

**By:** Graham Gibbens, Cabinet Member for Adult Social Care and Public Health  
Penny Southern, Corporate Director of Adult Social Care and Health

**To:** Cabinet – 3 December 2018

**Subject:** **DELAYED TRANSFERS OF CARE**

**Classification:** Unrestricted

**Previous Pathway of Paper:** None

**Future Pathway of Paper:** None

**Electoral Divisions:** All

**Summary:** This paper outlines the preparation plans and focused actions that the senior leadership of commissioners and providers across the health and social care system have in place to execute this winter to ensure continued focus on reducing Delayed Transfers of Care (DToC).

**Recommendations:** Cabinet is asked to:

- a) **COMMENT** and **NOTE** progress and the ongoing challenges since the last report;
- b) **COMMENT** and **NOTE** the whole system and partnership working that led to the development of the preparation and escalation plans;
- c) **AGREE** to accept the additional winter funding for 2018-19;
- d) **APPROVE** the schemes and activity response in Appendix 1 with any consequent detailed spending decisions for the winter funding to be taken by the Cabinet Member for Adult Social Care and Public Health.
- e) **NOTE** that a post-winter review report will be prepared for Cabinet in February/March 2019.

## 1. Introduction

- 1.1 The last time that Cabinet considered a report on this subject was 26 January 2018. That report focused on how the health and social care system adequately managed the pressures on the system during the winter months.
- 1.2 The purpose of this report is to inform Cabinet of progress and provide an update on the ongoing challenges in relation to DToC as well as provide Cabinet with an opportunity to consider the 'state of readiness' for managing DToC during the challenging winter months.
- 1.3 Delayed Transfers of Care (DToC) remains a top priority for the Government. This is reflected in the Government's mandate to NHS England for 2018 -19. The overall ambition states "*Working with NHS Improvement and local government partners, reduce NHS-related delayed transfers of care in support of a total reduction of delayed transfers of care to around 4,000 daily delays by*

September 2018". The requirement to make progress in this area is also reflected in the updated conditions for the Better Care Fund (BCF) for 2018-19. DToCs place a significant pressure on the whole system and NHS England, uses them as an indication of how the health and social care systems are operating together to produce the best outcomes for patients. Investment in services made possible by the new IBCF earmarked to support High Impact Changes (HIC) and Sustainability of the market. The recently announced winter money will continue to support these schemes and related activity to help with managing winter pressures.

- 1.4 KCC's Strategic Statement and Adult Social Care and Health service objectives mirror the national priority of DToC. The priority that KCC places on DToC and the achievements regarding this, was described in the *Increasing Opportunities, Improving Outcomes – Strategic Statement Annual Report 2018 – Progress* paper debated by the full Council on 18 October 2018.
- 1.5 KCC's System Resilience Plan for 2018/19, sets out the technical arrangements in place for the winter period for Major Incident Management, Capacity Demand Management. The Plan describes the governance and assurance process, operational management, communications and escalation mechanisms. There are arrangements in place for monitoring, data collection and reporting. The System Resilience Plan is fully aligned to the NHS Operational Pressures Escalation Level (OPEL) Framework and the NHS escalation process and the requirements of the Cold Weather Plan for England
- 1.6 The announcement of £240m to support winter pressures was made in October 2018 and Kent will receive an additional £6.16m in 2018-19. This additional funding is intended to enable further reductions in the number of patients that are medically ready to leave hospital but are delayed because they are waiting for adult social care services. The Government is clear that this money should be additional to current budgeted expenditure on adult social care. We will be closely monitoring delivery of additionality throughout winter. We expect the spending to be focused on reducing DToC, helping to reduce extended lengths of stay, improving weekend discharge arrangements so that patients are assessed and discharged earlier and speeding up the process of assessing and agreeing what social care is needed for patients in hospitals. We will expect health providers and local authorities to monitor improvements in these measures through local jointly agreed monitoring, comparing improvements in each of these areas of impact. We have yet to receive a formal grant determination letter, and a template to show what information we will be required to evidence to the Department of Health and Social Care that the grant has been appropriately. However, plans are being drawn up to target this additional funding to those areas who are already beginning to see the pressures growing and to invest in services which will assist in a timely discharge from hospital for those requiring their need to be met by social care. A high-level summary of the schemes and activity response, in preparation for the winter is set out in Appendix 1 to this report.
- 1.7 In the Chancellor's Budget of 29 October a further £650m was announced for local authorities to help relieve social care pressures in 2019-20. We have yet to receive confirmation of the amount available for Kent, albeit we are expecting

