Appendix C DTOC plan 2016/17 for NHSE submission

Barking and Dagenham Better Care Fund 2016/17 Delayed Transfers of Care improvement plan

Target improvement 2% reduction (from 2015/16 288)

This plan reflects both our situational analysis based upon local conditions and strategic steps undertaken which saw within the previous BCF plan delivery of integrated services such as the Joint Assessment and Discharge Service, designed to markedly change the way in which acute discharges were undertaken between the partners. In 15/16 the majority of delays were drawn from acute hospital services, with a significant minority drawn from non acute beds at 45%.

Our situational analysis has shaped the key actions which include areas such as, specific steps to improve delays for people with mental health needs, with the use of both additional funding and housing related solutions and more broadly, testing opportunities for ‘step down’ / interim service provision and delivering innovation in respect to trusted assessor roles and the delivery of low level preventative interventions to reduce the incidences and likelihood, of admissions in areas such as falls alongside further targeting of care homes where levels of acute admissions are comparatively high. The plan also reflects positive steps to improve areas such as the Councils ability to secure, where required, bed based placements through an improved fee which mitigates previous issues with inward price competition by other commissioners into the Borough. This represents, for example, 18% of current delays (417 bed days). Analysis has also identified where there is a need for further development of processes and protocols alongside areas for further work by the partners and where some more intractable issues such as those of Continuing Health Care and neuro-rehabilitation, which require escalation within our broader BHR system and for which milestone plans are to be developed.

We have developed this plan in order to both provide a specific focus for local actions and to align with System wide strategic discharge planning which is currently in the process of final development across BHR.

The plan and its actions are broadly reflected within the BCF milestone plan but also includes broader steps beyond our BCF, and provides, ‘at a glance’, the range of actions we are taking forward to improve current performance for the system as a whole and deliver better outcomes for individuals.
DTOC 15/16

DTOC - by Type of care

- Acute: 55%
- Non-Acute: 45%

B&O CCG - Delayed Transfers of care - 2015/16 (April - Dec)

- NTS: 49%
- Social Care: 42%
- Both: 9%

B&O CCG - Delayed days by reason for delay

- Delay completion of assessment: 3%
- Public funding: 7%
- Delay further inappropriate non-acute care: 5%
- Delaying residential home placement or availability: 7%
- Delaying nursing home placement or availability: 7%
- Delaying care package in own home: 3%
- Delaying community equipment and adaptations: 2%
- Patient or family choice: 3%
- Death: 2%
- No waiting - Patient is not covered by this and Community Care Act: 34%

Total delays across BHR CCG 2015/16

- Neuro: 0.5%
- Rehab: 9%
- NTS Placement/DCP: 41%
- Specialised Rehab: 32%
- NWB Rehab: 3%
- Stroke Rehab: 1%
- Slow Stream: 5%

Total delays in 2015/16: 57 56 203 5 5 42 260 3
<table>
<thead>
<tr>
<th>Situational analysis</th>
<th>Actions</th>
<th>Impact % /numbers</th>
<th>Resources</th>
<th>Lead and milestone plan ref.</th>
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</thead>
<tbody>
<tr>
<td>There is a need to shift reliance upon 'professional' assessment and allocation. This free up both resources and accelerate pace. Evidence of some individuals having multiple assessments and delays between referrals.</td>
<td>We will extend ‘discharge to assess’ and trusted assessor arrangements thereby reducing ‘handoffs’ and delays in onward referrals</td>
<td>The average time taken from referral to completion of assessment reduced. Protocols and process revisions. 3 month pilot to commence from 1st April 16.</td>
<td>Staff time- ‘discharge to assess’ Protocols and process revisions.</td>
<td>BCF Delivery Group- DM/ AH (S1,T3,2) (S1,T3,3)</td>
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<tr>
<td>Insufficient focus upon throughput on Length of Stay (LOS) in secondary bed based services. Significant actions have been put in place to improve acute discharges and therefore non acute is an area of new priority.</td>
<td>Principles established within the JAD being considered within non-acute services- this would include our moving to establishing an indicative discharge date at (or closer to) the point of admission. Discharge protocols established. We will promote shared learning across trusts (incl. NELFT)</td>
<td>Bed day delays attributable to acute hospitals in 15/16-1342 days (55% )</td>
<td>Development of revised protocols and working practices. This will include an agreed sign off process which will ensure that DToCs are accurately recorded and owned.in line with recently released revised guidance.</td>
<td>TW / DM</td>
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Situational analysis

