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To: Cabinet – 25 March 2019

Subject: **UPDATE ON DELAYED TRANSFERS OF CARE**

Classification: Unrestricted

Previous Pathway of Paper: Cabinet – 3 December 2018

Future Pathway of Paper: None

Electoral Divisions: All

Summary: This report is intended to update Cabinet on the management of Delayed Transfers of Care (DTOC) and the impact of the commissioned schemes and services on the overall performance of DTOC.

Recommendations: Cabinet is asked to:

CONSIDER and **COMMENT** on the current position on DTOC;

CONSIDER and **COMMENT** on impact of the Additional Social Care Winter Monies Plan; and

CONSIDER and **COMMENT** on the development of the Integrated Local Care arrangements.

1. Introduction

- 1.1 When Cabinet considered the report on 'Delayed Transfer of Care' in December 2018, it was stated then that a subsequent report will be presented to demonstrate how the health and care system coped with the winter pressures. This report gives an account of the difference that the combination of careful planning and judicious investment of the winter pressures monies has made.
- 1.2 The Government's continued focus on Delayed Transfers of Care (DTOC) was recently re-iterated in the NHS Long Term Plan published on 7 January 2019. The Long Term Plan states that *"The NHS and social care will continue to improve performance at getting people home without unnecessary delay when they are ready to leave hospital, reducing risk of harm to patients from physical and cognitive deconditioning complications. The goal over the next two years is to achieve and maintain an average Delayed Transfer of Care (DTOC) figure of 4,000 or fewer delays, and over the next five years to reduce them further"*.
- 1.3 The purpose of this report is to update Cabinet on the progress made in relation to DTOC since the last report in December 2018. This report also draws Cabinet's attention to the integrated local care arrangements and the impact of

the Additional Social Care Winter Monies Plan 2018/19. Finally, the report provides Cabinet with the opportunity to consider the general direction of travel for health and social care integration.

2. DTOC Position (January, February and March 2019) Compared to Previous Quarter

2.1 The table below shows the national and Kent data compared to previous quarters. All data used in this report is from the NHS England publication, however due to the timeliness of this report; the data collected by KCC is used in table 2.3 in order to ascertain a total from November 2018 to February 2019. The Local Government Association recently released its analysis of the local authority performance nationally and the main findings as reported in the statistical release can be found in Appendix A.

Indicator	Baseline Positions 2017/18 Q3		New 2018/19 Target		Current Position - 2018/19 Q3	
	National	Kent	National	Kent	England	Kent
Number of people delayed per 100,000 population	11.7	11.4	9.1	8.7	10.3	13.1
Number of people delayed per 100,000 population – Social care responsibility	4	2.9	2.7	2.6	3.1	4.2
Number of people delayed per 100,000 population – Health responsibility	6.8	8	5.5	5.6	6.3	8.4
Number of people delayed per 100,000 population – Joint responsibility	0.9	0.5	0.9	0.5	0.8	0.6

2.2 Kent currently sit higher than England across all categories according to NHS England data for Q3 2018/19, this can be attributed to a more robust data collection now in place rather than a decrease in performance levels.

2.3 The NHS England data has shown the social care delayed days proportion increase slightly since October 2018. The chart below shows the breakdown of these social care delays by provider. 73% of all social care delays in Kent relate to community hospital-based providers:

- Kent Community Health Foundation Trust
- Virgin Care and
- Kent and Medway Partnership Trust

2.4 There is evidence to suggest that the KMPT data requires further validation as these are not being correctly signed off with social care colleagues prior to the data being submitted.

Chart showing total number of all social care delays and proportion attributed to each provider

