Report No.
CS18105

London Borough of Bromley

Decision Maker:	**HEALTH AND WELLBEING BOARD**
Date:	**30th November 2017**
Title:	**DELAYED TRANSFER OF CARE (DTOC) UPDATE**
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Ward:	Borough-wide

1. Summary

1.1 The Delayed Transfer of Care (DToC) Performance Paper was discussed at the Health and Wellbeing Board on 7th September 2017. The paper informed the Board of the NHSE target reduction for Bromley to 10.31 delayed bed days/day from a 2015/16 outturn of 17.34 bed days/day. The Briefing paper provides an update on performance and activity between August to October 2017.

2. Reason for Report going to Health and Wellbeing Board

2.1 The paper provides an information update to the Health and Wellbeing Board.

3. SPECIFIC ACTION REQUIRED BY HEALTH AND WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS

3.1 The Health and Wellbeing Board is requested to note the information update.

Health & Wellbeing Strategy

1. Related priority: Not Applicable

Financial

1. Cost of proposal: Not Applicable

2. Ongoing costs: Not Applicable

3. Total savings: Not Applicable

4. Budget host organisation: Not Applicable

5. Source of funding: Not Applicable

6. Beneficiary/beneficiaries of any savings: Not Applicable

Supporting Public Health Outcome Indicator(s)

Not Applicable

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4. COMMENTARY

4.1 The information update is at Appendix A.

5. FINANCIAL IMPLICATIONS

5.1 ADASS have confirmed that although iBCF funding is protected for 2016/17, allocations for 2017/18 will be reviewed based on September performance.

6. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

6.1 Against last year, significant improvements have been seen in Bromley reported DToC as a result of exemplary integrated working of health and social care to support people who no longer need to remain in hospital. Further work with NHSE to ensure the national published figures reflect agreed local performance is required.

Non-Applicable Sections:	Commentary, Impact on Vulnerable Adults and Children, Legal Implications and Implications for other Governance Arrangements, Boards and Partnership Arrangements, including any Policy and Financial Changes required to process the item.
Background Documents: (Access via Contact Officer)	Not Applicable