- There is a need to shift reliance upon 'professional' assessment and allocation. This frees up both resources and accelerates pace. Evidence of some individuals having multiple assessments and delays between referrals.

- Insufficient focus upon throughput on Length of Stay (LOS) in secondary bed-based services. Significant actions have been put in place to improve acute discharges and therefore non-acute is an area of new priority.
<table>
<thead>
<tr>
<th>Other hospitals such as BARTs and WHIPs Cross</th>
<th>Processes for hospital outside our health economy</th>
<th>BARTs and WHIPs Cross. Bed days social care 75, NHS 321</th>
<th>Improve resources available through both specific BCF allocation as an investment priority for the BCF partners drawing in specific ‘ring fenced’ ‘out of hospital’ funding agreed through BCF. (£70k allocation through BCF, deployment of under spends). Increased fund of £250k. Provision of 6 bedded house to provide a supported living/interim housing based solution</th>
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</table>
| Due to significant financial pressures and the need to improve secondary provider performance blockages have occurred in secondary bed based MH services which have impacted upon our overall DToC position. | We will improve flow of resources in bed based Mental Health services. We will complete the delivery of housing based solutions to complement the existing offer | |**MF/ DM**
BCF delivery Group (ST, T3, 1) |
| Improvement needed in response times, alongside need for improved focus upon short term (time limited interventions). Too many people with both dementia and EoLC going into and dying within hospital based care. | We will undertake further deep dive analysis to confirm impact of EoLC and people falling outside of ‘eligibility’ criteria. We will review hospital discharge support for people with dementia. Consider and scope the provision of a community based rapid response service that would respond quickly to DToC and provide provisional support whilst | Deep dive analysis to confirm:
- delayed bed days attributable to people with dementia and EoLC
- delayed bed days for people falling outside of Social Care / CHC etc.. | Review existing provision such as the new support at home services and provision for rapid response and identify requirements for further capacity building To be costed and commissioned as part of Out of Hospital Services Out of hospital commissioned ‘take home and settle’ |
<p>| | | |<strong>BCF Delivery Group – DM (ST, T3,1)</strong> |</p>
<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
<th>Action</th>
<th>Details</th>
<th>Responsible Party</th>
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<tbody>
<tr>
<td>Investment is heavily weighted in high end / high cost services</td>
<td>on-going solutions were sought. This would support key target groups such as people with dementia and EoLC and those currently falling outside of eligibility criteria (already BCF schemes and priorities) leave hospital and thus remove such issues as access to services/capacity as a cause of delay.</td>
<td>We will increase our ability to divert people through lowest intervention at least cost necessary</td>
<td>Costs to be confirmed with recommendations for the JEMC</td>
<td>BCF delivery Group - DM</td>
</tr>
<tr>
<td>We have identified a cohort of individuals who need to leave acute and non-acute bed based care but are not yet ready to return home</td>
<td>We will develop a business case for Independent Living beds and floating support service (supporting ‘step down’ model).</td>
<td></td>
<td>Commissioning resources to scope and develop business case for a pilot number of ‘step down’ beds commissioned as a pilot</td>
<td></td>
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<tr>
<td>Delays in DToC due to care home availability. Migration into Borough absorbing capacity and reducing choice for local residents. Delays due to family choice</td>
<td>We will deliver improved capacity in care homes</td>
<td>Delayed days attributable to awaiting Residential home placement are currently 160 days (7%) Delayed days attributable to awaiting Nursing home placement are currently 257 days (11%)</td>
<td>New fee uplifts applied</td>
<td>BCF delivery Group MF / DM</td>
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<tr>
<td></td>
<td>We will improve the early identification of people likely to need care home admission as part</td>
<td></td>
<td>Assessment capacity</td>
<td>(S6,T2,1)</td>
</tr>
<tr>
<td>An opportunity to improve access to both equipment and AT solutions, as part of universal offer</td>
<td>We will build upon the work to improve access to community equipment (including rapid response) and daily living aids so that as a jointly commissioned service delays are minimised and best procurement / store options are captured. Again this would link with 'trusted assessor' where access would become less predicated upon 'professional assessment'.</td>
<td>To be held within Equipment BCF scheme under development by the BCF commissioning partners.</td>
<td>BCF Delivery Group – DM (S7,T3,1) S7,T2,1) (S7, T2, 2)</td>
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<tr>
<td>A small number of individuals within our system disproportionately impact upon delayed days. Identified through our risk stratification</td>
<td>We will undertake Deep dive analysis to support the ‘targeting’ of a key cohort of people who have high bed days and assessment delays / multiple assessment episodes. Analysis to better understand the characteristics of high intensity users</td>
<td>Deep Dive analysis to confirm the number of delayed days currently attributable to people receiving integrated cluster support</td>
<td>Cluster teams….. Improved requirement for in reach to provide <strong>pull through</strong> discharge and admission avoidance through proactive case management. In centivisation of primary care to improve support independent sector providers of bed based care To be developed through our BCF plan implementation.</td>
<td>BCF delivery Group - MM / DM (S1,T3, 4)</td>
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</table>
There is a national focus upon the ‘back end’ i.e DToC. It is clear that for some individuals, an admission to hospital can have a very negative impact upon their independence and wellbeing.