it to be distributed based on the same relative needs formula used for other recent allocations. It is likely that this will be made up of two separate grants, a repeat of the £240m for winter pressures as in 2018-19 and £410m being for the Social Care Support Grant, which has been made available in the last two years, albeit the amount for 2019-20 is more than in the last two years. In previous years this grant has been available to support both adult and children's social care. Cabinet is asked to note this position. Any authorisation to spend against these further allocations will be agreed through the formal budget setting process for 2019-20.

- 1.8 Cabinet is asked to agree to accept the additional funding as detailed in section 1.6 of this report. Cabinet is also asked to agree the schemes as outlined in Appendix 1 and delegate the final decision on precise spending plans for the winter funding to the Cabinet Member for Adult Social Care and Public Health.

## **2. Winter pressures system planning and response**

- 2.1 An important part of the system planning is the Capacity Demand Management, which relates directly to 'winter pressures' and the whole system response required to support acute hospital and community patient flow. Winter response plans are in place and operate at multiple levels – Kent and Medway wide, A&E Delivery Boards and local MDTs. Supporting the winter plans are System Escalation Plans which are intended to provide a consistent approach in times of pressure, specifically by:

- Enabling local systems to maintain quality and patient safety;
- Providing a nationally consistent set of escalation levels, triggers and protocols for local A&E Delivery Boards to align with their existing escalation processes;
- Setting clear expectations around roles and responsibilities for all those involved in escalation in response to surge pressures at local level (providers, commissioners and local authorities), by Directors of Commissioning Operations (DCO) and NHS Improvement sub-regional team level, regional level and national level
- Setting consistent terminology

- 2.2 There are also Clinical Commissioning Group (CCG) area plans, which include all partner and provider escalation responses. These are reflected on SHREWD – the Single Health Resilience Early Warning Database - which is used across Kent and Medway to provide online reporting to support decision-making and the operational management of the whole health and social care system.

- 2.3 Local A&E Delivery Boards have been in place and provide a whole system oversight and leadership to drive improvement in A&E performance and ensure high quality and urgent care pathways treatment for patients. Each Board includes representatives from Acute NHS Trusts, South East Coast Ambulance Service (SECAMB), Kent Community Health NHS Foundation Trust (KCHT), Virgin Care, Kent and Medway NHS and Social Care Partnership Trust (KMPT), Integrated Care 24 (IC24), NHS 111, patient transport, Clinical Commissioning Groups and local authorities. KCC is represented at each Local A&E Delivery Board by the Director of Partnerships, Assistant Director and the Service Manager Short Term Pathways.

- 2.4 The STP Clinical and Professional Board agreed an Urgent and Emergency Care model which will continue to be developed and will be implemented over the next 18 months. The Winter Briefing, which was presented at the Kent and Medway STP Programme Board on 8 November 2018 and sets out the strategy approach and next steps, is attached as a background document to this report.
- 2.5 As part of the preparedness for the winter, Multi Agency Discharge Events (MADE), task and finish groups, workshops and 'Test the Plan' days are held. KCC officers are actively involved in all of these across the county. The aim of these activities is primarily working collaboratively to support discharges from the acute and community setting thereby improving patient flow.

