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CARE SERVICES PORTFOLIO HOLDER BRIEFING

Meeting to be held on Tuesday 4 July 2017

This briefing will only be debated if a member of the Committee requests a discussion be held, in which case please inform the Clerk 24 hours in advance indicating the aspects of the information item you wish to discuss. In addition, questions on the briefing should also be sent to the Clerk at least 24 hours before the meeting.

QUESTIONS ON THE INFORMATION BRIEFING

The Briefing comprises:

1 **DELAYED TRANSFERS OF CARE** (Pages 3 - 6)

2 **OCCUPATIONAL THERAPY SERVICES IN LBB** (Pages 7 - 10)

3 **PROGRESS REPORT FROM PRIORITY ONES LEARNING DISABILITIES FOLLOWING ON FROM INTERNAL AUDIT** (Pages 11 - 12)

Members and Co-opted Members have been provided with advanced copies of the Part 1 (Public) briefing via email. The Part 1 (Public) briefing is also available on the Council website at the following link:

http://cds.bromley.gov.uk/ieListMeetings.aspx?CId=559&Year=0

Printed copies of the briefing are available to Members and Co-opted Members upon request by contacting Kerry Nicholls on 020 8313 4602 or by e-mail at kerry.nicholls@bromley.gov.uk.

Copies of the Part 1 (Public) documents referred to above can be obtained from http://cds.bromley.gov.uk/

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London Borough of Bromley

PART 1 - PUBLIC

**Briefing for Care Services
Policy Development and Scrutiny Committee
4th July 2017**

Delayed Transfers of Care

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1. Summary

1.1 This report is to provide an overview of the Delayed Transfers of Care situation in the London Borough of Bromley.

2. THE BRIEFING

2.1 This report is to give an overview of the Bromley position up until February 2017. The data applies to all patients who have an acute hospital stay and for whom discharge arrangements may be complex.

2.2 The majority of complex discharges, however, apply to frail and older people, those with long term conditions and those at the end of life.

2.3 National reporting on the significant pressures during the Winter of 2014 across health and social care resulted in additional monies being allocated to LAs as Winter Pressures support so that DTOCs could be alleviated

2.4 The reporting process into government highlighted the inconsistencies across the country when applying DTOC policy guidance and in the reporting of data definitions for DTOC due to the variability in interpretation of the guidance.

2.5 What followed was shared learning as to what interventions nationally were working and which ones were having the greatest impact to improve the DTOC landscape

2.6 We now have the eight high impact changes which are recommended to improve hospital discharge, with national and local events to promote the guidance

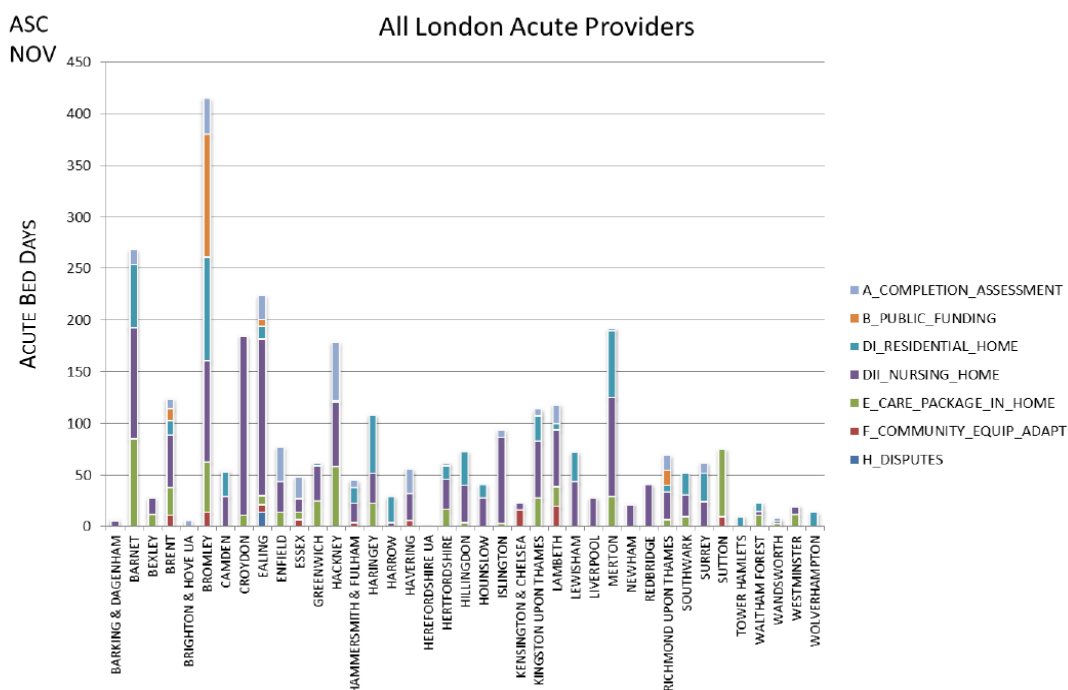
2.7 Over the past 12 months, a number of action/interventions have been implemented within and between LBB, Bromley HealthCare and the Bromley Clinical Commissioning Group to change working practices and reduce the numbers of DTOCs

