

Impact Analysis of the Transfers of Care Scrutiny Review

The Corporate Delivery Unit was asked to undertake a brief Impact Analysis of the Whole System Transfers of Care Scrutiny report. Following some initial data analysis (attached), they spoke to representatives from BTH, the CCG and Blackpool Council in January-March 2020 to understand participants' perceptions of the exercise and explore any added value it delivered. The review was constrained by the availability of participants involved in the scrutiny session, meaning that only three interviews were undertaken. This means that limited triangulation of findings was possible.

Positive points raised included:

- The opportunity to communicate and discuss issues in detail has helped foster greater understanding of the specific issues involved and helped build relationships;
- The depth of knowledge of the committee, and their engagement with the strategic issues involved, helped to generate recommendations which were focussed and practical;
- Several of the recommendations were suggested to have been in progress, but the added weight of the committee and the governance around the report, together with their robust challenge on the issues, was helpful in helping parties maintain focus on the delivery of the recommendations;
- Participants felt that there was considerable value in the committee in bringing a different perspective on the issues, prompting discussion and consideration of the issues in a new way;
- Holding the process over a single day and bringing all parties together was considered very beneficial, allowing detailed discussion and helping participants understand how issues linked together.

Some areas to consider strengthening included:

- Opening up the opportunity for further dialogue after the initial recommendations have been developed. Whilst the recommendations were considered to be appropriate, further opportunity to shape them could, in other reviews, reduce issues and save resources at a later stage;
- Measures to build trust would result in the open exchange of information at an early point, enabling a more efficient process.

In terms of impact, a change in the method by which DTOC's were calculated meant that any attempt to correlate the review with the data was not appropriate; and with many other variables involved any deeper associative analysis of the recommendations to the figures would not have been possible in any event.

Participants noted that some of the issues addressed in the recommendations were known challenges which would require significant investment to resolve. As such, whilst the view of the Committee was important, it was only one of a number of wider factors in considering the extent to which they should be prioritised, meaning that the impact of the recommendations on some of the more challenging issues was limited.

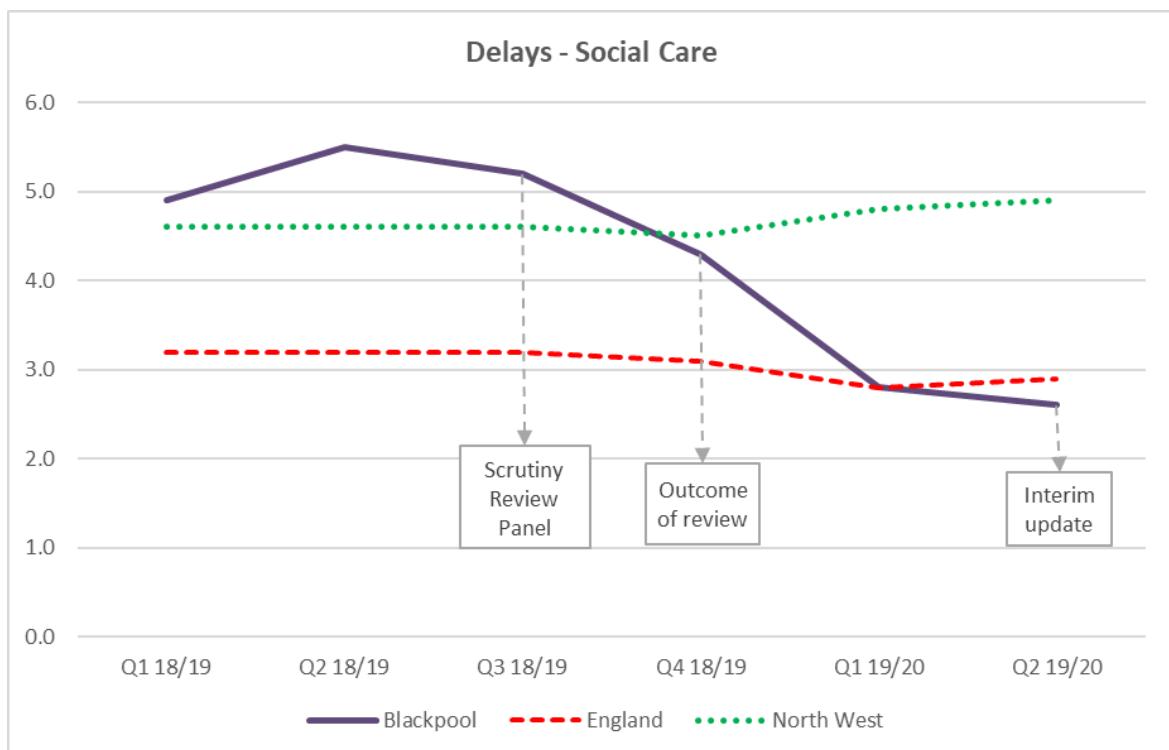
Delayed Transfer of Care – Rate per 100,000 population:

