Report to:	**HEALTH SCRUTINY COMMITTEE**
Relevant Officer:	Pat Oliver, Director of Operations, Blackpool Teaching Hospitals NHS Foundation Trust.
Date of Meeting	6 July 2016

DELAYED TRANSFERS OF CARE

1.0   Purpose of the report:

1.1   To receive an overview of Delayed Transfers of Care (DToC) from Blackpool Teaching Hospitals NHS Foundation Trust.

2.0   Recommendation(s):

2.1   To consider the number and reasons for delayed transfers making recommendations as appropriate.

3.0   Reasons for recommendation(s):

3.1   To ensure robust scrutiny of health services. At its meeting of April 2016 the Resilient Communities Scrutiny Committee, which was previously responsible for health scrutiny, requested a progress report following concerns raised on the number of delayed transfers.

3.2a   Is the recommendation contrary to a plan or strategy adopted or approved by the Council?   N/A

3.2b   Is the recommendation in accordance with the Council's approved budget?   N/A

3.3   Other alternative options to be considered:

None

4.0   Council Priority:

4.1   The relevant Council Priority is "Communities: Creating stronger communities and increasing resilience".

**5.0	Background Information:**

5.1	Delayed Transfers of Care are a nationally reported information data set based on regulations contained in legislation, the Community Care (delayed discharges etc) Act 2003 and The Care Act 2014 (the process for managing transfers of care from hospital for patients with care and support needs). The information provided in this report is a "snapshot" sample based on a weekly data set.

5.2	Appendix 9 (a) shows the overall numbers of delays for a month which are higher than the same period the previous year. The impact can be seen in terms of lost bed days that have correspondingly increased.

5.3	Appendix 9 (b) shows the total of delays over a five week period of 224 compared to 143 for the same period in 2015. The Trust has seen a change recently in where the delays are attributed. More are due to social and joint social and health reasons than the same period last year. This is consistent with national pressures on out of hospital services such as domiciliary care and a lack of residential/nursing home capacity.

5.3	Appendix 9 (c) demonstrates the total delays by category. Historically in-hospital assessments have been the major cause of delays. However there has been a change in recent times which shows delays in "out of hospital" resources, typically domiciliary care provision (especially those Nursing Homes that specialise in dementia care with challenging behaviour).

5.4	The Trust works very closely with external partners to ensure patients delayed in hospital are discharged as soon as it is safe to do so. A monitoring group has been established to review patient delays to ensure patient plans are progressed. Internally within the Trust there is a working group which includes commissioners and social care partners. The Trust feels it is making significant progress in terms of reducing unnecessary delays with its processes.

5.5	Externally the Trust acknowledges that as a Health and Social economy it is under the same pressures that affect services nationally. Increased demand on already stretched services is a major concern. The Trust are working alongside our Commissioner partners and social services to identify solutions to these challenges.

5.6	Does the information submitted include any exempt information?	No

> **List of Appendices:**
> Appendix 9 (a) – overall numbers of delays
> Appendix 9 (b) – total delays split over 5 week period
> Appendix 9 (c) – total delays by category
> Appendix 9 (d) – total delays by category over 12 months

6.0   Legal considerations:

6.1   None

7.0   Human Resources considerations:

7.1   None

8.0   Equalities considerations:

8.1   None

7.1   None

9.0   Financial considerations:

9.1   None

10.0   Risk management considerations:

10.1   None

11.0   Ethical considerations:

11.1   None

12.0   Internal/ External Consultation undertaken:

12.1   None

13.0   Background papers:

13.1   None