#### **Health and Social Care joint preparedness activities to date**

<b>Event</b>	<b>DGS</b>	<b>Medway</b>	<b>MTW</b>	<b>EKHUFT</b>
<b>MADE</b>	TBC	Jul/Oct/Jan/Feb	Dec/Jan	July/August
<b>DToC/LOS</b> (Length of stay)	Weekly	Weekly	Weekly	Weekly
<b>Test the Plan</b>	August/October	August/October	TBC	TBC
<b>Winter Planning</b>	Weekly	Weekly	Sept	3-4 weekly

- 2.6 New work being introduced via SHREWD is the development and test of a 7-day rolling indicators benchmarked against the previous year's activity for each KCC team resulting in a daily risk management tool. All the short-term pathway provisions are then monitored daily and early warning will be established if we should fall behind or above the previous year's activity. This will prompt immediate investigation and escalation if required. This has been shared with Medway Council who are keen and have started to complete the same activity mapping for their SHREWD Risk Management tool. Work is also on-going with the Performance Team to develop a predictor tool for capacity and demand, which we hope will be on SHREWD if not this winter then next winter.
- 2.7 There are existing services aimed at improving and supporting timely hospital discharge and free up capacity in hospitals. Other interventions facilitate the prevention of hospital admission by supporting people in their own homes with the right kind of wrap around care. The additional winter funding means the range and capacity of provision will be significantly enhanced.
- 2.8 Government confirmed the allocation of £240 million additional funding for councils to spend on adult social care in recognition of the severe pressures that councils face this winter. KCC's share of the additional funding is £6.1 million.

2.9 The additional funding will be used to develop commissioning options and other service changes to help manage the winter pressures. We have engaged Clinical Commissioning Groups, NHS provider organisations, the social care sector and other relevant partnership groups to arrive at the schemes and activity response as set out in Appendix 1.

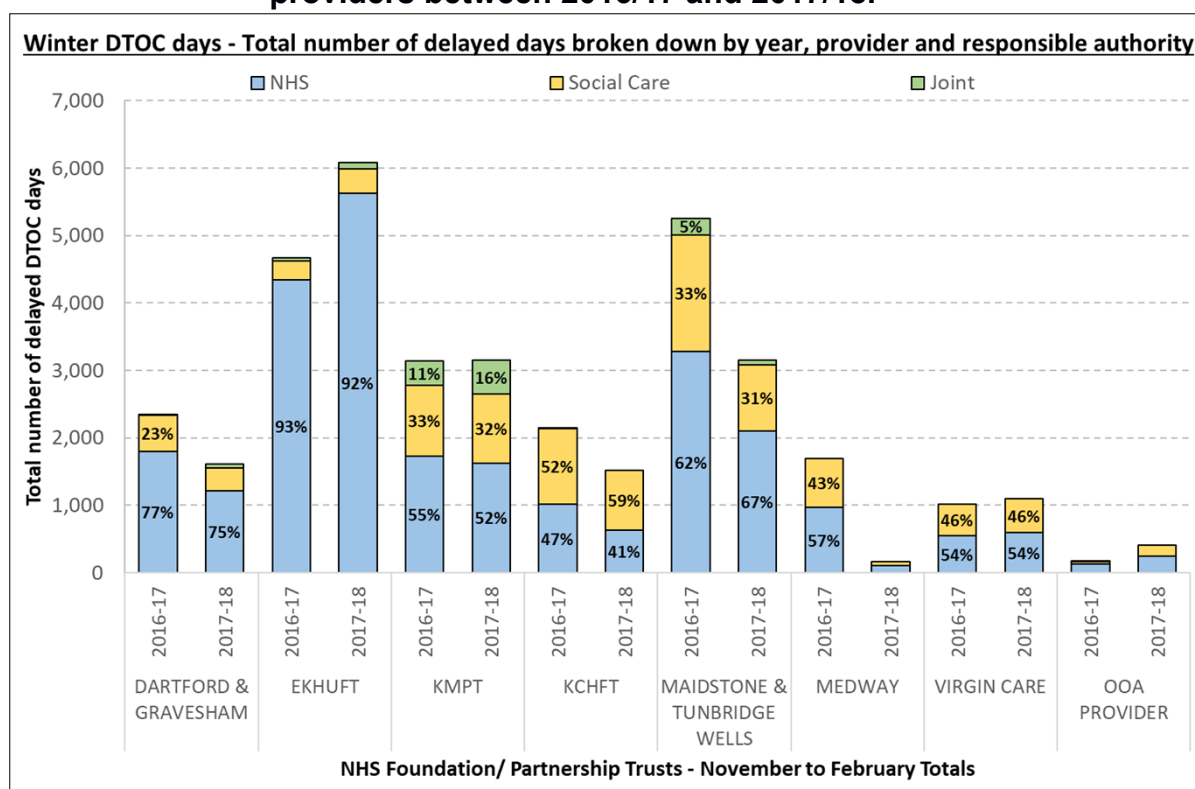
### **3. Progress since the last report to Cabinet**

