

Delayed Transfers of Care – Lancashire Teaching Hospital (LTH) and Lancashire County Council (LCC)

Context

'Delayed Transfers of Care' (DTOC) is one measure among a number which demonstrate the flow of patients through the health and social care system in a local area.

There are technical definitions of what constitute a DTOC but essentially it involves a judgement that an individual who is a patient in hospital should no longer be there, and should either be back in their own home or in some other form of care provision such a nursing home or a residential care home.

The data for Lancashire shows that the level of DTOC is high compared to national averages, and is above NW regional averages.

Within the Lancashire and South Cumbria Sustainability and Transformation footprint LCC performance is ahead of Cumbria and Blackpool Councils, but well behind that of Blackburn with Darwen Council.

Within and outside of Lancashire there are a number of hospitals which service Lancashire citizens and all report a level of DTOCs. The data set for November 2017 was published on 11 January 2018 and a LCC summary of that data is attached as an appendix to this report. This shows the performance across Lancashire over a number of months. The report clearly shows that DTOC performance at Lancashire Teaching Hospital is much worse than in other local hospitals serving Lancashire citizens.

Reasons

Delays in LTH may be for several reasons and a significant proportion of these may be the result of family delays or challenges in NHS services. However the main areas affecting social care delays are

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

Actions

Despite the significant improvements in reported DTOC social care performance since February 2017 both LCC or LTH are aware DTOC performance in both absolute and relative terms remains poor. This creates genuine operational pressures for the system and reflects poorly on the reputations of both organisations and on public confidence.

There are a number of key actions that NHS and LCC are underway or committed to and further details can be provided at the meeting. In brief these are

- a) Development of a variety of schemes or increases to existing services using the improved Better Care Fund (iBCF). These were approved in September 2017 by the Health and Well Being Board and the schemes are either underway or scheduled to be launched shortly once recruitment has been completed. These schemes are all in response to the Dept of Health expectation we invest 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
- b) Further investment to support extra capacity across the winter months from January to March 2018. This was approved on 15 December 2017 by the Health and Well Being Board utilising slippage money from the iBCF. Progress on these can be shared at the meeting
- c) Two leadership sessions, one either side of Christmas to further investigate and remedy some of the barriers in regards to DTOC. The first of these was under the auspices of the Central Lancashire Accident and Emergency Board, and involved key local senior personnel in the statutory NHS organisations and from LCC. The second event was a Lancashire wide event and was under the auspices of the Health and Well Being Board and enabled a considerable level of shared learning of what seems to work best in improving DTOC performance
- d) A 'DTOC Counting Workshop' facilitated by NHS England and the LGA which was held on 12 January 2018. This was held for all organisations across the whole of the Lancashire and South Cumbria STP footprint and in due course should ensure reporting is more consistent across the footprint
- e) A commitment to working further together with the support of external agencies as agreed with the NHS England and LGA to ensure major and sustainable improvements are made in the months ahead. This may be through a combination of local staff and externally commissioned support.

Conclusion

Both LCC and LTH are committed to making improvement in DTOC performance. The Health and Well Being Board have committed resources to increasing service capacity, availability and performance. Leaders across both organisations have committed to working together to make sustained headway, and 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.

Tony Pounder

Director of Adult Services

Lancashire County Council

&

Suzanne Hargreaves
Director of Operations
Lancashire Teaching Hospital