

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	5 NOVEMBER 2015	AGENDA ITEM:	18
TITLE:	DELAYED TRANSFERS OF CARE UPDATE		
LEAD COUNCILLOR:	GRAEME HOSKIN / RACHEL EDEN	PORTFOLIO:	HEALTH / ADULT SOCIAL CARE
SERVICE:	ADULTS SOCIAL CARE AND HEALTH	WARDS:	ALL
LEAD OFFICER:	MELANIE O'ROURKE	TEL:	0118 937 4053
JOB TITLE:	HEAD OF ADULT SOCIAL CARE	E-MAIL:	Melanie.o'rourke@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 To ensure that the Adult Children's and Education committee are fully aware of the local performance relating to Delayed Transfers of care. This report will also describe the challenges to both health and social care from the anticipated impact of winter pressures to ensure a shared understanding of the anticipated pressures.

2. RECOMMENDED ACTION

- 2.1 That Members approve work to promote the avoidance of hospital attendance and admission where community services can appropriately meet the need.
- 2.2 That members approve the approach to the CCG to clarify the additional financial burden to RBC and how this might be reconciled within the BCF

3. POLICY CONTEXT

- 3.1 A delayed transfer of care is a measure of the number of people who remain in an acute hospital bed beyond the point where they required medical treatment. The reasons will be classed as either, attributable to health (e.g. needing a community hospital bed or physiotherapy), or attributable to Adult Social care (e.g. requiring a package of care on their return home to remain independent).

3.2 National picture

Nationally, Delayed Transfers of Care are reported on and monitored through the Better Care Fund to NHS England, and through the Adult Social Care Outcome Framework (ASCOF). Poor performance in this area is also scrutinised by Monitor, who are the sector regulator for the NHS.

The reports are taken from a 'snapshot' day within each month, rather than aggregating the performance over a month.

3.3. Local picture

Locally, performance in relation to delayed transfers of care is closely monitored and scrutinised, and there is a comprehensive governance structure set out to enable this, which is described below.

Reading Integration Board - chaired by the Head of Adult Social Care, this board has key partners across health, social care and voluntary sector to ensure that the Better Care Fund is delivered, and that performance issues such as the Non Elective Target and Delayed Transfers of Care are well managed.

Health and wellbeing Board - receives regular updates of the performance progress of the Better Care Fund.

Urgent Care Network - chaired by the head of the North and West Reading Clinical Commissioning Group to ensure that primary care and community services focus on ensuring people remain well in the community rather than in hospital care. This network group is made up of partners across the West of Berkshire given the geographical patch that the Royal Berkshire Hospital covers.

Reading Borough Council corporate performance report - As one of RBC's key performance indicators, performance relating to delayed discharges of care is completed on a monthly basis to the Corporate Management Team.

4. ACTUAL PERFORMANCE

4.1 Our performance as provided and verified by the Adult Social Care outcome framework for delayed transfers of care. The table below illustrates our performance for the first four months of 2015/16. Although the performance has improved, it does evidence a spike in activity for June. This demonstrates the precarious nature of the management of hospital activity. Delayed Transfers of care are a key performance indicator in the Better Care Fund. For Reading this has been set at no more than 7 attributable to health and social care.

	April	May	June	July
Number of ASC delays	3	5	10	2

4.2 Non elective admissions target (NEL's)

Another key indicator of the likely increase in delayed transfers of care is the number of unplanned admissions into hospital care Non Elective Admissions (NEL's). In October 2014, we anticipated, based on previous activity that we could reduce the number of people using the acute hospital by 2.4%. The target was shared with NHS England as part of our Better Care Fund submission.

Following a difficult winter period, the Clinical Commissioning Groups undertook an exercise to understand the increase in unplanned admissions over the winter period. This was split by CCG area. The increase in admissions was higher than one could have planned, with North and West Reading CCG seeing an increase of 7% and South Reading CCG seeing an increase of 11%. This will undoubtedly put heavy additional financial and capacity pressures on the health and social care system for the winter ahead.