- This indicator is reported quarterly. At the end of Q2 2019/20, the rate of delayed transfers of care had reduced to 7.6 per 100,000 population from a rate of 12.8 at the same point in 2018/19. This is below both the England and North West rates (10.3 and 13.1).

Period	All Delays		
	Blackpool	England	North West
Q1 2018/19	11.3	10.5	11.5
Q2 2018/19	12.8	10.6	11.7
Q3 2018/19	11.8	10.6	11.8
Q4 2018/19	10.9	10.4	11.7
Q1 2019/20	8.1	10.2	12.9
Q2 2019/20	7.6	10.3	13.1

* Due to a change in methodology it is not possible to compare data for this indicator prior to April 2018.

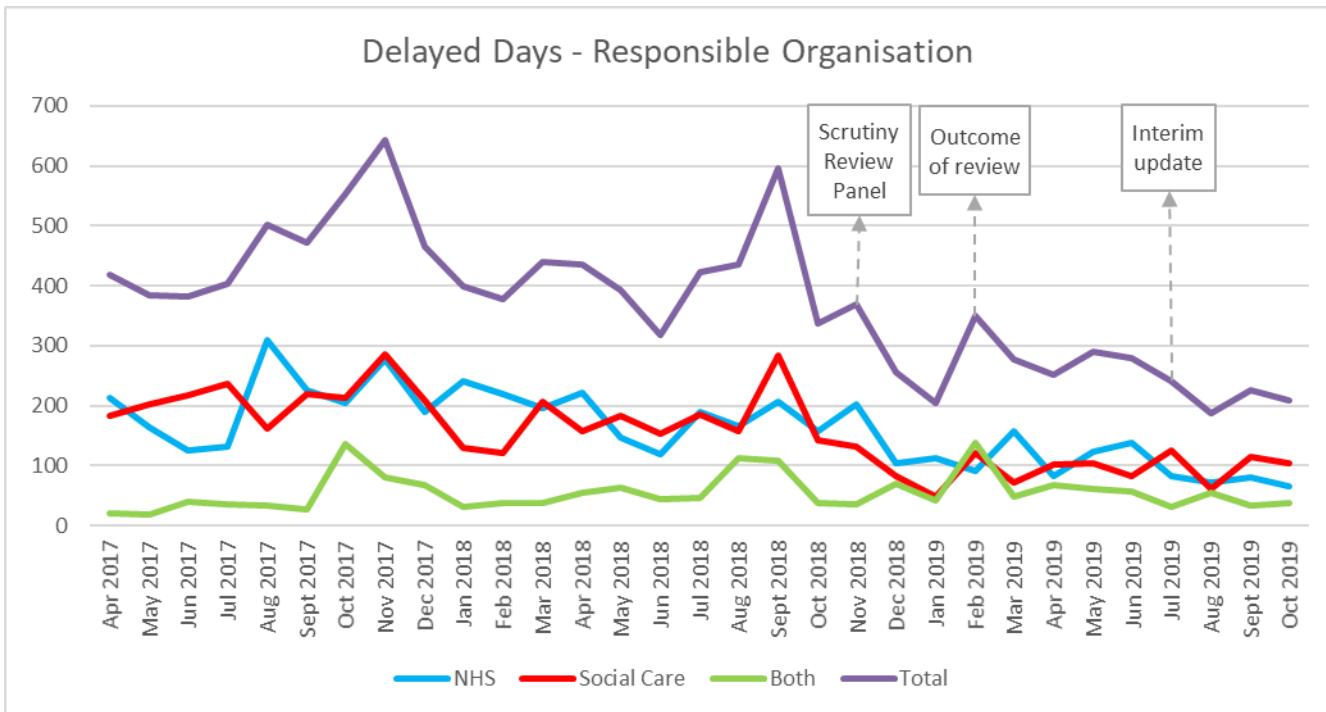
- The delayed transfers of care per 100,000 population which are attributable to social care continues to reduce and at the end of Q2 2019/20, had fallen below the England rate.



