed days have been taken from the CSV Format Monthly Delayed Transfers of Care files as published on the NHS website on the second Thursday of each month at:

<https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/>

Population

Rates per 100,000 population for each local authority use the appropriate mid-year estimates for the population aged 18+ as produced by the Office for National Statistics each year. Rates for the DToC figures for 2017/18 and 2018/19 have been recalculated against the mid-2017 population estimates released in July 2018.

Version Control

Document name: Lancashire DToC Aug-18

Version: 01

Date: 11 October 2018

Document control / revision history

Version	Revision date	Summary of changes
01	11/10/2018	

Andrew MacLeod

Performance Officer

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1 Executive Summary

1.1 Key Points from the Report

The Lancashire monthly total for delayed days has increased by 87 days from 2897 in Jul-18 to 2984 in Aug-18, an increase of 3.0% (compared with an overall increase of 4.2% for our comparator authorities and an increase of 4.0% for all authorities).

In comparison with the previous year, the Aug-18 figure of 2984 represents a 31.9% decrease when compared with 4383 days recorded in Aug-17.

The 87 days increase for Lancashire includes a decrease of 66 attributable to NHS (a decrease of 4.0%), an increase of 178 attributable to social care (an increase of 16.9%), and an increase of 3 days attributable to both (an increase of 1.9%).

In Aug-18 for Lancashire a total of 52.5% of delays were attributable to NHS (down from 56.4%) and 41.3% were attributable to social care (up from 36.4%), compared with the national figures of 61.3% attributable to NHS and 31.3% to social care.

In July 2018 provisional revised expectations for reducing DToC were published for all authorities as part of the Better Care Fund 2018/19 Operational Guidance. The target set for Lancashire was 36.6 DToC bed days for social care and 101.8 DToC bed days in total. The Aug-18 figures show that Lancashire has once again achieved the total target already with 96.3 DToC bed days in total, though we are slightly outside the social care target with 39.7 DToC bed days.

Out of 151 authorities Lancashire currently rank 87th for total DToC bed days per 100,000 pop aged 18+ (compared with 93rd in Jul-18) and 114th for social care bed days (compared with 107th in Jul-18).

Figures for Aug-18 reveal a slight increase in social care days for Lancashire residents at Lancashire Teaching Hospitals (from 544 to 677), East Lancashire (from 103 to 130) and Morecambe Bay too (from 144 to 161).

The acute/non-acute split for the six main Lancashire providers in Aug-18 shows that only Blackpool and East Lancashire have substantial proportions of each.

The full provider list of the Lancashire Aug-18 total of 2984 days shows that Lancashire Teaching Hospitals accounted for 55.0% of the 1232 social care delays (compared with 51.6% in Jul-18).

In Aug-18 the primary reason for total Lancashire delays was once again assessment completion, the social care element of which showed an increase from 277 to 376 days.

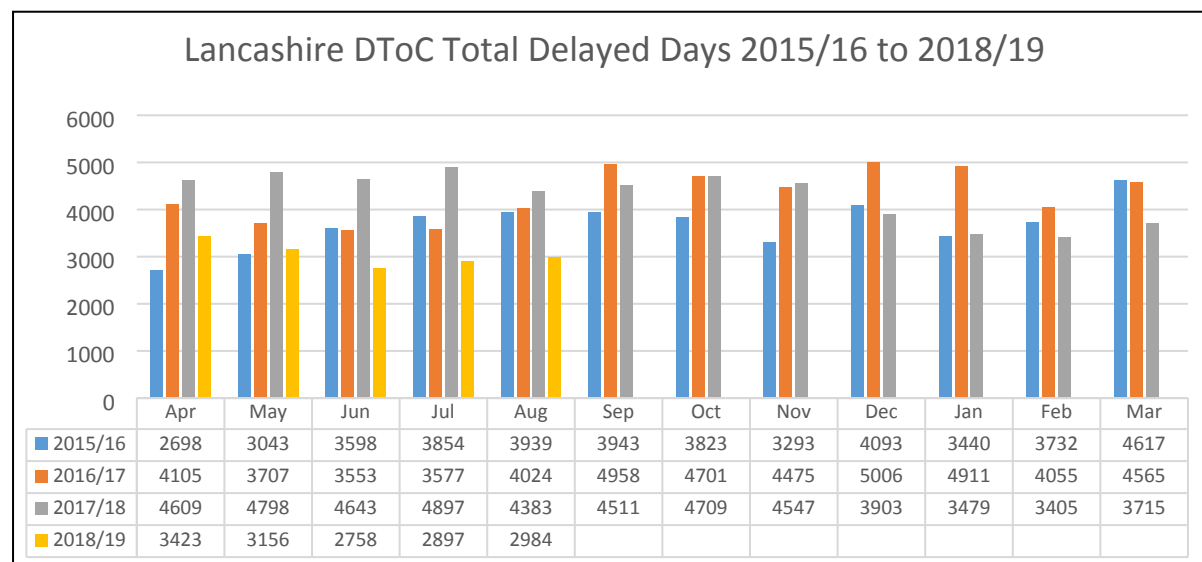
Social care delays incurred whilst waiting for assessment completion once again exceed the social care delays incurred through arranging residential care and also those incurred through arranging nursing care or a home care package.

Of the 254 delayed days recorded in Aug-18 for delays in arranging nursing care attributable to social care, a total of 98 (39%) were recorded by Lancashire Teaching Hospitals NHS Foundation Trust and 113 (44%) were recorded by Morecambe Bay.

2 Lancashire Latest Figures

2.1 Lancashire Overview

The Lancashire monthly total for delayed days has increased by 87 days from 2897 in Jul-18 to 2984 in Aug-18, an increase of 3.0% (compared with an overall increase of 4.2% for our comparator authorities and an increase of 4.0% for all authorities).



2.2 Lancashire Detail

Month	Lancashire				comparator group		all authorities	
	NHS Days	Social Care Days	NHS and Social Care Days	Total Days	NHS Days	Social Care Days	NHS Days	Social Care Days
Aug-17	1780	2306	297	4383	23019	19099	100455	66851
Dec-17	1661	1811	431	3903	20955	13630	84607	48734
Jan-18	1557	1634	288	3479	22459	14300	90709	49105
Feb-18	1907	1216	282	3405	20545	12515	84140	44938
Mar-18	2356	1232	127	3715	24910	13420	95172	47457
Apr-18	2221	995	207	3423	22981	12271	90557	43902
May-18	1855	1147	154	3156	22751	11405	88158	41281
Jun-18	1508	1093	157	2758	20743	11288	84124	40209
Jul-18	1634	1054	209	2897	21194	11651	86082	42684
Aug-18	1568	1232	184	2984	22504	11985	89253	45637
Diff (Jul-Aug)	-66	178	-25	87	1310	334	3171	2953
%diff (Jul-Aug)	-4.0%	16.9%	-12.0%	3.0%	6.2%	2.9%	3.7%	6.9%
Diff (Aug-Aug)	-212	-1074	-113	-1399	-515	-7114	-11202	-21214
%diff (Aug-Aug)	-11.9%	-46.6%	-38.0%	-31.9%	-2.2%	-37.2%	-11.2%	-31.7%

The 87 days increase for Lancashire includes a decrease of 66 attributable to NHS (a decrease of 4.0%), an increase of 178 attributable to social care (an increase of 16.9%), and an increase of 3 days attributable to both (an increase of 1.9%). By comparison, our comparator group shows a 6.2% overall increase in days attributable to NHS and a 2.9% overall increase in days attributable to social care. The total for all authorities has risen by 3.7% for NHS and by 6.9% for social care.

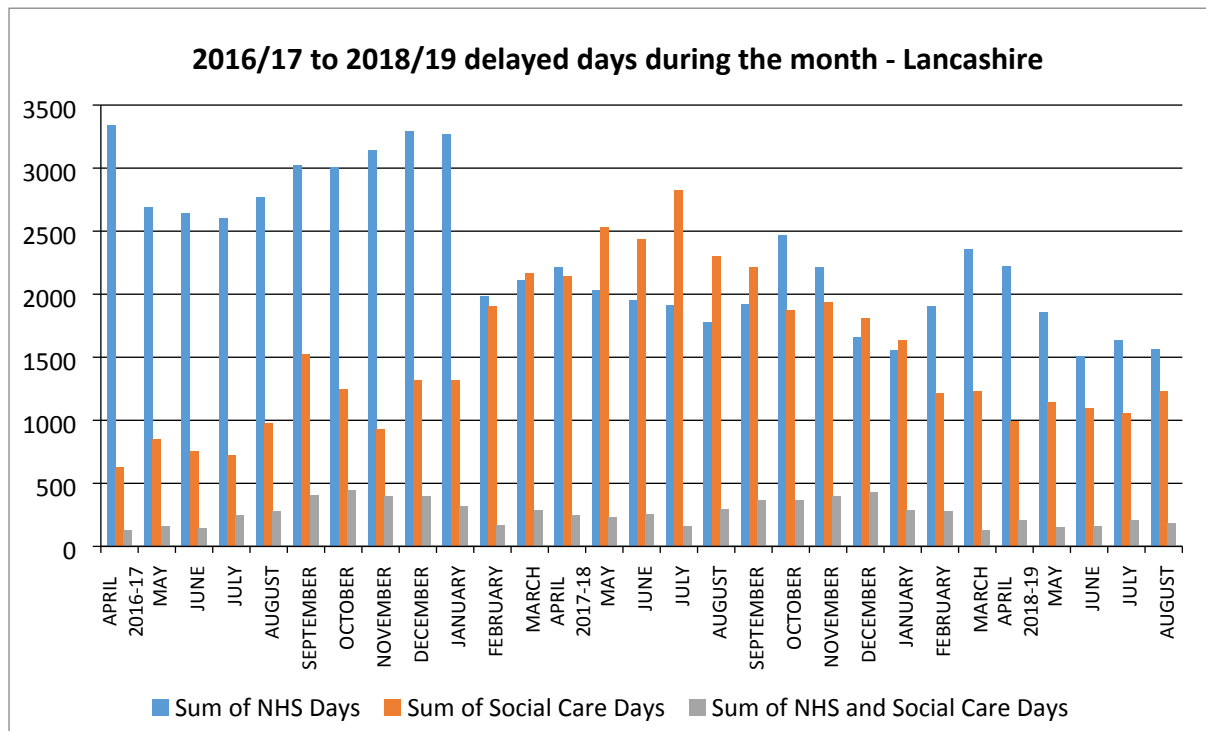
In comparison with the previous year, the Aug-18 figure of 2984 represents a 31.9% decrease when compared with 4383 days recorded in Aug-17. Days attributable to NHS have decreased by 11.9% from Aug-17 to Aug-18 and days attributable to social care have decreased by 46.6% over the same period.

2.3 Proportions attributable to NHS and social care

In Aug-18 for Lancashire a total of 52.5% of delays were attributable to NHS (down from 56.4%) and 41.3% were attributable to social care (up from 36.4%), compared with the national figures of 61.3% attributable to NHS and 31.3% to social care. Apr-18 is the only month within the past nineteen successive months that Lancashire showed a smaller proportion of delays attributable to social care than the overall national figure.

Area	NHS Days	Social Care Days	NHS and Social Care Days	Total Days
Lancashire	52.5%	41.3%	6.2%	100.0%
Comparator group	60.6%	32.3%	7.1%	100.0%
All authorities	61.3%	31.3%	7.4%	100.0%

Aug-18 shows a slight increase in delayed days attributable to social care and a slight decrease in days attributable to NHS, with little change to the numbers attributable to both. Despite the overall slight increase in Aug-18, the overall trend is still of steady improvement.



3 DToC Targets

3.1 Better Care Fund

In July 2018 provisional revised expectations for reducing DToC were published for all authorities as part of the Better Care Fund 2018/19 Operational Guidance. The Guidance sets out the requirements, agreed with the Department of Health and Social Care and Ministry of Housing, Communities and Local Government in consultation with Local Government, to be adopted as metrics in each local BCF plan. Authorities are expected to achieve these revised targets by September 2018 and maintain that standard thereafter.

Targets were expressed as DToC Bed Days, which is calculated by dividing the expected number of delayed days during the month by the number of calendar days in the month. Rates per 100,000 population have been calculated using the mid-2017 population estimates for the 18+ age group within each authority.

The target set for Lancashire was 36.6 DToC bed days for social care and 101.8 DToC bed days in total. The Aug-18 figures show that Lancashire has once again achieved the total target already with 96.3 DToC bed days in total, though we are slightly outside the social care target with 39.7 DToC bed days.

