

## 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:

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#### 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

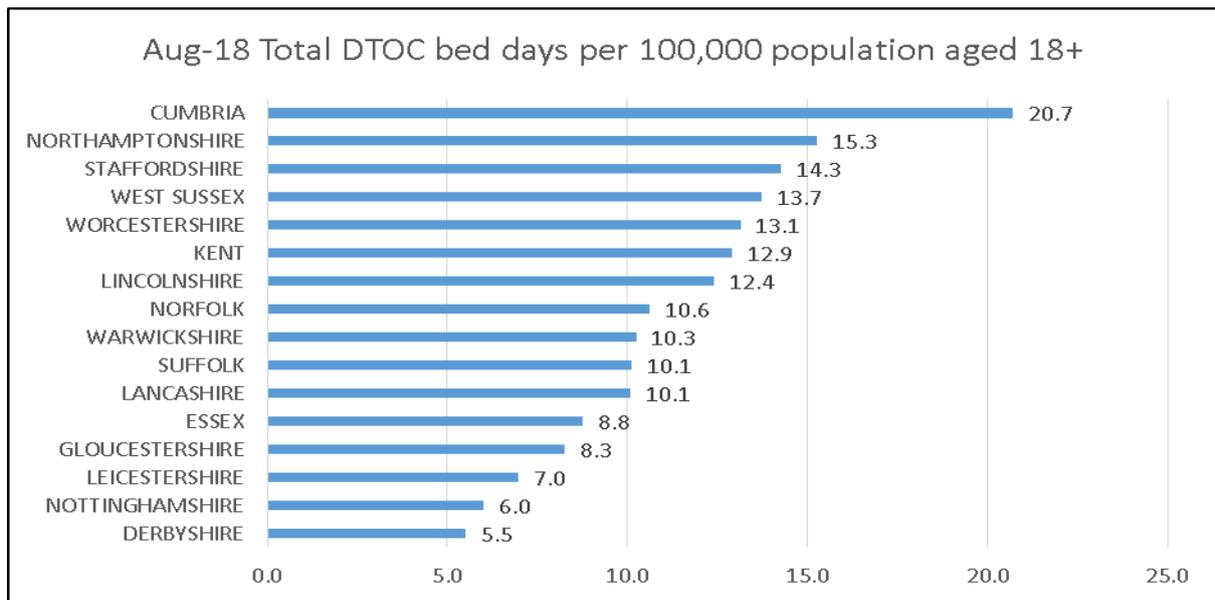
schemes are underway, although at various stages of implementation. All schemes were in response to the Department of Health expectation that we invest the new money to improve DToC according to a national framework known as the High Impact Change Model. Progress on these can be shared at the meeting.

- 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.

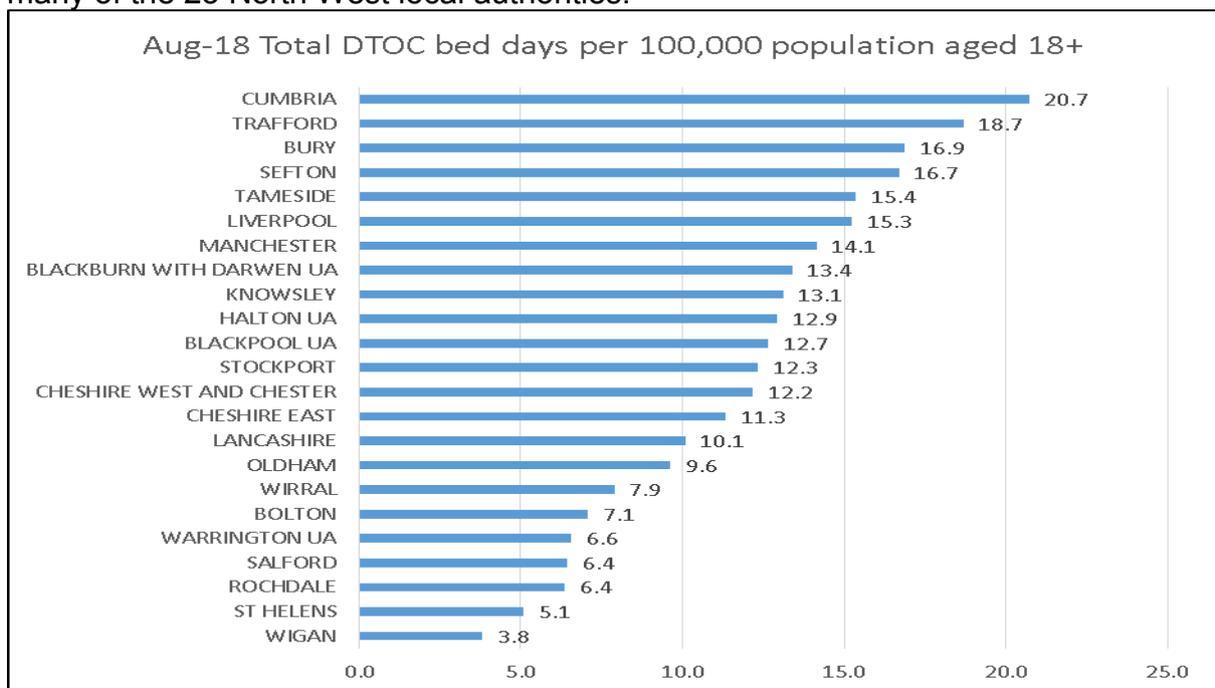
### 3. Current Position

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 11<sup>th</sup> 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 1<sup>st</sup> 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.

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## **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