* Text boxes are for display purposes only and should not be taken as proof of a causal link.

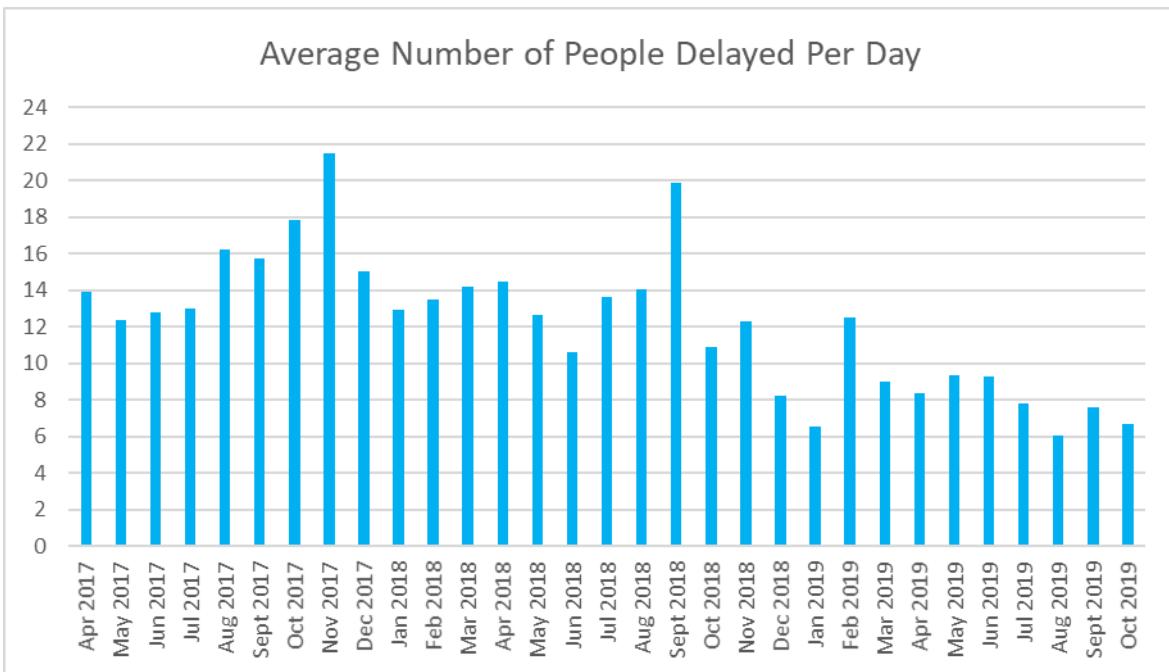
Delayed Days - Overall:

- During the period April 2017 – October 2019 there were 11,525 delayed days. Delayed days are the number of days people remain in hospital/care following their discharge date.
- The overall trend is a reduction in delayed days and the current data available indicates that there will be a further reduction in total delayed days by the end of 2019/20.