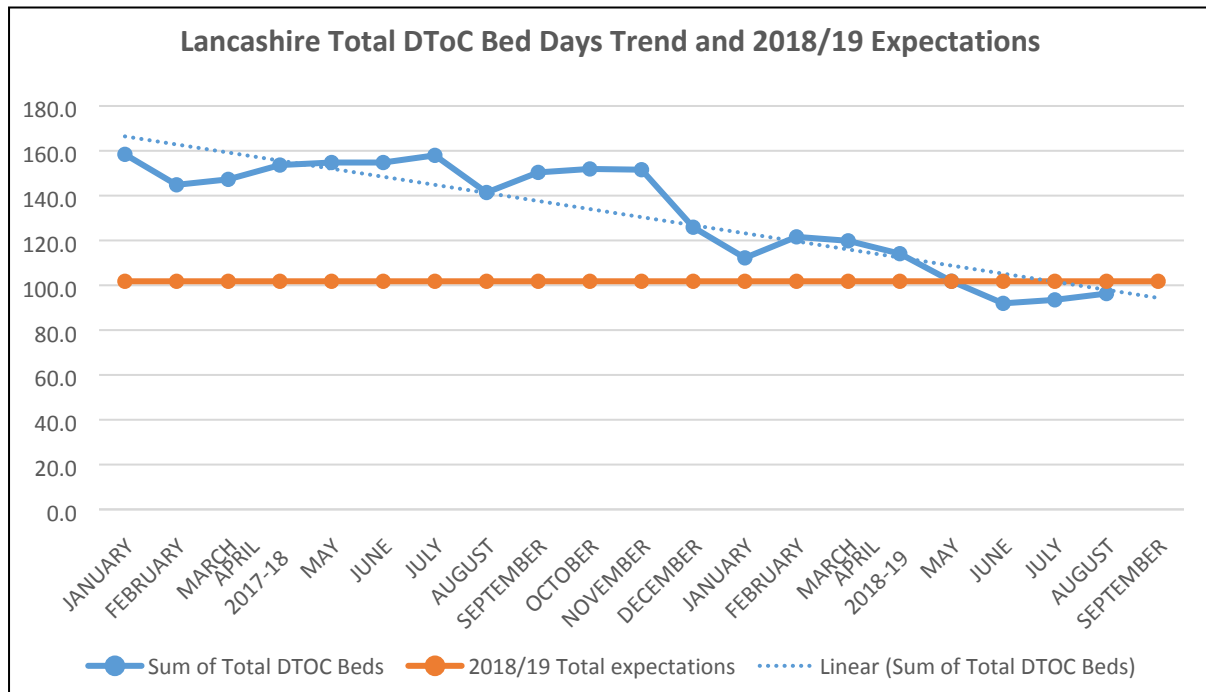
Measure	NHS	Social Care	Joint	Total
Revised 2018/19 expectations DToC bed days	52.2	36.6	12.9	101.8
Revised 2018/19 expectations DToC bed days per 100,000 pop	5.5	3.8	1.4	10.7
Revised 2018/19 expectations total days per month (approx)	1566	1099	388	3053
Aug-18 number of days per month	1568	1232	184	2984
Aug-18 number of DToC bed days	50.6	39.7	5.9	96.3
Aug-18 number of DToC bed days per 100,000 pop	5.3	4.2	0.6	10.1
Rank Aug-18 DToC Bed Days per 100,000 18+ pop	71	114	106	87

The overall Aug-18 Lancashire total of 2984 days equates to 10.1 DToC bed days per 100,000 population aged 18+ and the Lancashire Aug-18 social care figure of 1232 days equates to 4.2. Out of 151 authorities Lancashire currently rank 87th for total DToC bed days per 100,000 pop aged 18+ (compared with 93rd in Jul-18) and 114th for social care bed days (compared with 107th in Jul-18).

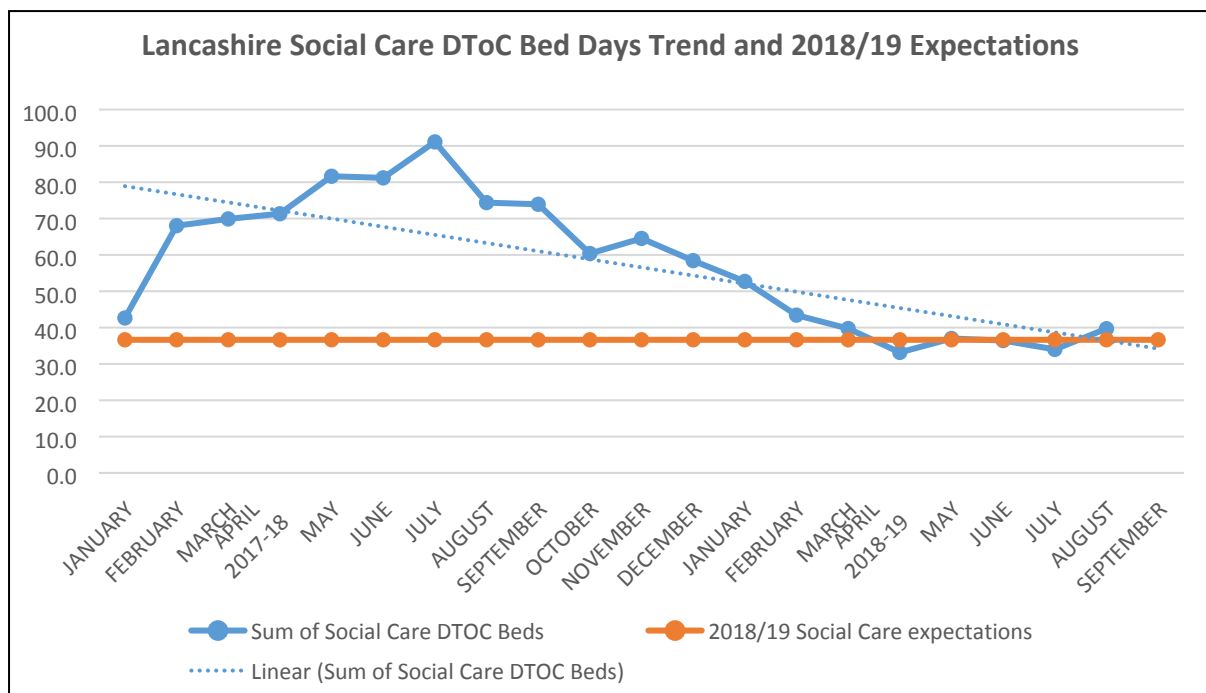
The Aug-18 figures show a slight interruption to the overall improvement in Lancashire:

Lancashire DToC bed days per 100,000 18+ pop	Nov -17	Dec -17	Jan -18	Feb -18	Mar -18	Apr -18	May -18	Jun -18	Jul -18	Aug -18
Social Care	6.8	6.1	5.5	4.6	4.2	3.5	3.9	3.8	3.6	4.2
Total	15.9	13.2	11.8	12.7	12.6	12.0	10.7	9.6	9.8	10.1

The Sep-18 expectation of 101.8 total DToC bed days appears to be a very feasible target and has been achieved already as a result of considerable recent improvement:



The Sep-18 expectation of 36.6 social care DToC bed days also appears a feasible target, despite the slight increase recorded in Aug-18:



The tables on the following page illustrate the national rank scores for NW authorities from Jan-18 to Aug-18. The first table lists rank scores for the **total** DToC bed days per population and shows an improvement for Lancashire with an Aug-18 ranking of 87 compared with 93 in Jul-18. The second table lists rank scores for **social care** DToC bed days per population and shows a slight deterioration for Lancashire with an Aug-18 ranking of 114 compared with 107 in Jul-18

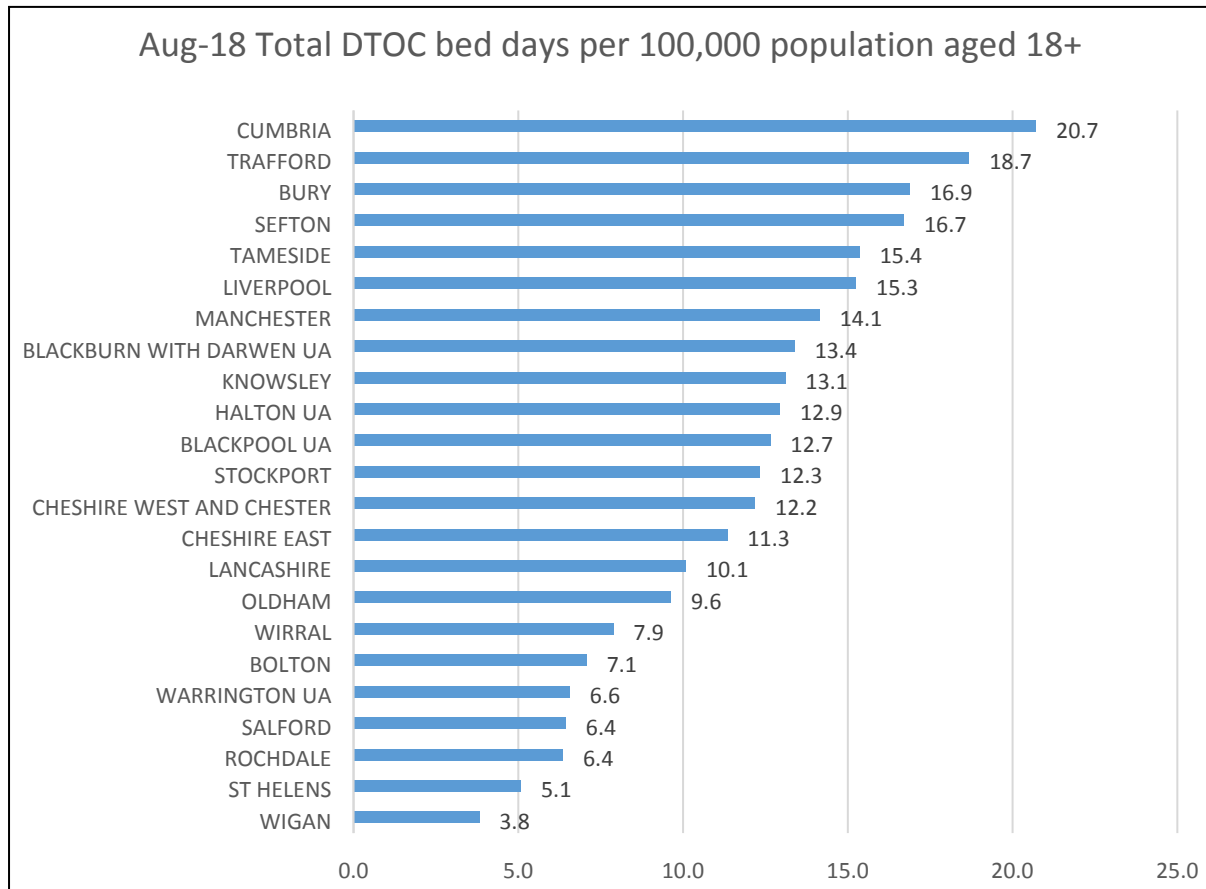
Rank of NW authorities – DToC Bed Days per 100,000 population aged 18+

Local Authority Name	Rank Total per day per 100,000 18+ population							
	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
BLACKBURN WITH DARWEN UA	84	80	79	65	58	73	116	118
BLACKPOOL UA	98	103	109	116	107	85	111	108
BOLTON	141	119	76	72	87	44	31	57
BURY	144	145	145	137	139	129	129	136
CHESHIRE EAST	81	90	72	90	96	90	104	100
CHESHIRE WEST AND CHESTER	87	111	106	100	82	74	119	103
CUMBRIA	150	150	151	151	150	143	145	149
HALTON UA	115	134	144	147	133	147	150	114
KNOWSLEY	90	71	58	34	86	113	124	116
LANCASHIRE	99	107	107	106	100	86	93	87
LIVERPOOL	114	88	89	87	124	102	100	129
MANCHESTER	133	137	129	128	117	127	122	124
OLDHAM	29	62	69	30	51	92	99	81
ROCHDALE	52	35	78	68	60	53	46	48
SALFORD	74	68	52	15	24	23	11	49
SEFTON	120	120	124	117	109	121	108	135
ST HELENS	58	24	15	52	38	52	7	28
STOCKPORT	126	127	132	126	116	110	121	105
TAMESIDE	127	142	127	135	145	132	117	131
TRAFFORD	142	133	126	129	141	141	143	143
WARRINGTON UA	105	97	137	115	127	124	62	51
WIGAN	66	44	13	12	16	31	23	16
WIRRAL	31	31	24	33	70	43	71	63