We will draw in and evaluate our system wide admission avoidance steps, including the delivery of hubs, information and advice and specific activity within our BCF plan—on the key principle that if more admissions were avoided in the first place then there would be fewer people to discharge and hospital / bed based acquired dependency would be, where possible, avoided.

We will review all existing schemes’ impact upon admission avoidance and take further steps through the BCF and JEMC governance to enhance focus on avoidable admissions.

We will enhance support to care homes by improving access to community nursing, GP review and support.

We will undertake monitoring to identify high referring homes for targeting of support.

<table>
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<tr>
<th>Quantify avoidable admissions</th>
<th>Commissioning partners within the BCF to develop and confirm officer resources.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BCF – admission reduction plan for 16/17 - 228</strong></td>
<td><strong>Emergency admission reduction from care homes - 16/17 - 28 admission reductions</strong> (Maintaining the same level of reduction as in 15/16)</td>
</tr>
</tbody>
</table>

JEMC and BCF Delivery Group

(S4,T1,1)
(S4,T2,1)
(S4,T2,2)
(S5,T2,1)
(S6,T1,3)
(S6, T1,1)
(S6,T1,2)
(S6,T1,3)
(S3,T1,1)
(S2, T1,1)
(S2, T2,1)
(S2,T2,3)
(S2,T3,1)
<table>
<thead>
<tr>
<th>alone etc., on admission rates</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Neuro –rehabilitation currently has a very significant impact upon delayed bed days albeit affecting a small number of individuals.</td>
<td>This will be escalated through wider BHR governance</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHC process delays – people stay in hospital 2 weeks longer than required because of delays in undertaking assessments to decide whether FNC is payable or not.</th>
<th>Process re-design. Improvement options paper to be considered by BCF partners.</th>
</tr>
</thead>
<tbody>
<tr>
<td>This will be escalated through wider BHR governance</td>
<td>Bed days attributable to NHS placements</td>
</tr>
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