Agenda Item No. 6

DTOC

Delayed Transfers Of Care

“we are in the business to avoid delayed discharges”

NHS Dudley Clinical Commissioning Group

The Dudley Group NHS

NHS Foundation Trust

Dudley Metropolitan Borough Council

Delayed Transfers of Care

- DMBC Hospital Discharge teams support timely and effective discharges from an acute setting, for all adults who are deemed medically fit and safe to discharge.
- Discharges are supported in the vast majority, from Russell's Hall Hospital (70% of the clients within RHH are DMBC citizens) but DMBC do facilitate discharges from out of borough hospitals as well.

2014/15 supported discharges were on average 37 p/w
2015/16 supported discharges are on average 43 p/w

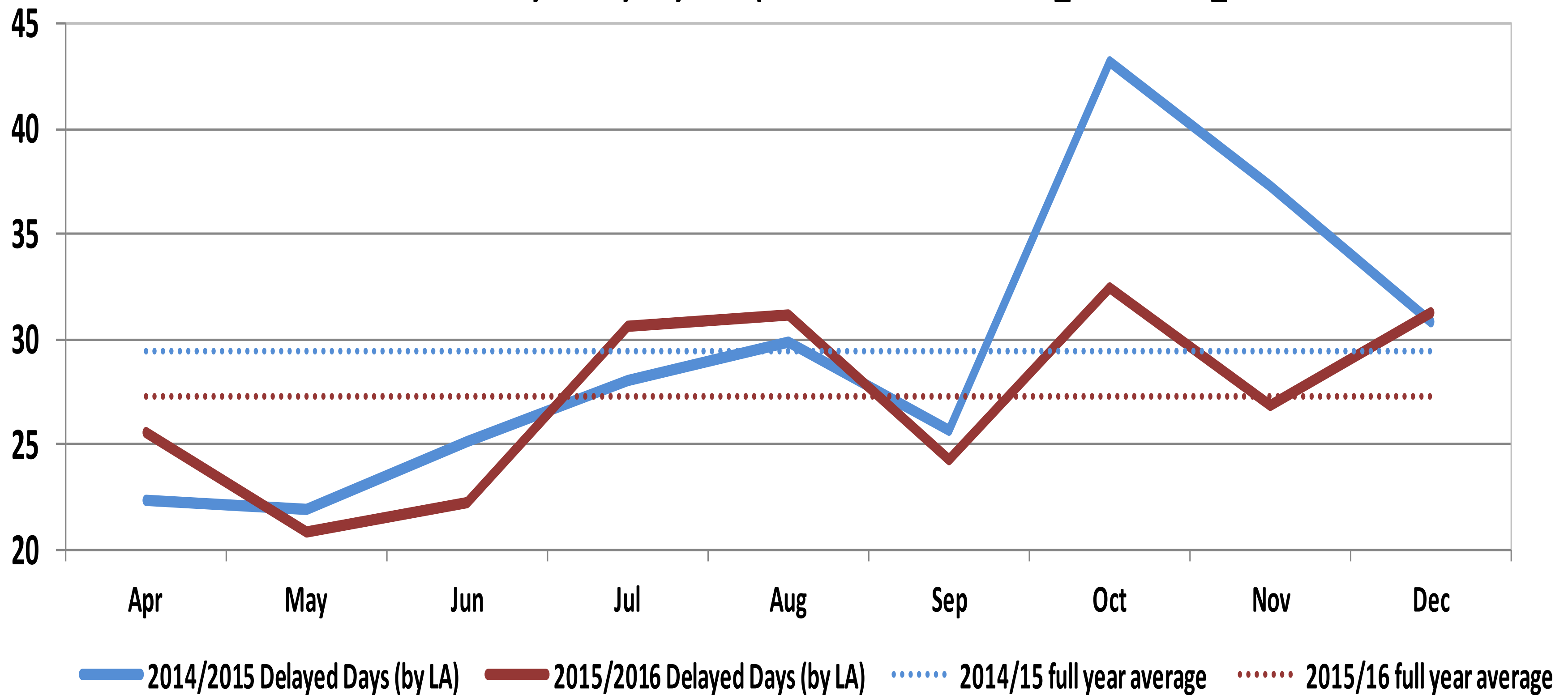
- ***An increase of 16%,***
- ***Around 50% of all new people receiving Adult Social Care, receive it as a result of a Hospital discharge.***

