

## Delayed transfers of care

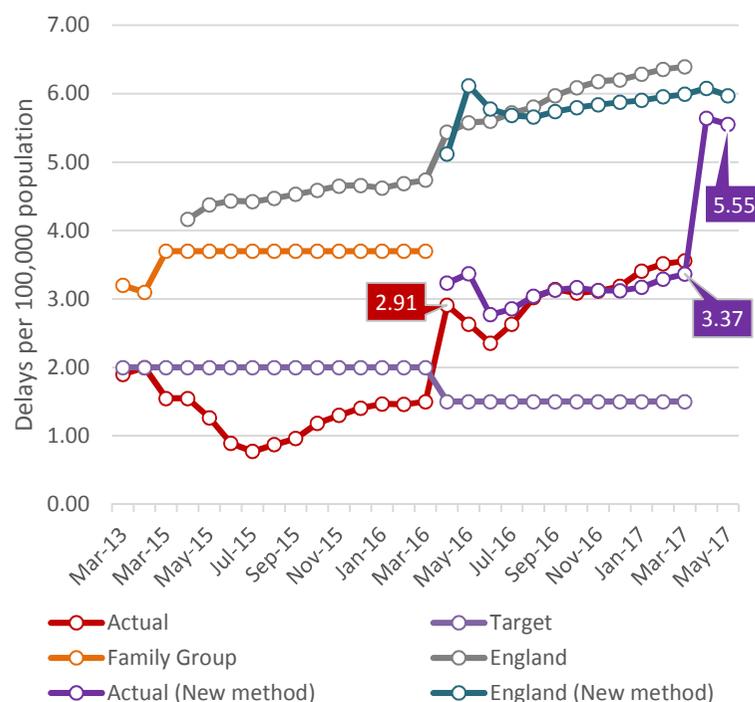
## Why is this important?

Staying unnecessarily long in acute hospital can have a detrimental effect on people's health and their experience of care. Delayed transfers of care attributable to adult social services impact on the pressures in hospital capacity, and nationally are attributed to significant additional health services costs. Hospital discharges also place particular demands on social care, and pressures to quickly arrange care for people can increase the risk of inappropriate admissions to residential care, particularly when care in other settings is not available. Low levels of delayed transfers of care is critical to the overall performance of the health and social care system. This measure will be reviewed as part of Better Care Fund monitoring.

## Performance

## What explains current performance?

Number of days delay in transfers of care attributable to social care per 100,000 population



- From April 2017 NHS Digital changed the data reporting method from a snapshot of delays at the end of the month to average delays over the whole month. This method has been modelled backwards compare against previously reported performance for Norfolk and England.
- In April 2016 the number of days delay per 100,000 of population nearly doubled when compared to the previous month, dropping off slightly in the subsequent months and then persistently rising to a record high in March 2017 (3.56).
- Much of the increase appears to have been driven by a jump in delays attributable to social care from the Norfolk & Norwich University Hospital – from a baseline of zero prior to April 2016, to over 200 in 4 of the 5 subsequent months. There was a decrease between August and December (299 to 125) which has since risen to 225 (Feb 2017).
- Over the same period social care delays from NCH&C have risen from 268 (Aug16) to 344 (Feb 2017) and count for approximately 50% of Norfolk's social care delays since April 16.
- Since April 16 the NNUHFT has conducted changes to its internal pathways to reduce pressure on their A&E department and to recover the '4 hour target'. These changes have increased the pace of discharge resulting in an increase in referrals to social services.
- The NNUHFT has set up a discharge hub and team to support their discharge process. A daily process to validate delays is now in place and the teams will co-locate within a month.
- The NNUHFT has implemented the Red2Green programme which aims to improve patient flow through the hospital. As a result, the hospital is identifying patients suitable for discharge at a higher rate than before. This is now being implemented in community units, with Phase 3 of the Integration Programme also including a work-stream looking at social care offer to the units.
- The focus on community units has created additional demand and pressure on social care, however the length of stay has significantly reduced. The increased focus on the continuing care process and Discharge to Assess pathway has also caused additional pressure within hospital teams, though should help reduce pressures in the longer term.

## What will success look like?

- Low, stable and below target, levels of delayed discharges from hospital care attributable to Adult Social Care, meaning people are able to access the care services they need in a timely manner once medically fit.

## Action required

- By November 2017 – open first tranche of active assessment beds
- Strengthen and change our integrated assessment processes for discharging people from the acute and community hospitals