2.8 The Transfer of Care Bureau (TOCB) which will be reviewed in June 2017, will also need to consider a data set and the pooling of some resources and access to support services will be needed to enable them to create packages of care for speedy discharge

2.9 We have the philosophy of home is best and should be the first consideration, with reablement as a first line of support if required. The TOCB is able to re-start care packages for residents that have had an hospital admission for less than 2 days. They also have access to the Age UK Meet and Greet Service which enables patients, without carers or family, to be transferred home safely.

2.10 Case Managers are responsible for wards and creating wrap around care packages that can be agreed within 12 hours and access to equipment and adaptations within a 24 hour period. We also offer step up and step down accommodation and are in the process of negotiating home to assess services.

2.11 During the Winter Resilience period, we have additional services to respond to the increased number of patients admitted or attending the hospital (October-March) including Rapid Response 4 hour intensive care domiciliary packages, additional support staff to prevent hospital admissions, additional social workers and nurses for community assessment and provide day and night sitting service.



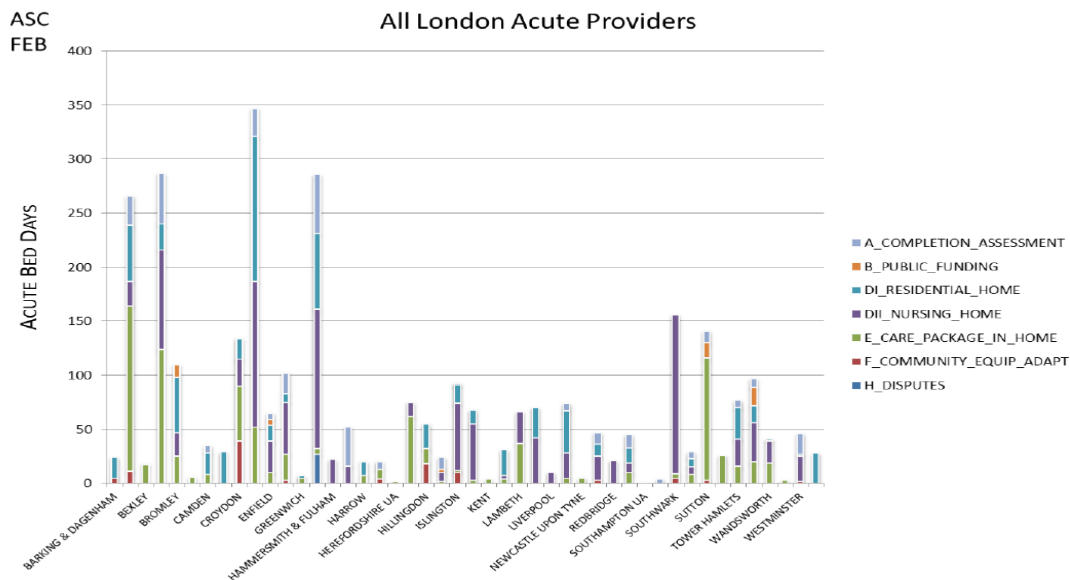
2.12 Daily teleconference and ward meetings between partners are held to keep the focus and drive on discharge and admissions

2.13 There is a non–weight bearing pathway for those patients unable to walk - but have no other needs

2.14 These actions have had significant impact on the DTOCs over the winter period.

2.15 However, Bromley remains an area where we have high numbers of DTOC compared to the National and London picture.

2.16 Overall Bromley (100+ Acute Bed Days) is showing higher DTOCs than its neighbouring boroughs e.g. Bexley (20), Greenwich (5); Bromley is, however, showing significantly less DTOCs than Southwark Sutton and Croydon.



2.17 <u>Contributing factors for the DTOC are as follows</u>:

2.17.1 Data is not based on any comparable set of indicators or population totals; Bromley has one of the highest numbers of older people living within its borough.