However we do have discharge plans in progress for people that are delayed - This can lead to;

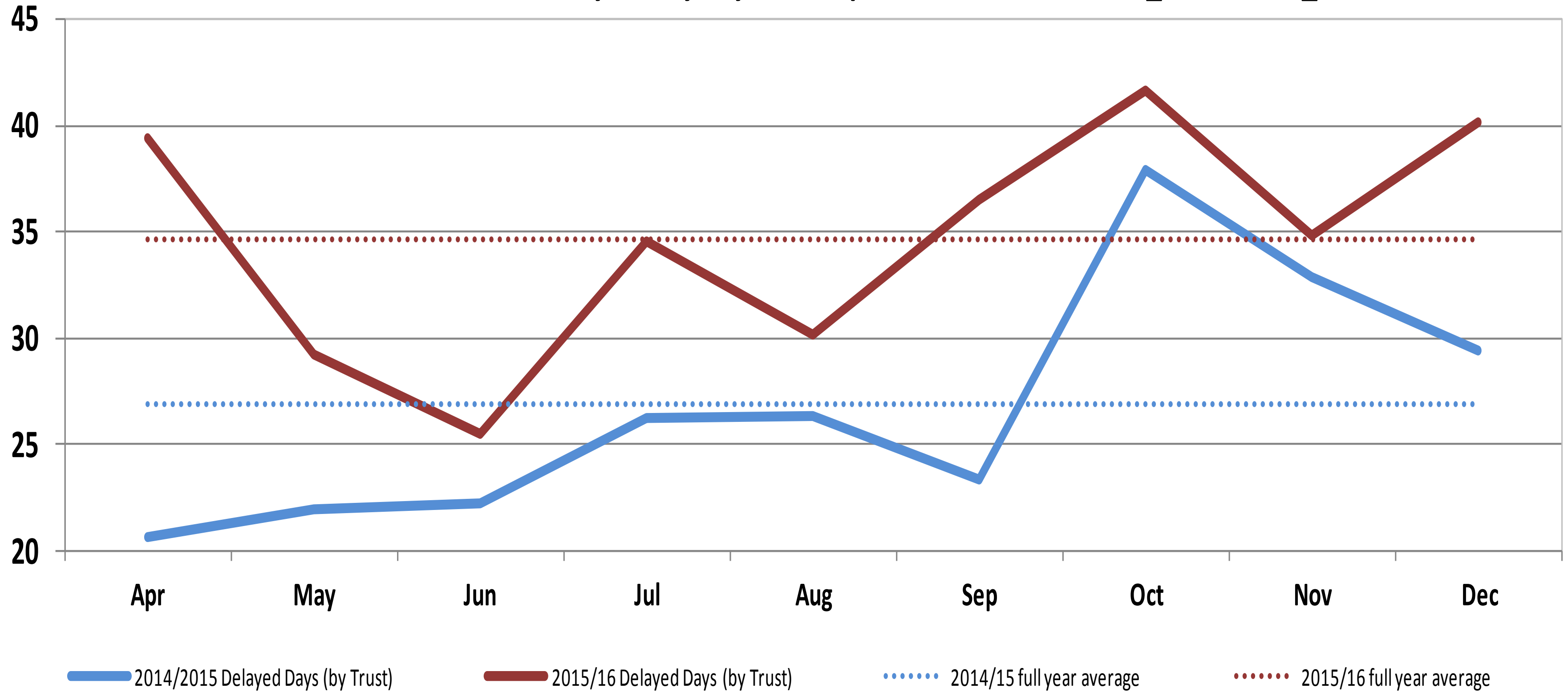
- Physical decline and loss of mobility/muscle use.
- Increased patient dependence on support for daily care needs.
- Increase in the amount of care a person may require on discharge.
- Loss of a person’s re-ablement potential.
- Frustration and distress to the person and or family, of not knowing when a discharge will occur.
- Increase in pressure within the whole health and social care system.

