

Subject:	Delayed transfers of care from hospital
Reason for briefing note:	To inform the Overview and Scrutiny Panel on performance in relation to delayed transfer of care from hospital, and the new Government targets.
Responsible officer(s):	Lynne Lidster, Head of Commissioning – Adults and Children
Senior leader sponsor:	Hilary Hall, Deputy Director Strategy and Commissioning
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SUMMARY

The purpose of this briefing note is to inform the Overview and Scrutiny Panel about:

- The targets set by Government relating to “delayed transfers of care” (DToC).
- The current performance achieved by the council and the local NHS.
- What actions the council has taken to support the NHS to reduce its delays.

This note is intended to provide information in order to enable a discussion.

1 BACKGROUND

- 1.1 A ‘delayed transfer of care’ occurs when a patient is ready to leave a hospital or similar care provider but is still occupying a bed. Delays can occur when patients are being discharged home or to a supported care facility, such as a residential or nursing home, or are awaiting transfer to a community hospital or hospice.
- 1.2 Delayed transfers – also referred to as ‘DTOCs’ or sometimes, often in the media, described as ‘bed-blocking’ – can cause considerable distress and unnecessarily long stays in hospital for patients. They also affect waiting times for NHS care, as delayed transfers reduce the number of beds available for other patients.

2. KEY IMPLICATIONS

- 2.1 The timing of discharging patients from hospital is important. Delayed transfers of care are currently a significant concern to patients and staff in the health and care system. Longer stays in hospital are associated with increased risk of infection, low mood and reduced motivation, which can affect a patient’s health after they have been discharged and increase their chances of readmission to hospital. The *National audit of intermediate care* argues that, for older patients, a delay of more than two days negates the additional benefit of intermediate care, and seven days is associated with a ten per cent decline in muscle strength due to long periods of immobility in a hospital bed.
- 2.2 Reducing delayed transfers has been a key focus of recent national policies, such as the Better Care Fund which is a pooled budget to help councils and NHS organisations to plan and work together to deliver local services. In its 2017/18 mandate to NHS England, the Department of Health set a target for delayed transfers to be reduced to no more than 3.5 per cent of all hospital bed days by September 2017.

3. DETAILS

Targets

- 3.1 Targets are set by NHS England for each Health and Wellbeing Board area; they relate to the actual number of beds being occupied by a person who is delayed. All delays from hospitals are recorded as either attributable to the NHS, social care or joint delays. For example, if a person is assessed as being eligible for social care funding and needs a nursing home placement then if that person is delayed, it would be recorded as a social care delay.
- 3.2 Last year's target for the Royal Borough Health and Wellbeing area for the social care and the NHS combined was an average of no more than 15.3 delays per day; the actual performance was slightly higher at 15.7.
- 3.3 Targets set for 2018/19 for this area are significantly more challenging at 11.2 for health and social care combined, see table 1 for the breakdown.

Table 1: Breakdown of 2018-2019 targets

NHS	Average of no more than 7.8 per day
Social care	Average of no more than 3.0 per day
Joint	Average of no more than 0.4 per day
TOTAL	Average of no more than 11.2 per day

- 3.4 During 2017/18, the Royal Borough implemented a range of practical measures aimed at enabling people to be discharged from hospital in a timely manner. These included:
- Additional investment in a dedicated "IRIS" hospital discharge multi-agency team.
 - A seven day Short Term Support and Reablement service to support quick discharges.
 - Additional payments for provider staff committing to work guaranteed shift patterns over the winter period.
 - Investment, through the Better Care Fund, in a social work and brokerage team to support people who fund their own care.
- 3.5 As a result, social care performance improved significantly during the year with no locally recorded delays attributable to social care since November 2017 to date.

Performance

- 3.6 Last week, the national performance tables for 2017/18 regarding delays were published by the Local Government Association. As can be seen below, out of 152 local areas, the Royal Borough is the 17th best performer nationally whereas the local NHS are 104th, see table 2.

Table 2: Comparative performance 2017-2018

LA	Local authority delays	NHS delays	Combined local area performance
Slough	1/152	91/152	44/152
RBWM	17/152	104/152	64/152
Bracknell	130/152	93/152	139/152

- 3.7 The Royal Borough has requested a plan from CCG that explains the practical steps being taken to ensure people are discharged from hospital in a timely manner.

4. RISKS

- 4.1 As explained in paragraph 2.1, staying in hospital longer than is necessary is detrimental to people's health and wellbeing. Alongside this, there is a financial impact to the local system and a reputational risk to not meeting nationally set targets.

5. NEXT STEPS

- 5.1 Following a discussion at Overview and Scrutiny, the suggested next step is to invite the chair of the Clinical Commissioning Group to report NHS plans to reduce delays at the next meeting of the Health and Wellbeing Board in October 2018.