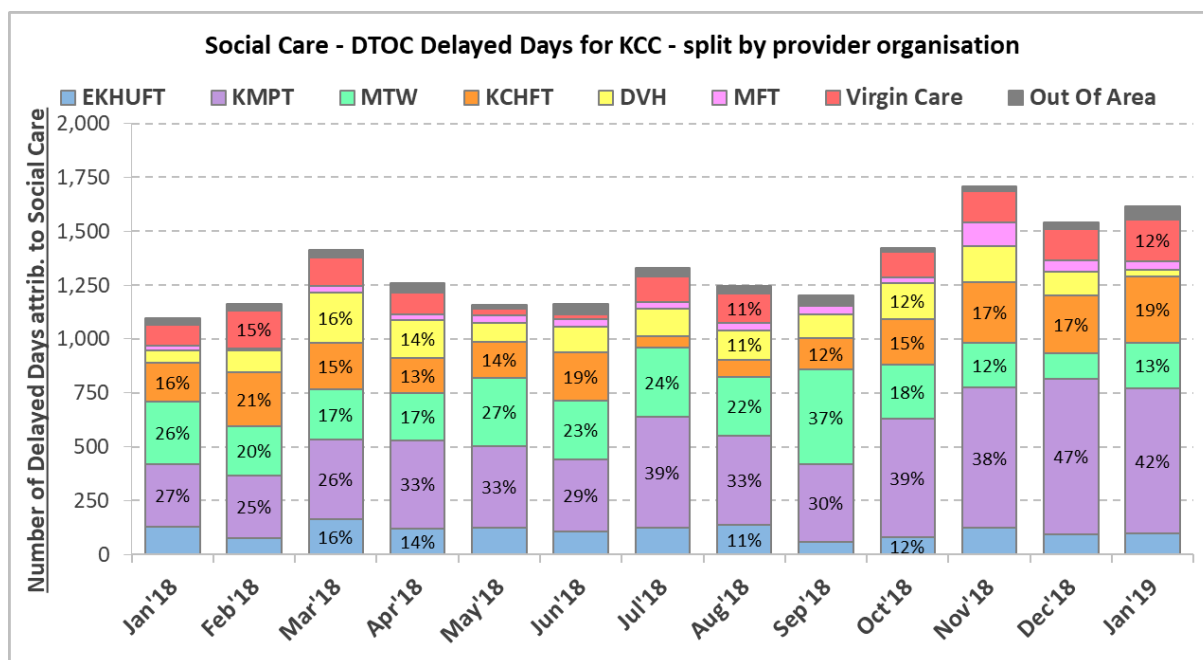


Table showing Social Care percentage against target for KCC

	Jan'18	Feb'18	Mar'18	Apr'18	May'18	Jun'18	Jul'18	Aug'18	Sep'18	Oct'18	Nov'18	Dec'18	Jan'19
Target	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%
Percentage	23.6%	28.6%	27.8%	24.9%	24.1%	25.6%	27.0%	25.5%	28.2%	29.2%	33.4%	32.5%	32.8%
RAG Rating	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Red	Amber	Amber

2.5 The acute hospitals in Kent managed varying pressures in the lead up to Christmas and across the winter months. Each economy had worked to develop and test whole system plans in readiness for winter which included investment in admission avoidance and discharge from hospital schemes. Demand was generally as expected and the health and social care system, including South East Coast Ambulance Service worked well together. The whole system plans that were put in appeared to have yielded positive outcomes. The partnership engagement and dialogue that took place in key forums such as the Local A&E Delivery Board was recognised. For example, the Chief Executive of the Maidstone and Tunbridge Wells NHS Trust wrote to the Corporate Director for Adult Social Care and Health to acknowledge the part played by adult social care (see attached Appendix B).

2.6 In order to ensure that the whole system is prepared for any new arrangements which may affect patients and service users as a result of exiting the European Union, the Adult Social Care and Health Directorate has worked across KCC and with the Local Health Resilience Partnership and the Kent Resilience Forum to develop a detailed understanding of the potential areas of impact across the Kent and Medway Health and Social Care System. Detailed planning has been undertaken in areas such as the medicines and equipment supply chain, and system readiness as well as access to services across business operations.

- 2.7 There is also an ongoing dialogue with providers to test their plans, as much as is practically possible. The trade association, Kent Integrated Care Alliance (KICA), is also encouraging more collaboration and communication across the alliance so that providers can be as flexible with their work force and clients to enable services provision to continue in the face of any disruption.

3. Impact of Commissioned Services and Schemes

- 3.1 Several commissioned services and in-house schemes informed by the High Impact Change (HIC) were in place, these were designed to help improve the council's position on DTOC. The investment in schemes such as home first pathways and discharge to assess resulted in supporting people to live at home with the appropriate wraparound care. By working with our health colleagues to strengthen the existing pathways in readiness for winter, overall capacity was increased and by working with our providers to increase capacity or flex existing contracts the system was able to cope even in the face of severe pressures areas across the county. The attached presentation provides additional information which demonstrates where the money was invested. (See Appendix C)
- 3.2 The Adult Social Care and Health Directorate increased the Kent Enablement at Home (KEaH) capacity with additional supervisors and enablement support worker hours to help deal with additional demand, this together with increased capacity in the Mental Health Early Discharge Team as well as enhancements to countywide capacity in the Kent Enablement and Recovery Service facilitated the ability to undertake assessments within two hours of referral and with rapid on the day access to care and support.
- 3.3 Going forward work has commenced through Local A&E Boards to review winter activity and pressures, evaluate schemes and identify the areas for further intervention as well as schemes to progress ongoing reduction of people medically fit for discharge and delayed transfers of care.

4. Conclusion

- 4.1 Adult social care continues to work with health on the progression of integrated local care development with a focus on multidisciplinary meetings where complex cases that would benefit from oversight of health and social care leading to the most appropriate care and support planning and services for individuals. In practice this means that local multidisciplinary teams which are made up of a cross section of health professionals including nurses, mental health workers, social care practitioners, providers, housing and the voluntary sector all working collaboratively.
- 4.2 The continuing attention paid to DTOC was brought into a sharp focus by NHS England, when it set the policy goal of 4,000 or fewer over the next two years with the expectation of further reduction over the next five years in the NHS Long Term Plan. Moreover, the fact that the Secretary of State for Health and Social Care has directed the Care Quality Commission to carry out additional local system reviews means that the spotlight on DTOC may intensify during

2019/20. It is therefore prudent for Cabinet to remain vigilant on the matter of the health and care system performance on DTOC.

- 4.3 This report has focused on how the Kent and Medway health and social care system has managed delayed transfers of care since December 2018 up to the time of writing this report. The objective of the Kent and Medway Sustainability and Transformation Partnership (STP) is that with the planned increase in investment in community services, more people will be supported in the community with the appropriate level of wrap around support and Cabinet may wish to keep this under regular review.

5. Recommendations

5.1 Recommendations: Cabinet is asked to:
CONSIDER and **COMMENT** on the current position on DTOC;
CONSIDER and **COMMENT** on impact of the Additional Social Care Winter Monies Plan; and
CONSIDER and **COMMENT** on the development of the Integrated Local Care arrangements.

6. Background Documents

Delayed Transfers of Care – Report to Cabinet on 3 December 2018
<https://democracy.kent.gov.uk/documents/s87927/Item%206%20R%20Delayed%20Transfers%20of%20Care%20Cabinet%203%20December%202018.pdf>

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