Reasons for delay

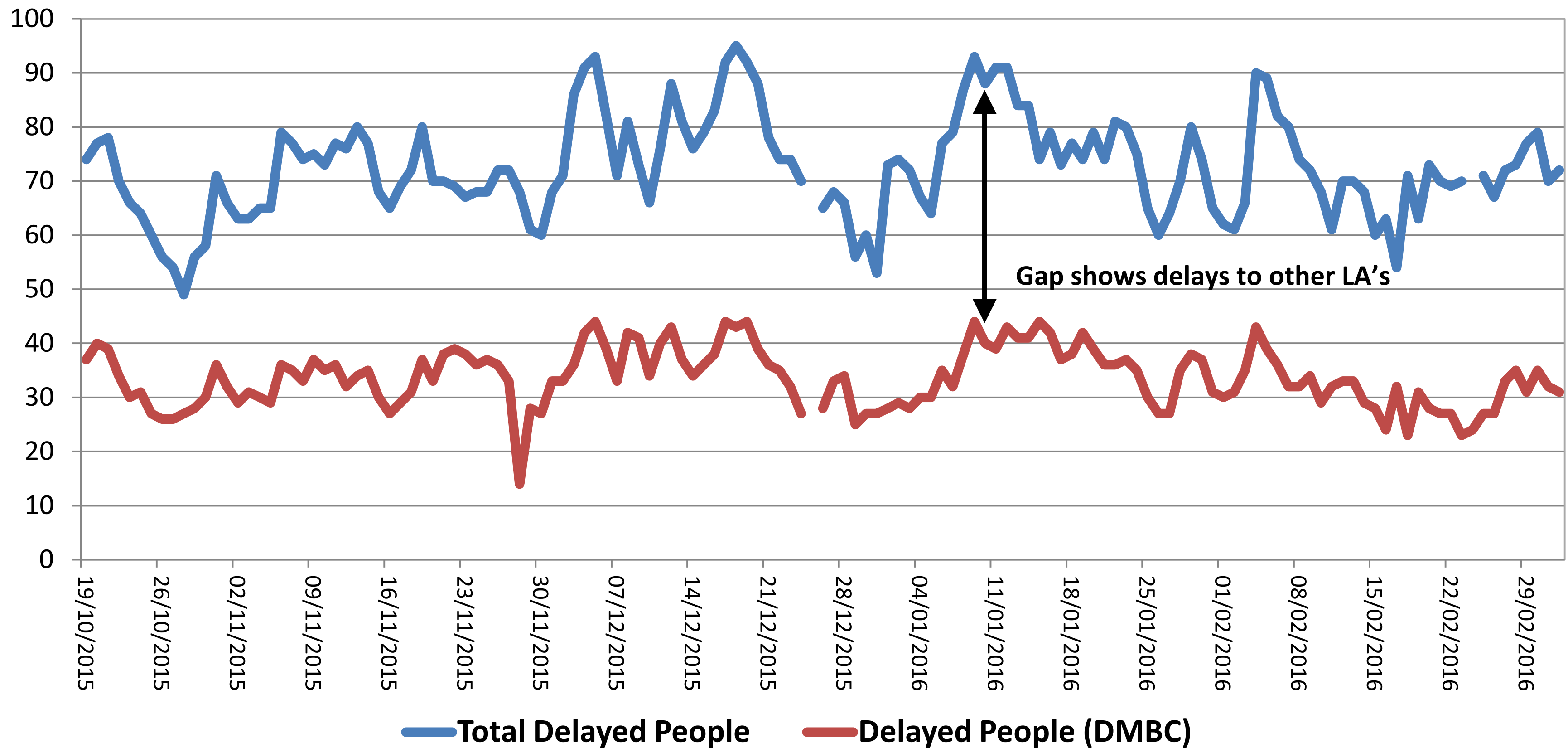
- Complexity of a person's needs - This can include Dementia, Behavioural issues, Mental Health issues, require further assessment e.g. Mental Capacity, Best Interest or Deprivation of Liberty Standards, issues around PoA, CoP, CHC funding and other legal/financial matters.
- Family decisions or person choice - What setting a person's follow on care is delivered, can be a very emotive subject. Families may not think along the same lines as the person in hospital or vice versa
- Assessment capacity – Hospital activity is increasing as national figures and pressures show. Assessment capacity has remained fixed or reduced in some areas.



