

Delayed discharges / transfers of care – the District Direct pilot

Suggested approach by Maureen Orr, Democratic Support and Scrutiny Team Manager

A report on District Direct, which is being piloted by local district councils and the Norfolk and Norwich Hospital to support patient discharge, and its effect on delayed discharges / transfers of care.

1. Background

- 1.1 On 26 October 2017 Norfolk Health Overview and Scrutiny Committee (NHOSC) added the subject of delayed transfers of care to its forward work programme. The committee agreed to focus on 'District Direct', which is a pilot between local district councils and the Norfolk and Norwich (N&N) hospital to address delays due to needs for housing adaptations and other measures to support patients' return to their own homes. The pilot will run until April 2018.

1.2 Previous scrutiny of delayed discharges

- 1.2.1 NHOSC last looked at the wider subject of delayed discharges from hospital in Norfolk in 2014 when Members of NHOSC and Community Services Overview and Scrutiny Panel formed a joint scrutiny task and finish group to examine the situation. The task & finish group reported to NHOSC on 17 July 2014. Its report is available on the County Council website:- [NHOSC 17 July 2014](#) , agenda item 8.

The report noted the situation regarding delayed transfers of care (for any reason) at the N&N across the 6 months from August 2013 to January 2014. It ranged from about 65 people on the worst days to about 21 on the best days. On average there were always between 30 and 40 people delayed at the N&N during that period.

- 1.2.2 The 2014 task & finish group concentrated on the NHS and social care responsibilities in relation to transfers of care from acute, community and mental health hospitals and made 8 recommendations to the acute hospitals, the NHS community providers, Norfolk County Council Adult Social Care and Public Health and the CCGs.

The report did not make recommendations in respect of housing, or touch on the role of district councils, but it did mention the importance of people receiving healthcare at home and that more accommodation suitable for people with mental health needs was required. During the scrutiny the group also looked at the re-ablement services provided by health and social care, including provision of equipment to enable people to manage in their own homes.

- 1.2.3 NHOSC revisited the subject on 16 October 2017 when it appeared that all its recommendations had been accepted and were in the process of being implemented by health and social care.

1.3 **Delayed transfers of care – the current situation at the N&N**

- 1.3.1 The national NHS Monthly Situation Report collects data on the total delayed days during the month for all patients delayed throughout the month and the data is available back to August 2010. Data is shown at NHS provider organisation level and also at Local Authority (i.e. County or Unitary) level. The data is split by the agency responsible for the delay, the type of care that the patient receives (acute or non-acute) and the reason for delay.

All the data is published on the NHS England website

<https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/delayed-transfers-of-care-data-2017-18/>

Table 1 overleaf shows the number of delayed days at the N&N from November 2016 to October 2017 and the reason for delays.

- 1.3.2 One of the categories for recording the reason for delay on the Monthly Situation Report (Sitrep) is '(I) Housing – patients not covered by the NHS and Community Care Act'. The guidance for the Sitrep refers to the Care Act, which places a duty on local authorities to assess and meet the eligible care and support needs of all adults who are ordinarily resident in a local area (which means their established home is there).

Where a patient is covered by the Care Act the guidance makes it clear that remaining in hospital while long term housing adaptations are made is not an option and that social care is responsible for making appropriate interim arrangements for the patient to move out of the medical environment.

Any delay in providing interim care has to be recorded under an appropriate alternative category, e.g. (D) Awaiting residential home / nursing home placement. Only patients who are not covered by the Care Act, e.g. asylum seekers or single homeless men, and who are delayed by a housing need, are recorded in category (I).

Delay category (F) 'Delays due to awaiting community equipment and adaptations' refers to equipment and adaptations that are specifically the responsibility of the NHS or the social care authority.

The national collection of delayed transfers of care data was designed to support financial transactions between the NHS and social care. It is not informative about the extent to which patients may be delayed from returning to their own homes due to waiting for the Local Authority housing services or housing providers to make adaptations.