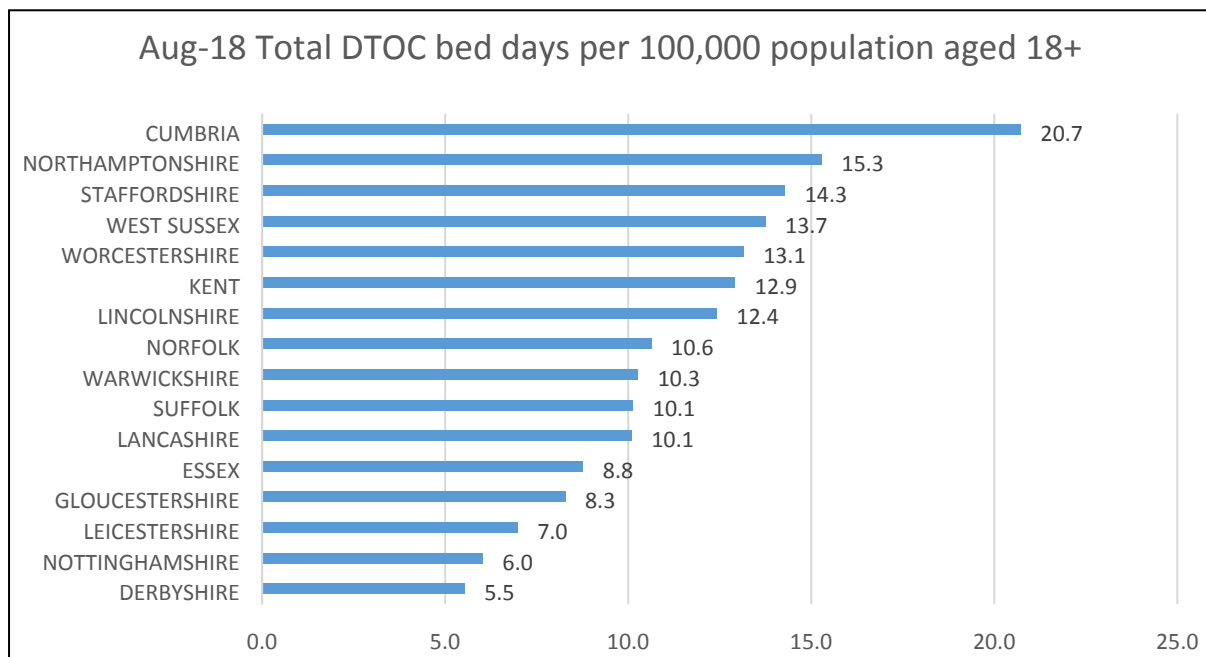
Local Authority Name	Rank Social Care per day per 100,000 18+ population							
	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
BLACKBURN WITH DARWEN UA	85	103	80	96	88	116	127	145
BLACKPOOL UA	109	105	134	130	134	131	132	119
BOLTON	127	126	129	95	126	108	66	110
BURY	146	147	144	137	139	135	140	143
CHESHIRE EAST	91	100	90	92	112	110	125	107
CHESHIRE WEST AND CHESTER	90	115	89	100	79	98	115	96
CUMBRIA	151	151	151	150	149	150	149	150
HALTON UA	15	49	68	76	40	112	83	81
KNOWSLEY	106	110	120	88	115	126	117	116
LANCASHIRE	130	117	113	109	119	119	107	114
LIVERPOOL	124	90	116	113	137	117	110	112
MANCHESTER	147	148	148	141	136	138	133	131
OLDHAM	51	85	77	33	41	58	92	71
ROCHDALE	81	73	63	56	76	49	15	31
SALFORD	65	63	81	57	83	77	48	68
SEFTON	112	120	115	84	86	125	114	133
ST HELENS	37	38	40	54	70	91	25	29
STOCKPORT	143	145	150	144	144	143	151	134
TAMESIDE	136	143	146	151	151	151	144	151
TRAFFORD	148	140	135	145	150	147	145	146
WARRINGTON UA	117	132	138	106	129	132	62	41
WIGAN	102	70	51	48	68	57	67	62
WIRRAL	42	21	28	70	114	65	108	97

Total DToC Bed Days per 100,000 population aged 18+ (a lower score is best)

In Aug-18 Lancashire were 15th highest out of 23 NW authorities for the total bed days per 100,000 population aged 18+ (compared with 16th in the previous month).

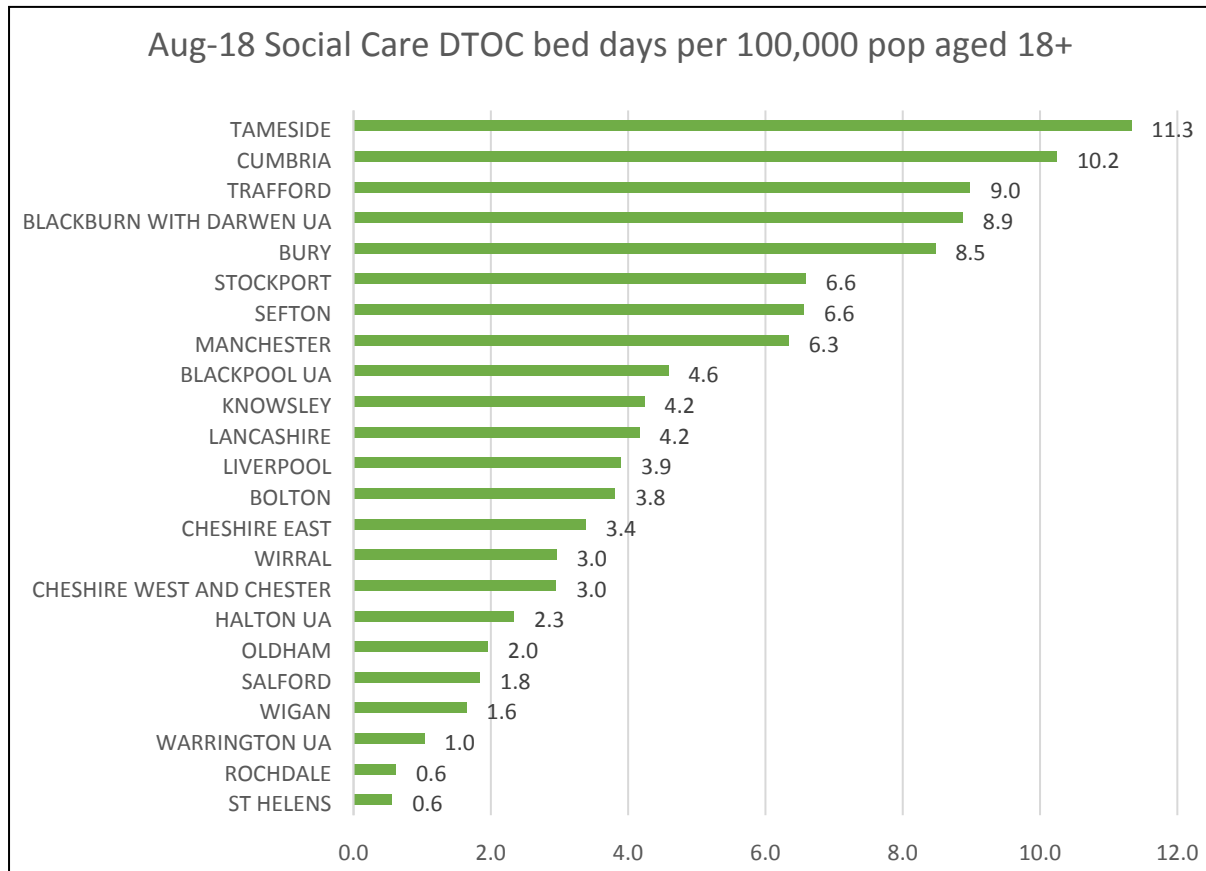


In Aug-18 Lancashire were 11th highest out of 16 comparator authorities for the total bed days per 100,000 population aged 18+ (compared with 8th in the previous month).

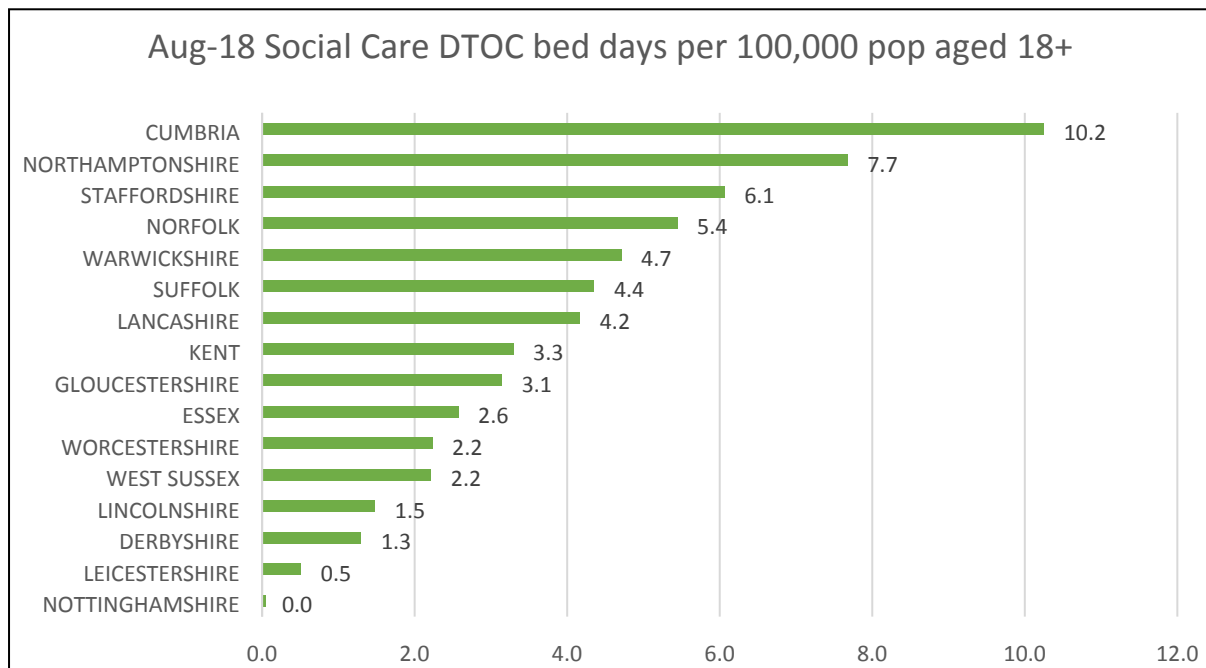


Social Care DToC Bed Days per 100,000 population aged 18+ (lower is best)

In Aug-18 Lancashire were 11th highest out of 23 NW authorities for the social care bed days per 100,000 population aged 18+ (compared with 15th the previous month).



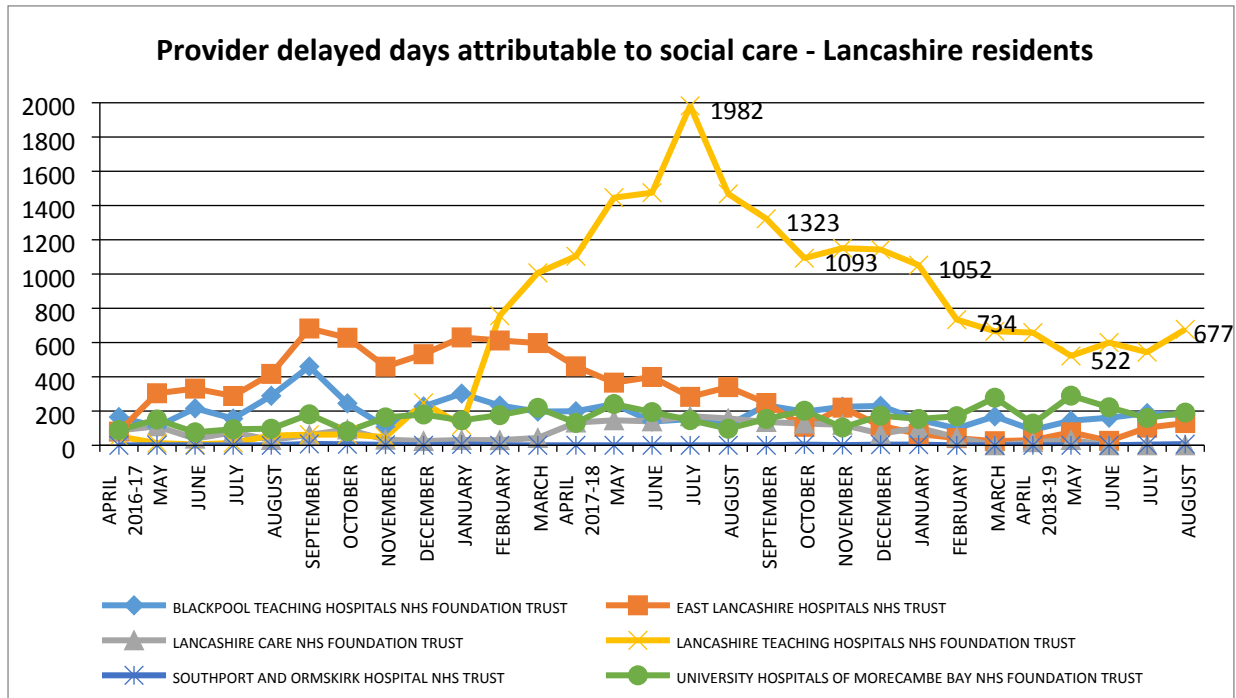
In Aug-18 Lancashire were 7th highest out of 16 comparator authorities for social care bed days per 100,000 population aged 18+ (compared with 8th in the previous month).



4 Provider Analysis

4.1 Trend Analysis for Lancashire Main Providers

Figures for Aug-18 reveal a slight increase in social care days for Lancashire residents at Lancashire Teaching Hospitals (from 544 to 677), East Lancashire (from 103 to 130) and Morecambe Bay too (from 144 to 161).