3.1 A delayed transfer of care occurs when a patient is ready to be discharged or moved to other appropriate care settings, although the patient continues to occupy a hospital bed (acute, community or mental health), for reasons other than a clinical need. In clinical policy terms, a patient is ready for transfer when (a) clinical decision has been made that patient is ready for transfer and, (b) a multi-disciplinary team decision has been made that patient is ready for transfer and, (c) the patient is safe to discharge/transfer.

#### **3.2 How did the Kent system perform?**

3.2.1 In terms of how the local systems fared, all three areas (England, South East and Kent) saw a reduction in their total DToC rate in 2017/18 compared to the previous year's winter. Kent went from a rate of 14.1 to 11.7 (per 100,000 population per day) which means across the county delays were reduced by 27 a day compared to winter 2016/17. From a social care perspective, Kent performed better than England and the South East in the previous two winter periods with 29.1% in 2016/17 and then dropping to 25.1% in 2017/18; the England average was recorded at 33% and the South East at 31.6% in 2017/18.

The chart below shows the comparative breakdown of Kent NHS providers between 2016/17 and 2017/18.



3.2.2 East Kent Hospitals saw the largest increase in the number of delayed days however this is a result of more accurate reporting within the Trust rather than an actual decrease in performance on the three acute sites. EKHUFTs increase was balanced out by major decreases recorded at Dartford and Gravesham, KCHFT, Maidstone & Tunbridge Wells and Medway Foundation Trust. Medway and Maidstone & Tunbridge Wells Trusts managed to reduce their delays by 90% and 40% respectively. Another perspective of the changes is shown in the table below, expressed as a percentage change.

**Table showing the percentage change for Kent resident Delays in each of the Kent providers**

Provider	Nov to Feb Totals		Difference	% Change
	2016/17	2017/18		
DARTFORD & GRAVESHAM NHS TRUST	2,343	1,607	-736	-31%
EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST (EKHUFT)	4,666	6,084	1,418	30%
KENT & MEDWAY NHS & SOCIAL CARE PARTNERSHIP TRUST (KMPT)	3,136	3,156	20	1%
KENT COMMUNITY HEALTH NHS FOUNDATION TRUST (KCHFT)	2,145	1,513	-632	-29%
MAIDSTONE & TUNBRIDGE WELLS NHS TRUST	5,255	3,148	-2,107	-40%
MEDWAY NHS FOUNDATION TRUST	1,692	161	-1,531	-90%
VIRGIN CARE SERVICES LTD	1,014	1,095	81	8%
<b>Out of Area Provider</b>	<b>167</b>	<b>404</b>	<b>237</b>	<b>142%</b>
<b>KENT LA</b>	<b>20,418</b>	<b>17,168</b>	<b>-3,250</b>	<b>-16%</b>

3.2.3 It should be noted that although there was a 142% increase for delayed days recorded by Out of Area providers, between winter 2016/17 and 2017/18 this is mainly due to the 2016/17 figure being significantly low rather than a radical decrease in performance. More streamlined processes are currently being set up within KCC to reduce the number of delayed days recorded at these providers.

### 3.3 How do we compare to our nearest neighbour authorities in 2017/18?

3.3.1 The below shows Kent ranked 4<sup>th</sup> out of the 22 'Nearest Neighbour' authorities who are of a similar demographic, size and urban/rural split, therefore is useful for a more like-for-like comparison. The rankings only go up to 16 in the table because, some of the authorities share the same rank within the nearest neighbour group. In addition, the National Rank shows the positioning of each authority out of 150.