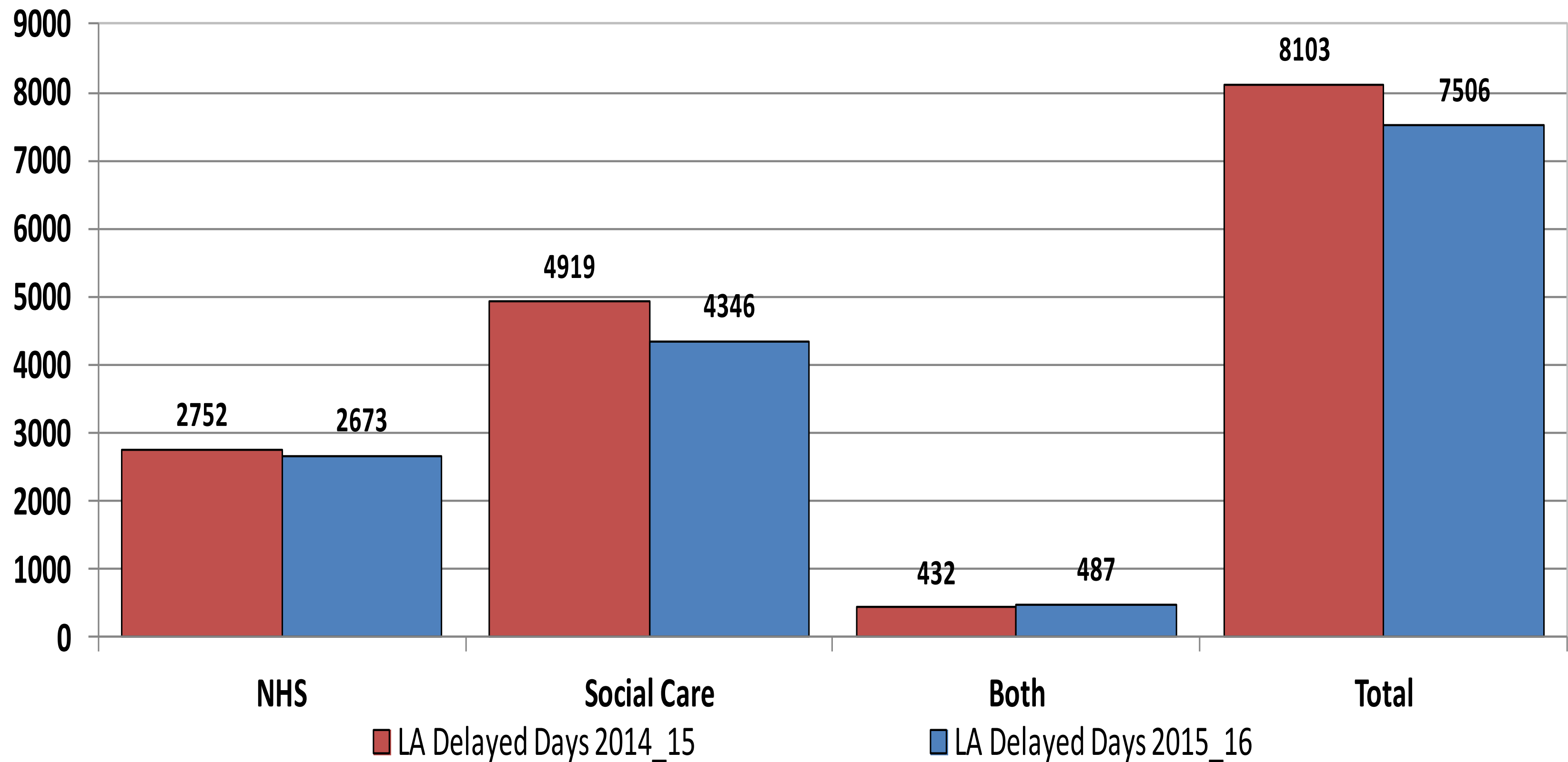
- DMBC Delayed Days have reduced (21%) across the April to December period 2014/15 to 2015/16.
- For added context, In Russells Hall Hospital, admissions from A&E have shown a slight increase of 0.4%



- DGoH Delayed Days have increased (28.9%) across the April to December period 2014/15 to 2015/16.
- This increase in Delayed Days has to be linked to other LA's activity in Russell's Hall Hospital.