2.17.2 The reporting of DTOC`s for the Princess Royal University Hospital (PRUH) is agreed between Hospital based and Social Care staff within the TOCB, and over which we have some control. The NHS England data includes this local data with that of the data reported to them by the Health Trusts over which we have less control.

2.17.3 Older people are more likely to be suffering with long standing chronic health conditions which compound their frailty and need for care:

- Complexity of cases – where it takes time to ascertain which pathway patients should be going down, which can change depending on medical status at the time. This also includes Section 42 safeguarding enquiries.
- Family disputes/family choice – LBB continue to offer one placement, which family will refuse if they are not happy with this choice. In some cases it is then the responsibility of the Trust to issue their eviction notice.

- High cost placements – e.g. 1-1 supervision requested by the care home which is funded from the 'Better Care Fund'. We continue to work closely with the CCG seeking their involvement with 4 week reviews & guidance on how the care staff can meet care needs and how they can manage challenging behaviour. We also require care homes to evidence how they are utilising the 1-1 funding.

- Delays in Community Equipment delivery and minor adaptations also contribute to the delays.

- CPT/Brokers continue to seek placements within the LBB ceiling rate for all care services including Double Handed care packages.

- We do not get the detail or the figures from the out of borough/ neighbouring hospitals as these are reported directly to the NHS England, hence it is difficult to challenge/argue these figures.

2.18 In addition, the Orpington beds have now opened and patients are often transferred into them without an assessment to determine the best pathway to be taken to facilitate a safe discharge from hospital.

2.19 This authority is a key partner within the health and social care economy, and staffs attend regular meetings/forums where the development of services and the infrastructure to support the system are discussed. We are currently working with the CCG, Hospitals and other partners to look at what additional support would be required to develop a Discharge to Assess model of care.

London Borough of Bromley

PART 1 - PUBLIC

Briefing for Care Services
Policy Development and Scrutiny Committee
4th July 2017

Occupational Therapy Services in LBB

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1. Summary

1.1 This report is to advise of the current situation with Occupational Therapy Services in Bromley

2. THE BRIEFING

2.1 Establishment:

2.1.1 There are currently 14.5 OT staff working in the service covering assessment for both children and adults. They are made up of 1 TL, 4 Senior OT's, 5.5 OT's and 5 Assistants (OTAs). One of the OT posts is dedicated to paediatric work.

2.1.2 The TL is dedicated to Leading on Community Equipment and Assistive Technology with an additional responsibility for providing professional supervision to the SOTs.

2.1.3 **There is also 1 SOT in the Housing Department who works on maximising adapted housing and ensuring offers of alternative housing is suitable for adaptations prior to the tenancy sign up. The post is also in place to advise on new builds to ensure they are compliant and fit for purpose. If there are any equipment needs or adaptations required the work is passed to the Initial Response or Complex Care OTs for their action.*

2.1.4 The OT's are in the Initial Response Function of the AEIS and in two Complex Care Teams. The TL for Community Equipment and Assistive Technology has no time to do more than quarterly professional supervision for the SOTs which leaves them with limited professional OT lead support.

3. Care Pathway (Customer Journey):

3.1 Of the 13.5 OT staff 4.5 work in the Initial Response Function and deal with the initial screening and assessments prioritising those at risk and ensuring equipment is ordered quickly to assist with managing any immediate risks to the individual. In high risk situations an OT assessment or intervention is carried out within 1 to 5 days. The prioritising results in some people waiting up to 12 weeks to be visited but all referrals are checked and reprioritised regularly to minimise risks.

3.2 When the individual has been seen and their initial needs addressed they are either closed to OT if no further action is required, referred on to Care Management if appropriate or to the Complex Care OTs.

3.3 There are 8 OT staff in Complex Care situated in the East and West of the borough with 3 Senior OT posts, 2 OT posts and 3 OTA posts across both teams. Individuals would usually have undergone an initial assessment prior to being referred to the complex care OTs. Their role is to complete assessments for individuals who require more complex equipment and adaptations to their environment and they also use the Medequip Contract for equipment and access funds from the Disability Facilities Grant to complete their work. Housing associations, private landlords or individuals can access this grant if the individual tenant or owners meet the criteria.

3.4 The paediatric OT post is dedicated to assessing and providing equipment to children and young people referring them to the Complex Care OTs for adaptations and applications for funds from the DFG. Children's services fund £28,000 per year towards this post.

3.5 The Care Pathway can mean that a health OT and at least two local authority OTs have been involved in their assessment so this is not the most efficient use of staff time or the most customer focussed way of working.

