

From: Clair Bell, Cabinet Member for Adult Social Care and Public Health
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To: Adult Social Care Cabinet Committee – 17 July 2019

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

Classification: Unrestricted

Previous Pathway of Paper: Cabinet – 25 March 2019
Adult Social Care and Health Directorate Management Team – 10 July 2019

Future Pathway of Paper: None

Electoral Divisions: All

Summary: This report is intended to provide a further update and assurance to the Adult Social Care Cabinet Committee as a follow up to the Cabinet report in March 2019, on the management of Delayed Transfers of Care and the impact of the commissioned schemes and services on the overall performance of Delayed Transfers of Care..

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

1. Introduction

- 1.1 When Cabinet considered the report on ‘Delayed Transfer of Care’ in March 2019, it was stated 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 have 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 the Adult Social Care Cabinet Committee on the continued progress made in relation to DToC since the last report in

March 2019. This report also draws attention to the integrated local care arrangements; the impact of the Additional Social Care Winter Monies Plan 2018/19; the extensions of schemes to support the continued pressures over the Easter period; the active planning for the eventuality of an EU exit; and the impact that enablement has on outcomes for service users. Finally, the report provides the committee with the opportunity to consider the general direction of travel for health and social care integration.

2. DToC Position May 2019

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

Indicator	Baseline Positions 2017/18 Q3		New 2018/19 BCF Target		Current Position - May 2019	
	National	Kent	National	Kent	England	Kent
Number of people delayed per 100,000 population	11.7	11.4	9.1	8.7	10.2	15.7
Number of people delayed per 100,000 population – Social care responsibility	4	2.9	2.7	2.6	3.0	3.1
Number of people delayed per 100,000 population – Health responsibility	6.8	8	5.5	5.6	6.3	12.1
Number of people delayed per 100,000 population – Joint responsibility	0.9	0.5	0.9	0.5	0.9	0.4

2.2 Kent currently continues to sit higher than national numbers across all categories according to NHS England data for Q4 2018/19. This can be attributed in part to a more robust data collection process being in place, however, performance on health delays has decreased in East Kent. Work is underway with the Kent and Medway Partnership Trust (KMPT) and KCC Mental Health teams to address the discrepancies occurring with recording, along with Darent Valley Hospital Acute trust (DVH)

2.3 KCC DToC leads recently participated in an Association of Directors of Adult Social Services (ADASS) and National Health Service England (NHSE) DToC Masterclass, to review the updated guidance and comment on its operational value. KCC took the opportunity to request NHSE consider improved timelines

on data reporting and shared the KCC recording system. As a result of this a workstream has been agreed to scope the Kent approach. At the time of reporting, systems await further guidance on coding for DToC in Mental Health providers as it is recognised that the current categories are not reflective of the delay reasons within mental health.

2.4 The NHSE data has shown the social care delayed days proportion increased over the 'winter months' but has since reduced with April 2019 being an improved position on April 2018. The chart below shows the breakdown of these social care delays by provider. Note that in April 2019 44% of the social care delays in Kent related to KMPT. As previously referenced, work continues with KMPT on DToC validation and more recently have commenced a KCC project on 'All age discharge services and pathways' to optimise the KCC resources across Older People and Physical Disability and Mental Health services to maximise outcomes for service users.

