By:	Graham Gibbens, Cabinet Member for Adult Social Care Anu Singh, Corporate Director of Adult Social Care and Health
To:	Cabinet – 5 February 2018
Subject:	**UPDATE ON THE PROGRESS IN REPORTING AND MANAGING DELAYED TRANSFERS OF CARE (DTOC)**
Classification:	Unrestricted
Previous Pathway of Paper:	Cabinet – 11 December 2017
Future Pathway of Paper:	None
Electoral Divisions:	All

Summary: Robust Delayed Transfers of Care (DToC) monitoring takes place locally and weekly through a dashboard, which details hospital positions and accountability for the delays. This paper provides an update on the position since the December 2017 report which looked at the work to improve reporting and management of DToCs; as well as an update on the national position and assurance that agreed interventions are working.
Recommendations: Cabinet is asked to:
COMMENT and NOTE the robust performance dashboard that continues to be used to report and to manage performance locally;
COMMENT and NOTE the impact of the interventions on social care delays and in some health delays and the ongoing and escalated pressures that are being managed; and
COMMENT and NOTE the issues with the National and local reporting and the work to reduce this, through local teams and adopting a regional position.

1. Introduction

1.1 Following the Ministerial Written Statement to the House of Commons on 3 July 2017, where the Secretary of State for Health underlined the importance that the Government attaches to the NHS and local government working together to make faster and more significant progress on Delayed Transfer of Care (DToC), we have developed systems for managing performance, escalating risk and reporting.

1.2 Robust DToC monitoring takes place locally on a weekly basis through a dashboard which details the hospital positions and the accountability for the delays. This enables pressures and risks to be identified and dealt with quickly.

1.3 Previous reports have set out current performance based on delayed days per 100,000 population aged 18+. The DToC position is decreasing and the direction of travel is generally positive and moving towards the nationally set target. Current predictions are that we will achieve this in January.

1.4 Local use of this data continues to evidence the actions being taken across Health and Social Care to jointly reduce delays. Recent work has evidenced the need to understand better the interface between eligibility to NHS Continuing Healthcare and complex social care.

1.5 Work is progressing in conjunction with South East Association of Directors of Adult Social Services (ADASS) to clearly distinguish between the local and national picture, thus better understanding whether the local health economy is managing DToC effectively.

2. Current position

2.1 The national targets for DToC were set for September. The targets and our baseline position is detailed in the table below.

Indicator	**National target**	**Kent baseline position**	**National position**
Number of people delayed per 100,000 population	9.4	14	15.3
Number of people delayed per 100,000 population – Social care responsibility	2.6	4.5	5.6
Number of people delayed per 100,000 population – Health responsibility	5.5	9	8.5
Number of people delayed per 100,000 population – Joint responsibility	1.2	0.5	1.2

2.3 In terms of our September position, there were two reporting approaches that needed to be considered:

1. Firstly, the national position which is based on submissions from Health Colleagues to NHS England. This data is collected and published six weeks later and is not helpful to assess and react to our current and ongoing pressures.
2. Secondly, our local position which is agreed and managed on a weekly basis and is used for live reporting and interventions. This data is submitted on a weekly basis via ADASS to collate a regional position.

2.4 Sometimes, this data does not match; this is both a regional and a local issue. The reason for this relates to two main issues:

1. The counting of delays within the Local Authority Boundaries. For example, hospitals within Kent will support people from other local authorities. The hospital will count this as their delay, the council will not. This is determined by the Department of Health guidance and an issue that we are raising, as a region, through ADASS. This is an issue for North Kent and West Kent.

2. Health lead a process of data validation as part of the submission this takes place after submission and will sometimes amend the data.

2.5 National results in the most recent NHS publication (November) saw the lowest number of delayed days counted in Kent ever recorded at 4,021 delayed days. This is shown below. Unfortunately, this was short of our BCF planned target for September of 3,399 by **622**.

Month	Responsible Authority			Total	Rate per 100,000 per day
	NHS	Social Care	Both		
August	3,077	1,597	326	5,000	13.2
September	2,915	1,608	215	4,738	13.0
October	4,298	1,876	224	6,398	16.9
November	3,231	1,459	194	4,884	13.4
December	3,675	1,402	149	5,226	13.8
January	3,672	1,460	151	5,283	14.0
February	3,224	1,625	176	5,025	14.7
March	3,454	1,734	95	5,283	14.0
April	2,969	1,522	216	4,707	12.9
May	3,288	1,597	171	5,056	13.4
June	3,234	1,231	145	4,610	12.6
July	3,001	1,740	105	4,846	12.8
August	2,522	1,619	130	4,271	11.3
September	2,506	1,476	108	4,090	11.2
October	2,868	1,233	158	4,259	11.3
November	2,752	1,047	222	4,021	11.0
September BCF Targets in Plan	**2,010**	**950**	**439**	**3,399**	**9.3**
Difference against BCF Target	**742**	**97**	**-217**	**622**	**1.7**

2.6 Based on January figures so far, we are forecasting to meet the National target.

3. Regular reporting and how it is used

3.1 **Appendix A** is the weekly dashboard which is automatically used to manage the impacts of DToC across the county.