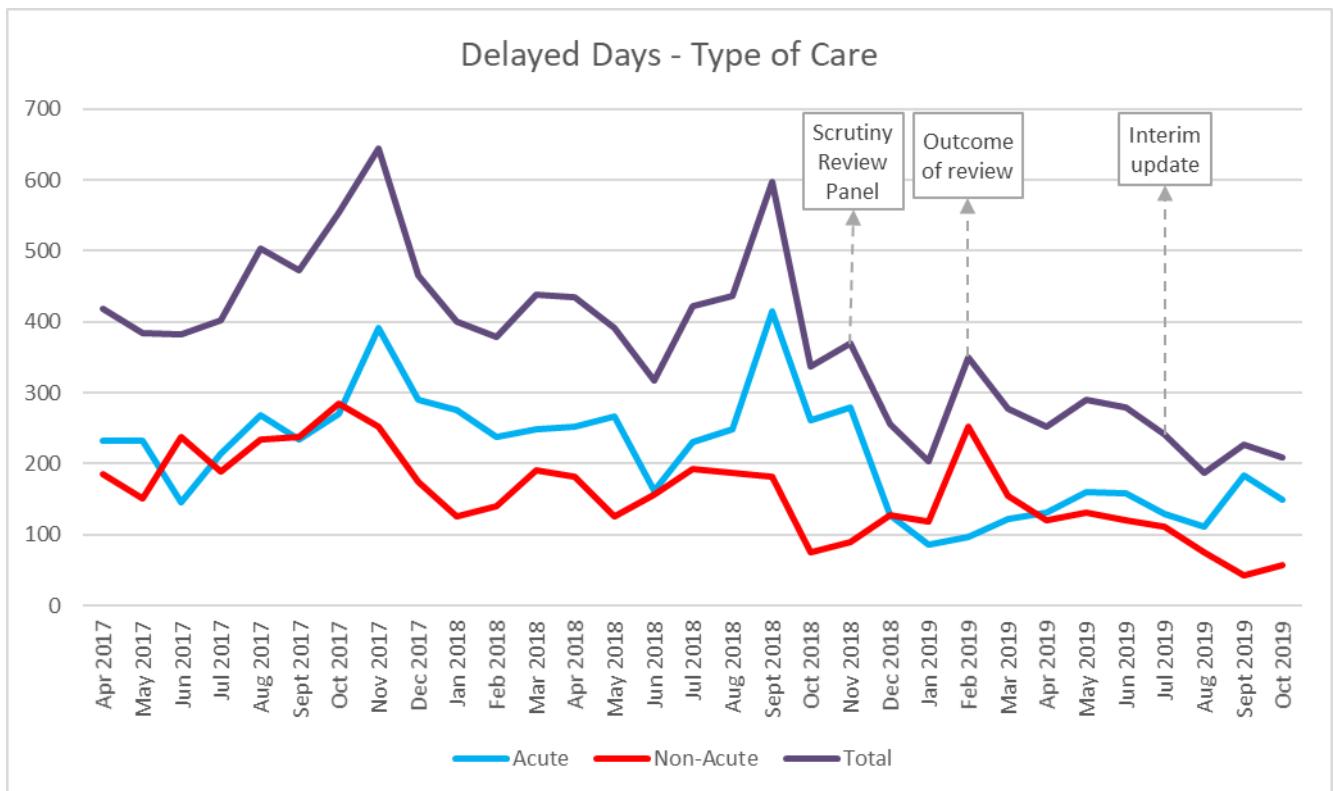
Period	Responsible Organisation			All Delays
	NHS	Social Care	Both	
Apr 2017 – Mar 2018	2,496	2,384	564	5,444
Apr 2018 – Mar 2019	1,875	1,721	800	4,396
Apr 2019 – Oct 2019	646	694	345	1,685
	5,017	4,799	1,709	11,525

- The average number of people delayed per day each month has remained relatively stable since April 2019 with numbers staying in single figures during the period.



Type of Care:

- 57% of delayed days during the period April 2017 – October 2019 related to acute care.