- Of the DGoH Delayed people 19/10/2015 to 03/03/2016, 53.8% were other LA's responsibility.
- Remember that on average, 70% of the patients within RHH are DMBC citizens.



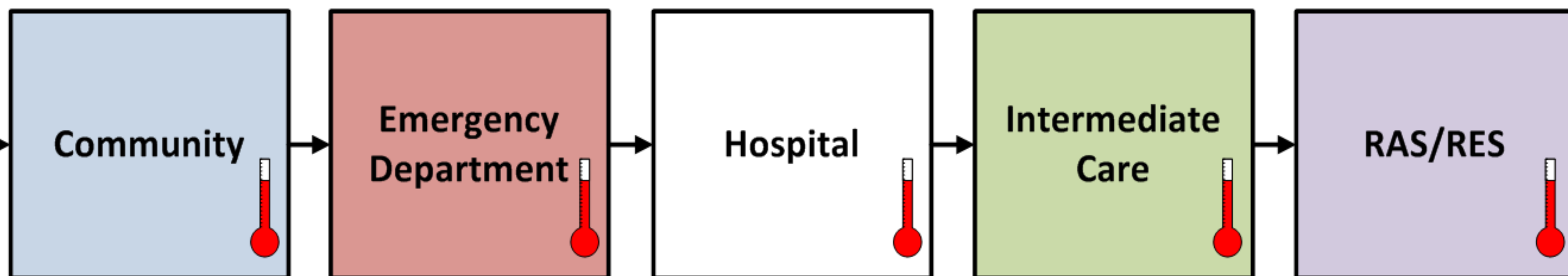
- Of the DMBC Delayed days, 35.6% were NHS responsibility for April to December 2015/16.
- Dudley’s Health and Social Care economy have taken a whole system approach to DTOC to focus on the person.