Table 1 – Norfolk and Norwich University Hospitals NHS Foundation Trust – Number of delayed days, Nov 2016 – Oct 2017*

Month (Nov 2016 - Oct 2017)	(A)Awaiting completion of assessment	(B)Awaiting public funding	(C)Awaiting further non-acute NHS care	(Di)Awaiting residential home placement or availability	(Dii)Awaiting nursing home placement or availability	(E)Awaiting care package in own home	(F)Awaiting community equipment and adaptations	(G)Patient or family choice	(H)Disputes	(I)Housing – patients not covered by NHS and Community Care Act	(O) Other	Total
Nov	123	55	202	21	180	64	7	153	0	0	-	805
Dec	245	37	158	21	139	53	19	117	0	0	-	789
Jan	197	95	405	41	98	62	28	126	46	0	-	1,098
Feb	125	44	260	17	158	61	25	61	13	2	-	766
Mar	124	25	489	67	217	71	31	108	0	0	-	1,132
Apr	333	42	239	92	181	127	26	112	0	9	0	1,161
May	228	19	319	115	142	133	2	27	0	0	0	985
Jun	145	11	345	46	144	142	0	44	0	0	0	877
Jul	100	28	471	56	102	138	0	3	0	0	0	898
Aug	104	19	442	61	103	131	0	0	0	0	0	860
Sep	145	28	454	167	127	96	7	3	0	0	0	1,027
Oct	317	43	678	204	201	235	4	14	0	0	0	1,696

- A. Awaiting completion of assessment – i.e. an assessment of future care needs and an identification of an appropriate care setting. This can include an assessment by health and / or social care professionals of a patient's future care needs.
- B. Awaiting public funding – awaiting Local Authority funding (e.g. for residential or home care), or NHS funding (e.g. for NHS-funded Nursing Care or NHS Continuing Healthcare). Includes cases where the LA and NHS have failed to agree funding for a joint package or an individual is disputing a decision of fully funded NHS Continuing Healthcare in the independent sector. Does not include delays due to arranging other NHS services (residential or community) – see below.
- C. Awaiting further non-acute NHS care (including community and mental health; including intermediate care, rehabilitation services etc.) – assessment complete but transfer delayed due to awaiting further NHS, non-acute care. Includes patients where a decision has been made to defer a decision on NHS Continuing Healthcare eligibility, and to provide NHS-funded care (in a care home, the patient's own home or other settings) until an eligibility decision is made but the transfer into this care is delayed.
- D. Awaiting residential home placement or availability – because of lack of a suitable nursing / residential home placement to meet assessed needs. Does not include patients where LA funding has been agreed but they are exercising their right to choose a home (these are in G).
- E. Awaiting care package in own home – this may be the responsibility of the NHS (Continuing Healthcare) or LA social care, or both.
- F. Awaiting community equipment and adaptations – this may be the responsibility of the NHS, the LA or both.
- G. Patient or family choice – where patients have received a reasonable offer of service from health, social care or both but have refused it
- H. Disputes – disputes between statutory agencies about responsibility for a patient's care.
- I. Housing – patients not covered by NHS and Community Care Act – delayed for housing reasons that are not covered by the Care Act's emphasis on LAs and housing providers working together to meet people's needs for care & support. Examples could be asylum seekers or single homeless people.
- J. Other

Table 2 below shows the N&N DTOC data split by responsible organisation (health or social care)

Table 2 - Norfolk and Norwich University Hospitals NHS Foundation Trust – Delayed Transfers of Care, November 2016 – October 2017*¹

Month (Nov 2016 –Oct 2017)	Delayed days				DTOC Beds			
	NHS	Social Care	Both	Total	NHS	Social Care	Both	Total
November	666	139	0	805	22	4	0	26
December	656	125	8	789	21	4	0	25
January	921	172	5	1,098	30	5	0	35
February	534	232	0	766	19	8	0	27
March	841	291	0	1,132	27	9	0	36
April	539	590	32	1,161	18	20	1	39
May	462	514	9	985	15	17	0	32
June	562	301	14	877	19	10	0	29
July	655	209	34	898	21	7	1	29
August	614	236	10	860	20	8	0	28
September	669	351	7	1,027	22	12	0	34
October	1,004	688	4	1,696	32	22	0	55

