

**RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL
MUNICIPAL YEAR 2018/19**

**HEALTH & WELLBEING SCRUTINY
COMMITTEE**

18TH December 2018

**REPORT OF THE GROUP DIRECTOR,
COMMUNITY & CHILDREN'S SERVICES**

Agenda Item No. 3

**UPATE ON DELAYED
TRANSFER OF CARE**

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1. PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to inform Member of the Health and Wellbeing Scrutiny Committee of the Cwm Taf Social Service and Wellbeing Partnership Board Delayed Transfers of Care Report for November 2018

2. RECOMMENDATIONS

It is recommended that Members:

- 2.1 Acknowledge the Cwm Taf Social Services and Wellbeing Partnership Board Delayed Transfer of Care report for November 2018
- 2.2 To Receive an update in respect of Delayed Transfers of Care in a future meeting to consider the impact of winter pressures on the service.
- 2.3 To acknowledge the work undertaken by RCT Social Services staff

3. REASONS FOR RECOMMENDATIONS

- 3.1 To acknowledge the Cwm Taf Social Services and Wellbeing Partnership Board Delay Transfer of Care report (Appendix 1) and scrutinise its content.

4. BACKGROUND

- 4.1 As part of the Health and Wellbeing work programme it is agreed that the Committee receive regular updates on where the Local Authority Stands in

respect of the delayed transfer of care.

- 4.2 A delayed transfer of care is a hospital inpatient who is ready to move on to the next stage of care but is prevented from doing so for one or more reasons. The next stage of care covers all appropriate destinations within and outside the NHS.
- 4.3 The report attached at Appendix 1 is to inform Members of the work carried by the Cwm Taf Social Services and Wellbeing Partnership Board which is made up of Rhondda Cynon Taf CBC, Merthyr Tydfil CBC, Cwm Taf Health Board and Third Sector Organisation.

5. EQUALITY AND DIVERSITY IMPLICATIONS

- 5.1 There are no implications associated with this report

6. CONSULTATION

- 6.1 This is an information report for Scrutiny members

7. FINANCIAL IMPLICATION(S)

- 7.1 There are no financial implications associated with this report.

8. LEGAL IMPLICATIONS OR LEGISLATION CONSIDERED

- 8.1 Any provision of services would need to be considered in accordance with the Social Services and Wellbeing (Wales) Act 2014 (the "Act"). Local Authorities have a general duty under the Act to promote wellbeing. This duty applies when considering decisions in respect of an individual but also when considering broader strategic issues that do not relate to an individual. In doing so, the overall purpose is to produce a sustainable and diverse range of care and support services to deliver better, innovative and cost-effective services and support and promote the wellbeing of every person, and carer, with the need of care and support.
- 8.2 In addition, the Act and accompanying Part 4 Code of Practice sets out that where an Authority has carried out an assessment which has revealed that the person has needs for care and support then the local authority must decide if those needs meet the eligibility criteria, and if they do, it must meet those needs.

9. LINKS TO THE CORPORATE AND NATIONAL PRIORITIES AND THE WELL-BEING OF FUTURE GENERATIONS ACT

- 9.1 This report supports two of the [Council's corporate priorities](#), namely:

- People - promoting independence and positive lives for everyone
- Living within our means - where services are delivered efficiently to achieve value for money for the taxpayer

10. CONCLUSION

- 10.1 This report aims to update Scrutiny members on the Delayed Transfer of care position in the Cwm Taf region

**CWM TAF SOCIAL SERVICES AND WELLBEING PARTNERSHIP BOARD
DELAYED TRANSFERS OF CARE REPORT FOR November 2018**

Total : 34

Strengths	<ul style="list-style-type: none"> • Mature relationships across the Cwm Taf area, both at an operational and strategic level, with a willingness to work collaboratively. • Continued evidence of joint working across the UHB and local authority boundaries including regular meetings to progress the discharge of a number of complex patients and to ensure that actions are prioritised. • Monthly meetings of the joint senior management team to discuss each individual case reported as a DTOC and agree associated action plans. • Weekly attendance at patient flow meetings in YCC and YCR
Weakness	<ul style="list-style-type: none"> • Family engagement with the choice process. • Length of time taken for cases to be heard by the Court of Protection. • Limited domiciliary care provider capacity in some areas at peak times of the day and certain geographical areas, particularly Talbot Green, Tonteg, Pontyclun and Beddau and north Cynon
Achievement	<ul style="list-style-type: none"> • Continued development and evaluation of the Stay Well @ Home service along with plans for the development of phase 2. • @Home pathway for the local authorities. • Ongoing development of the Cwm Taf Partnership Transformational Delivery Proposal

RHONDDA CYNON TAF CBC

Validated DToC Data

23 cases reported as delayed transfers of care for November 2018 (October = 29) and the reasons were:-

2.01.03 x 1
2.03.01 x3
2.04.02 x 1
3.02.02 x1
5.01.03 x1
7.01 x1
7.03.01 x2
7.03.04 x2
7.03.05 x2
7.03.06 x1
7.03.10 x1
7.04.04 x2
7.05.04 x 1
1 7.06 x1
8.01 x3