A move to an integrated approach to discharge

ED 4 Hour Wait

Discharge within 24 hours of Section 5

Full Reablement Potential acheived with 4 wks, Total LoS 5 wks



RAS/RES Activity Delivered within Budget

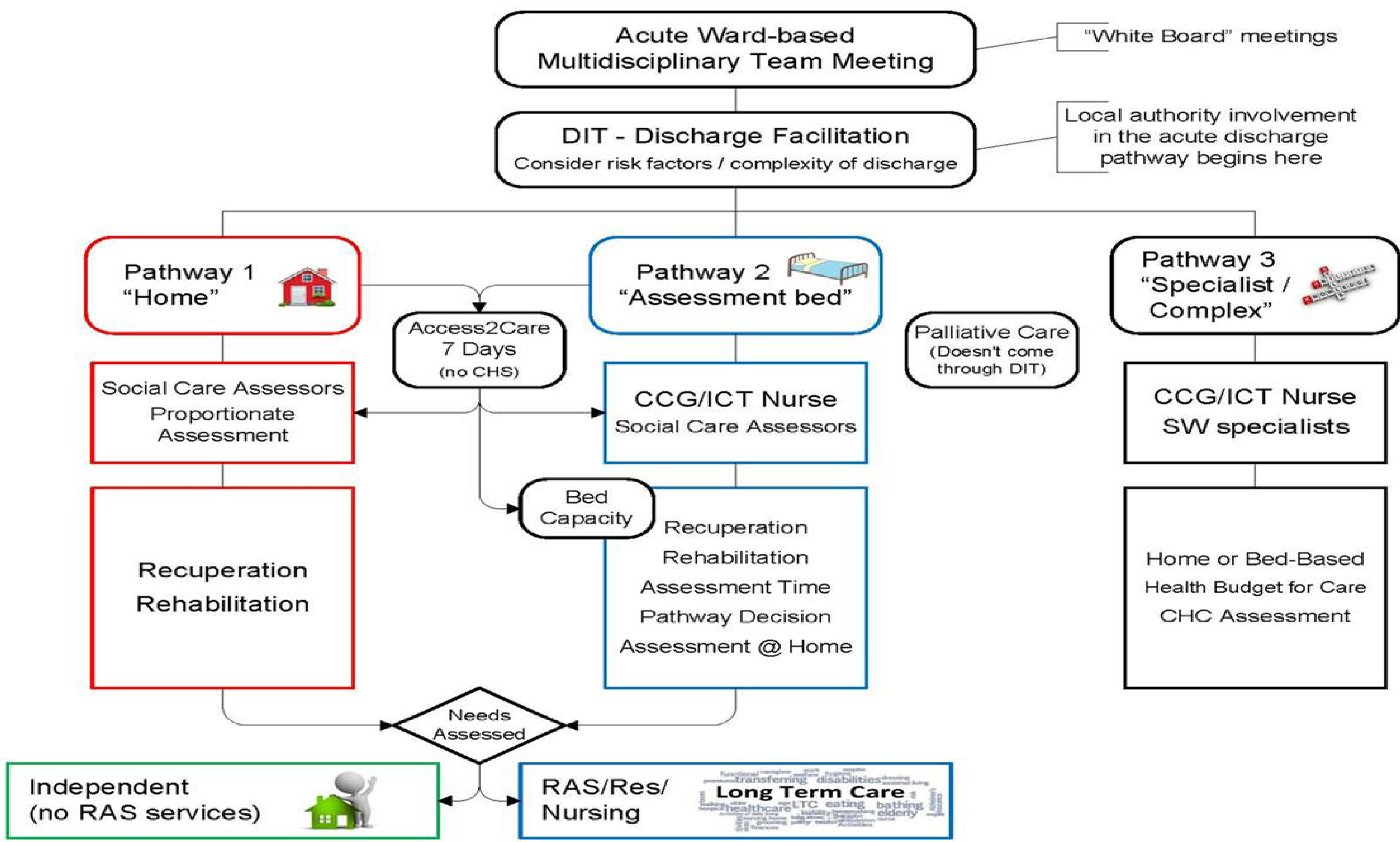
New RAS/ RES Activity within Budget

Potential Blocks/Sticking Points in Whole System

Reasons for blocks include spikes in activity (throughput), decrease in activity (weekends, holidays, performance), capacity constraints, financial constraints

Discharge To Assess (D2a) was introduced in January 2015.