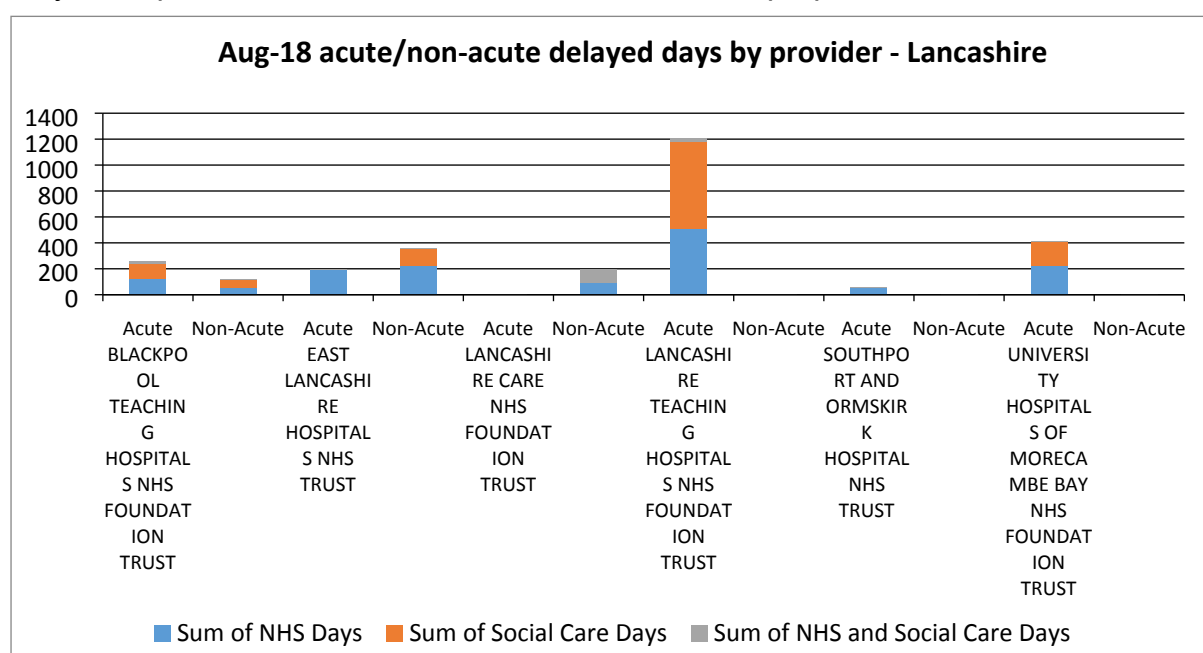
Month	BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	EAST LANCASHIRE HOSPITALS NHS TRUST	LANCASHIRE CARE NHS FOUNDATION TRUST	LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST	Grand Total
2017-18							
APRIL	199	461	133	1104	0	131	2028
MAY	241	366	146	1446	0	241	2440
JUNE	139	399	140	1475	0	194	2347
JULY	153	283	170	1982	0	147	2735
AUGUST	117	340	157	1468	0	97	2179
SEPTEMBER	234	247	136	1323	0	154	2094
OCTOBER	196	108	127	1093	4	202	1730
NOVEMBER	225	220	120	1151	1	104	1821
DECEMBER	230	114	68	1143	4	173	1732
JANUARY	149	66	102	1052	4	154	1527
FEBRUARY	99	42	46	734	0	170	1091
MARCH	169	24	0	666	0	278	1137
2018-19							
APRIL	90	30	18	658	0	127	923
MAY	144	76	31	522	0	290	1063
JUNE	161	26	0	600	0	222	1009
JULY	188	103	0	544	4	160	999
AUGUST	175	130	0	677	7	191	1180

4.2 Provider Analysis – Acute/Non-Acute

The acute/non-acute Aug-18 totals for Lancashire residents only at the six main providers were as follows:

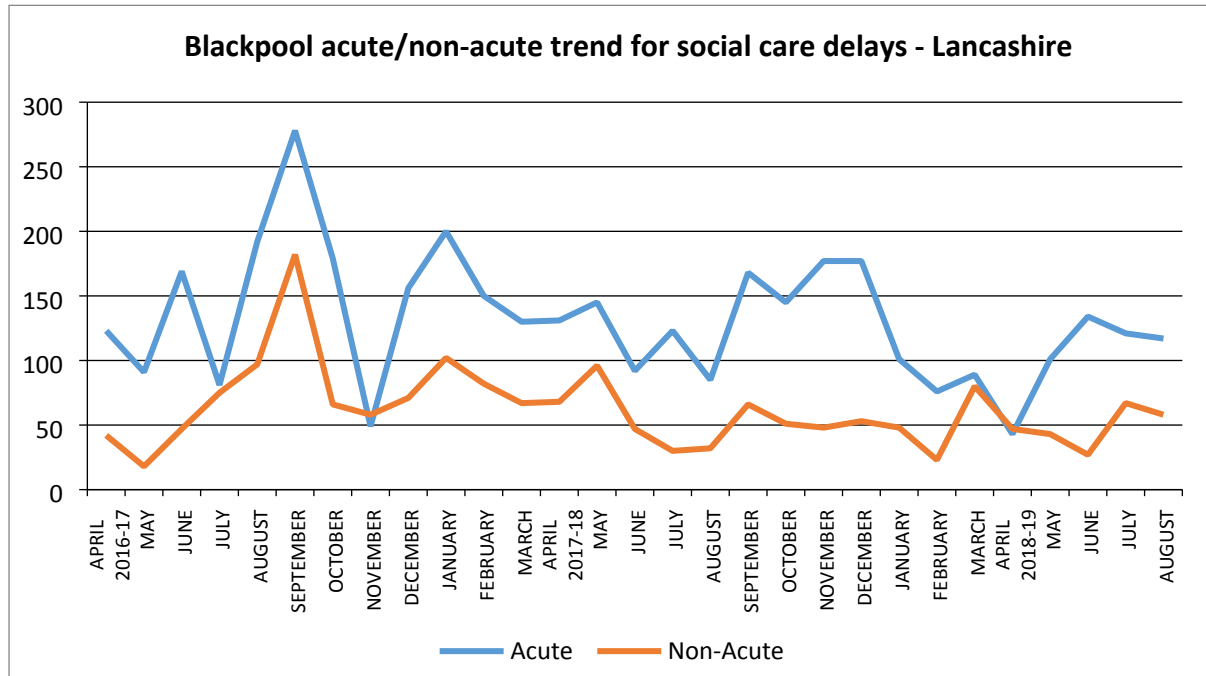
Provider and acute/non-acute numbers of delayed days	Sum of NHS Days	Sum of Social Care Days	Sum of NHS and Social Care Days	Sum of Total Days
BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	178	175	18	371
Acute	121	117	18	256
Non-Acute	57	58	0	115
EAST LANCASHIRE HOSPITALS NHS TRUST	419	130	2	551
Acute	195	0	0	195
Non-Acute	224	130	2	356
LANCASHIRE CARE NHS FOUNDATION TRUST	93	0	104	197
Acute	0	0	0	0
Non-Acute	93	0	104	197
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	505	677	29	1211
Acute	505	677	29	1211
Non-Acute	0	0	0	0
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	49	7	0	56
Acute	49	7	0	56
Non-Acute	0	0	0	0
UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST	220	191	0	411
Acute	220	191	0	411
Non-Acute	0	0	0	0
Grand Total	1464	1180	153	2797

The acute/non-acute split for the six main Lancashire providers in Aug-18 shows that only Blackpool and East Lancashire have substantial proportions of each.

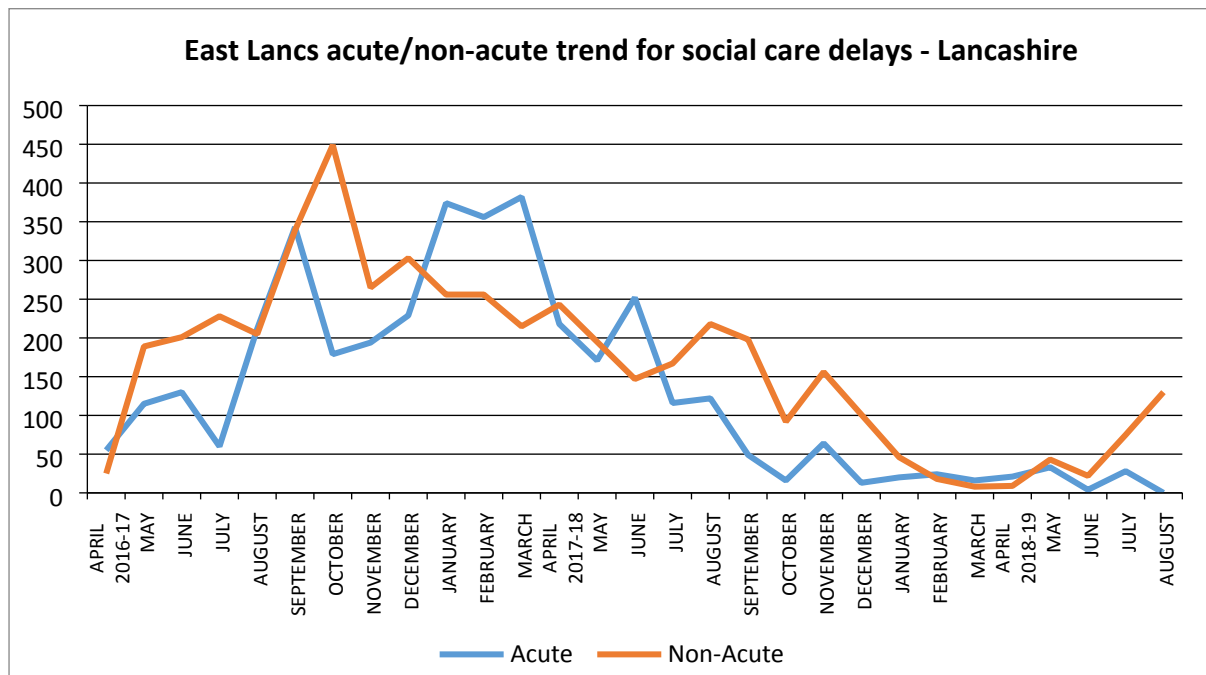


Social Care acute/non-acute trends for Blackpool and East Lancashire

The acute/non-acute trend for social care days at Blackpool shows that acute numbers improved steadily in early 2018, though have risen again since Apr-18 and remain higher than non-acute:



The acute/non-acute trend for social care days at East Lancashire shows that both had improved considerably for many months, but both rose again in Jul-18 and the non-acute total has continued to increase in Aug-18:

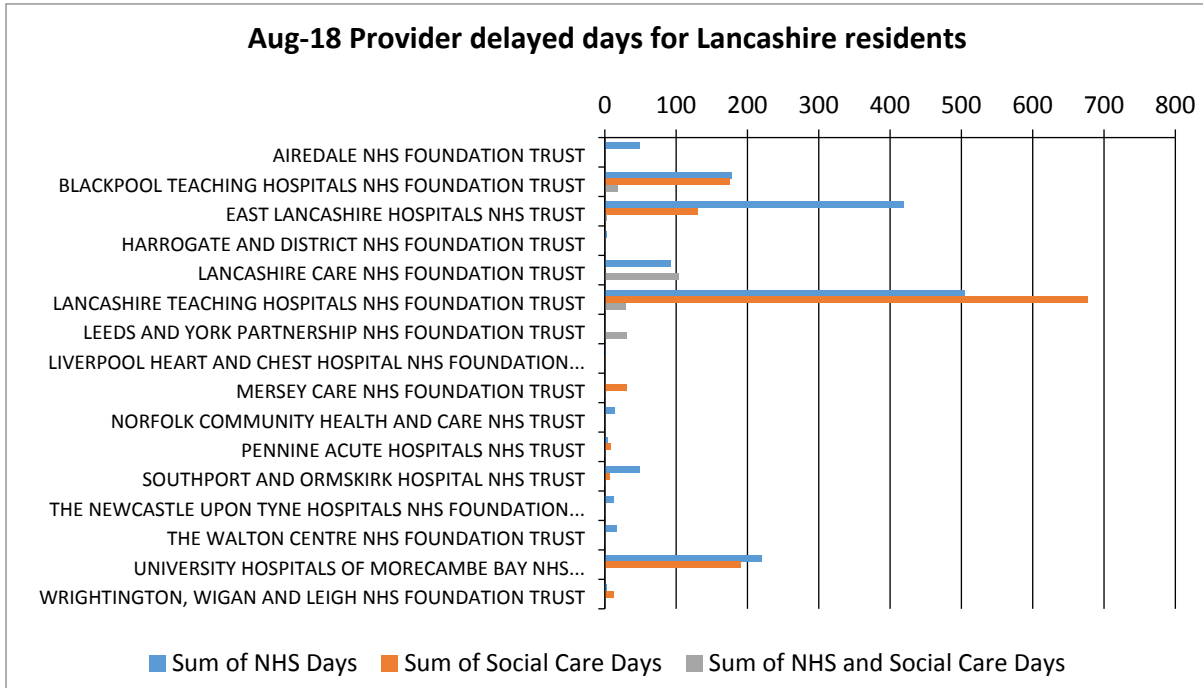


4.3 Provider Detail – Lancashire Residents

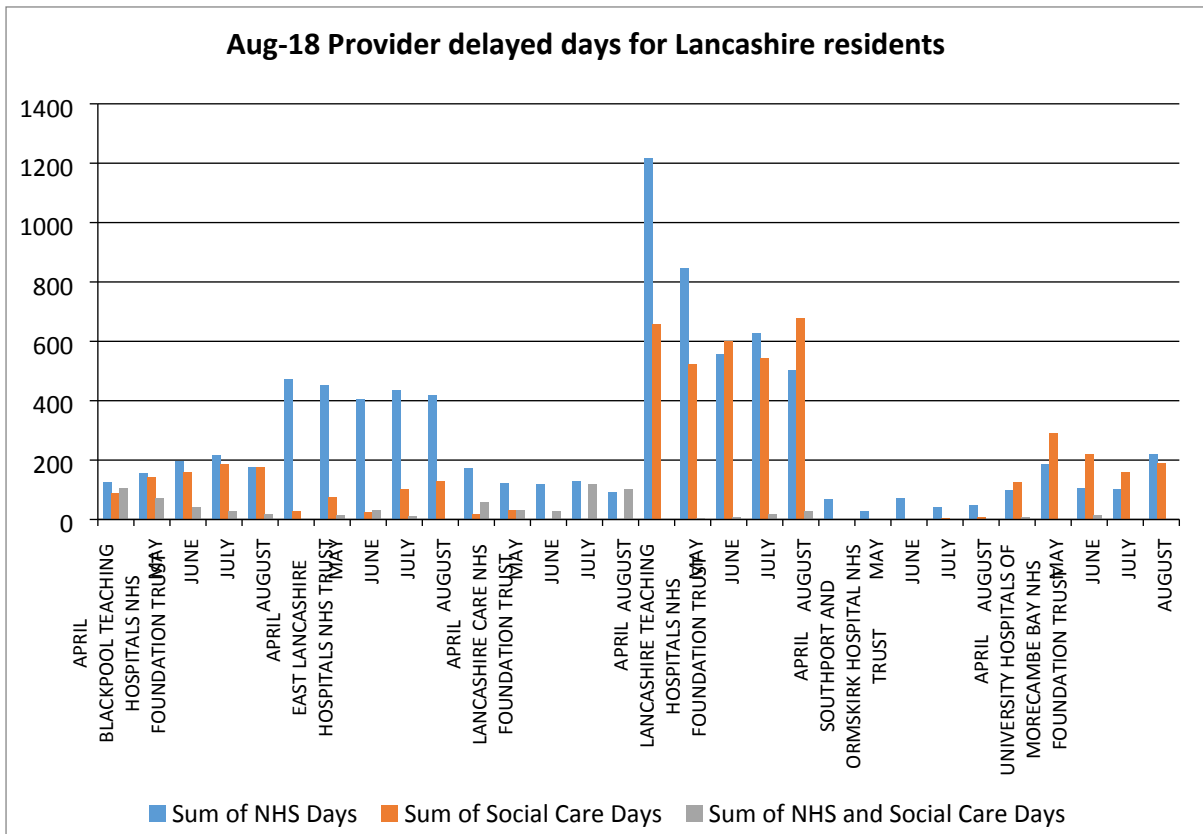
The full provider list of the Lancashire Aug-18 total of 2984 days was as follows and shows that Lancashire Teaching Hospitals accounted for 55.0% of the 1232 social care delays (compared with 51.6% in Jul-18):

Provider Org Name	Sum of NHS Days	Sum of Social Care Days	Sum of NHS and Social Care Days	Sum of Total Days	% of Social Care Days	% of Total Days
AIREDALE NHS FOUNDATION TRUST	49	0	0	49	0.0%	1.6%
BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	178	175	18	371	14.2%	12.4%
EAST LANCASHIRE HOSPITALS NHS TRUST	419	130	2	551	10.6%	18.5%
HARROGATE AND DISTRICT NHS FOUNDATION TRUST	3	0	0	3	0.0%	0.1%
LANCASHIRE CARE NHS FOUNDATION TRUST	93	0	104	197	0.0%	6.6%
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	505	677	29	1211	55.0%	40.6%
LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST	0	0	31	31	0.0%	1.0%
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	1	0	0	1	0.0%	0.0%
MERSEY CARE NHS FOUNDATION TRUST	0	31	0	31	2.5%	1.0%
NORFOLK COMMUNITY HEALTH AND CARE NHS TRUST	14	0	0	14	0.0%	0.5%
PENNINE ACUTE HOSPITALS NHS TRUST	4	8	0	12	0.6%	0.4%
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	49	7	0	56	0.6%	1.9%
THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	13	0	0	13	0.0%	0.4%
THE WALTON CENTRE NHS FOUNDATION TRUST	17	0	0	17	0.0%	0.6%
UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST	220	191	0	411	15.5%	13.8%
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	3	13	0	16	1.1%	0.5%
Grand Total	1568	1232	184	2984	100.0%	100.0%

In Aug -18 the social care days exceeded NHS days for Lancashire Teaching Hospitals, though in East Lancashire and Morecambe Bay the NHS days exceeded social care days:

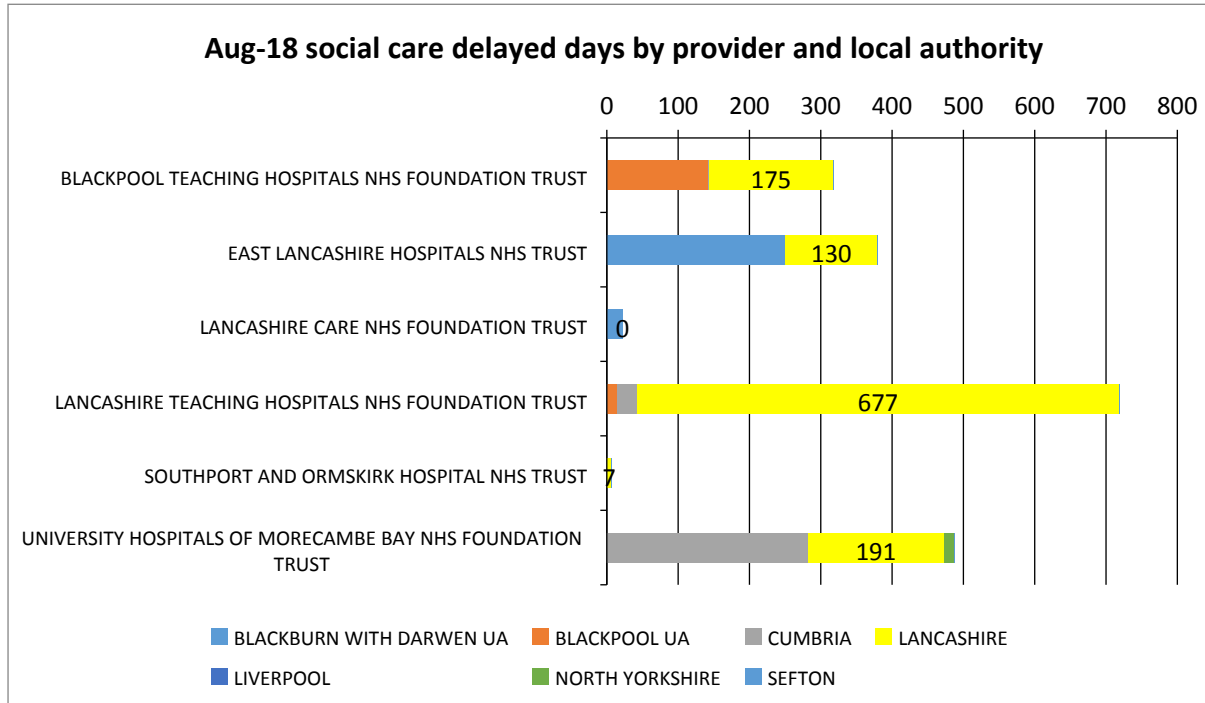


Within the six main Lancashire providers Lancashire Teaching Hospitals still show an overall improvement since Apr-18, but social care days show an increase:

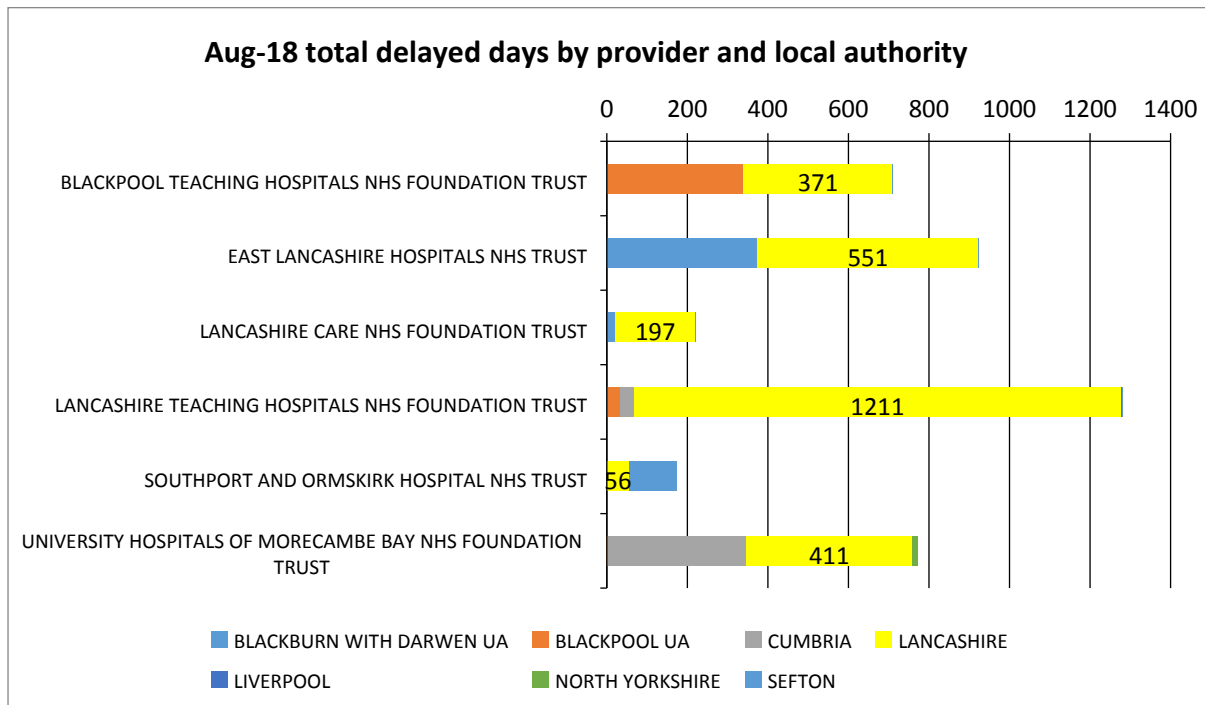


4.4 Provider Detail – All Residents

Local authority analysis of the **social care** delayed days in Aug-18 for the six main Lancashire providers illustrates the delayed days numbers and proportions incurred by Lancashire residents and also by those residents from other local authorities.



Local authority analysis of the **total** delayed days in May-18 for the six main Lancashire providers illustrates the delayed days numbers and proportions incurred by Lancashire residents and also by those residents from other local authorities.



Aug-18 delayed days for the six main Lancashire providers by local authority of resident

Aug-18 delayed days by provider and local authority of resident	Sum of NHS Days	Sum of Social Care Days	Sum of NHS and Social Care Days	Sum of Total Days	LA % of Social Care Days	LA % of Total Days
BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	293	318	99	710	16.5%	17.4%
BLACKPOOL UA	115	143	81	339	45.0%	47.7%
LANCASHIRE	178	175	18	371	55.0%	52.3%
EAST LANCASHIRE HOSPITALS NHS TRUST	542	380	2	924	19.7%	22.6%
BLACKBURN WITH DARWEN UA	123	250	0	373	65.8%	40.4%
LANCASHIRE	419	130	2	551	34.2%	59.6%
LANCASHIRE CARE NHS FOUNDATION TRUST	93	22	104	219	1.1%	5.4%
BLACKBURN WITH DARWEN UA	0	22	0	22	100.0%	10.0%
LANCASHIRE	93	0	104	197	0.0%	90.0%
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	533	719	29	1281	37.2%	31.4%
BLACKPOOL UA	19	15	0	34	2.1%	2.7%
CUMBRIA	6	27	0	33	3.8%	2.6%
LANCASHIRE	505	677	29	1211	94.2%	94.5%
LIVERPOOL	3	0	0	3	0.0%	0.2%
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	168	7	0	175	0.4%	4.3%
LANCASHIRE	49	7	0	56	100.0%	32.0%
SEFTON	119	0	0	119	0.0%	68.0%
UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST	278	487	7	772	25.2%	18.9%
CUMBRIA	58	282	7	347	57.9%	44.9%
LANCASHIRE	220	191	0	411	39.2%	53.2%
NORTH YORKSHIRE	0	14	0	14	2.9%	1.8%
Grand Total	1907	1933	241	4081	100.0%	100.0%

The table above showing Aug-18 delayed day numbers for the six main Lancashire providers also includes a local authority percentage breakdown for social care and for total days for each provider.

Within Blackpool NHS Trust, Lancashire residents incurred 55.0% of the social care days and 52.3% of the total days.