**Table showing Kent performance when compared to its nearest neighbours Nearest Neighbours group: Significant Rural**

National Rank	LA Name	Rank of Nearest Neighbours
38	Gloucestershire	1
46	Leicestershire	2
50	Essex	2
41	Bedford	3
68	Buckinghamshire	4
70	Kent	4
48	Bath and North East Somerset	5
52	Derbyshire	5
74	Nottinghamshire	7
77	West Berkshire	7
78	Warwickshire	7
82	Wakefield	8
91	Worcestershire	10
116	Redcar and Cleveland	12
119	West Sussex	12
122	Lancashire	13
130	Cheshire West and Chester	13
128	East Sussex	14
135	Staffordshire	14
114	Calderdale	15
142	Hampshire	16
147	Northamptonshire	16

### 3.4 Maintaining strategic and operational grip

3.4.1 KCC senior managers at both Director and Assistant Director level join their counterparts in health to examine and relentless drive delivery and ensure that the system works as one to achieve key targets. There is an Accident and Emergency (A&E) Delivery Board in each of the following areas - North Kent & Swale, Medway, West Kent and East Kent which focus on driving performance. The A&E Delivery Boards are assisted by operational groups tasked to deliver whole system plans and escalate issues that require decisions to be made at a higher-level. During times of pressure multi-agency teleconferences are instigated to support 'on the ground' issues providing a whole system approach to finding quick solutions to maximise flow and challenge services where necessary.

3.4.2 KCC is an active partner in the STP, contributing to the case for change and working with partners across the health and care system to develop and implement several work streams that will bring about the required change. Significant work is taking place within Local Care to develop integrated community-based services, built around multi-disciplinary teams at a local population level and linked to GP practices. Further work is beginning on



develop a model of Hubs across Kent, which will deliver out of hospital services such as developed in the Vanguard at Estuary View.

- 3.4.3 A monthly Delayed Transfers Situation Report (SitRep) return is produced based on daily recording and monitoring of activity. The focus of the return is to identify patients who are in the wrong care setting and how the NHS and local authorities should work together to minimise delayed discharges. This applies to both acute and non-acute patients, including community and mental health patients.
- 3.4.4 Integrated Discharge Teams (IDT) are in place across the county, except for North Kent, Darent Valley Hospital. KCC do have a social care team in Darent Valley Hospital who work closely with the acute hospital and the community trust provider Virgin Care to support discharges. Work continues to progress to an integrated option in this hospital. The teams in all the other hospitals are made up of professionals from both social care and health who are co-located and collaboratively work together to ensure the safe and timely discharge of patients.
- 3.4.5 KCC Occupational Therapists (OT) continue to fulfil a key role working in close partnership with district and borough councils to make the best use of enhanced Disabled Facilities Grant (DFG) money. Integrated projects are running across the county, where Occupational Therapists have been seconded from KCC to various districts councils to focus on assessment for DFGs. This has cleared the OT waiting lists for DFGs in such areas, and significantly increased appropriate use of the enhanced DFG money delivering more adaptations to people's homes to support their independent living.
- 3.4.6 The OTs are also supporting other integrated initiatives with housing and hospital care co-ordinators (funded by the Councils) which allow earlier intervention into someone's home, providing adaptations as an early intervention/prevention measure. The Home Improvement Agency has been able to provide additional care navigation support through funding from the local Disabled Facilities Grants monies, administered by the district councils. The Hospital and Housing Care Co-ordinators work directly with councils to provide housing support and advice and provide adaptations and home improvements. This intervention prevents unnecessary hospital admissions and timely discharge plans. In April 2018 we introduced OT support to an identified cohort of care homes. This entailed delivery of bespoke training to care staff in homes where more than 50% residents are funded by KCC.

#### **4. Ongoing challenges**

- 4.1 The main ongoing challenges relate to workforce issues, demand for services, DToC targets and pressures from health services changes. The care system continues to face recruitment and retention challenges that affect parts of the county differently. According to Skills for Care, the vacancy rate for the South East is 6.8% for all roles, 7.7% for direct care and 8.8% for regulated professional workers. We do not know how Brexit would affect the care home and homecare market which continues to face workforce challenges. The recruitment and retention challenges are compounded by the fact that

recruitment by the NHS is seen as more attractive to aspiring employees compared to work in the social care sector, because of a growing gap between the pay rates in health and social care. On a positive note, we are seeing an increase in recruitment since introduction of the new Adult Social Care operating model. This is in part due to the creation of dedicated roles for staff that can practice within their registered profession such as registered social workers. This has generated a lot of expression of interest from newly qualified social workers.