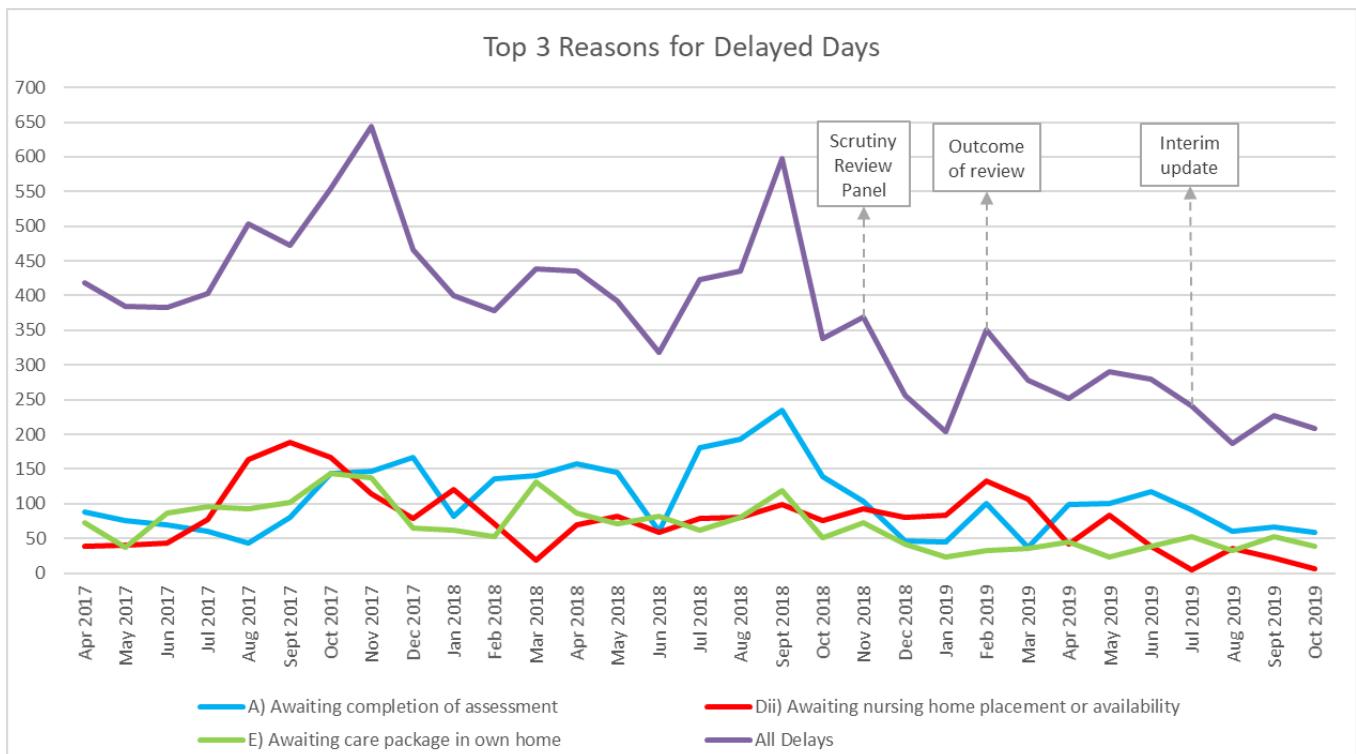


Period	Type of Care		
	Acute	Non-Acute	All Delays
Apr 2017 – Mar 2018	3,043	2,401	5,444
Apr 2018 – Mar 2019	2,550	1,846	4,396
Apr 2019 – Oct 2019	1,025	660	1,685
	6,618	4,907	11,525

- Where there have been peaks in the number of delayed days overall, this has usually been due to an increase in delayed days related to acute care, with the exception of Feb 2019 where there was a spike in non-acute care related delayed days.

Reasons:

- During the period April 2017 – Oct 2019, the most common causes for delayed days were:
 - Awaiting completion of assessment (3,264 – 28.3%)
 - Awaiting nursing home placement or availability (2,393 – 20.7%)
 - Awaiting care package in own home (2,120 – 18.3%)
- This accounts for 67.4% of all delayed days.



Peaks in Total Delayed Days

Nov 2017

- Awaiting completion of assessment (146 – 22.6%)
- Awaiting care package in own home (138 – 21.4%)
- Patient or family choice (131 – 20.3%)
- Awaiting nursing home placement or availability (115 – 17.8%)

The number of delayed days due to patient or family choice was at its highest during this month. This category covers all patients whose assessment is complete and who have been made a reasonable offer of care to meet their assessed needs as far as practicable, but who have refused this offer.

Sept 2018

- Awaiting completion of assessment (235 – 39.3%)
- Awaiting care package in own home (119 – 19.9%)
- Awaiting nursing home placement or availability (99 – 16.5%)

The number of delayed days due to patients awaiting the completion of an assessment was at its highest during this month (numbers had been increasing since July 2018). This category covers all patients whose transfer is delayed because they are awaiting completion of an assessment of their future care needs or the identification of an appropriate care setting. This includes any assessment by health and/or social care professionals of a patient's future care needs.

Feb 2019

- Awaiting nursing home placement or availability (133 – 38%)
- Awaiting completion of assessment (100 – 28.5%)

The number of delayed days due to patients awaiting nursing home placements or availability increased this month (number of delayed days for this reason hadn't been above 100 since Jan 2018). This category covers all patients whose assessment is complete but whose transfer has been delayed while waiting for a nursing home placement, including long-term or intermediate, either because of lack of a suitable place to meet their assessed care needs, or because a placement has been made available but the patient is awaiting confirmation from the home, for example following assessment.