1.4 National expectations and local action around delayed transfers of care

- 1.4.1 On 27 September 2017 Norfolk Health and Wellbeing Board received a report about hospital discharge in Norfolk. The report is available on the County Council website via the following link:- [Health and Wellbeing Board 27 Sept 2017](#) (agenda item 8).

The report noted the importance of reducing delayed transfers of care for the benefit of patients. It also made clear that the nationally proposed targets for reducing DTOCs are challenging and that failure to meet them could mean a reduction in the additional funding available to social care in 2018-19 via the Better Care Fund.

- 1.4.2 The report to the Health and Wellbeing Board, and an earlier report to Adult Social Care Committee on 4 September 2017, set out the local action underway to reduce DTOCs. District Direct is one such initiative, but there are others across Norfolk to enable people to return to or stay in their own homes. Examples include Home First crisis homecare, Healthy Homes Project and Hospital Care at Home.
- 1.4.3 It is County Council policy to get people directly back to their own homes wherever possible rather than going to residential care as a stepping-stone after leaving hospital.

¹ * Table 1 & 2 data source - NHS England

<https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/delayed-transfers-of-care-data-2017-18/>

2. Purpose of today's meeting

- 2.1 NHOSC agreed to focus on the 'District Direct' pilot which aims to support patients being discharged from the N&N hospital, prevent unnecessary hospital stays and re-admissions in future. It was initially resourced by five Districts (South Norfolk, North Norfolk, Breckland, Broadland and Norwich) and involves working with the N&N Hospital Discharge Team to identify where services can support patients to return home.

Members of the committee were concerned it was taking some time to establish the pilot and that cases where housing related issues are a barrier to discharge have not been dealt with quickly enough in the past.

- 2.2 The Healthy Living Manager, South Norfolk Council, has provided a report about the pilot District Direct service (attached at **Appendix A**) and will attend the meeting to answer Members' questions. Representatives from the Norfolk and Norwich University Hospital NHS Foundation Trust will also attend to answer questions on the N&N's role in the pilot.

3. Suggested approach

- 3.1 After the Health Living Manager and N&N representatives have presented the report, Members may wish to discuss the following areas with them:-

- 3.2
- a) Paragraph 3.0 of the District Direct report (Appendix A) mentions that updated data on patients seen between 11 September and 9 November 2017 will be shared with NHOSC today. What are the figures?
 - b) It appears that where a patient is delayed due to a housing need it is the responsibility of social care to find an interim solution to enable their discharge from hospital while the housing issue is resolved. These cases are not identifiable in the national Sitreps Delayed Transfers of Care (DTC) figures, but will fall under the delays attributed to social care in Table 2 above. Do the N&N or District Council representatives know the current numbers of such cases?
 - c) Are there other patients delayed at the N&N for reasons connected to housing who do not appear in the reported DTC figures?
 - d) What are the connections between the District Direct pilot and other services / initiatives operated by health and social care to facilitate patients' return to their own homes.
 - e) It is understood that similar initiatives are underway around the Queen Elizabeth and James Paget Hospitals. Will the learning be shared across the county?
 - f) There are many factors affecting discharge from hospital and numerous authorities and agencies involved. What are the N&N and District Direct's views about how co-ordination of the process could be improved.

- g) What assessment / action takes place when a homeless person is admitted to hospital to prepare for their discharge?

4. Action

- 4.1 Following the discussions with representatives at today's meeting, Members may wish to consider whether:-
- (a) There is further information or progress updates that the committee wishes to receive at a future meeting or in the NHOSC Briefing.
 - (b) There are comments or recommendations that the committee wishes to make as a result of today's discussions.



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