


# Agenda Item 7

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Richard Wills, the Director Responsible for Democratic Services

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>16 March 2016</b>
Subject:	<b>Peterborough and Stamford Hospitals NHS Foundation Trust – Seminar on Delayed Transfers of Care</b>

## Summary:

On 2 March 2016, Peterborough and Stamford Hospitals NHS Foundation Trust held a seminar at Peterborough City Hospital on Delayed Transfers of Care. Two members of the Health Scrutiny Committee for Lincolnshire attended, Councillors Mrs Judy Renshaw and Mrs Sue Wray. This paper includes their report.

## Actions Required:

- (1) To consider and comment on the information presented on the Delayed Transfers of Care Seminar held by Peterborough and Stamford Hospitals NHS Foundation Trust on 2 March 2016, including the report by Councillor Mrs Judy Renshaw and Councillor Mrs Sue Wray.
- (2) To determine if any further action is required by the Committee.

## 1. Background

### Seminar for Health Overview and Scrutiny Committee Members

On 2 March 2016, Peterborough and Stamford Hospitals NHS Foundation Trust held a seminar on delayed transfers of care at Peterborough City Hospital. Representatives were invited from the Health Scrutiny Committee for Lincolnshire, as well as other health overview and scrutiny committees in the Trust's catchment. Approximately half of the Trust's patients are from Peterborough. Lincolnshire provides about one quarter of the patients, with a

further quarter coming from Cambridgeshire, Rutland and Northamptonshire combined.

As part of the invitation, the Trust had stated that it was in an interesting position with patients coming from a wide population and across different local authority areas and community health providers. This leads to a degree of complexity to their discharge arrangements. The Trust wanted to explore this topic with members of health overview and scrutiny committees, so there would be more understanding of the context, in which the Trust was working, particularly in relation to delayed transfers of care.

Councillors Mrs Judy Renshaw and Mrs Sue Wray attended the seminar, and their report, which is based on the presentation given at the seminar.

### Background to Delayed Transfers of Care

The definition of a delayed transfer of care is when:

- a clinical decision has been made that a patient is ready for transfer; AND
- a multi-disciplinary team decision (involving the NHS body and the local authority) has been made that a patient is ready for transfer; AND
- the patient is safe to discharge/transfer.

There are several ways of measuring delayed transfers of care. Here are some examples:

- (1) The number of delayed days as a cumulative figure for the month, which is measured by
  - local authority;
  - provider trust;
  - responsible organisation (NHS, Social Care or both);
  - reason for the delay.
- (2) The number of patients with a delayed transfer of care as a monthly snapshot taken at midnight on the last Thursday of each month, which is measured by
  - local authority;
  - provider trust;
  - responsible organisation (NHS, Social Care or both);
  - reason for the delay.
- (3) The average daily rate of delayed transfers of care for NHS organisations in England, acute and non-acute, per 100,000 population aged 18 and over, by local authority with social services responsibility. This is based on the snapshot figure in (2) above.

- (4) The number of delayed days as a percentage of total available bed days in a hospital or hospital trust. In April 2015, NHS England urged that sufficient discharge management and alternative capacity such as discharge-to-assess models were in place to reduce the delayed transfer of care rate to 2.5%. This would form a stretch target beyond the 3.5% standard set in the NHS planning guidance.

#### Report from Councillors Mrs Judy Renshaw and Mrs Sue Wray

It was reported to the seminar that the number of delayed transfers of care on 26 February 2016 at Peterborough City Hospital was equivalent to one acute ward of 34 beds. This figure was based on patients from across all the Trust's local authority areas.

At the seminar, the Trust focused on the delayed transfer of care measured by available bed days lost, as described in (4) above, and highlighted certain issues for the discharge of Lincolnshire patients from Peterborough City Hospital on the basis of this measure. It was suggested that "step-down" facilities in Lincolnshire could be improved. For example, Cambridgeshire and Peterborough City have twelve beds in nursing homes, which enable patients to be moved out of acute hospital beds. The Trust stated that eight similar beds in Lincolnshire would help reduce the number of delayed transfers for Lincolnshire's patients.

It was also suggested that the Committee might wish to seek to encourage discussions between the Trust and Lincolnshire organisations to further pursue this matter.

#### Better Care Fund

It should be noted that that the Better Care Fund, which requires Clinical Commissioning Groups and local authorities in every single area to pool budgets and to agree an integrated spending plan for how they will use their Better Care Fund allocation, should be borne in mind by the Committee.

For 2016/17, as part of the Better Care Fund arrangements, each local area is required to develop a local action plan for managing delayed transfers of care, including a locally agreed target. All local areas will need to establish their own stretching local delayed transfer of care target, agreed between the CCG, the local authority and relevant acute and community trusts. This target should be reflected in CCG operational plans. The metric for the target should be the average delayed transfers of care (delayed days) per 100,000 population (attributable to either NHS, social care or both) per month. This would be based on the cumulative number of days measure [(1) above] rather than the snapshot figure [(2) above].

In agreeing the plan, Clinical Commissioning Groups and local authorities should engage with the relevant acute and community trusts and be able to demonstrate that the plan has been agreed with the providers given the need for close joint working on the delayed transfer of care issue.

## **2. Conclusion**

Several issues have been raised at the seminar, held by Peterborough and Stamford Hospitals NHS Foundation Trust, which could merit further exploration by the Health Scrutiny Committee for Lincolnshire. However, it should be noted that the Adults Scrutiny Committee is the responsible overview and scrutiny committee for the overall Better Care Fund arrangements and gave consideration to this topic on 24 February 2016.

The Health Scrutiny Committee is due to receive a general update report from Peterborough and Stamford Hospitals NHS Foundation Trust on 20 July 2016 and could request that the Trust include information on delayed transfers of care as part of this report. In the meantime, the Committee could seek reassurance that discussions are taking place between the Trust and Lincolnshire organisations on this topic.

## **3. Consultation**

There is no consultation required as part of this item.

## **4. Background Papers**

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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