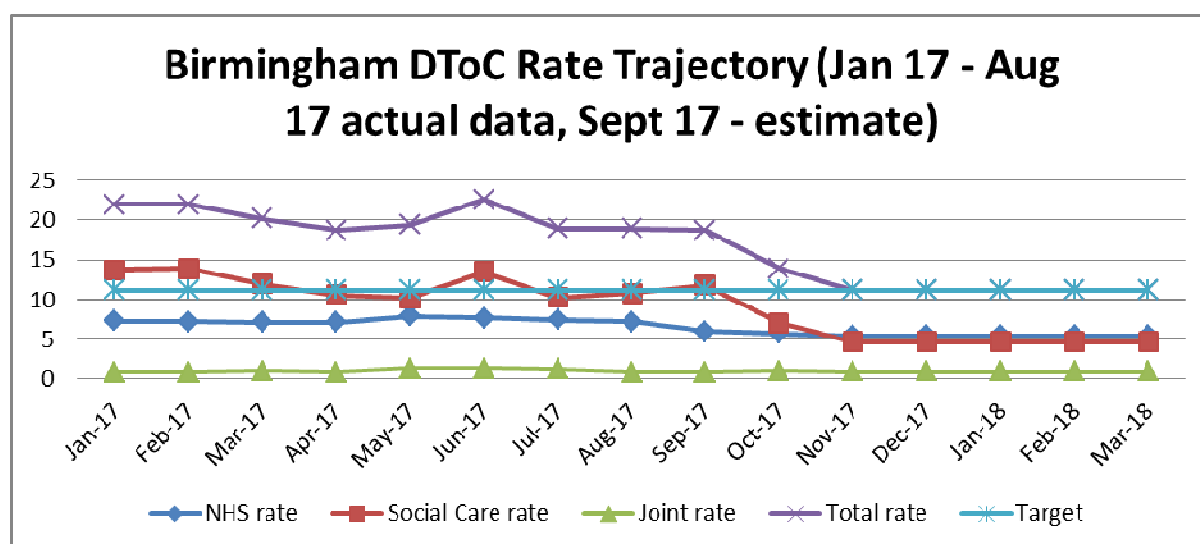


Delayed Transfers of Care (DToC) – Briefing Note November 2017

Purpose of Note

To provide a position statement on performance against reducing the level of DToC in the Birmingham H&WB system including an overview of trend against trajectory and a summary of progress against planned action – specifically plans for the use of iBCF resource.

Trajectory and Trend



The target for the Birmingham H&WB is a total system rate of 11.2 delayed days per day per 100k population. The latest verified data for August 2017 shows a rate of 18.9. This represents a reduction of 22% compared to January 2017.

In terms of delays that are attributable to social care the target rate is 4.7. At August the actual rate was 10.8 – a reduction of 21% from the January position.

The H&WB system's plans for reducing DToC are set out in the BCF Plan. The plan was originally submitted in July with a trajectory showing the target being met in Spring 2018. Following local, regional and national moderation of the BCF plans submitted in July, a revised trajectory was submitted in October complying with the requirement for the target of 11.2 to be met in November. However, the narrative of the plan made clear that this is not a realistic target. Performance against the trajectory will be assessed by NHS England when the verified data for November is available in January 2018.

Implementing Action Plans

Across the system, all partners are delivering activity to reduce the level of DToC. Within Adult Social Care – the part of the system that facing the greatest challenge in terms of the scale of the reduction that is required – action to reduce DToC, alongside other key initiatives, is being delivered through a single Improvement Plan. Key actions relating to Adult Social Care and Health DToC are summarised below:

System Diagnostic

Partners have commissioned 'Newton' to undertake a system wide analysis of Recovery, Rehabilitation and Re-ablement services in Birmingham.

The outcomes of this work will be used to identify what improvements partners need to make to put in place sustainable plans to reduce DTOC on a longer term basis. The work is due to complete in December 2017.

This workstream is the starting point for the system taking a strategic approach to the underlying issues of demand, flow and integration.

Bed Capacity

Increasing bed capacity is a tactical response to the immediate pressures that are apparent in the system. Action against this theme includes:

- Procurement of 15 additional interim beds and replacement of 6 interim beds that were lost – completed;
- Opportunity to procure a further 15 interim beds – ongoing negotiations;
- Block contract of 60 additional long term nursing beds to support discharge of people with complex needs – completed with first beds being mobilised from 6th November.

Stabilising the Care Market

We recognise the need to be proactive to support providers in the market so that capacity is maintained. Actions include:

- Use of iBCF funding to maintain existing EAB and short-term bed capacity;
- Recruitment of additional short-term staff to work with providers who are identified as being at risk to improve quality and reduce risk of CQC suspension and market failure.

Delays waiting for Care at Home

Some delays are the result of people waiting for a care package at home to commence. Actions include:

- Extending the capacity of the existing Quick Discharge Service (QDS) – ongoing negotiations with the provider;
- Developing a Night Care Service – this would be a new service to provide over-night cover for vulnerable citizens. This would enable more people to be discharged back to their own homes at an earlier point. Will also prevent admissions. Proposing to put an interim service in place through the QDS contract.
- Expand the Home from Hospital Volunteer Service that gives free practical support for up to six weeks after discharge from hospital. Discussions have progressed quickly with the provider, who has indicated a willingness to expand the service and extend availability. A procurement strategy is currently being developed.

Workforce and Capacity: Additional staff resources are being allocated to support winter pressures.

Actions include:

- Recruit an additional 10 workers for REACT plus (front door multi-disciplinary team to avoid hospital admissions across HEFT);
- Recruit 4 Social Workers and 1 SPD for the QE Hospital to cover known gaps for the winter period;
- Recruit 10 Social Workers across the Acute Hospitals as the first phase in implementing a sustainable 7 day social work service;
- Review the need for support services to be available over a 7 day period;
- Recruit an additional 6 workers to increase capacity in the Hospital Planning & Discharge Team and Rapid Response service (3 social work facilitators and 3 Social Workers);
- Create a bank of evening workers to do planned work and add capacity over the winter period;
- Recruit a team of 5 Discharge Facilitators to support the process of arranging suitable placements and support with coordinating the process;
- Recruit additional administrative capacity across the system (5 workers in total);
- Making flu jabs available to the social care workforce and mounting an active campaign to encourage take-up.

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