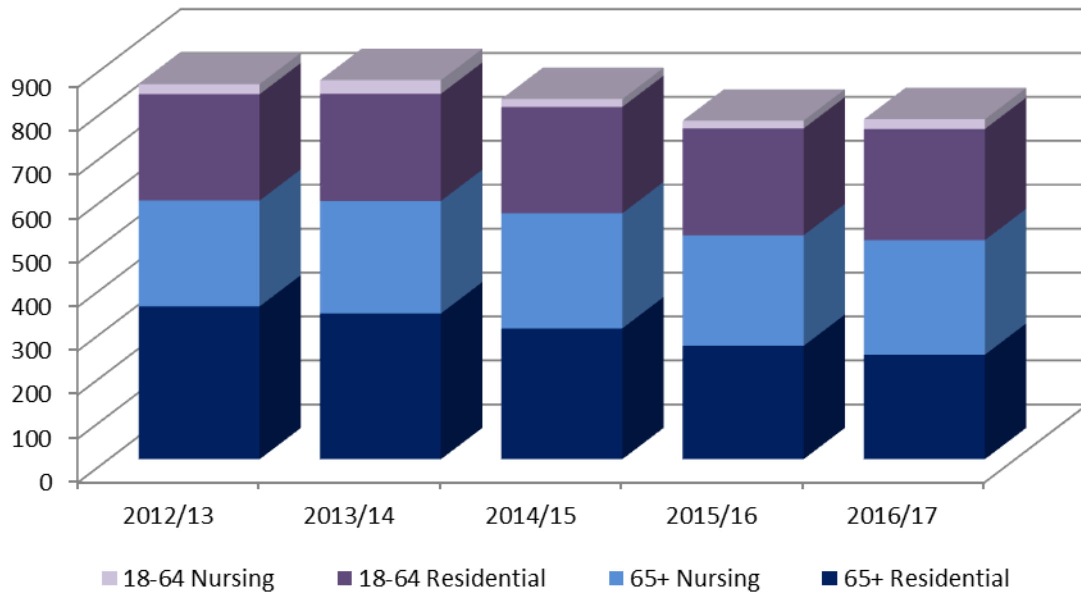
4. Demand:

4.1 The demand for OT assessments remains high and there is a current waiting list across all areas of approximately 242 individuals whom are at various stages of assessment or intervention. A significant amount of OT time is used in prioritising and managing the risks of having waiting lists and there is a clear need for the service to undergo a review.

4.2 Some of the demand is related to the higher complexity of health and social care needs because of advances in medicine. In the past people with such complex needs would not have survived or would have been managed in long stay hospitals. People are now more likely to be managed in the community resulting in a steady decline in care home placements as can be seen in the data below.

Permanent Placements As At Year End

		2012/13	2013/14	2014/15	2015/16	2016/17
18-64	Nursing	23	31	18	18	22
	Residential	242	244	242	243	253
	TTL	265	275	260	261	275
65+	Nursing	241	256	262	252	261
	Residential	348	332	298	258	238
	TTL	589	588	560	510	499



4.3 The reduction in placements is not mirrored by a reduction in people being supported by adult social care which means we are managing people with far more complex needs in the community as suggested in the March 2017 Performance Digest. The demand on OTs has grown but our staffing capacity has not and this needs to be addressed if we are to continue manage the demand required to maximise independence and therefore reduce or delay the need for care.

4.4 The recent mobile working pilot in the Initial Response function gave early indications of a 40% increase in OT assessments which I believe is a starting point for all OTs across the service.

5. Solutions/Ideas:

5.1 Immediate:

- A meeting with the OT's to discuss options which may assist in gaining additional ideas and or moving the solution ideas forward.
- Provide IT kit for mobile working and implement an 'in the field - offsite system' where the office is a drop in rather than a place to work.

5.2 Short term:

- Allow health OT's to refer directly for a DFG to remove some of the barriers and unnecessary interventions from several OT staff (make every contact count).
- Move Complex Care OT's to the Civic Site and co-locate them with Environmental Services to allow for dialogue when 'health OT referrals come in' and to be closer to the Housing SOT and the Initial Response OTs for greater efficiency and to cut down duplication.
- Obtain additional funding from children's to reflect the demand in that area of the service.
- Agreement for the paediatric OT to be integrated with the health OTs in the Phoenix Centre as previously piloted saving duplication for children and young people and efficiencies for health and social care.