Despite the plans that have been put in place through the Better Care Fund there is still an anticipated growth of the number of people who will attend A&E of 2.5%.

5. WINTER PRESSURES

- 5.1 Winter pressures arrive every year despite significant planning, and continues to present a challenge for health and social care.

The reason for the seasonal variation have been attributed to the fact that in the summer months, most of the attendances at A&E are easy to resolve quickly as relate to 'accidents caused by misadventure'. However, more recently demand pressures have continued throughout the year. Admissions in the winter months are usually from a cohort of patients with much more complex conditions that require more in depth health intervention; such as respiratory conditions, heart failure and long standing vascular disease caused by cold weather, and viruses. These conditions have a significantly higher impact on older people.

5.2 Impact

The impact of this on the individual can be significant. An example of which is for someone over the age of 85 years who remains in hospital for 7 days, has the same impact as 10 years muscle wastage. This means that a person's ability to recover fully is deeply compromised.

The potential loss of confidence to manage independently on leaving hospital also creates a lower chance of returning to full independence.

For those over 75 years there is currently an 80% chance of needing admission from A&E, whereas for someone under 30 years, there is a 20% chance of needing admission.

5.3 RISKS

5.3.1 in 4 A&E attendees knew that A&E was the wrong place to go, but would do the same thing again. This shows the need for credible community alternatives, which includes self-care, promoting the role of pharmacy, primary care and walk in centres. This needs to start with community services and primary care services avoiding the need to suggest the individual attends hospital

Also, there is more that could be done at the 'front door' to the hospital to divert those who do arrive to other more appropriate options

5.3.2 Across Health and Social Care there is a local workforce issue. This is reflected in the difficulties to recruit to care assistants in the public and private sector, as well as recruitment of nurses, occupational therapists and physiotherapists. There is a West of Berkshire group looking at how this can be tackled.

5.3.3 A plan has been developed to prepare for a peak in demand this Winter, but the additional demand on Adult Social care resulting from the increase to the 'non elective admissions target' will need to involve a consideration of financial reconciliation

6. CONTRIBUTION TO STRATEGIC AIMS

- 6.1 This decision contributions to the Council's strategic aim of:
- To promote equality, social inclusion and a safe and healthy environment for all.

7. EQUALITY IMPACT ASSESSMENT

7.1 A specific equalities impact assessment has not been completed at this time, as council officers within adult social care will consider issues of equalities in each assessment of need that are undertaken to ensure that our response is tailored to the individual's personal needs and aspirations.

8. LEGAL IMPLICATIONS

8.1 n/a

9. FINANCIAL IMPLICATIONS

9.1 Revenue Implications

The report sets out the importance of reducing the non-elective admissions (NEL) to hospital but also when a patient is in hospital to ensure they are able to be discharged in a timely fashion. The report notes that as part of the Better Care Fund, plans were put in place to support these initiatives but it also reflects that as West Berkshire already had one of the lowest NEL levels in the Country that the local demand pressure has actually increased rather than decreased the NELs levels.

The growth of NEL's over the last winter period will undoubtedly have an impact on Adult Social Care budgets. The 11% increase of admissions over the 2014/15 winter is likely to be repeated this year despite the measures that have been put in place. There will be a likely extra financial burden on the local authority of £190,977.91. This will be closely monitored through the winter months, and if an increase becomes a reality, partnership conversations with CCG colleagues will commence to ascertain a plan for funding this.

10. CAPITAL IMPLICATIONS

10.1 There are no capital implications contained in this report.

11. RISKS

11.1 The report does not specifically identify risks for the Council, however as identified in section 10.1, the move to support greater number of Residents in the community rather than a hospital settings. Whilst being the appropriate direction of travel has had the effect of placing additional demand pressures on the Council at a time of significant reductions in funding.