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

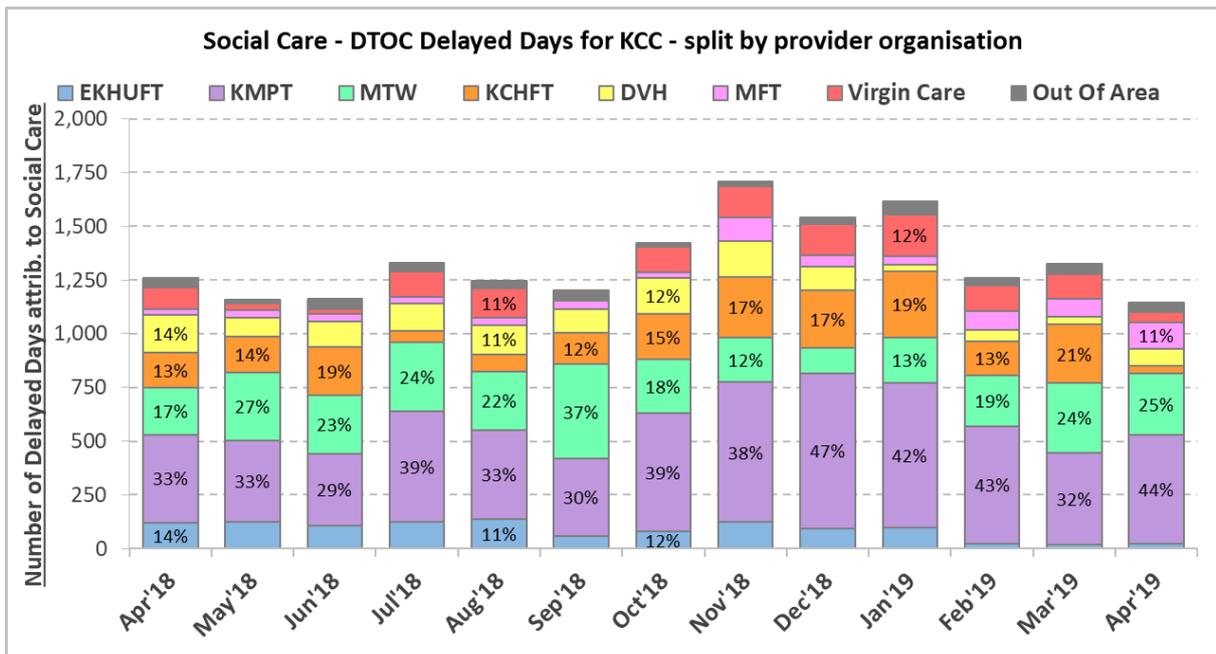


Table showing Social Care percentage against target for KCC

	Apr'18	May'18	Jun'18	Jul'18	Aug'18	Sep'18	Oct'18	Nov'18	Dec'18	Jan'19	Feb'19	Mar'19	Apr'19
Social Care % Target													
Target	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%
Percentage	24.9%	24.1%	25.6%	27.0%	25.5%	28.2%	29.2%	33.4%	32.5%	32.8%	28.0%	25.8%	20.0%
RAG Rating	Green	Red	Amber	Amber	Green	Green	Green						

- 2.5 As requested at Cabinet on 25 March 2019 charts showing the total number of delays for January to March 2019 in Kent – broken down by Delay Reason are attached as Appendix B.
- 2.6 The acute hospitals in Kent managed varying pressures across the winter months and continue to do so, a challenge in East Kent. 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 the South East Coast Ambulance Service worked well together. The whole system plans that were put in place appear to have yielded positive outcomes. The partnership engagement and dialogue that took place in key forums such as the Local A&E Delivery Board were recognised and reported to Cabinet in March 2019.
- 2.7 In order to ensure the whole system was prepared for any potential impact as a result of exiting the EU in April 2019, the Adult Social Care and Health Directorate worked across KCC as well as 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. Although paused, the detailed planning undertaken in areas such as the medicines and equipment supply chain; system readiness; and access to services across business operations have provided valuable resilience testing and preparedness for any future exit dates.
- 2.8 Ongoing dialogue with providers, to ensure their plans are tested as much as is practically possible, continues and will move into winter resilience preparedness across the summer. The trade association, Kent Integrated Care Alliance (KICA), has encouraged increased collaboration and communication across the alliance so that providers can be flexible with their workforce and clients to enable service 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. Working with our health colleagues strengthened the existing pathways in readiness for winter and overall capacity was increased and by working with our providers to increase capacity or to flex existing contracts, the system was able to cope even in the face of severe pressure 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 by providing additional supervisors and enablement support worker hours to help deal with additional demand. This combined with increased capacity in the Mental Health Early Discharge Team, together with

enhancements to countywide capacity in the Kent Enablement and Recovery Service, have facilitated the ability to undertake assessments within two hours of referral along with rapid on the day access to care and support.

- 3.3 The operating model for OPPD, introduced in August 2018, completed the embedding of Occupational Therapists (OTs) into the KEAH Service. As a result, the OTs have used their expertise in functional assessments to support individuals who are in receipt of an enablement service, either to maintain or improve their level of independence with support of equipment and adaptations. In Kent, 49% (approx. 270 people) of KEAH capacity is utilised each week to support hospital discharges. With the wrap around support of enablement workers, OTs and Registered Practitioners the service consistently achieves good outcomes, with 65% of service users ending enablement without a need for ongoing homecare services from KCC.
- 3.4 For service users discharged from hospital requiring intensive packages of support, OTs are using their specialist knowledge, in moving and handling, to identify the appropriate level of support that is required to meet the person's needs. This reduces dependency and allows service users and families increased choice and control over their lives. This approach has reduced DToC and freed up capacity within KEAH and the Home Care Provider market. In Dartford, Gravesham and Swanley, an OT was identified to work over the winter period with service users on a Home First Pathway with high levels of care needs. This was highly successful in maximising independence and on average saved £214 per week, per service user, in ongoing care costs. As a result, this is now the default pathway for clients with these needs, within this area and it has been extended to East Kent.
- 3.5 The HIC Framework has been centrally reviewed and included with the ADASS NHSE DToC Masterclass. Going forward, it is intended to present the revised HIC Framework to the Local A&E Boards with a recommendation to conduct a self-assessment against the seven domains to assist in informing preparation for the forthcoming winter months. The adult social care operational lead, Head of Project Management Office and strategic commissioning lead for ASCH have met to review contracts and scope proposals for winter 2019, with a shift in focus to admission avoidance in order to align more with Local Care, frailty pathways and primary care integrated urgent care centres.
- 3.6 The adult social care operational lead for Urgent Care has revisited the Local Authority (LA) position in relation to NHS Continuing Healthcare against the National Framework and as a result of this has made changes to the engagement with health, to strengthen the LA position.

4. Conclusion

- 4.1 Adult Social Care continues to work with Health to strengthen integrated local care development, with a focus on the social care offer in line with the Care Act. The synergy between local care models and adult social care operating models, identify complex cases that will benefit from multidisciplinary professional

discussion and referral routes to maintain equitable access to social care and avoid duplication.

- 4.2 The continuing attention paid to DToC was brought into a sharp focus by NHSE, when it set the policy goal of 4,000 or fewer over the next two years with the expectation, in the NHS Long Term Plan, of further reduction over the next five years. 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. In readiness for a potential 'whole system review' the Corporate Director of Adult Social Care and Health, has initiated a workstream reporting to the ASCH Directorate Management Team to scope and prepare KCC.
- 4.3 This report has focused on how the Kent and Medway Health and Social Care system has managed DToC 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.

5. Recommendations

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

6. Background Documents

Delayed Transfers of Care – Report to Cabinet on 25 March 2019
<https://democracy.kent.gov.uk/documents/s89625/Item%206%20DToC%20report%20Cabinet%2025%20March%202019.pdf>

7. Report Author

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