Issues of particular note this month relate to: -

- Availability for some domiciliary care providers continues to be a concern - however the situation is easing and there are positive signs of improvement

Service area	Pressures identified / Predicted
Re-ablement	Currently there are no capacity issues in the re-ablement service.
Home Care (short term)	Some pressures with capacity identified in short term services due to an increase in demand for community packages of

	support. Hospital discharges are being prioritised and agency workers are in post..
Home Care (long term)	<p>There continues to be increasing demand for home care as we support more people to live at home rather than residential care. This is putting pressure on supply and capacity in some areas of the county at “peak call” times and certain geographical areas as providers struggle to recruit staff in these areas. Although this is being managed across care providers to minimise impact on delays awaiting commencement of care packages. Recruitment and retention issues in the care profession are higher than average.</p> <p>While there are some issues with provider capacity over recent months, we are continuing to actively support and work with providers across the sector to build capacity and resilience to improve the stability of the market. Support in the short term is provided by the local authority 'Holding' Service as a short term measure if there is a lack of capacity in the independent sector. The broker process is working well, supporting the commissioning of domiciliary care to stream line process and free up assessment time.</p> <p>As a result of the CQC stage 6 announcement regarding Allied Healthcare and the subsequent announcement from Allied Healthcare that they will cease to operated as of 14th December 2018, we have been actively working with another provider on our framework to transfer the packages of care by the 6th December. This will result in one less provider operating in that LOT area. The transfer is being monitored closely.</p>
Residential care	There continues to be sufficient capacity within residential homes.
Nursing Care	Overall, general nursing care capacity has improved and is sufficient to meet current demand.
Specialist Dementia care	There is currently capacity within the dementia residential and nursing settings, although homes can decline to take people with the most challenging needs. To reduce this risk there is a small Specialist Dementia Team to support people with dementia and behaviours that challenge and it provides training and support plans for staff. The plan is to further extend the working hours of the team in 2018/19.
Summary of Escalating Concerns	Three providers were subject to escalating concerns, 1 care home, 1 home care provider and one was for information purposes only. The outcome of the Multi Agency Operational Group (MAOG) meeting was as follows:

	<p>The care home provider is no longer subject to JIMP, the embargo has been lifted and phased admissions agreed on the basis of (4 admissions per month (1 per floor) to be agreed by Adult Services (Residential) and CTUHB (Nursing & CHC). The home will continue to be monitored via MAOG to ensure the improvement is sustained particularly in light of the phased admissions.</p> <p>The Home Care Provider was also discussed and improvements noted. The temporary embargo has been lifted. They also remain subject to monitoring at MAOG again to ensure that the improvements are sustainable.</p> <p>The other home care provider discussed for information is Allied for the reasons as mentioned above.</p>
<p>Assessment and Review (inc hospital based SWs)</p>	<p>Short term assessment services no longer have a waiting list in place with cases are being allocated daily.</p> <p>Care & support social work teams continue to be under pressure to meet demand from both hospital and the community, Referrals are prioritised and managed across localities as necessary, in order to provide a timely response.</p> <p>The referrals to the Court of Protection continue with associated challenges in relation to timescales but a number of people who were previously awaiting a court decision have now moved into a care home setting this month</p> <p>Hospital discharges are facilitated by the Single Point of Access within a timely manner and within agreed protocols.</p> <p>The SW@H service continues to successfully discharge individuals from A&E/AMU/CDU and also working with the wards to facilitate timely discharges where appropriate.</p>
<p>Waiting lists</p>	<p>Discharge planning meetings are now timetabled every 2 weeks to develop integrated working relationships across discharge liaison and social work services, with CTUHB, Merthyr CBC and RCT partners. This will enable further development and streamlining of hospital discharge processes and practice.</p> <p>Team managers from care and support attend patient flow meetings with partners each week at YCC and YCR to support effective communication and prompt responses.</p>

	<p>Care and support teams manage waiting lists for allocation but hospital discharges are prioritised and continue to be allocated on receipt of referral.</p> <p>Additional funding from the USC ICF will further assist in reducing the number of admissions to hospital, create some additional capacity to reduce length of stay in hospitals and minimise delays in a person's discharge from hospital.</p>
Workforce	<p>We have filled the hospital discharge social work vacancies. Long term sickness remains problematic in the care and support teams but agency workers remain in position to support this and maintain the flow of work.</p> <p>The discharge coordinators are working effectively across the 4 Cwm Taf hospital sites supporting patient flow and discharge arrangements.</p> <p>Workforce recruitment and retention in the independent sector remains a challenge, particularly in respect of home care, care workers and nurses / RMN's in care homes. A regional workshop has been held with the sector representatives earlier this year and an action plan has been developed with a further workshop held on 3rd October 2018. Two priority areas have been identified and now needs to be progressed with involvement from other partner agencies</p>
Other	No issues of particular note.
Action update from previous month RCT	
Updated actions agreed for RCT	
No issues of particular note.	No issues of particular note.