Integrated Model for Discharge to Assess

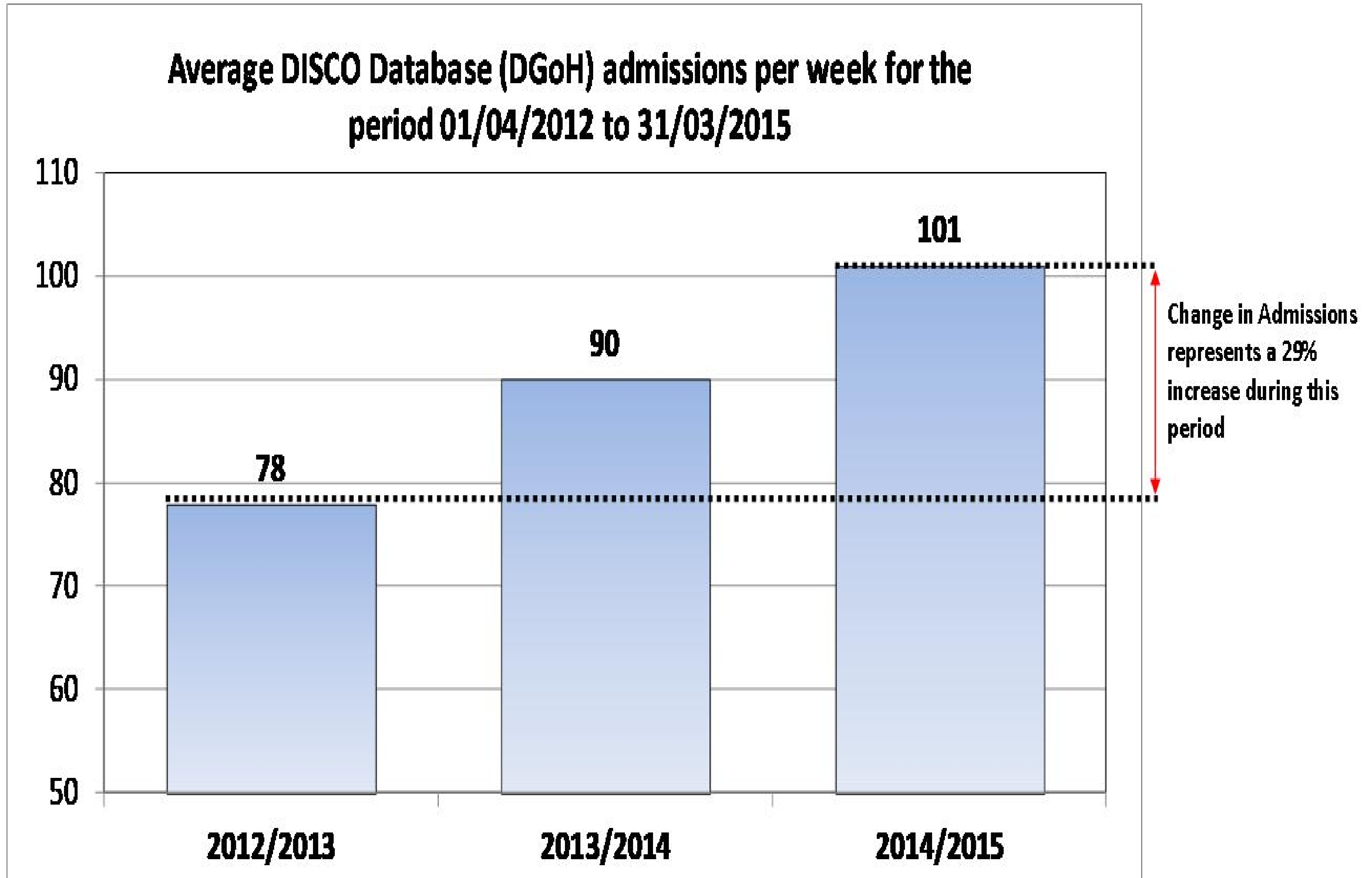


D2a’s core principles are “Discharge to assess” as soon as the acute episode is complete, to plan post-acute care in the person’s own home and provide comprehensive assessment and re-ablement during post-acute care to determine and reduce long term care needs.

- **Pathway 1: Home with Care.** Is the default pathway for discharge for those patients needing support on discharge.
- **Pathway 2: Care in a intermediate community bed.** Where home is not an option at the point of hospital discharge but permanent residential care is not inevitable.
- **Pathway 3: Where patient needs are very complex.** Continuing Health Care funding is a possibility or the likely need of permanent care but not inevitable.

Benefits from D2a include more people able to return to their own home, to resume independent lives and a more operationally and financially sustainable system.

Activity Levels from Hospital



Activity Levels from Hospital

- In 2015/16 on average DMBC has discharged 43 people per week at a cost of £5 Million.
- This current level of activity is not sustainable using council resources alone
- DGoH have set out a requirement for 63 DMBC discharges for 2015/16, this is a 43% increase in activity and would potentially lead to a 43% increase in the associated Long Term Care cost.
- Any further increase in discharge activity will need to be met through other sources within the Health and Social Care economy.

Memorandum of Understanding

- MoU is an agreement between DGoH/CCG/LA of performance targets that enables discharge flow.
- Previous MoU was in place and focussed on levels of delays and discharge in isolation. **This is too reactive.**
- A different approach has been agreed by all parties. Targets and performance must be set, agreed and monitored across the admittance **and** discharge process.
- Avoidance **is just as important** as discharge.
- We are jointly looking at a shared approach, demand model, activity date and resource requirement.
- We need **£4.8 million** from the economy to enable LA to meet the expected targets.

Continued Improvements - What 2016/17 will bring;

- BCF will continue to focus on priority areas such as re-ablement and prevention.
- MoU model approach for flow will take a further step to integrate the intermediate care discharge pathway.
- Ability to drive recoup and rehab further for the person.
- Reduce the need for long term care home placements.
- Stop duplication in process, procedure and resources.
- Improve the MDT approach alongside the CCG Value Proposition to achieve better avoidance/diversion.
- Improved person experience and leaner/clearer pathways.
- Greater coordination of services which span 7 days.