5.3 Medium Term:

- Review of how the LBB and Health OT's work to reduce duplication and maximise staff time.
- Consider integration of all early intervention OTs across the health and social care economy.
- Implement and trusted assessor process where other health and social care professionals could refer direct to DFG for consideration of an adaptation in certain circumstances.
- Consider a dedicated OT Lead with some of the efficiencies achieved by all or any of the above.

London Borough of Bromley

PART 1 - PUBLIC

Briefing for Care Services
Policy Development and Scrutiny Committee
4th July 2017

Progress Report from Priority Ones Learning Disabilities Following on from Internal Audit

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Chief Officer: Stephen John, Director: Adult Social Care

1. Summary

1.1 This information briefing provides an update on the action taken to remedy the Priority 1 concerns raised by Internal Audit.

2. THE BRIEFING

2.1 The internal audit of LD Services was conducted in in quarter 4 of 2015/16 and finalised 9/11/16. The audit considered clients who were receiving a Day provision, Residential Service, Shared Lives Support or Supported Living Support.

2.2 Internal Audit gave limited assurance and effectiveness of the overall controls in place from a list of 15 cases selected for audit.

2.3 They identified 3 priority 1 concerns; Management were requested to consider findings in the following areas:-

- Assessments - A Learning Disabilities Core Assessment was not in place in three instances, and there were four instances where an eligibility assessment was not performed; significant delays in authorisation in four adult review documents; incomplete documents on file in three instances; no separation of duties for authorisation; reviews not carried out in a timely manner for 6 cases and core assessments not reviewed every 3 years in seven instances.
- Care Plans & Support Plans - It was identified that in seven instances, the care plan was not reviewed on an annual basis; for 3 cases sampled there was no disability core assessment and in 11 instances a care plan was not in place within four weeks of the assessment being completed.
- Service Agreements - Testing identified 12 instances where there was no evidence that the panel had authorised the agreements.

2.4 The Interim Manager has now been in post for 10 months and the priorities have been the Service user, culture changes and adherence to policy. There has also been a familiarisation of the service and the issues, including continuation to review the procedures within the Team, and delivering efficiency savings. There is a good solid base of staff now to improve good

practice, and ensure professional standards are adhered to. Supervision is provided on a regular basis both on a formal and informal basis to embed and improve good practice.

2.5 The following update was provided to the meeting of Audit Sub-Committee on 21st June 2017:

Extract from Internal Audit Progress Report

We had previously reported that there were three priority one recommendations following an audit. These were in respect of:

- Assessments- where in some instances core assessments had not been done, eligibility tests for public funding were not evident, annual client reviews were not carried out and three yearly core assessments were not done.
- Care and Support Plans- where it was identified that in some cases the care plan was not reviewed on an annual basis, that there were cases without a core assessment in place and cases where a care plan was not in place within 4 weeks of the core assessment being completed.
- Service Agreements- where it was identified that in some instances there was no evidence that the panel had authorised the agreements.

The report's findings were reported to the Care Services PDS in March 2017.

The Internal Audit follow up report for Learning Disabilities has been rescheduled to quarter 3 prior to the November 2017 meeting of this Committee. Limited testing has been carried out at this time to monitor the progress to implement the three priority 1 recommendations relating to assessments, care and support plans and service agreements.

Internal Audit tested the original sample of 15 clients with the Joint Team Manager Integrated Service to ensure that the reported findings had been remedied. A check on CareFirst identified that progress has been made in the majority of cases and the expected documentation was evidenced however, the core assessment was still outstanding for two cases, the core assessment had been completed for 2 cases but not ended or authorised and annual reviews were overdue for 4 cases. Given the findings for the original sample the recommendation relating to assessments will remain as outstanding.

It is acknowledged that there has been a high turnover of staff; weak practices have been resolved and higher standards of process, timeliness and authorisation have now been imposed. All staff have been reminded that once assessment forms have been started the document must be completed and authorised. Staff have also been reminded to use the correct templates in CareFirst; year-end collation of data from CareFirst has identified that reviews were being completed on the wrong templates or recorded as observations in CareFirst and therefore not included in data returns. Management are now using reports generated from CareFirst to identify incomplete assessments and to improve the timeliness of authorisations. The Joint Team Manager is recruiting two new care manager assistants specifically tasked with review work to ensure that the annual review target is met.

The recommendations relating to timely completion of care plans and authorisation and supporting documentation for service agreements will be need to be tested for a sample of new service users and this will be undertaken during the planned follow up review. Both recommendations are therefore open.

2.6 Further updates would be provided to future meetings of Audit Sub-Committee and Care Services PDS Committee.