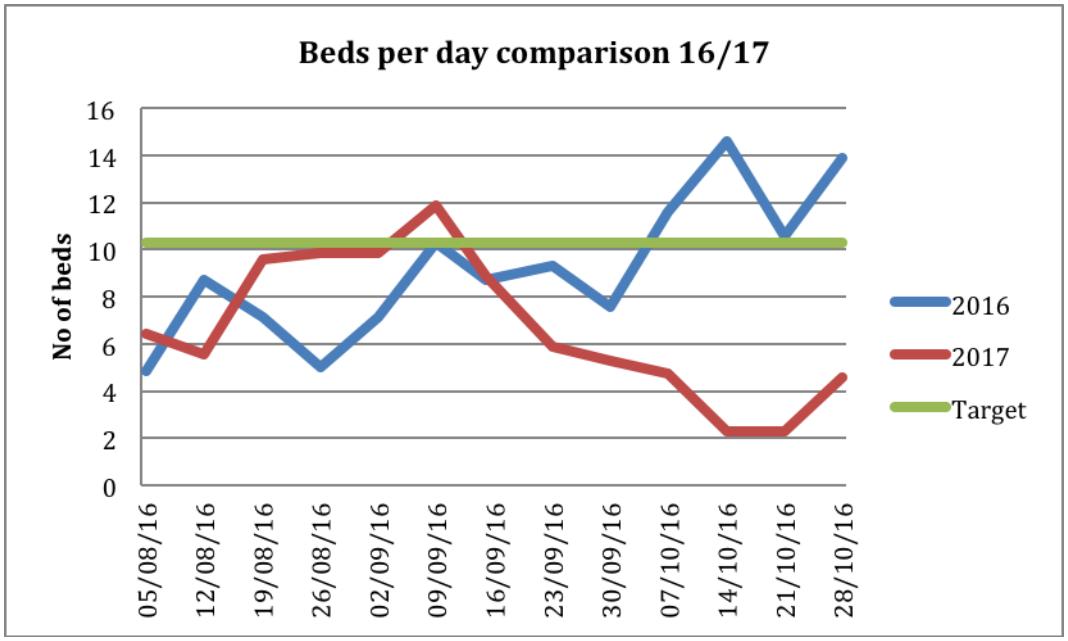
APPENDIX A

BRIEFING NOTE: DELAYED TRANSFER OF CARE (DTOC) AUGUST – OCTOBER 2017

1. CURRENT PERFORMANCE

Local statutory returns report a drop in Delayed Transfers of Care (DToC) from an average of 9.73 beds/day at the beginning of September to 3.13 beds/per day during October. This is significantly better then the same period of the previous year where performance continued to decline reaching a high of 14.6 beds/day.

The chart below shows August – October 2017 performance against the same period from the previous year.



National published data varies significantly from locally reported performance, as shown in the table below. This issue has been escalated to NHSE who are investigating the validation of out of borough data, which has not followed national guidance of local validation, which Bromley are therefore disputing.

	Bromley Return	National reported	Difference
August	9.32	17.90	8.58 beds/days
September	9.73	15.17	5.44 beds/days
October	3.13	Awaiting	

National published data makes local activity above the target of 10.31 bed days per day in September, when NHSE monitoring commenced. October data is yet to be published.

2. Winter Strategy and Services Provision

- Improved management oversight and governance around Delayed Transfers of Care (DToC) overseen by joint appointed Head of Discharge Commissioning able to flex community resource to meet presenting demands e.g. bridging using Bed Based Rehab Nursing beds for people awaiting nursing homes and Home Based Rehab for reablement and POC bridging
- Roll out of Discharge to Assess (D2A) across the hospital to enable people to be discharged as soon as they are medically safe, allowing the assessment of their long term care and support needs to take place in the community reducing the delay in acute setting, this includes:

    - Mission Care Discharge to Assess beds (5) available since September, targeted at patients with complex needs where a DToC is likely
    - Discharge to Assess at home available from October being rolled out across the PRUH
- Expanded Trusted Assessor to ward based staff to restart packages of care when needs have not changed, reducing delays in awaiting Care Management input for simple restarts
- Increased admission avoidance focus with greater community health and social care provision at the front end of the hospital to identify patients that can be supported in the community preventing an admission. (CCG Winter Pressures)
- Increased rapid support available including 24 hour care at home and up to 8 visits per day POC to prevent an admission and support more people at home, especially those where the main carer becomes unwell. (LBB winter pressures)
- Dedicated 7 day working across the hospital site with plans to increase social care presence during twilight shifts throughout December and January
- Integrated voluntary sector provision with dedicated in-reach capacity to provide discharge and aftercare support for frail, elderly and isolated people who do not meet a statutory threshold for care and support (Bromley Well)
- Increased community equipment catalogue and improved processes for delivery of equipment for people leaving hospital in a timely manner

3. Challenges, support and next steps

Demand at the PRUH continues to rise with a 15% increase in type 1 attendances in September against the same period last year. Admissions, in recent months, have been the highest in the PRUH history with people remaining unwell in hospital for longer resulting in more complex on-going care and support needs placing a greater demand on community provider resource.

Next steps include:

- Strengthened oversight on whole system flow, including out of hospital services, care and support provision to ensure people continue to move through the system, freeing up resource and reducing blockages wherever possible.
- System wide demand and impact evaluation planned Q4 2017/18 to influence partnership transformation
- Appointment of project manager to manage flow and develop use of through Extra Care Housing and interim nursing bed capacity
- Work with providers to secure as much guaranteed resource as possible across domiciliary care and placements in order to meet need and facilitate safe and timely discharge from hospital throughout the most challenging winter months.
- Engagement with providers working in neighbouring boroughs to offer a service in Bromley to further increase capacity in the market