- 4.2 Adult Social Care and Health continues to deal with increasing demand for care and support because of the ageing population and the associated high number of people presenting with complex needs across all service user groups. Additionally, the challenge can be amplified in the face of market supply issues such as when providers struggle to meet unusual increase in demand or are unable to flex the resources available to them in certain parts of the county.
- 4.3 In addition, there continues to be ongoing pressures on demand because of managing delayed transfers of care. Whilst the delays that social care are responsible for remain consistent and are minimised, the health delays continue to fluctuate. This is something that we need to be mindful of as we enter Winter. Our current DToC performance – *total (health and social care) number of delayed days per 100,000 population*, compared to the nationally set target is as follows:

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Target	9.3	9.3	9.3	9.3	9.3	9.3	9.3	9.3	9.3	9.3	9.3	9.3
Percentage	11.27	11.00	11.71	12.33	11.91	13.15	13.83	12.73	12.42	13.03	12.91	11.00
RAG Rating	RED	RED	RED	RED	RED	RED	RED	RED	RED	RED	RED	RED

The percentage of delays that are social care responsibility is as follows:

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Target	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%
Percentage	24.9%	21.5%	24.6%	25.8%	29.4%	30.5%	28.2%	24.2%	26.6%	21.1%	24.0%	26.3%
RAG Rating	GREEN	GREEN	GREEN	GREEN	GREEN	AMBER	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN

- 4.4 We need to ensure that we are prepared for the demands of Winter in the context of the current position.
- 4.5 The impact of some acute trusts' activities focused on improving A&E performance and patient throughput, can also add to the overall challenges that adult social care must address. For example, the focus on stranded patients (people in hospital over seven days) and super stranded patients (people in hospital over 21 days) means people are leaving hospital requiring intense level of care and support from the local authority. This combined with other health service financial pressures indirectly adds to the pressures on adult social care. This makes it even more important we work as a whole system to design sustainable solutions
- 4.6 We are exploring with health colleagues how the potential adverse impact of NHS continuing healthcare changes on DToC could be moderated. This is

because there has been a move to discharging patients from acute care setting to other care settings to complete NHS Continuing Health Care assessments. We understand that where other local authorities have adopted a different model, such as the Norfolk model, this is centred on a five question test of acute care systems, it has had a positive impact on reducing DToC and we want to explore this alternative model with our health colleagues going forward.

## 5. Conclusion

- 5.1 DToC is an important barometer that Government as well as the independent regulator of health and social care use to judge the effectiveness of joint working between health and adult social care. Likewise, Cabinet consider it a measure that it regards as central to its assessment of how well the local system is functioning to improve outcomes for patients in acute, community and mental health care settings.
- 5.2 This report has focused on the DToC performance over the winter period and the information set out in this report has demonstrated that some progress has been made. However, there remain ongoing challenges which are being tackled. A tiered level of strategic and operational oversight arrangements is in place and primed to handle patient care this winter. It is intended to present a further report to Cabinet to account for how the system coped with the winter pressures in February or March 2019.

## 6. Recommendations

**6.1 Recommendation:** Cabinet is asked to:

- a) **COMMENT** and **NOTE** progress and the ongoing challenges since the last report;
- b) **COMMENT** and **NOTE** the whole system and partnership working that led to the development of the preparation and escalation plans;
- c) **AGREE** to accept the additional funding;
- d) **APPROVE** the schemes and activity response in Appendix 1 with any consequent detailed spending decisions for the winter funding to be taken by the Cabinet Member for Adult Social Care and Public Health; and
- e) **NOTE** that a post-winter review report will be prepared for Cabinet in February/March 2019.

## 7. Background Documents

Kent and Medway Urgent and Emergency Care Team Winter Briefing  
<https://democracy.kent.gov.uk/documents/s87899/Winter%20Briefing%202018-19.pdf>

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