Within East Lancashire NHS Trust, Lancashire residents incurred 34.2% of the social care days and 59.6% of the total days.

Within Lancashire Care NHS Foundation Trust, Lancashire residents incurred 0% of the social care days and 90.0% of the total days.

Within Lancashire Teaching Hospitals NHS Trust, Lancashire residents incurred 94.2% of the social care days and 94.5% of the total days.

Within Southport and Ormskirk NHS Trust, Lancashire residents incurred 100% of the social care days and 32.0% of the total days.

Within University Hospitals of Morecambe Bay NHS Trust, Lancashire residents incurred 39.2% of the social care days and 53.2% of the total days.

4.5 Provider Rank – All Residents

In Aug-18 within the six main providers accounting for most Lancashire delays, the number of delayed days recorded by each trust provider and the corresponding national ranking varied enormously (where 1=best and 225=worst).

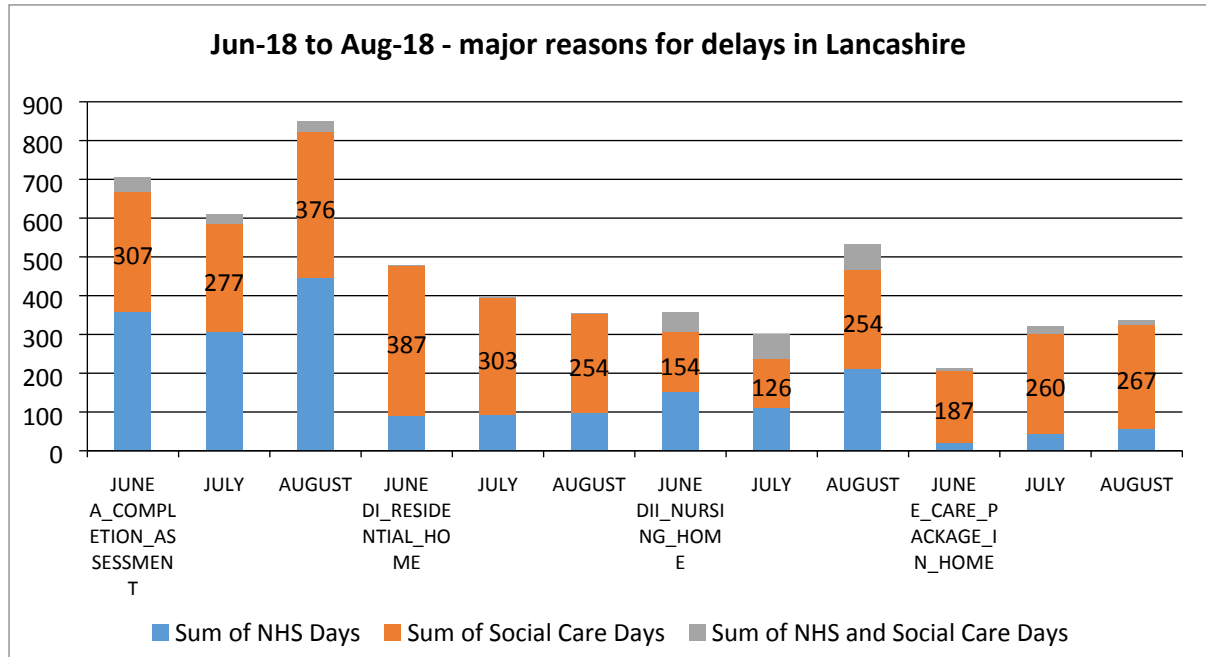
Provider Org Name	Sum of NHS Days	Sum of Social Care Days	Sum of NHS and Social Care Days	Sum of Total Days	Rank of NHS Days	Rank of Social Care Days	Rank of NHS and Social Care Days	Rank of Total Days
BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	293	318	99	710	117	177	192	145
EAST LANCASHIRE HOSPITALS NHS TRUST	542	380	2	924	169	188	109	174
LANCASHIRE CARE NHS FOUNDATION TRUST	93	22	104	219	39	40	194	46
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	533	719	29	1281	166	218	154	196
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	168	7	0	175	67	20	1	40
UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST	278	487	7	772	110	203	124	153

5 Reason for Delays – Lancashire Residents

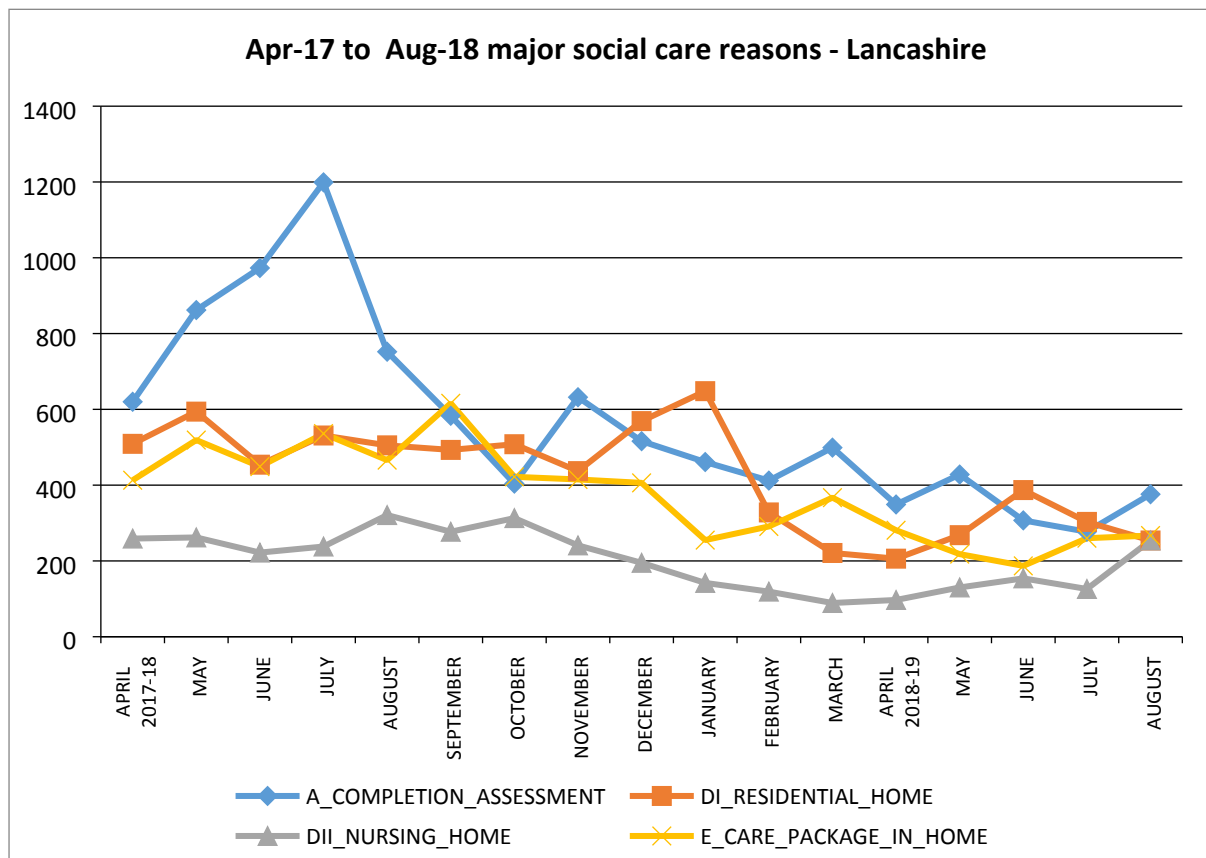
In Aug-18 the primary reason for total Lancashire delays was once again assessment completion, the social care element of which showed an increase from 277 to 376 days. Social care delays incurred in arranging nursing care or a care package have also increased, but delays in arranging residential care have decreased:

Reason for delay Lancashire (Jun-18 to Aug-18)	Sum of NHS Days	Sum of Social Care Days	Sum of NHS and Social Care Days	Sum of Total Days
A_COMPLETION_ASSESSMENT				
JUNE	360	307	37	704
JULY	307	277	25	609
AUGUST	446	376	26	848
B_PUBLIC_FUNDING				
JUNE	104	26	63	193
JULY	167	18	100	285
AUGUST	102	2	80	184
C_FURTHER_NON_ACUTE_NHS				
JUNE	239	0	0	239
JULY	391	0	0	391
AUGUST	298	0	0	298
DI_RESIDENTIAL_HOME				
JUNE	91	387	0	478
JULY	93	303	0	396
AUGUST	99	254	0	353
DII_NURSING_HOME				
JUNE	152	154	51	357
JULY	110	126	64	300
AUGUST	212	254	66	532
E_CARE_PACKAGE_IN_HOME				
JUNE	20	187	6	213
JULY	43	260	19	322
AUGUST	58	267	12	337
F_COMMUNITY_EQUIP_ADAPT				
JUNE	82	18	0	100
JULY	91	61	1	153
AUGUST	35	49	0	84
G_PATIENT_FAMILY_CHOICE				
JUNE	389	10	0	399
JULY	335	9	0	344
AUGUST	236	28	0	264
H_DISPUTES				
JUNE	60	4	0	64
JULY	73	0	0	73
AUGUST	51	2	0	53
I_HOUSING				
JUNE	11	0	0	11
JULY	24	0	0	24
AUGUST	31	0	0	31
O_OTHER				
JUNE	0	0	0	0
JULY	0	0	0	0
AUGUST	0	0	0	0

The Aug-18 overall increase for assessment completion delays comprises an increase for NHS, social care and jointly attributable days. Recent trends for the other major social care reasons from Jun-18 to Aug-18 show increases in arranging nursing care and in arranging a home care package.



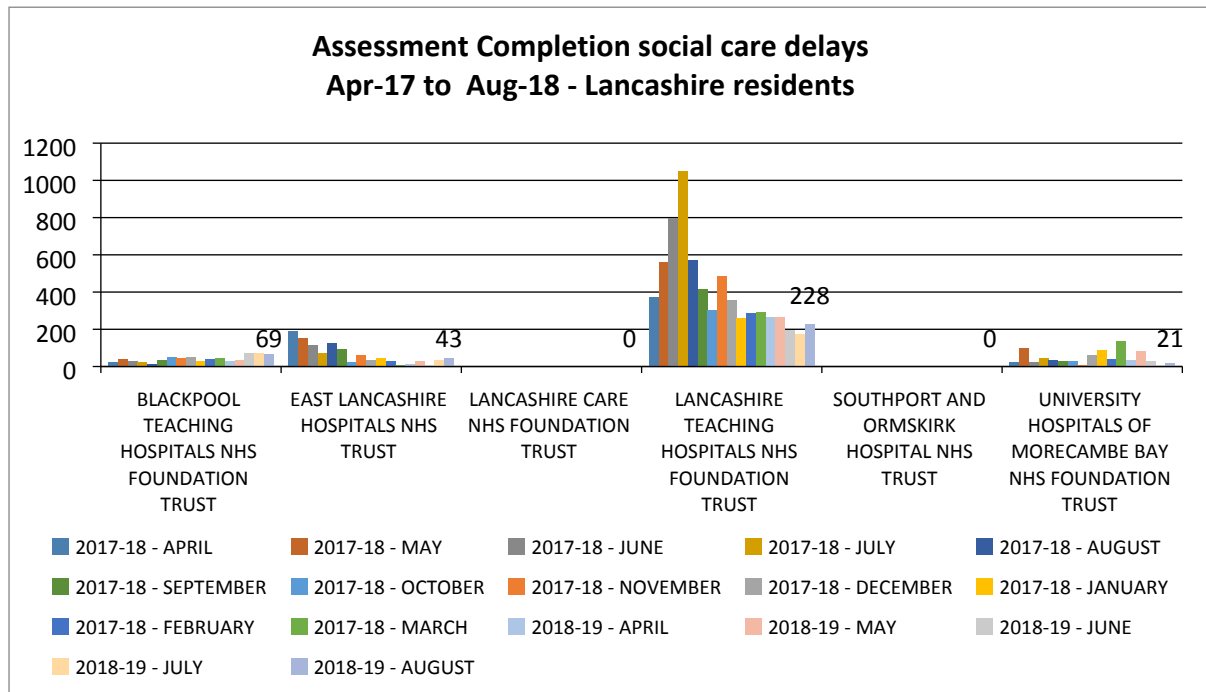
Social care delays incurred whilst waiting for assessment completion once again exceed the social care delays incurred through arranging residential care and also those incurred through arranging nursing care or a home care package:



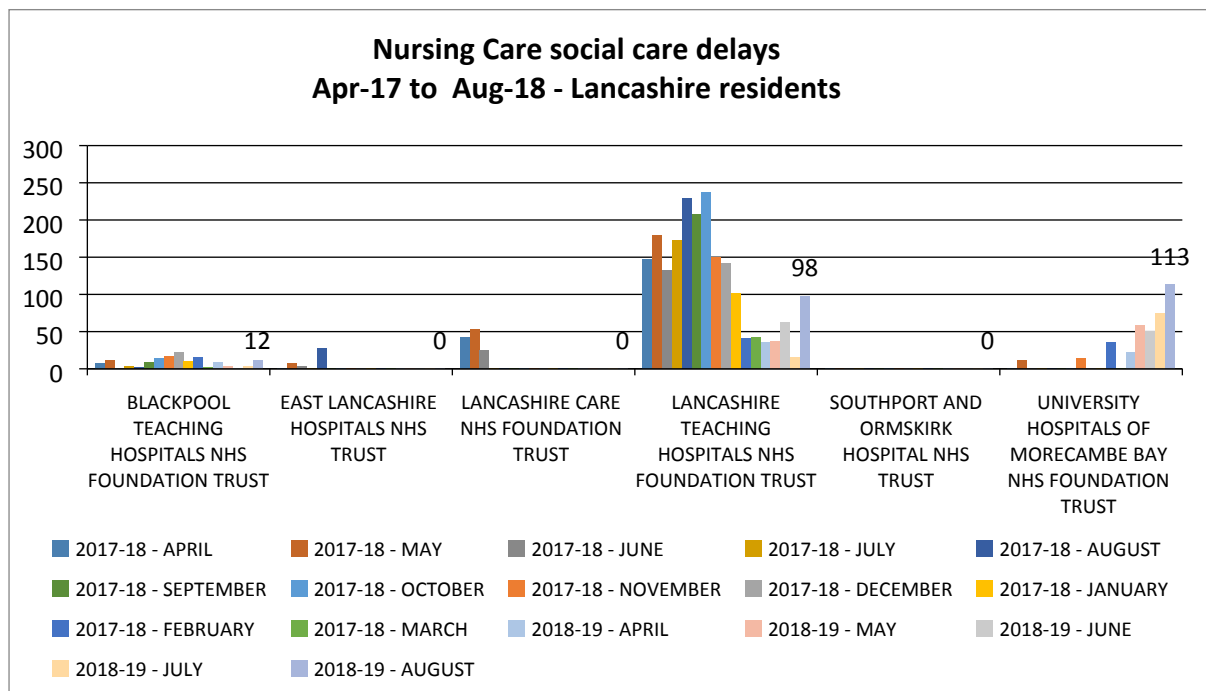
The full list of reasons for delay, by provider, for the 1232 social care days incurred in Aug-18 is shown in the table below:

Provider	A_COMPLETION_ASSESSMENT	B_PUBLIC_FUNDING	C_FURTHER_NON_ACUTE_NHS	DI_RESIDENTIAL_HOME	DII_NURSING_HOME	E_CARE_PACKAGE_IN_HOME	F_COMMUNITY_EQUIP_ADAPT	G_PATIENT_FAMILY_CHOICE	H_DISPUTES	I_HOUSING	O_OTHER	Grand Total
BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	69	0	0	11	12	74	1	6	2	0	0	175
EAST LANCASHIRE HOSPITALS NHS TRUST	43	0	0	0	0	48	20	19	0	0	0	130
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	228	2	0	215	98	124	10	0	0	0	0	677
PENNINE ACUTE HOSPITALS NHS TRUST	5	0	0	0	0	3	0	0	0	0	0	8
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	0	0	0	0	0	7	0	0	0	0	0	7
UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST	21	0	0	28	113	11	18	0	0	0	0	191
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	10	0	0	0	0	0	0	3	0	0	0	13
MERSEY CARE NHS FOUNDATION TRUST	0	0	0	0	31	0	0	0	0	0	0	31
Grand Total	376	2	0	254	254	267	49	28	2	0	0	1232

Of the 376 delayed days recorded in Aug-18 for delays in assessment completion attributable to social care, a total of 228 (61%) were recorded by Lancashire Teaching Hospitals NHS Foundation Trust:



Of the 254 delayed days recorded in Aug-18 for delays in arranging nursing care attributable to social care, a total of 98 (39%) were recorded by Lancashire Teaching Hospitals NHS Foundation Trust and 113 (44%) were recorded by Morecambe Bay.



Central Lancashire Discharge Charter

#everydaymatters

The Central Lancashire discharge charter has been developed to ensure all our patients are discharged from hospital safely and effectively.

The charter outlines the principles and standards put in place to ensure that you have the best possible experience whilst in our care and are supported to leave hospital as soon as you are able to.

We will treat you with dignity and respect throughout your stay in hospital. We will start discharge planning with you as soon as you are admitted to a bed and involve you throughout the process.

The charter sets out the standards of service that you can expect to receive when being discharged from our hospitals, these are:

- We will ensure that you, and with your permission your family and all carers are always included and listened to with regard to your care and discharge
- We will follow the principle of 'home first' for all discharges considering the least intrusive support options first
- We will ensure that wherever possible assessment for longer term needs takes place outside of the hospital setting
- We will not undertake any tests that can be done outside of hospital when you are ready to leave hospital and have a plan of care in place
- We will support you and your family and carers to achieve a timely discharge minimising and positively managing any known risks
- We will keep you and your family and carers informed and involved with the estimated date of discharge on a daily basis and this will be visible next to your bed
- Health and social care partners will work together to ensure the planned discharge/ transfer requirements are supported and equipment needs are met
- We will liaise with you and your family and carers to arrange transport no later than 12 hours before you are discharged
- We will support you to ensure that you or your family or carers can arrange access to your residence, for example, front door keys and alarm code
- We expect you or your family or carers to provide adequate clothing for discharge
- We will provide you and your family and carers with information concerning rest, diet, medication and follow-up appointments
- We will not discharge you without medication unless agreed with you first
- We will provide you and your family and carers with a contact telephone number in case of medical difficulties following discharge
- We will ensure that we send discharge information to your GP within 24 hours of you leaving hospital

Our services, as much as possible, function over seven days so that your discharge is not delayed at the weekend. You can expect ward rounds to take place every day in most of our wards and a daily review by one of our senior doctors (a consultant or a registrar). We also use 'criteria led discharge' especially over the weekend. This means that when you meet certain criteria set by your senior doctors and clinicians, such as blood results being within normal ranges, you will be discharged by the nurses.

We aim to support you to be cared for on the most appropriate ward for your needs at the earliest opportunity, however, should you need to move to a different ward there will be handover between the discharge facilitators on each ward so that there is consistency in your discharge planning.

Health Scrutiny Committee

Meeting to be held on Tuesday, 6 November 2018

Electoral Division affected:
(All Divisions);

Report of the Health Scrutiny Steering Group and the Joint Cumbria and Lancashire Health Scrutiny Committee

Contact for further information:

Gary Halsall, Tel: (01772) 536989, Senior Democratic Services Officer (Overview and Scrutiny), gary.halsall@lancashire.gov.uk

Executive Summary

Overview of matters presented and considered by the Health Scrutiny Steering Group at its meeting held on 19 September 2018 and the Joint Cumbria and Lancashire Health Scrutiny Committee at its planning meeting held on 28 September 2018.

Recommendation

The Health Scrutiny Committee is asked to receive the report of its Steering Group and the Joint Cumbria and Lancashire Health Scrutiny Committee.

Background and Advice

The Steering Group is made up of the Chair and Deputy Chair of the Health Scrutiny Committee plus two additional members, one each nominated by the Conservative and Labour Groups.

The main purpose of the Steering Group is to manage the workload of the Committee more effectively in the light of increasing number of changes to health services which are considered to be substantial. The main functions of the Steering Group are listed below:

- To act as a preparatory body on behalf of the Committee to develop the following aspects in relation to planned topics/reviews scheduled on the Committee's work plan:
 - Reasons/focus, objectives and outcomes for scrutiny review;
 - Develop key lines of enquiry;
 - Request evidence, data and/or information for the report to the Committee;
 - Determine who to invite to the Committee
- To act as the first point of contact between Scrutiny and the Health Service Trusts and Clinical Commissioning Groups;

- To liaise, on behalf of the Committee, with Health Service Trusts and Clinical Commissioning Groups;
- To make proposals to the Committee on whether they consider NHS service changes to be 'substantial' thereby instigating further consultation with scrutiny;
- To develop and maintain its own work programme for the Committee to consider and allocate topics accordingly;
- To invite any local Councillor(s) whose ward(s) as well as any County Councillor(s) whose division(s) are/will be affected to sit on the Group for the duration of the topic to be considered.

It is important to note that the Steering Group is not a formal decision making body and that it will report its activities and any aspect of its work to the Committee for consideration and agreement.

Meeting held on 19 September 2018:

❖ New ambulance standards

Peter Mulcahy, Peter Ballan and Mark Wenman from the North West Ambulance Service (NWAS) NHS Trust attended the meeting to provide an update on the Trust's implementation of the new ambulance response programme.

The Steering Group recalled that when NWAS last presented to the Health Scrutiny Committee back in October 2017, it was unable to provide an update on the rollout of the new standards. The aim of this update was to demonstrate what the Trust had learned from the new standards, its ambition and how it would achieve this through its strategy – taking clinical decisions early in the patient journey.

It was reported that on 7 August 2017, NWAS had joined the Ambulance Response Programme/standards pilot (v2.3). The new standards facilitated the following changes/enhancements:

- A change in focus for response times from the fastest to the best and most appropriate;
- Call handlers having more time to assess 999 calls; and
- Response times to **all** patients would be considered in the new standards rather than the performance of the most life threatening calls of which only 75% of incidents were required to meet the old standards - within eight minutes.

The Steering Group was informed that the Trust needed to find ways of being effective with existing resources. Examples of initiatives included:

- Working with GP practices and care homes – it was noted that GPs had different specialities and each area had varying numbers of care homes within. GPs were not 24/7 service by comparison with NWAS. There was a need to reduce the number of peak calls to the Trust which was between 9am and midday, particularly on a Monday;
- Establishing a frequent caller team meeting patients out in the community to help plan the most appropriate care for those individuals;

- Integrating mental health clinicians from the Lancashire Care Foundation Trust (LCFT) within the NWAS Emergency Operations Centres; and
- Pharmacists working in Emergency Operations Centres.

Other changes included a new set of pre-triage questions to aid callers in recognising those patients in need of the fastest response, earlier in the call. This enabled the Trust to send out the most appropriate vehicle first time and not multiple vehicles which would in turn free up resources to respond to other emergencies. It was noted that in some circumstances it might still be necessary to send multiple vehicles due to complexities and the need for more support e.g. cardiac arrest. It was also noted that the Trust was performing well on its survival to discharge times and was happy to evidence this point.

Performance against the four new categories (C1 to C4) would be measured upon the mean (average) time for all incidents along with a 90th percentile target i.e. meeting the standard nine times out of ten. The code set for the types of conditions allocated against the four new categories contained in the region of 2100 codes. For example C1 included incidents such as cardiac arrest, drowning, hanging. C2 stroke, road traffic collision whereas the C4 category included instances of GP admissions and transfers. The Trust was happy to share the code set with members. It was noted that the Trust felt some codes were inappropriately categorised and had reported its findings to the Department for Health and Social Care.

The Trust had established a performance improvement plan to meet the new standards. In addition to the initiatives referred to earlier, this included:

- Increasing the number of DMA/DCA (double crewed ambulances);
- Increasing see and treat (S&T) and hear and treat (H&T) services; and
- Working with partners and NHS Improvement to enhance hospital turnaround targets.

The Steering Group noted the update.

❖ **North West Ambulance Service (NWAS) Care Home Work**

Peter Mulcahy, Peter Ballan and Mark Wenman from the North West Ambulance Service (NWAS) NHS Trust provided the Steering Group with an update on the Trust's work to support people living in care homes through the implementation of the Nursing and Residential Triage Tool.

It was reported that up to 10% of the Trust's incidents were from care homes. Of those just under 30% resulted in non-conveyance to a hospital as some 999 calls were for minor conditions or incidents which did not require an emergency ambulance. The Trust established an internal working group to review this matter.

It was reported that the triage tool was an adapted version of the Manchester Triage System – an internationally used system for triaging patients, based on patient presentation; not diagnosis.

The aim of the triage tool was to enable care home staff on the scene to prioritise patients and to support the identification of lower acuity situations whereby an alternative pathway of care may be established following a telephone triage with a health professional (Specialist Practitioner, local GP or Acute Visiting Service (AVS) scheme).

A question was asked on whether families had the opportunity to provide input to an incident. It was noted that for the majority of time, the Trust responded to falls and family members were often not present.

During October 2015, two care homes were identified as the highest callers in the Trust's area and subsequently took part in a feasibility study from November 2015, for a period of three months. During this period, the Trust saw a marked reduction in 999 activity. In addition there was no increase in the amount of health care professional admissions from these homes. Furthermore, there were no critical or adverse incidents reported during the three month feasibility study.

Operational savings and potential clinical commissioning group savings were projected for the two care homes over a 12 month period. Over 25 shifts, 297 hours could have potentially been saved for the Trust. Potential savings could have reached over £64k.

Subsequently, from November 2016 the Trust introduced the triage tool in ten care homes across the North West on a six month pilot basis. A review of the pilot highlighted that whilst calls to the Trust had reduced by over 52%, the overall conveyance rate had increased. It was reported this demonstrated that the triage tool was assisting people with making the right decisions and provided a consistent approach to care.

On the future roll out of the triage tool, it was reported that it would require the buy in from council led homes, clinical commissioning groups and GPs. A level of available resources would be required, particularly around training and support during initial implementation.