3.2 The dashboard has two critical parts to it:

1. The first is a **monthly summary** of the activity that has happened, all counted in delayed days, across all the hospital sites. This is enables us

to have an overview of where the key pressures are and who holds responsibility for them. This now includes the community hospitals and Mental Health

2. The second part to this is the **weekly operational statistics**. This information is fed from the local sites and is used, together with the data over the previous four weeks, to inform and support our staff to assess the impact of intervention work locally and also to understand where there are risks starting to arise that will need joint working. This information is used daily and weekly with the hospital sites.

3.3 As a summary of the dashboard at Appendix A, the current performance position by hospital site is shown below which identifies the issues that are being tackled in relation to:

- **NHS delays**: Increasing pressures with Kent and Canterbury, the William Harvey and Queen Elizabeth, Queen Mother Hospitals, and some improvements at the Darent Valley Hospital

- **Social Care delays**: Improvements across all the hospitals has continued despite the escalating pressures on the NHS since December 2017

4. Winter pressures response

4.1 Across the systems of East Kent, West Kent, North Kent and Swale (as part of Medway) there has been heightened daily operational monitoring of DToC since the beginning of December 2017, in line with the Single Health Resilience Early Warning Database (SHREWD) status and the Operational Pressure Escalation Level (OPEL) alert for indicating the level of system pressures from 1 to 4. Using SHREWD has enabled KCC to supply real time data to support internal management. Not only has this facilitated more meaningful day to day operational decision making both internally and with partners; it has also enabled us to build an operational evidence base to inform strategic decisions and planning.

4.2 The KCC SHREWD indicators are also identified in our System Resilience Plan and form a vital role in identifying and action planning areas of pressure as they arise across all our individual Acute Hospital teams. KCC have been approached by other local authorities and we have shared our use of SHREWD.

4.3 OPEL was introduced last year, and we immediately incorporated this into our System Resilience Plan ensuring that it is reflected and is aligned to the KCC response in accordance to the new escalation levels. Being one of the first partners to identify this need and make the changes to our plan has been recognised and used as an example of good practice by the Clinical Commissioning Groups and has received NHS England and ADASS approval.

4.4 Each system has a daily operational call and various other calls according to level of escalation. The Corporate Director, along with NHS Chief Executives participates in a close of day patient escalation call. Daily operational calls across each of areas manage the flow of patients together as health and care organisations. Considerable time is spent gathering and validating information in order to support discharges from acute hospitals. Calls also focus on 'out of hospital beds' such as community hospitals.

4.5 To assist in the overall oversight a report which details placement activity across the county including care home vacancies, Kent Enablement at Home activity and capacity, Homecare activity and DToC is provided to the Corporate Director.

4.6 The KCC plan for managing winter has delivered as expected, but the level of escalation is longer than anticipated due primarily to the impact of flu and associated admissions to acute hospital beds. As a result of this, additional measures have been instigated above the already planned flexibilities resulting in additional expenditure for KCC. These include:

- Introducing additional bed capacity to support hospital discharges in East Kent
- Additional 'spot purchasing' of short term beds for assessment and admission avoidance
- Accessing additional homecare through flexing of other contracts
- Additional staffing secured through agency, extra shifts and overtime, covering County Placement Team, Purchasing, Case Management
- Area referral management support to the Health locality referral unit in East Kent and In West Kent
- Maximising integrated working with community health providers to focus on joint support and flexibilities to support people in their own homes and in beds.

5. Recommendations

5.1 **Recommendations**: Cabinet is asked to:
a) **COMMENT and NOTE** the robust performance dashboard that continues to be used to report and to manage performance locally;
b) **COMMENT and NOTE** the impact of the interventions on social care delays and in some health delays and the ongoing and escalated pressures that are being managed; and
c) **COMMENT and NOTE** the issues with the National and local reporting and the work to reduce this, through local teams and adopting a regional position.

6. Background Documents

None

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