MERTHYR TYDFIL CBC

Validated DToC Data

8 cases reported as delayed transfers of care in November 2018 (October =6) and the principal reasons were:-

- 1.01 X2
- 2.01.04 x1
- 2.03.01 x 3
- 3.05.06 x1
- 7.06 x1

Service area	Pressures identified / Predicted
Re-ablement	No issues of note
Home Care (short term)	<p>There continues to be high levels of requests for service including complex packages of care Increased capacity issues within the long term domiciliary care is impacting on the move on from this service. Whilst work is ongoing to resolve this no short term solutions have been identified to date.</p> <p>The position has deteriorated with one of the domiciliary providers being unable to meet the existing demand resulting in the inability to move packages of care from the intake team. There has been a decrease in availability within the long term domiciliary care services over a period of time and this has resulted in limiting the capacity to meet the demand at this time and delays in obtaining packages of care in the community. Meetings are on-going with providers to deal with this.</p> <p>The position has deteriorated with one of the domiciliary providers being unable to meet the existing demand resulting in the requirement to seek alternative provision at short notice which has included drawing on other providers and cancellation of packages such as escort and sitting services to ensure people's personal care needs are being met.</p> <p>One domiciliary care provider will cease trading in December and these hours are in the process of being transferred to an alternative provider within the existing framework this position has affected the immediate capacity due to the requirement to transfer over to the new provider.</p>

Service area	Pressures identified / Predicted
Home Care (long term)	<p>There has been a decrease in availability within the long term domiciliary care services over a period of time and this has resulted in limiting the capacity to meet the demand at this time and delays in obtaining packages of care in the community. Meetings are on-going with providers to deal with this.</p> <p>The position has deteriorated with one of the domiciliary providers being unable to meet the existing demand resulting in the requirement to seek alternative provision at short notice which has included drawing on other providers and cancellation of packages such as escort and sitting services to ensure people's personal care needs are being met.</p>
Residential care	Overall there is capacity within the sector.
Nursing Care	Overall there is capacity within the sector however there are occasions where the complexity of the individuals needs cannot be met in more than one home.
Specialist Dementia care	Limited capacity for EMI residential nursing places in Merthyr Tydfil.
Summary of Escalating Concerns	Domiciliary care provider will cease trading in December and packages of care delivered by them are transitioning to an alternative provider.
Assessment and Review (inc hospital based SWs)	There are 2 delays awaiting assessment this is due to 1 social worker sickness over the census period
Waiting lists	<p>No waiting lists are in operation for the social work teams. Waiting list in place for community occupational therapy which is predominantly assessments for lower level support needs.</p> <p>Due to the lack of capacity within the long term domiciliary care sector there are now waiting lists for new packages of care. The service is attempting to minimise the impact on hospital discharges by maximising the number of packages they can take which is having an impact on more complex packages being discharged</p>
Workforce	No issues of note within the directly delivered service though domiciliary care providers are experiencing recruitment difficulties. Current vacancies exist within the care management teams and these are in the process of recruitment.

Service area	Pressures identified / Predicted
Other	No issues of particular note.
Action update from previous month MT	Updated actions agreed for MT
No issues of particular note.	No issues of particular note.

CWM TAF UHB

Validated DToC Data

There are currently 3 out of areas dtoc

2.01.03 x1 Cardiff

2.03.01 Vale of Glamorgan

4.02 x Caerphilly

Service area	Pressures identified / Predicted
Prince Charles Hospital	4 delays (3 recorded in October 2018) 2.03.01 x2 2.04.02 x1 4.02 x 1
Royal Glamorgan Hospital	Delays = 4 (6 delays Oct 2018) 2.03.01 x2 7.01 x1 7.04.04 x1 8.01 x 1
Ysbyty Cwm Cynon	Delays =9 (11 delays in Oct 2018) 1.01 x2 2.03.01 x4 3.02.02 x1 7.06 x1 8.01 x1

Service area	Pressures identified / Predicted
Ysbyty Cwm Rhondda	Delays= 11 (Oct 9 delays 2018) 2.01.04 x1 7.03.01 x2 7.03.04 x1 7.03.05 x2 7.03.06 x1 7.04.04 x 1 7.05.04 x1 7.06 x1 8.01 x 1
Community Services	No issues of particular note.
Primary Care	No issues of particular note.
Mental Health	Delays = 5 (7 delays in Oct 2018) 2.01.03 x 2 3.01.03 x1 5.01.03 x1 7.03.04 x1
Workforce	All posts are filled
Other	No issues of particular note.

Service area	Pressures identified / Predicted	
Action update from previous month UHB	Updated actions agreed for UHB	
<p>Work continues in collaboration with local authority colleagues to move patients to the most suitable environment as quickly as possible.</p> <p>The demand for care packages and the difficulty in securing of care packages in some areas continues, we are jointly working through this issue to provide a longer term solution ahead of the winter.</p> <p>Whilst there continues to be a number of patients where legal decision are essential to aid the discharge process mainly around court of protection issues as well as exploring eviction, we have had court dates for some long standing patients which is a positive move forward.</p>	<p>Regular meetings are being held with health and local authority officers to progress the discharge of a number of complex patients and to ensure that actions are prioritised.</p>	