Data Notes

Figures are for delayed transfers of care by local authority region.

Change in Methodology for DToC Indicators:

Prior to April 2017, patient snapshot data (based on the number of patients delayed on the last Thursday of the month) was used to calculate the indicator 2C – Delayed transfers for care from hospital per 100,000 population. From April 2017, this patient snapshot measure was replaced by a similar measure called average number of people delayed per day (formerly called DToC beds). This is calculated by dividing the number of delayed days during the month by the number of calendar days in the month, therefore providing a more representative view of the entire month rather than providing a view on one particular day.

Type of Care:

Acute care - intensive, time-limited medical treatment provided by or under the supervision of an acute consultant that lasts for a time-limited period, until the point the treatment is no longer required or beneficial.

Non-acute care - can be consultant or non-consultant-led and can take place in a variety of settings, including:

- Care of an expectant or nursing mother;
- Mental health care;
- Palliative care;
- A structured programme of care provided for a limited period to help a person maintain or regain the ability to live at home; and
- Care provided for recuperation or rehabilitation.

Reasons:

Where delays are caused for more than one reason, delayed days for one person can be split across different categories.

The following list shows which causes for delayed days can be attributed to which responsible organisations.

Reason	Permissible Attribution		
	NHS	Social Care	Both
A) Awaiting completion of assessment <i>This category covers all patients whose transfer is delayed because they are awaiting completion of an assessment of their future care needs or the identification of an appropriate care setting. This includes any assessment by health and/or social care professionals of a patient's future care needs.</i>	✓	✓	✓
B) Awaiting public funding <i>This category covers all patients whose assessment is complete but whose transfer has been delayed while waiting for Local Authority funding, such as for residential or home care, or NHS funding, such as for NHS-funded nursing care or NHS continuing healthcare (CHC).</i>	✓	✓	✓
C) Awaiting further non-acute NHS care <i>This category covers all inpatients whose assessment is complete but whose transfer has been delayed while waiting for further non-acute care, including in mental health and community health inpatient settings.</i>	✓	✗	✗
Di) Awaiting residential home placement or availability <i>These two categories cover all patients whose assessment is complete but whose transfer has been delayed while waiting for a residential or nursing home placement, including long-term or intermediate, either because of lack of a suitable place to meet their assessed care needs, or because a placement has been made available but the patient is awaiting confirmation from the home, for example following assessment.</i>	✓	✓	✗
Dii) Awaiting nursing home placement or availability <i>See above.</i>	✓	✓	✓
E) Awaiting care package in own home <i>This category covers all patients whose assessment is complete but whose transfer is delayed while waiting for a package of care in their own home or housing with care.</i>	✓	✓	✓
F) Awaiting community equipment and adaptations	✓	✓	✓

<i>This category includes delays because patients are awaiting major home adaptations, manual handling equipment (such as hoists), living equipment, a bed, house deep cleaning, house decorating, house decluttering or awaiting alternative housing arrangements.</i>			
G) Patient or family choice <i>This category covers all patients whose assessment is complete and who have been made a reasonable offer of care to meet their assessed needs as far as practicable, but who have refused this offer.</i>	✓	✓	✗
H) Disputes <i>This category covers all patients whose assessment is complete and those rare instances where there is a dispute between statutory agencies, either concerning responsibility for the patient's onward care, or concerning an aspect of the discharge decision, such as a patient's readiness for discharge or the appropriateness of the care package being offered.</i>	✓	✓	✗
I) Housing – patients not covered by NHS and Community Care Act <i>This category covers all patients whose assessment is complete and where there are housing delays that relate to people who are not eligible for funded care and support, such as asylum seekers, patients from overseas, single homeless people or those with no fixed abode, and therefore are not within the remit of social services, because the Local Authority has no responsibility under the Care Act (2014).</i>	✓	✗	✗
O) Other <i>The reason codes, specific to the Mental Health Services Data Set (MHSDS) (see Section 5), do not easily map to those used in the monthly SitRep (MSitDT) return. This category is to be used for those patients included in both returns, who are not covered by that mapping. Conversely, this category is ONLY to be used for such patients, who should be included in returns both to the MHSDS and the strategic data collection service (SDCS), whilst the data quality of the MHSDS is being improved.</i>	✓	✓	✗