The Health Scrutiny Steering Group recommended that;

The Cabinet Member for Adult Services, officers from Lancashire County Council, North West Ambulance Service and the lead commissioner at Blackpool Clinical Commissioning Group give consideration to the implementation of the Nursing and Residential Home Triage Tool within all care homes across Lancashire.

24 October 2018:

This meeting was cancelled as the two items due for consideration, Care for You and Rossendale Birth Centre were deferred at the request of officers from the respective NHS bodies.

Future meetings of the Steering Group

Future meetings of the Steering Group have been provisionally scheduled for the following dates:

- 21 November;
- 16 January 2019;
- 20 February;
- 13 March;
- 17 April; and
- 14 May.

Matters currently planned and scheduled for Steering Group are set out in the appendix to the work programme report further in the agenda.

Joint Cumbria and Lancashire Health Scrutiny Committee

The Joint Cumbria and Lancashire Health Scrutiny Committee meets on an ad hoc basis. The purpose of the Joint Committee is to discharge the health scrutiny functions of Cumbria and Lancashire County Councils in relation to any proposals made by the University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT) regarding any cross boundary substantial variations in service provision as they arise.

County Councillors nominated from Lancashire County Council are as follows:

- C Edwards;
- S Morris (Acting Vice Chair);
- M Pattison; and
- P Williamson.

A planning meeting of the Joint Cumbria and Lancashire Health Scrutiny Committee took place on the 28th September 2018. Members considered the Terms of Reference for the Joint Committee as well as the potential work programme.

The Joint Committee received notification from the University Hospitals Trust of Morecambe Bay of a proposal to relocate the DEXA (bone density) scanning service from its rheumatology clinic at the Royal Lancaster infirmary to Westmorland General Hospital.

Members discussed the proposal and whether to formally convene the Joint Cumbria and Lancashire Health Scrutiny Committee to consider it. It was agreed that a revised proposal containing an updated timetable for the move along with an action plan to mitigate the issues raised around access be provided to the Acting Chair and Vice Chair to determine whether the Joint Committee should be formally convened. The Joint Committee is currently awaiting receipt of the revised proposal.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

This report has no significant risk implications.

**Local Government (Access to Information) Act 1985
List of Background Papers**

Paper	Date	Contact/Tel
N/A		
Reason for inclusion in Part II, if appropriate		
N/A		

Health Scrutiny Committee

Meeting to be held on Tuesday, 6 November 2018

Electoral Division affected:
(All Divisions);

Health Scrutiny Committee Work Programme 2018/19

(Appendix 'A' refers)

Contact for further information:

Gary Halsall, Tel: (01772) 536989, Senior Democratic Services Officer (Overview and Scrutiny), gary.halsall@lancashire.gov.uk

Executive Summary

The work programme for both the Health Scrutiny Committee and its Steering Group is set out at appendix A.

Recommendation

The Health Scrutiny Committee is asked to note and comment on the report.

Background and Advice

A statement of the work and potential topics to be undertaken and considered by the Health Scrutiny Committee and its Steering Group for the remainder of the 2018/19 municipal year is set out at appendix A, which includes the dates of all scheduled Committee and Steering Group meetings. The work programme is presented to each meeting for information.

The work programme is a work in progress document. The topics included were identified by the Steering Group at its meeting held on 16 May 2018.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

This report has no significant risk implications.

**Local Government (Access to Information) Act 1985
List of Background Papers**

Paper	Date	Contact/Tel
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N/A

Reason for inclusion in Part II, if appropriate

N/A

Health Scrutiny Committee Work Programme 2018/19

The Health Scrutiny Committee Work Programme details the planned activity to be undertaken over the forthcoming municipal year through scheduled Committee meetings, task group, events and through use of the 'rapporteur' model.

The items on the work programme are determined by the Committee following the work programming session carried out by the Steering Group at the start of the municipal year in line with the Overview and Scrutiny Committees terms of reference detailed in the County Council's Constitution. This includes provision for the rights of County Councillors to ask for any matter to be considered by the Committee or to call-in decisions.

Coordination of the work programme activity is undertaken by the Chair and Deputy Chair of all of the Scrutiny Committees to avoid potential duplication.

In addition to the terms of reference outlined in the [Constitution](#) (Part 2 Article 5) for all Overview and Scrutiny Committees, the Health Scrutiny Committee will:

- To scrutinise matters relating to health and adult social care delivered by the authority, the National Health Service and other relevant partners.
- In reviewing any matter relating to the planning, provision and operation of the health service in the area, to invite interested parties to comment on the matter and take account of relevant information available, particularly that provided by the Local Healthwatch
- In the case of contested NHS proposals for substantial service changes, to take steps to reach agreement with the NHS body
- In the case of contested NHS proposals for substantial service changes where agreement cannot be reached with the NHS, to refer the matter to the relevant Secretary of State.
- To refer to the relevant Secretary of State any NHS proposal which the Committee feels has been the subject of inadequate consultation.
- To scrutinise the social care services provided or commissioned by NHS bodies exercising local authority functions under the Health and Social Care Act 2012.

- To request that the Internal Scrutiny Committee establish as necessary joint working arrangements with district councils and other neighbouring authorities.
- To draw up a forward programme of health scrutiny in consultation with other local authorities, NHS partners, the Local Healthwatch and other key stakeholders.
- To acknowledge within 20 working days to referrals on relevant matters from the Local Healthwatch or Local Healthwatch contractor, and to keep the referrer informed of any action taken in relation to the matter.
- To require the Chief Executives of local NHS bodies to attend before the Committee to answer questions, and to invite the chairs and non-executive directors of local NHS bodies to appear before the Committee to give evidence.
- To invite any officer of any NHS body to attend before the Committee to answer questions or give evidence.
- To recommend the Full Council to co-opt on to the Committee persons with appropriate expertise in relevant health matters, without voting rights.
- To establish and make arrangements for a Health Steering Group the main purpose of which to be to manage the workload of the full Committee more effectively in the light of the increasing number of changes to health services.

The Work Programme will be submitted to and agreed by the Scrutiny Committees at each meeting and will be published with each agenda.

The dates are indicative of when the Health Scrutiny Committee will review the item, however they may need to be rescheduled and new items added as required.

Health Scrutiny Committee work programme

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers/organisations	Proposed Date(s)	Recommendations	Progress
Dementia Strategy	Opportunities and challenges	Committee	Dr Z Atcha, LCC	3 July 2018	The report be noted; and The Cabinet Member for Health and Wellbeing be invited to a future scheduled meeting of the Health Scrutiny Committee to present on the development of a housing strategy and the ageing population.	N/A Report scheduled for 2 April 2019
Our Health Our Care Programme	Update on the future of acute services in central Lancashire	Committee	Dr Gerry Skales, Lancashire Teaching Hospitals Foundation Trust and Sarah James, Greater Preston and Chorley and South Ribble CCGs	3 July 2018, 25 September and tbc	3 July: The update be noted; Further updates be presented to the Health Scrutiny Committee at its scheduled meetings in September and November 2018; The importance of all partners working	N/A In progress Awaiting response

Appendix 'A'

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers/organisations	Proposed Date(s)	Recommendations	Progress
					<p>together on prevention and early intervention form a part of developing the new models of care for acute services in central Lancashire; and</p> <p>Public information and education be included in the new model of care for acute services in central Lancashire.</p>	<p>Awaiting response</p>
<p>Delayed Transfers of Care (DToC) and Winter 2019/20</p>	<p>Update on performance as a whole system and preparations for winter 2019/20</p>	<p>Committee</p>	<p>Sue Lott, LCC and NHS Trusts/Chairs of A&E Delivery Boards</p>	<p>6 November 2018</p>		
<p>Transforming Care (Calderstones)</p>	<p>Model of care for CCG commissioned learning disability beds</p>	<p>Committee</p>	<p>Rachel Snow-Miller, Director for Commissioning for All-age Mental Health, Learning Disabilities and Autism and Neil Greaves, Healthier Lancashire and South Cumbria</p>	<p>tbc 11 December 2018</p>		

Appendix 'A'

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers/organisations	Proposed Date(s)	Recommendations	Progress
Integrated Care System	Delivery of strategic transformational plans - finance	Committee	Gary Raphael, Healthier Lancashire and South Cumbria	5 February 2019		
Lancashire and South Cumbria Stroke Programme	Consultation	Committee	Gemma Stanion, Healthier Lancashire and South Cumbria	tbc		
Housing with Care and Support Strategy 2018-2025		Committee	CC S Turner, Cabinet Member for Health and Wellbeing, CC G Gooch, Cabinet Member for Adult Services, Louise Taylor, Joanne Reed/Craig Frost, Sarah McCarthy LCC	2 April 2019		
Healthy New Towns – Whyndyke Garden Village, Fylde	Overview	Committee	Andrea Smith and Andrew Ascroft, Public Health, LCC	tbc 11 December 2018		
Tackling period poverty	Full Council Notice of Motion 8 October 2018 - a report on the issue and how it can best be addressed.	Committee	Dr Sakthi Karunanithi, LCC	tbc		
Obesity in adults		Committee	Dr Sakthi Karunanithi, LCC	tbc		

Future meeting dates: 11 December; 5 February 2019; 2 April and 14 May.

Health Scrutiny Steering Group work programme

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers	Proposed Date(s)	Recommendations	Progress
Fylde Coast Integrated Care Partnership (ICP)	Update on the work of the partnership	Steering Group	Wendy Swift, Blackpool Teaching Hospitals Foundation Trust and Andrew Harrison, Fylde and Wyre CCG	15 June	The Steering Group agreed that an item on Healthy New Towns and the Whyndyke Garden Village in Fylde be presented to a future meeting of the Health Scrutiny Committee.	
NWAS	Update on new Government reporting standards and NWAS' new Nursing and Residential Home Triage (NaRT) Tool. (Also hospital pharmacy waiting times and delays for NWAS transport)	Steering Group	Peter Mulcahy and Julie Butterworth, NWAS	19 September	<p>The Health Scrutiny Steering Group recommends that;</p> <p>The Cabinet Member for Adult Services, officers from Lancashire County Council, North West Ambulance Service and the lead commissioner at Blackpool Clinical Commissioning Group give consideration to the implementation of the Nursing and Residential Home Triage Tool within all care homes across Lancashire.</p>	In progress

Appendix 'A'

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers	Proposed Date(s)	Recommendations	Progress
Lancashire and South Cumbria Stroke Programme	Overview	Steering Group	Gemma Stanion, Healthier Lancashire and South Cumbria	tbc		
Rosendale Birth Centre	Proposals	Steering Group	Kirsty Hamer and Christine Goodman, East Lancs CCG	tbc		
Vascular Service Improvement	Improving quality and access to Vascular Services	Steering Group	Tracy Murray, Healthier Lancashire and South Cumbria	21 November (11:30)		
NWAS	Update on recommendations from the Steering Group on the potential roll out of NWAS' new Nursing and Residential Home Triage (NaRT) Tool across Lancashire Care Homes.	Steering Group	Lisa Slack, LCC	21 November (10:30/12:30)		
Suicide Prevention in Lancashire	Progress report/annual update on outcomes set out in the Logic Model	Steering Group	Dr Sakthi Karunanithi and Chris Lee, LCC	16 January 2019		
Quality Accounts	Preparations for responding to NHS Trusts Quality Accounts	Steering Group	Healthwatch Lancashire	16 January 2019		
Secondary Mental Health Services in Lancashire	Update	Steering Group	Charlotte Hammond, LCC	20 February 2019		

Appendix 'A'

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers	Proposed Date(s)	Recommendations	Progress
Childhood immunisations	Progress report (invite to be extended to Chair and Deputy Chair of Children's Services Scrutiny Committee)	Steering Group	Jane Cass?/Tricia Spedding, NHS England, Sakthi Karunanithi, LCC	20 February 2019		
Care For You	Options	Steering Group	Silas Nicholls, Southport and Ormskirk Hospital Trust	13 March 2019		
North West Clinical Senate	Joint working	Steering Group	Prof. Donal O'Donoghue and Caroline Baines	13 March 2019		
NHSE – Quality Surveillance Group	Overview and relationships with scrutiny	Steering Group	Sally Napper, NHSE, Lisa Slack, LCC	tbc		
Health in All Policies	Embedding spatial planning and economic determinants	Briefing note (and Steering Group)	Dr Aidan Kirkpatrick and Andrea Smith, LCC	-		
Scrutiny of Budget Proposals 2018/19	<ul style="list-style-type: none"> Sexual Health Advocacy Services Learning, disability and autism: Enablement Older persons in-house residential services: self-funder fees 	Briefing note	Neil Kissock, LCC	-		

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers	Proposed Date(s)	Recommendations	Progress
	<ul style="list-style-type: none"> Extra sheltered care services 					

Future meeting dates: 17 April and 14 May

Other topics to be scheduled:

- Integrated Care Partnerships (ICP) – Central Lancashire; Fylde Coast; Morecambe Bay; Pennine; West Lancashire
- Chorley A&E, GTD Healthcare and CCGs - performance
- NWAS – transformation strategy and future
- Disabled facilities grants and housing associations
- Health and Wellbeing Board update
- Adult Social Care update

